S. 773 Description in Congress.gov

# S.773 - Telehealth Innovation and Improvement Act of 2019**116th Congress (2019-2020) |**[**Get alerts**](https://www.congress.gov/bill/116th-congress/senate-bill/773)

## BILL

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| **Sponsor:** | [Sen. Gardner, Cory [R-CO]](https://www.congress.gov/member/cory-gardner/G000562) (Introduced 03/13/2019) |
| **Committees:** | Senate - Finance |
| **Latest Action:** | Senate - 03/13/2019 Read twice and referred to the Committee on Finance.  ([All Actions](https://www.congress.gov/bill/116th-congress/senate-bill/773/all-actions?overview=closed#tabs)) |

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This bill has the status Introduced

Here are the steps for Status of Legislation:

1. **Introduced**

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### Subject — Policy Area:

* Health
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### Shown Here: Introduced in Senate (03/13/2019)

**Telehealth Innovation and Improvement Act of 2019**

This bill establishes (1) a telehealth service model, and (2) Medicare payment rules with respect to certain services tested under the model.

The Centers for Medicare & Medicaid Services (CMS) shall test Medicare coverage of expanded telehealth services, as defined by the bill, in conjunction with existing models that test the use of accountable care organizations, bundled payments, and other coordinated care models under Medicare. The CMS must (1) establish a methodology for determining the amounts of payment for such services, and (2) provide for evaluations of the service model by an independent entity.

The CMS shall expand the application of a service tested under the model if (1) the required evaluation demonstrates that the service either reduced Medicare spending without reducing the quality of care or improved the quality of care without increasing spending, and (2) the Chief Actuary of the CMS certifies that such expansion would reduce net program spending. A service that meets these requirements is defined by the bill as a *certified enhanced telehealth service*.

Medicare payment for a certified enhanced telehealth service shall equal 80% of the lesser of (1) the actual charge for the service, or (2) the amount determined using the payment methodology established under the test model.

The CMS shall pay for such services without regard to a Medicare beneficiary's location or area of residence.