S. 2943 / National Defense Authorization Act for Fiscal Year 2017

(Recently, the U.S. Senate passed the ***National Defense Authorization Act for Fiscal Year 2017 (S. 2943)***, which includes ***SEC. 705. Enhancement of Use of Telehealth Services in Military Health System, (d) Location of Care***.)

SEC. 705. ENHANCEMENT OF USE OF TELEHEALTH SERVICES IN MILITARY HEALTH SYSTEM.

(a) INCORPORATION OF TELEHEALTH.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Defense shall incorporate, throughout the direct care and purchased care components of the military health system, the use of telehealth services, including mobile health applications—

(A) to improve access to primary care, urgent care, behavioral health care, and specialty care;

(B) to perform health assessments;

(C) to provide diagnoses, interventions, and supervision;

(D) to monitor individual health outcomes of covered beneficiaries with chronic diseases or conditions;

(E) to improve communication between health care providers and patients; and

(F) to reduce health care costs for covered beneficiaries and the Department of Defense.

(2) TYPES OF TELEHEALTH SERVICES.—The telehealth services required to be incorporated under paragraph (1) shall include those telehealth services that—

(A) provide real-time interactive communications and remote patient monitoring;

(B) allow covered beneficiaries to schedule appointments and communicate with health care providers; and

(C) allow health care providers, through video conference, telephone or tablet applications, or home health monitoring devices—

(i) to assess and evaluate disease signs and symptoms;

(ii) to diagnose diseases;

(iii) to supervise treatments; and

(iv) to monitor health outcomes.

(b) COVERAGE OF ITEMS OR SERVICES.—An item or service furnished to a covered beneficiary via a telecommunications system shall be covered

under the TRICARE program to the same extent as the item or service would be covered if furnished in the location of the covered beneficiary.

(c) REIMBURSEMENT RATES FOR TELEHEALTH SERVICES.—The Secretary shall develop standardized payment methods to reimburse health care providers for telehealth services provided to covered beneficiaries in the purchased care component of the TRICARE program, including by using reimbursement rates that incentivize the provision of telehealth services.

(d) LOCATION OF CARE.—For purposes of reimbursement, licensure, professional liability, and other purposes relating to the provision of telehealth services under this section, providers of such services shall be considered to be furnishing such services at their location and not at the location of the patient.

(e) REDUCTION OR ELIMINATION OF COPAYMENTS.—The Secretary shall reduce or eliminate, as the Secretary considers appropriate, copayments or cost shares for covered beneficiaries in connection with the receipt of telehealth services under the purchased care component of the TRICARE program.

(f) REPORTS.—

(1) INITIAL REPORT.—

(A) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report describing the full range of telehealth services to be available in the direct care and purchased care components of the military health system and the copayments and cost shares, if any, associated with those services.

(B) REIMBURSEMENT PLAN.—The report required under subparagraph (A) shall include a plan to develop standardized payment methods to reimburse health care providers for telehealth services provided to covered beneficiaries in the purchased care component of the TRICARE program, as required under subsection (c).

(2) FINAL REPORT.—

(A) IN GENERAL.—Not later than three years after the date on which the Secretary begins incorporating, throughout the direct care and purchased care components of the military health system, the use of telehealth services as required under subsection (a), the Secretary shall submit to the Committees on Armed Services of the Senate and the House of Representatives a report describing the impact made by the use of telehealth services, including mobile

health applications, to carry out the actions specified in subparagraphs (A) through (F) of subsection (a)(1).

(B) ELEMENTS.—The report required under subparagraph (A) shall include an assessment of the following:

(i) The satisfaction of covered beneficiaries with telehealth services furnished by the Department of Defense.

(ii) The satisfaction of health care providers in providing telehealth services furnished by the Department.

(iii) The effect of telehealth services furnished by the Department on the following:

(I) The ability of covered beneficiaries to access health care services in the direct care and purchased care components of the military health system.

(II) The frequency of use of telehealth services by covered beneficiaries.

(III) The productivity of health care providers providing care furnished by the Department.

(IV) The reduction, if any, in the use by covered beneficiaries of health care services in military treatment facilities or medical facilities in the private sector.

(V) The number and types of appointments for the receipt of telehealth services furnished by the Department.

(VI) The savings, if any, realized by the Department by furnishing telehealth services to covered beneficiaries.

(g) DEFINITIONS.—In this section, the terms “covered beneficiary” and “TRICARE program” have the meaning given those terms in section 1072 of title 10, United States Code.