

The following table provides a summary of what WHG believes are the top five telehealth bills introduced in the 116<sup>th</sup> Congress. We will continue to monitor telehealth legislative priority areas, including the **Cures 2.0** package (of which digital health is a focus) as it evolves. Meaningful legislative action is unlikely until next Congress (particularly for Cures 2.0 as it is still early in the legislative process), however it is possible for bills to ride on an extenders package in May. In particular, the **Expanding Capacity for Health Outcomes (ECHO) Act of 2019<sup>1</sup>** could be one to watch, as it is bipartisan and was incorporated into the Senate HELP Committee’s **Lower Health Care Costs Act (S. 1895)<sup>2</sup>** in section 404.

	<b>Expanding Capacity for Health Outcomes (ECHO) Act of 2019 (S. 1618<sup>3</sup>; H.R. 5199<sup>4</sup>)</b>	<b>Mental Health Telemedicine Expansion Act (H.R. 1301<sup>5</sup>)</b>	<b>Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act 2019 (S. 2741<sup>6</sup>; H.R. 4932<sup>7</sup>)</b>	<b>Better Respiration through Expanding Access to Tele-Health (BREATHE) Act (H.R. 2508<sup>8</sup>)</b>	<b>National Telehealth Strategy and Data Advancement Act (H.R. 5763<sup>9</sup>)</b>
<b>Summary</b>	Building on the findings of a report on the 2016 ECHO Act, the bill requires the Department of Health and Human Services (HHS) to establish a grant program to develop, evaluate, and expand the use of technology-enabled collaborative learning and capacity building models.  Models must increase access to health care services, such	Included in section 103 of the BETTER Act (H.R. 3417 <sup>10</sup> ), a package of bills focused on improving care for Medicare beneficiaries, particularly those in rural areas.  Allows a Medicare beneficiaries’ home to be included in the list of originating sites for telehealth, which would enable providers to be	Aims to build on the Bipartisan Budget Act of 2018, which included several provisions of the CONNECT Act of 2017.  Grants authority to the Secretary of HHS to waive current telehealth restrictions in Medicare, including remote services in the home, if the waiver (1) is expected to reduce spending without diminishing the quality of	Establishes a 3-year pilot program that would allow respiratory therapists to serve as telehealth practitioners to furnish telehealth disease management services to individuals diagnosed with chronic obstructive pulmonary diseases (COPD).  The pilot will allow the Centers for Medicare and Medicaid Services (CMS) to	Requires the Office for the Advancement of Telehealth within the Health Resources and Services Administration (HRSA) to create a plan for the adoption, advancement, and coordination of telehealth by federal agencies. The plan requires the following: <ul style="list-style-type: none"> <li>Standardizing the telehealth grant and data collection process;</li> </ul>

<sup>1</sup> <https://www.congress.gov/bill/116th-congress/senate-bill/1618/text>

<sup>2</sup> <https://www.congress.gov/bill/116th-congress/senate-bill/1895/text>

<sup>3</sup> <https://www.congress.gov/bill/116th-congress/senate-bill/1618/text>

<sup>4</sup> <https://www.congress.gov/bill/116th-congress/house-bill/5199/text>

<sup>5</sup> <https://www.congress.gov/bill/116th-congress/house-bill/1301/text>

<sup>6</sup> <https://www.congress.gov/bill/116th-congress/senate-bill/2741/text>

<sup>7</sup> <https://www.congress.gov/bill/116th-congress/house-bill/4932/text>

<sup>8</sup> <https://www.congress.gov/bill/116th-congress/house-bill/2508/text>

<sup>9</sup> <https://www.congress.gov/bill/116th-congress/house-bill/5763/text>

<sup>10</sup> <https://www.congress.gov/bill/116th-congress/house-bill/3417/text>

