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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R.

To amend title XVIII of the Social Security Act to expand access to telehealth services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. THOMPSON of California introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to expand access to telehealth services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Creating Opportunities Now for Necessary and Effective
6 Care Technologies (CONNECT) for Health Act of 2021”
7 or the “CONNECT for Health Act of 2021”.

8 (b) TABLE OF CONTENTS.—The table of contents of
9 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings and sense of Congress.

TITLE I—REMOVING BARRIERS TO TELEHEALTH COVERAGE

- Sec. 101. Expanding the use of telehealth through the waiver of requirements.
- Sec. 102. Removing geographic requirements for telehealth services.
- Sec. 103. Expanding originating sites.
- Sec. 104. Use of telehealth in emergency medical care.
- Sec. 105. Improvements to the process for adding telehealth services.
- Sec. 106. Federally qualified health centers and rural health clinics.
- Sec. 107. Native American health facilities.
- Sec. 108. Waiver of telehealth requirements during public health emergencies.
- Sec. 109. Use of telehealth in recertification for hospice care.

TITLE II—PROGRAM INTEGRITY

- Sec. 201. Clarification for fraud and abuse laws regarding technologies provided to beneficiaries.
- Sec. 202. Additional resources for telehealth oversight.
- Sec. 203. Provider and beneficiary education on telehealth.

TITLE III—DATA AND TESTING OF MODELS

- Sec. 301. Study on telehealth utilization during the COVID–19 pandemic.
- Sec. 302. Analysis of telehealth waivers in alternative payment models.
- Sec. 303. Model to allow additional health professionals to furnish telehealth services.
- Sec. 304. Testing of models to examine the use of telehealth under the Medicare program.

1 **SEC. 2. FINDINGS AND SENSE OF CONGRESS.**

2 (a) FINDINGS.—Congress finds the following:

3 (1) The use of technology in health care and
4 coverage of telehealth services are rapidly evolving.

5 (2) Research has found that telehealth services
6 can expand access to care, improve the quality of
7 care, and reduce spending, and that patients receiv-
8 ing telehealth services are satisfied with their experi-
9 ences.

10 (3) Health care workforce shortages are a sig-
11 nificant problem in many areas and for many types
12 of health care clinicians.

1 (4) Telehealth increases access to care in areas
2 with workforce shortages and for individuals who
3 live far away from health care facilities, have limited
4 mobility or transportation, or have other barriers to
5 accessing care.

6 (5) The use of health technologies can strength-
7 en the expertise of the health care workforce, includ-
8 ing by connecting clinicians to specialty consulta-
9 tions.

10 (6) Prior to the COVID–19 pandemic, the utili-
11 zation of telehealth services in the Medicare program
12 under title XVIII of the Social Security Act (42
13 U.S.C. 1395 et seq.) was low, with only 0.25 percent
14 of Medicare fee-for-service beneficiaries utilizing tele-
15 health services in 2016.

16 (7) The COVID–19 pandemic demonstrated ad-
17 ditional benefits of telehealth, including reducing in-
18 fection risk of patients and health care professionals
19 and conserving space in health care facilities, and
20 the Centers for Disease Control and Prevention rec-
21 ommended that telehealth services should be opti-
22 mized, when available and appropriate, during the
23 pandemic.

1 (8) Long-term certainty about coverage of tele-
2 health services under the Medicare program is nec-
3 essary to fully realize the benefits of telehealth.

4 (b) SENSE OF CONGRESS.—It is the sense of Con-
5 gress that—

6 (1) health care providers can furnish safe, effec-
7 tive, and high-quality health care services through
8 telehealth;

9 (2) the Secretary of Health and Human Serv-
10 ices should promptly take all necessary measures to
11 ensure that providers and beneficiaries can continue
12 to furnish and utilize, respectively, telehealth serv-
13 ices in the Medicare program during and after the
14 conclusion of the COVID–19 pandemic, including
15 modifying, as appropriate, the definition of “inter-
16 active telecommunications system” in regulations
17 and program instruction under the Medicare pro-
18 gram to ensure that providers can utilize all appro-
19 priate means and types of technology, including
20 audio-visual, audio-only, and other types of tech-
21 nologies, to furnish telehealth services; and

22 (3) barriers to the use of telehealth should be
23 removed.

