



Bipartisan Telemedicine Legislation: CONNECT for Health Act

The “Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (S. 2484/H.R. 4442),” introduced by Senator Brian Schatz (D-HI) and Rep. Diane Black (R-TN), would advance the practice of telemedicine.

Passage of the CONNECT for Health Act would ensure that patients and their physicians are able to use new technologies that remove barriers to timely, high-quality care. This legislation would also accelerate the adoption of health care delivery models that promote coordinated and patient-centered care. Importantly, the bill would maintain high standards whether a patient is seeing a physician in an office or via telemedicine.

Provisions of current law that pre-date the Internet limit Medicare telemedicine coverage by:

- **Originating site restrictions** – the patient may only be located at certain clinical sites
- **Geographic limitations** – the patient may only be located in certain rural areas

The CONNECT for Health Act is a bipartisan approach to increase the use of telemedicine and remote patient monitoring through Medicare. The bill would remove outdated restrictions on Medicare coverage of telemedicine that limit beneficiary access to these services.

Specifically, the legislation would:

- Establish a bridge program to help physicians and other providers meet the goals of the Medicare Access and CHIP Reauthorization Act (MACRA) and the Merit-based Incentive Payment System (MIPS) through the use of telehealth and remote patient monitoring (RPM)
- Allow telehealth and RPM to be used by qualifying participants in alternative payment models
- Significantly expand physician telemedicine services to promptly identify and diagnose strokes
- Increase telehealth and RPM services in community health centers and rural health clinics
- Allow telehealth and RPM to be basic benefits in Medicare Advantage
- Potentially save \$1.8 billion over 10 years, according to an independent study by Avalere Health
- Preserve state-based licensure for physicians

State-based licensure solutions

The AMA strongly affirms that physicians should continue to be required to be licensed or otherwise authorized to practice in the state where the patient receives services. The AMA opposes legislation that would create a federal physician license or pre-empt the states’ traditional role of regulating medical care provided within their own state borders. The AMA recognizes that it is time consuming and expensive to get licenses issued from multiple states under current processes.

To address this problem, the AMA is supporting the Interstate Physician Licensure Compact. The compact allow physicians and physician assistants to obtain licenses from multiple compact states through a single streamlined process. This expedited process will help facilitate license portability and allow physicians to practice medicine—including telemedicine—in a safe and accountable manner while protecting patients and expanding access to care.

Twelve states have joined the compact since January 1, 2015: Alabama, Idaho, Minnesota, Montana, Nevada, South Dakota, Utah, West Virginia, Wyoming, Iowa, Illinois and Wisconsin. An additional fourteen states are considering joining the compact including Alaska, Arizona, Colorado, Kansas, Maryland, Michigan, Nebraska, New Hampshire, Oklahoma, Pennsylvania, Rhode Island, Texas, Vermont and Washington.

Ask your Senators and Representative to cosponsor S. 2484/H.R. 4442, the “CONNECT for Health Act.”