

114TH CONGRESS  
1ST SESSION

# H. R. 3081

To amend title XVIII of the Social Security Act to permit certain Medicare providers licensed in a State to provide telemedicine services to certain Medicare beneficiaries in a different State.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 15, 2015

Mr. NUNES (for himself, Mr. PALLONE, Mr. CARTWRIGHT, Mr. PETERS, Mr. RUSH, Mr. SARBANES, Mrs. WAGNER, Mr. YOUNG of Indiana, Mr. MARCHANT, Mr. TIBERI, Mr. COLLINS of New York, Mr. KELLY of Pennsylvania, Mr. PEARCE, Mr. PETERSON, Mr. CALVERT, Mr. HOLDING, Mr. ROE of Tennessee, and Mr. BOUSTANY) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to permit certain Medicare providers licensed in a State to provide telemedicine services to certain Medicare beneficiaries in a different State.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### **SECTION 1. SHORT TITLE.**

This Act may be cited as the “TELEmedicine for MEDicare Act of 2015” or as the “TELE-MED Act of 2015”.

### **SEC. 2. PERMITTING CERTAIN MEDICARE PROVIDERS LICENSED IN A STATE TO PROVIDE TELEMEDICINE SERVICES TO CERTAIN MEDICARE BENEFICIARIES IN A DIFFERENT STATE.**

Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by adding at the end the following new section:

**“SEC. 1899B. PERMITTING CERTAIN MEDICARE PROVIDERS LICENSED IN A STATE TO PROVIDE TELEMEDICINE SERVICES TO CERTAIN MEDICARE BENEFICIARIES IN A DIFFERENT STATE.**

“(a) IN GENERAL.—In the case of a Medicare participating physician or practitioner who is licensed or otherwise legally authorized to provide a health care service in a State, such physician or practitioner may provide such a service as a telemedicine service to a Medicare beneficiary who is in a different State, and any requirement that such physician or practitioner obtain a comparable license or other comparable legal authorization from such different State with respect to the provision of such health care service by such physician or practitioner to such beneficiary shall not apply.

“(b) ENFORCEMENT.—With respect to the provision of a service pursuant to this section, the licensing or authorizing State has jurisdiction to enforce the licensure or other legal authorization requirements of such primary State, including through disciplinary actions used by such State as of the day before the date of the enactment of this section.

“(c) PROCESS TO ESTABLISH TELEMEDICINE SERVICE DEFINITION.—Not later than 9 months after the date of the enactment of this section, the Secretary shall issue guidance to the States for developing a definition of the term ‘telemedicine services’ for purposes of applying this section. For purposes of issuing such guidance, the Secretary shall solicit input from relevant stakeholders, including patients, health care providers, State government officials, health technology developers, insurers, employers, licensing boards, community health organizations, and other Federal agencies.

“(d) REPORT.—Not later than 12 months after the date of the enactment of this section, the Secretary shall submit to Congress a report on the plans to develop and expand the use of current and emerging Internet and communications technologies to expand access of Medicare beneficiaries to health programs.

“(e) DEFINITIONS.—For purposes of this section:

“(1) MEDICARE BENEFICIARY.—The term ‘Medicare beneficiary’ means an individual entitled to benefits under part A or enrolled under part B.

“(2) QUALIFYING PHYSICIAN OR PRACTITIONER.—The term ‘Medicare participating physician or practitioner’ means the following:

“(A) A physician (as defined in section 1861(r)) who is a participating physician or supplier (as defined in section 1842(h)(1)).

“(B) A practitioner (as defined in section 1842(b)(18)(C)) who is a participating physician or supplier (as defined in section 1842(h)(1)).

“(f) CONSTRUCTION.—Nothing in this section may be construed to remove, limit, or otherwise affect any obligation of a covered health care professional under the Controlled Substances Act (21 U.S.C. 801 et seq.).”