1 **TITLE I—REMOVING BARRIERS**
2 **TO TELEHEALTH COVERAGE**

3 **SEC. 101. EXPANDING THE USE OF TELEHEALTH THROUGH**
4 **THE WAIVER OF REQUIREMENTS.**

5 (a) IN GENERAL.—Section 1834(m) of the Social Se-
6 curity Act (42 U.S.C. 1395m(m)) is amended—

7 (1) in paragraph (4)(C)(i), by striking “and
8 (7)” and inserting “(7), and (9)”; and

9 (2) by adding at the end the following:

10 “(9) AUTHORITY TO WAIVE REQUIREMENTS
11 AND LIMITATIONS.—

12 “(A) IN GENERAL.—Notwithstanding the
13 preceding provisions of this subsection, in the
14 case of telehealth services furnished on or after
15 January 1, 2022, the Secretary may waive any
16 requirement described in subparagraph (B) that
17 is applicable to payment for telehealth services
18 under this subsection, but only if the Secretary
19 determines that such waiver would not ad-
20 versely impact quality of care.

21 “(B) REQUIREMENTS DESCRIBED.—For
22 purposes of this paragraph, requirements appli-
23 cable to payment for telehealth services under
24 this subsection are—

1 “(i) requirements relating to qualifica-
2 tions for an originating site under para-
3 graph (4)(C)(ii);

4 “(ii) any geographic requirement
5 under paragraph (4)(C)(i) (other than ap-
6 plicable State law requirements, including
7 State licensure requirements);

8 “(iii) any limitation on the type of
9 technology used to furnish telehealth serv-
10 ices;

11 “(iv) any limitation on the types of
12 practitioners who are eligible to furnish
13 telehealth services (other than the require-
14 ment that the practitioner is enrolled
15 under this title);

16 “(v) any limitation on specific services
17 designated as telehealth services pursuant
18 to this subsection (provided the Secretary
19 determines that such services are clinically
20 appropriate to furnish remotely); or

21 “(vi) any other limitation relating to
22 the furnishing of telehealth services under
23 this title identified by the Secretary.

24 “(C) WAIVER IMPLEMENTATION.—In im-
25 plementing a waiver under this paragraph, the

1 Secretary may establish parameters, as appro-
2 priate, for telehealth services under such waiv-
3 er, including with respect to payment of a facil-
4 ity fee for originating sites and beneficiary and
5 program integrity protections.

6 “(D) PUBLIC COMMENT.—The Secretary
7 shall establish a process by which stakeholders
8 may (on at least an annual basis) provide public
9 comment on waivers under this paragraph.

10 “(E) PERIODIC REVIEW OF WAIVERS.—
11 The Secretary shall periodically, but not more
12 often than every 3 years, reassess each waiver
13 under this paragraph to determine whether the
14 waiver continues to meet the quality of care
15 condition applicable under subparagraph (A).
16 The Secretary shall terminate any waiver that
17 does not continue to meet such condition.”.

18 (b) POSTING OF INFORMATION.—Not later than 2
19 years after the date on which a waiver under section
20 1834(m)(9) of the Social Security Act, as added by sub-
21 section (a), first becomes effective, and at least every 2
22 years thereafter, the Secretary of Health and Human
23 Services shall post on the Internet website of the Centers
24 for Medicare & Medicaid Services—

1 (1) the number of Medicare beneficiaries receiv-
2 ing telehealth services by reason of each waiver
3 under such section;

4 (2) the impact of such waivers on expenditures
5 and utilization under title XVIII of the Social Secu-
6 rity Act (42 U.S.C. 1395 et seq.); and

7 (3) other outcomes, as determined appropriate
8 by the Secretary.

9 **SEC. 102. REMOVING GEOGRAPHIC REQUIREMENTS FOR**
10 **TELEHEALTH SERVICES.**

11 Section 1834(m)(4)(C) of the Social Security Act (42
12 U.S.C. 1395m(m)(4)(C)), as amended by section 101, is
13 amended—

14 (1) in clause (i), in the matter preceding sub-
15 clause (I), by inserting “and clause (iii)” after “and
16 (9)”;

17 (2) by adding at the end the following new
18 clause:

19 “(iii) REMOVAL OF GEOGRAPHIC RE-
20 QUIREMENTS.—The geographic require-
21 ments described in clause (i) shall not
22 apply with respect to telehealth services
23 furnished on or after the date of the enact-
24 ment of this clause.”.

