

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 3727
OFFERED BY MR. BRADY OF TEXAS**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Increasing Telehealth
3 Access in Medicare Act” or the “ITAM Act”.

**4 SEC. 2. INCLUSION OF ADDITIONAL TELEHEALTH SERV-
5 ICES IN MEDICARE ADVANTAGE ORGANIZA-
6 TION BIDS.**

7 (a) IN GENERAL.—Section 1852 of the Social Secu-
8 rity Act (42 U.S.C. 1395w–22) is amended—

9 (1) in subsection (a)(1)(B)(i), by adding at the
10 end the following new sentence: “For plan year 2020
11 and each subsequent plan year, for purposes of sub-
12 section (m) and section 1854, in the case that an
13 MA plan makes an election described in subsection
14 (m)(1) with respect to such plan year, additional
15 telehealth services shall be treated as a benefit under
16 the original medicare fee-for-service program option
17 with respect to such plan and plan year.”; and

1 (2) by adding at the end the following new sub-
2 section:

3 “(m) PROVISION OF ADDITIONAL TELEHEALTH
4 SERVICES.—

5 “(1) MA PLAN OPTION.—For purposes of sub-
6 section (a)(1)(B)(i), an election described in this
7 paragraph, with respect to an MA plan and plan
8 year, is an election by the sponsor of such plan to
9 provide under the plan for such plan year, in accord-
10 ance with the subsequent provisions of this sub-
11 section, additional telehealth services (as defined in
12 paragraph (2)) as a benefit under the original medi-
13 care fee-for-service program option. Such additional
14 telehealth services, with respect to a plan year, shall
15 be in addition to benefits included under the original
16 medicare fee-for-service program option for such
17 year.

18 “(2) ADDITIONAL TELEHEALTH SERVICES DE-
19 FINED.—

20 “(A) IN GENERAL.—For purposes of this
21 subsection and section 1854, the term ‘addi-
22 tional telehealth services’ means, subject to sub-
23 paragraph (C), services—

1 “(i) for which payment may be made
2 under part B (without regard to applica-
3 tion of section 1834(m));

4 “(ii) that, if furnished via a tele-
5 communications system, would not be pay-
6 able under section 1834(m);

7 “(iii) furnished using electronic infor-
8 mation and telecommunications technology;

9 “(iv) furnished in accordance with
10 such requirements as the Secretary speci-
11 fies pursuant to paragraph (3); and

12 “(v) which are identified annually by
13 the Secretary as appropriate to furnish
14 using electronic information and tele-
15 communications technology where a physi-
16 cian (as defined in section 1861(r)) or
17 practitioner (described in section
18 1842(b)(18)(C)) furnishing the service is
19 not at the same location as the plan en-
20 rollee.

21 “(B) FLEXIBILITY FOR PHASING IN IDEN-
22 TIFICATIONS.—In making identifications under
23 subparagraph (A)(iv), the Secretary may make
24 such identifications in a manner that results in

1 additional telehealth services being phased in,
2 as determined appropriate by the Secretary.

3 “(C) EXCLUSION OF CAPITAL AND INFRA-
4 STRUCTURE COSTS AND INVESTMENTS.—For
5 purposes of this subsection and section 1854,
6 the term ‘additional telehealth services’ does not
7 include capital and infrastructure costs and in-
8 vestments relating to such benefits provided
9 pursuant to this subsection.

10 “(3) REQUIREMENTS FOR ADDITIONAL TELE-
11 HEALTH SERVICES.—The Secretary shall specify re-
12 quirements for the provision of additional telehealth
13 services with respect to—

14 “(A) qualifications (other than licensure)
15 of physicians and practitioners who furnish
16 such services;

17 “(B) the technology used in furnishing
18 such services;

19 “(C) factors necessary for coordination of
20 additional telehealth services with other serv-
21 ices; and

22 “(D) such other criteria (such as clinical
23 criteria) as determined by the Secretary.

24 “(4) ENROLLEE CHOICE.—An MA plan that
25 provides a service as an additional telehealth service

1 may not, when furnished without use of electronic
2 information and telecommunications technology,
3 deny access to the equivalent in-person service.

4 “(5) CONSTRUCTION.—

5 “(A) IN GENERAL.—In determining if an
6 MA organization or MA plan, as applicable, is
7 in compliance with each requirement specified
8 in subparagraph (B), such determination shall
9 be made without regard to any additional tele-
10 health services covered by the plan offered by
11 such organization or plan pursuant to this sub-
12 section.

13 “(B) REQUIREMENTS SPECIFIED.—The re-
14 quirements specified in this subparagraph are
15 the following:

16 “(i) The requirements under sub-
17 section (d).

18 “(ii) The requirement under sub-
19 section (a)(1) with respect to covering ben-
20 efits under the original medicare fee-for-
21 service program option, as defined in the
22 first sentence of paragraph (B)(i) of such
23 subsection.”.

24 (b) INCLUSION OF ADDITIONAL TELEHEALTH SERV-
25 ICES IN MA ORGANIZATION BID AMOUNT.—Section

1 1854(a)(6)(A)(ii)(I) of the Social Security Act (42 U.S.C.
2 1395w-24(a)(6)(A)(ii)(I)) is amended by inserting “, in-
3 cluding, for plan year 2020 and subsequent plan years,
4 the provision of such benefits through the use of additional
5 telehealth services under section 1852(m)” before the
6 semicolon at the end.

7 **SEC. 3. USE OF TELECOMMUNICATIONS SYSTEMS IN FUR-**
8 **NISHING CHRONIC CARE MANAGEMENT**
9 **SERVICES.**

10 Section 1848(b)(8) of the Social Security Act (42
11 U.S.C. 1395(b)(8)) is amended by adding at the end the
12 following new subparagraph:

13 “(C) CLARIFICATION.—In carrying out
14 this paragraph, with respect to chronic care
15 management services, the Secretary may, sub-
16 ject to subparagraph (B), make payment for
17 such services furnished through the use of se-
18 cure messaging, Internet, store and forward
19 technologies, or other non-face-to-face commu-
20 nication methods determined appropriate by the
21 Secretary.”.

22 **SEC. 4. SENSE OF CONGRESS REGARDING PARITY OF TELE-**
23 **HEALTH SERVICES.**

24 It is the sense of Congress that there should be—

1 (1) parity, with respect to access to telehealth,
2 between the original medicare fee-for-service pro-
3 gram under parts A and B of title XVIII of the So-
4 cial Security Act and the Medicare Advantage pro-
5 gram under part C of such title; and

6 (2) access to medically appropriate, quality tele-
7 health for all Medicare beneficiaries.

8 **SEC. 5. DEPOSIT OF SAVINGS INTO MEDICARE IMPROVE-**
9 **MENT FUND.**

10 Section 1898(b)(1) of the Social Security Act (42
11 U.S.C. 1395iii(b)(1)) is amended by striking “during and
12 after fiscal year 2021, \$270,000,000” and inserting “dur-
13 ing and after fiscal year 2021, \$325,000,000”.