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114TH CONGRESS  
1ST SESSION

# S. 1778

To amend title XVIII of the Social Security Act to permit certain Medicare providers licensed in a State to provide telemedicine services to certain Medicare beneficiaries in a different State.

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## IN THE SENATE OF THE UNITED STATES

JULY 15, 2015

Ms. HIRONO (for herself and Mrs. ERNST) introduced the following bill; which was read twice and referred to the Committee on Finance

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# A BILL

To amend title XVIII of the Social Security Act to permit certain Medicare providers licensed in a State to provide telemedicine services to certain Medicare beneficiaries in a different State.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### **SECTION 1. SHORT TITLE.**

This Act may be cited as the “TELEmedicine for MEDicare Act of 2015” or the “TELE-MED Act of 2015”.

### **SEC. 2. PERMITTING CERTAIN MEDICARE PROVIDERS LICENSED IN A STATE TO PROVIDE TELEMEDICINE SERVICES TO CERTAIN MEDICARE BENEFICIARIES IN A DIFFERENT STATE.**

Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by adding at the end the following new section:

**“SEC. 1899C. PERMITTING CERTAIN MEDICARE PROVIDERS LICENSED IN A STATE TO PROVIDE TELEMEDICINE SERVICES TO CERTAIN MEDICARE BENEFICIARIES IN A DIFFERENT STATE.**

“(a) IN GENERAL.—In the case of a Medicare participating physician or practitioner who is licensed or otherwise legally authorized to provide a health care service in a State, such physician or practitioner may provide such a service as a telemedicine service to a Medicare beneficiary who is in a different State, and any requirement that such physician or practitioner obtain a comparable license or other comparable legal authorization from such different State with respect to the provision of such health care service by such physician or practitioner to such beneficiary shall not apply.

“(b) ENFORCEMENT.—With respect to the provision of a service pursuant to this section, the licensing or authorizing State has jurisdiction to enforce the licensure or other legal authorization requirements of such primary State, including through disciplinary actions used by such State as of the day before the date of the enactment of this section.

“(c) PROCESS TO ESTABLISH TELEMEDICINE SERVICE DEFINITION.—Not later than 12 months after the date of the enactment of this section, the Secretary shall issue guidance to the States for developing a definition of the term ‘telemedicine services’ for purposes of applying this section. For purposes of issuing such guidance, the Secretary shall solicit input from relevant stakeholders, including patients, health care providers, State government officials, health technology developers, insurers, employers, licensing boards, community health organizations, and other Federal agencies.

“(d) REPORT.—Not later than 12 months after the date of the enactment of this section, the Secretary shall submit to Congress a report on the plans to develop and expand the use of current and emerging Internet and communications technologies to expand access of Medicare beneficiaries to health programs.

“(e) DEFINITIONS.—For purposes of this section:

“(1) MEDICARE BENEFICIARY.—The term ‘Medicare beneficiary’ means an individual entitled to benefits under part A or enrolled under part B.

“(2) QUALIFYING PHYSICIAN OR PRACTITIONER.—The term ‘Medicare participating physician or practitioner’ means the following:

“(A) A physician (as defined in section 1861(r)) who is a participating physician or supplier (as defined in section 1842(h)(1)).

“(B) A practitioner (as defined in section 1842(b)(18)(C)) who is a participating physician or supplier (as defined in section 1842(h)(1)).

“(f) CONSTRUCTION RELATING TO CONTROLLED SUBSTANCES ACT.—Nothing in this section may be construed to remove, limit, or otherwise affect any obligation of a covered health care professional under the Controlled Substances Act (21 U.S.C. 801 et seq.).

“(g) NO EFFECT ON STATE MALPRACTICE LAWS OR JURISDICTION TO HEAR CIVIL CLAIMS.—Nothing in this section may be construed to—

“(1) replace or supersede any State law regarding negligence or medical malpractice;  
or

“(2) divest any court of its jurisdiction to hear civil claims arising from a physician’s  
provision of telemedicine services.”.

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