1 **SEC. 103. EXPANDING ORIGINATING SITES.**

2 (a) EXPANDING THE HOME AS AN ORIGINATING
3 SITE.—Section 1834(m)(4)(C)(ii)(X) of the Social Secu-
4 rity Act (42 U.S.C. 1395m(m)(4)(C)(ii)(X)) is amended
5 to read as follows:

6 “(X)(aa) Prior to the date of en-
7 actment of the CONNECT for Health
8 Act of 2021, the home of an indi-
9 vidual but only for purposes of section
10 1881(b)(3)(B) or telehealth services
11 described in paragraph (7).

12 “(bb) On or after such date of
13 enactment, the home of an indi-
14 vidual.”.

15 (b) ALLOWING ADDITIONAL ORIGINATING SITES.—
16 Section 1834(m)(4)(C)(ii) of the Social Security Act (42
17 U.S.C. 1395m(m)(4)(C)(ii)) is amended by adding at the
18 end the following new subclause:

19 “(XII) Any other site determined
20 appropriate by the Secretary at which
21 an eligible telehealth individual is lo-
22 cated at the time a telehealth service
23 is furnished via a telecommunications
24 system.”.

25 (c) PARAMETERS FOR NEW ORIGINATING SITES.—
26 Section 1834(m)(4)(C) of the Social Security Act (42

1 U.S.C. 1395m(m)(4)(C)), as amended by section 102, is
2 amended by adding at the end the following new clause:

3 “(iv) REQUIREMENTS FOR NEW
4 SITES.—

5 “(I) IN GENERAL.—The Sec-
6 retary may establish requirements for
7 the furnishing of telehealth services at
8 sites described in clause (ii)(XII) to
9 provide for beneficiary and program
10 integrity protections.

11 “(II) CLARIFICATION.—Nothing
12 in this clause shall be construed to
13 preclude the Secretary from estab-
14 lishing requirements for other origi-
15 nating sites described in clause (ii)”.

16 (d) NO ORIGINATING SITE FACILITY FEE FOR NEW
17 SITES.—Section 1834(m)(2)(B)(ii) of the Social Security
18 Act (42 U.S.C. 1395m(m)(2)(B)(ii)) is amended—

19 (1) in the heading, by striking “IF ORIGINATING
20 SITE IS THE HOME” and inserting “FOR CERTAIN
21 SITES”; and

22 (2) by striking “paragraph (4)(C)(ii)(X)” and
23 inserting “subclause (X) or (XII) of paragraph
24 (4)(C)”.

1 **SEC. 104. USE OF TELEHEALTH IN EMERGENCY MEDICAL**
2 **CARE.**

3 (a) IN GENERAL.—Section 1834(m) of the Social Se-
4 curity Act (42 U.S.C. 1395m(m)), as amended by sections
5 101 and 102, is amended—

6 (1) in paragraph (4)(C)(i), by striking “and
7 (9)” and inserting “(9), and (10)”; and

8 (2) by adding at the end the following:

9 “(10) TREATMENT OF EMERGENCY MEDICAL
10 CARE FURNISHED THROUGH TELEHEALTH.—The
11 geographic requirements described in paragraph
12 (4)(C)(i) (other than applicable State law require-
13 ments, including State licensure requirements) shall
14 not apply with respect to telehealth services that are
15 services for emergency medical care (as determined
16 by the Secretary) furnished on or after January 1,
17 2022, to an eligible telehealth individual.”.

18 (b) ADDITIONAL SERVICES.—As part of the imple-
19 mentation of the amendments made by this section, the
20 Secretary of Health and Human Services shall consider
21 whether additional services should be added to the services
22 specified in paragraph (4)(F)(i) of section 1834(m) of
23 such Act (42 U.S.C. 1395m)) for authorized payment
24 under paragraph (1) of such section.

1 **SEC. 105. IMPROVEMENTS TO THE PROCESS FOR ADDING**
2 **TELEHEALTH SERVICES.**

3 (a) REVIEW.—The Secretary shall undertake a review
4 of the process established pursuant to section
5 1834(m)(4)(F)(ii) of the Social Security Act (42 U.S.C.
6 1395m(m)(4)(F)(ii)), and based on the results of such re-
7 view—

8 (1) implement revisions to the process so that
9 the criteria to add services prioritizes, as appro-
10 priate, improved access to care through clinically ap-
11 propriate telehealth services; and

12 (2) provide clarification on what requests to
13 add telehealth services under such process should in-
14 clude.