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	<p>as those for chronic diseases and conditions, mental health, substance use disorders, prenatal and maternal health, pediatric care, pain management, palliative care, and other specialty care in medically underserved areas and for medically underserved populations.</p> <p>The grants will be used for the following:</p> <ul style="list-style-type: none"> <li>• Equipment to support use and expansion, including for the secure exchange of electronic health information;</li> <li>• Support for health care providers that provide or assist in providing services;</li> <li>• Instructional programming and training;</li> <li>• Information collection and evaluation activities to study impact; and</li> <li>• Other activities as determined by the Secretary of HHS.</li> </ul> <p>Directs the Secretary to award grants for up to 5 years to eligible entities selected using an application process. The Secretary must</p>	<p>reimbursed for home-based telemental health services (i.e. CPT codes 90834 and 90837).</p> <p>Requires the provider to clinically assess the patient in-person within a 6-month period prior to using telehealth.</p> <p>Directs the Secretary of HHS to determine frequency for reassessment.</p>	<p>patient care, or improve the quality of patient care without increasing spending; or (2) is applied to telehealth services furnished in a high-need health professional shortage area.</p> <p>Allows for the use of telehealth in the recertification of a beneficiary for the hospice benefit.</p> <p>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.</p> <p>Requires MedPAC to study how different payers cover the home as an originating site and what services would be suitable for the home to be an originating site under Medicare.</p> <p>Requires an analysis of the impact of telehealth waivers in Center for Medicare and Medicaid Innovation (CMMI) models.</p>	<p>evaluate the value of respiratory therapists as telehealth practitioners in reducing costs related to COPD and requires a report to Congress.</p>	<ul style="list-style-type: none"> <li>• Providing assistance to regional and national entities to encourage telehealth use; and</li> <li>• Ensuring information sharing across all federal agencies.</li> </ul> <p>The plan is also to provide recommendations on the following:</p> <ul style="list-style-type: none"> <li>• Standardized federal telehealth grants application;</li> <li>• Publicly available database on telehealth grants;</li> <li>• Standardized data reporting and collection requirements for telehealth grantees; and</li> <li>• Incentivizing research on reported telehealth data.</li> </ul>

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	<p>also provide technical assistance for development, use, and evaluation of these models.</p> <p>Requires the Secretary to submit a report to Congress, no later than 4 years after enactment, that includes:</p> <ul style="list-style-type: none"> <li>• A description of new and continuing grants awarded as well as the purpose and amounts of the grants; and</li> <li>• An overview of the evaluations, including a description of any noteworthy findings or developments and best practices.</li> </ul>		Directs CMMI to consider testing other telehealth models in Medicare.		
<b>Medicare Originating Site Requirements</b>	Does not modify Medicare originating site requirements.	<p>Excludes mental health telehealth services from originating site requirements.</p> <p>The originating site facility fee does not apply.</p>	<p>Removes geographic restrictions and adds the home as an originating site for mental health and emergency medical services.</p> <p>Removes geographic restrictions on Federally Qualified Health Centers (FQHCs) and rural health clinics (RHCs) and allows FQHCs and RHCs to furnish telehealth services as distant sites.</p> <p>Removes the geographic and originating site restrictions for facilities of the Indian</p>	<p>The originating site facility fee does not apply to the pilot.</p> <p>Qualifying originating sites are physician office, critical access hospitals, RHCs, FQHCs, hospitals, skilled nursing facilities, community mental health centers, or the home of a patient.</p>	Does not modify Medicare originating site requirements.

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			Health Service or Native Hawaiian Health Care Systems.		
<b>Date(s) of Introduction, Sponsor and Co-sponsors</b>	<p><u>Introduced in Senate:</u> 5/22/19 <u>Sponsor:</u> Brian Schatz (D-HI) <u>Co-sponsors:</u> 10 (D: 5, R: 4, I: 1)</p> <p><u>Introduced in House:</u> 11/20/19 <u>Sponsor:</u> Ben Ray Lujan (D-NM-3) <u>Co-sponsors:</u> 12 (D: 7; R: 5)</p>	<p><u>Introduced in House:</u> 2/15/19 <u>Sponsor:</u> Suzan DelBene (D-WA-1) <u>Co-sponsors:</u> 28 (D: 16; R: 12)</p>	<p><u>Introduced in Senate:</u> 10/30/19 <u>Sponsor:</u> Brian Schatz (D-HI). <u>Co-sponsors:</u> 33 (D: 15; R:17; I:1)</p> <p><u>Introduced in House:</u> 10/30/19 <u>Sponsor:</u> Mike Thompson (D-CA) <u>Co-sponsors:</u> 17 (D: 6; R:11)</p>	<p><u>Introduced in House:</u> 5/2/19 <u>Sponsor:</u> Mike Thompson (D-CA-5) <u>Co-sponsors:</u> 45 (D: 29; R: 16)</p>	<p><u>Introduced in House:</u> 2/5/20 <u>Sponsor:</u> Greg Gianforte (R-MT-At Large) <u>Co-sponsors:</u> 4 (D: 1; R: 3)</p>