CONNECT for Health Act of 2021

The CONNECT for Health Act of 2021 promotes higher quality of care, increased access to care, and reduced spending in Medicare through the expansion of telehealth services.

- Numerous studies on telehealth – the use of telecommunications technologies to furnish health care services remotely and in real-time – have shown benefits for quality of care, access to care, and reduced spending.[1]
- Telehealth increases access to care in areas with workforce shortages and for individuals who live far away from health care facilities, have limited mobility or transportation, or have other barriers to accessing care.
- However, current statutory restrictions – such as geographic and originating site requirements that only permit beneficiaries to receive telehealth services if they are in certain rural areas and at certain clinical sites – create barriers to coverage that limit the use of telehealth in Medicare.
- Many of these restrictions have been waived during the COVID-19 pandemic to increase access to telehealth services for Medicare beneficiaries during the pandemic.

The CONNECT for Health Act of 2021 would expand access to telehealth services on a permanent basis, support health care providers and beneficiaries in utilizing telehealth, enhance telehealth oversight, and gather more data on the impact of telehealth.

Summary of the CONNECT for Health Act of 2021

Sec. 1 – Table of contents. Sec. 2 – Findings and sense of Congress.

Title I – Removing Barriers to Telehealth Coverage

Sec. 101 – Provides the HHS Secretary authority to waive telehealth restrictions.
Sec. 102 – Removes geographic restrictions for telehealth services permanently.
Sec. 103 – Expands originating sites to include the home and other appropriate sites.
Sec. 104 – Removes restrictions for emergency medical care services.
Sec. 105 – Requires CMS' process to add telehealth services to better consider how telehealth can improve access to care and allows for the temporary coverage of certain telehealth services to generate evidence of clinical benefit.
Sec. 106 – Permanently allows Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to furnish telehealth services as distant site providers.
Sec. 107 – Removes restrictions for facilities of the Indian Health Service and Native Hawaiian Health Care Systems.
Sec. 108 – Permanently allows for the waiver of telehealth restrictions during public health emergencies.
Sec. 109 – Allows for the use of telehealth in the recertification of a beneficiary for the hospice benefit.

Title II – Program Integrity

Sec. 201 – Clarifies that the provision of technologies to a Medicare beneficiary for the purpose of furnishing services using technology is not considered "remuneration" under fraud and abuse laws.
Sec. 202 – Provides additional resources to the HHS Office of Inspector General for telehealth oversight activities.
Sec. 203 – Requires additional provider and beneficiary education on telehealth, including to support underserved and high-risk populations in utilizing telehealth services.

Title III – Data and Testing of Models

Sec. 301 – Requires a study on telehealth utilization during the COVID-19 pandemic.
Sec. 302 – Requires an analysis of the impact of telehealth waivers in CMS Innovation Center models.
Sec. 303 – Authorizes a model to test allowing additional health professionals to furnish telehealth services.
Sec. 304 – Encourages the CMS Innovation Center to test telehealth models in Medicare.

Please contact Meghan O'Toole (meghan_o'toole@schatz.senate.gov) with questions or to cosponsor.

[1] For example: https://www.cchpca.org/sites/default/files/2018-09/HRSA_Cost_Efficiency_Studies.pdf, https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/cer-216-telehealth-final-report.pdf.