15 (b) TEMPORARY COVERAGE OF CERTAIN TELE-
16 HEALTH SERVICES.—Section 1834(m)(4)(F) of the Social
17 Security Act (42 U.S.C. 1395m(m)(4)(F)) is amended by
18 adding at the end the following new clause:

19 “(iii) TEMPORARY COVERAGE OF CER-
20 TAIN TELEHEALTH SERVICES.—The Sec-
21 retary may add services with a reasonable
22 potential likelihood of clinical benefit and
23 improved access to care when furnished via
24 a telecommunications system (as deter-
25 mined by the Secretary) on a temporary

1 basis to those specified in clause (i) for au-
2 thorized payment under paragraph (1).”.

3 **SEC. 106. FEDERALLY QUALIFIED HEALTH CENTERS AND**
4 **RURAL HEALTH CLINICS.**

5 Section 1834(m) of the Social Security Act (42
6 U.S.C. 1395m(m)), as amended by sections 101, 102, and
7 104, is amended—

8 (1) in paragraph (4)(C)(i), in the matter pre-
9 ceding subclause (I), by inserting “, (8)” after
10 “(7)”; and

11 (2) in paragraph (8)—

12 (A) in the paragraph heading by inserting
13 “AND AFTER” after “DURING ”;

14 (B) in subparagraph (A)—

15 (i) in the matter preceding clause (i),
16 by inserting “and after such emergency pe-
17 riod” after “1135(g)(1)(B)”;

18 (ii) in clause (ii), by striking “and” at
19 the end;

20 (iii) by redesignating clause (iii) as
21 clause (iv); and

22 (iv) by inserting after clause (ii) the
23 following new clause:

24 “(iii) the geographic requirements de-
25 scribed in paragraph (4)(C)(i) shall not

1 apply with respect to such a telehealth
2 service; and”;

3 (C) by striking subparagraph (B) and in-
4 serting the following:

5 “(B) PAYMENT.—

6 “(i) IN GENERAL.—A telehealth serv-
7 ice furnished by a Federally qualified
8 health center or a rural health clinic to an
9 individual pursuant to this paragraph on
10 or after the date of the enactment of this
11 subparagraph shall be deemed to be so fur-
12 nished to such individual as an outpatient
13 of such clinic or facility (as applicable) for
14 purposes of paragraph (1) or (3), respec-
15 tively, of section 1861(aa) and payable as
16 a Federally qualified health center service
17 or rural health clinic service (as applicable)
18 under the prospective payment system es-
19 tablished under section 1834(o) or under
20 section 1833(a)(3), respectively.

21 “(ii) TREATMENT OF COSTS FOR
22 FQHC PPS CALCULATIONS AND RHC AIR
23 CALCULATIONS.—Costs associated with the
24 delivery of telehealth services by a Feder-
25 ally qualified health center or rural health

1 clinic serving as a distant site pursuant to
2 this paragraph shall be considered allow-
3 able costs for purposes of the prospective
4 payment system established under section
5 1834(o) and any payment methodologies
6 developed under section 1833(a)(3), as ap-
7 plicable.”.

8 **SEC. 107. NATIVE AMERICAN HEALTH FACILITIES.**

9 (a) IN GENERAL.—Section 1834(m)(4)(C) of the So-
10 cial Security Act (42 U.S.C. 1395m(m)(4)(C)), as amend-
11 ed by sections 101, 102, and 103, is amended—

12 (1) in clause (i), by striking “clause (iii)” and
13 inserting “clauses (iii) and (v)”; and

14 (2) by adding at the end the following new
15 clause:

16 “(v) NATIVE AMERICAN HEALTH FA-
17 CILITIES.—With respect to telehealth serv-
18 ices furnished on or after January 1, 2022,
19 the originating site requirements described
20 in clauses (i) and (ii) shall not apply with
21 respect to a facility of the Indian Health
22 Service, whether operated by such Service,
23 or by an Indian tribe (as that term is de-
24 fined in section 4 of the Indian Health
25 Care Improvement Act (25 U.S.C. 1603))

1 or a tribal organization (as that term is
2 defined in section 4 of the Indian Self-De-
3 termination and Education Assistance Act
4 (25 U.S.C. 5304)), or a facility of the Na-
5 tive Hawaiian health care systems author-
6 ized under the Native Hawaiian Health
7 Care Improvement Act (42 U.S.C. 11701
8 et seq.).”.

9 (b) NO ORIGINATING SITE FACILITY FEE FOR CER-
10 TAIN NATIVE AMERICAN FACILITIES.—Section
11 1834(m)(2)(B)(i) of the Social Security Act (42 U.S.C.
12 1395m(m)(2)(B)(i)) is amended, in the matter preceding
13 subclause (I), by inserting “(other than an originating site
14 that is only described in clause (v) of paragraph (4)(C),
15 and does not meet the requirement for an originating site
16 under clauses (i) and (ii) of such paragraph)” after “the
17 originating site”.

18 **SEC. 108. WAIVER OF TELEHEALTH REQUIREMENTS DUR-**
19 **ING PUBLIC HEALTH EMERGENCIES.**

20 Section 1135(g)(1) of the Social Security Act (42
21 U.S.C. 1320b–5(g)(1)) is amended—

22 (1) in subparagraph (A), in the matter pre-
23 ceding clause (i), by striking “subparagraph (B)”
24 and inserting “subparagraphs (B) and (C)”; and

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

3 “(C) EXCEPTION FOR WAIVER OF TELE-
4 HEALTH REQUIREMENTS DURING PUBLIC
5 HEALTH EMERGENCIES.—For purposes of sub-
6 section (b)(8), in addition to the emergency pe-
7 riod described in subparagraph (B), an ‘emer-
8 gency area’ is a geographical area in which, and
9 an ‘emergency period’ is the period during
10 which, there exists a public health emergency
11 declared by the Secretary pursuant to section
12 319 of the Public Health Service Act.”.

13 **SEC. 109. USE OF TELEHEALTH IN RECERTIFICATION FOR**
14 **HOSPICE CARE.**

15 (a) IN GENERAL.—Section 1814(a)(7)(D)(i)(II) of
16 the Social Security Act (42 U.S.C. 1395f(a)(7)(D)(i)(II))
17 is amended by inserting “and after such emergency pe-
18 riod” after “1135(g)(1)(B)”.

19 (b) GAO REPORT.—Not later than 3 years after the
20 date of enactment of this Act, the Comptroller General
21 of the United States shall submit a report to Congress
22 evaluating the impact of the amendment made by sub-
23 section (a) on—

1 (1) the number and percentage of beneficiaries
2 recertified for the Medicare hospice benefit at 180
3 days and for subsequent benefit periods;

4 (2) the appropriateness for hospice care of the
5 patients recertified through the use of telehealth;
6 and

7 (3) any other factors determined appropriate by
8 the Comptroller General.

9 **TITLE II—PROGRAM INTEGRITY**

10 **SEC. 201. CLARIFICATION FOR FRAUD AND ABUSE LAWS**

11 **REGARDING TECHNOLOGIES PROVIDED TO** 12 **BENEFICIARIES.**

13 Section 1128A(i)(6) of the Social Security Act (42
14 U.S.C. 1320a–7a(i)(6)) is amended—

15 (1) in subparagraph (I), by striking “; or” and
16 inserting a semicolon;

17 (2) in subparagraph (J), by striking the period
18 at the end and inserting “; or”; and

19 (3) by adding at the end the following new sub-
20 paragraph:

21 “(K) the provision of technologies (as de-
22 fined by the Secretary) on or after the date of
23 the enactment of this subparagraph, by a pro-
24 vider of services or supplier (as such terms are
25 defined for purposes of title XVIII) directly to

1 an individual who is entitled to benefits under
2 part A of title XVIII, enrolled under part B of
3 such title, or both, for the purpose of furnishing
4 telehealth services, remote patient monitoring
5 services, or other services furnished through the
6 use of technology (as defined by the Secretary),
7 if—

8 “(i) the technologies are not offered
9 as part of any advertisement or solicita-
10 tion; and

11 “(ii) the provision of the technologies
12 meets any other requirements set forth in
13 regulations promulgated by the Sec-
14 retary.”.

15 **SEC. 202. ADDITIONAL RESOURCES FOR TELEHEALTH**
16 **OVERSIGHT.**

17 In addition to amounts otherwise available, there are
18 authorized to be appropriated to the Inspector General of
19 the Department of Health and Human Services for each
20 of fiscal years 2022 through 2026, out of any money in
21 the Treasury not otherwise appropriated, \$3,000,000, to
22 remain available until expended, for purposes of con-
23 ducting audits, investigations, and other oversight and en-
24 forcement activities with respect to telehealth services, re-
25 mote patient monitoring services, or other services fur-

1 nished through the use of technology (as defined by the
2 Secretary).

3 **SEC. 203. PROVIDER AND BENEFICIARY EDUCATION ON**
4 **TELEHEALTH.**

5 (a) EDUCATIONAL RESOURCES AND TRAINING SES-
6 SIONS.—

7 (1) IN GENERAL.—Not later than 6 months
8 after the date of enactment of this Act, the Sec-
9 retary of Health and Human Services shall develop
10 and make available to beneficiaries and health care
11 professionals educational resources and training ses-
12 sions on requirements relating to the furnishing of
13 telehealth services under section 1834(m) of the So-
14 cial Security Act (42 U.S.C. 1395m(m)) and topics
15 including—

16 (A) requirements for payment for tele-
17 health services;

18 (B) telehealth-specific health care privacy
19 and security training;

20 (C) utilizing telehealth services to engage
21 and support underserved, high-risk, and vulner-
22 able patient populations; and

23 (D) other topics as determined appropriate
24 by the Secretary.

1 (2) ACCOUNTING FOR AGE AND OTHER DIF-
2 FERENCES.—Such resources and training sessions
3 must account for age and sociodemographic, geo-
4 graphic, cultural, cognitive, and linguistic differences
5 in how individuals interact with technology.

6 (b) QUALITY IMPROVEMENT ORGANIZATIONS.—The
7 Secretary shall consider including technical assistance,
8 education, and training on telehealth services as a re-
9 quired activity of the quality improvement organizations
10 described in section 1862(g) of the Social Security Act.

11 (c) FUNDING.—There are authorized to be appro-
12 priated such sums as necessary to carry out the activities
13 described in sections (a) and (b).

14 **TITLE III—DATA AND TESTING** 15 **OF MODELS**

16 **SEC. 301. STUDY ON TELEHEALTH UTILIZATION DURING** 17 **THE COVID-19 PANDEMIC.**

18 (a) IN GENERAL.—The Secretary shall collect and
19 analyze qualitative and quantitative data on the impact
20 of telehealth services, virtual check-ins, remote patient
21 monitoring services, and other services furnished through
22 the use of technology permitted by the waiver or modifica-
23 tion of certain requirements under title XVIII of the So-
24 cial Security Act (42 15 U.S.C. 1395 et seq.) and, as fea-
25 sible, under title XIX of such Act (42 U.S.C. 1396 et

1 seq.), and any regulations thereunder during the COVID–
2 19 public health emergency, which may include the collec-
3 tion of data regarding—

4 (1) health care utilization rates under such title
5 XVIII and, as feasible, under such title XIX, includ-
6 ing utilization—

7 (A) in different types of areas;

8 (B) by race, ethnicity, or income levels;

9 and

10 (C) of telehealth services furnished by dif-
11 ferent types of health care professionals.

12 (2) health care quality, such as measured by
13 hospital readmission rates, missed appointment
14 rates, patient and provider satisfaction, or other ap-
15 propriate measures;

16 (3) health outcomes of individuals utilizing tele-
17 health services;

18 (4) audio-only telehealth utilization rates when
19 video-based telehealth was not an option, including
20 the types of services and the types of providers
21 treating individuals using audio-only telehealth;

22 (5) waivers of State licensure requirements;

23 (6) the types of technologies utilized to deliver
24 or receive telehealth care and utilization rates,
25 disaggregated by type of technology (as applicable);

1 (7) challenges for providers in furnishing tele-
2 health services;

3 (8) the investments necessary for providers to
4 effectively provide telehealth services to their pa-
5 tients, including the costs of necessary technology
6 and of training staff; and

7 (9) any additional information determined ap-
8 propriate by the Secretary.

9 (b) INTERIM REPORT TO CONGRESS.—Not later than
10 180 days after the date of enactment of this Act, the Sec-
11 retary shall submit to the Committee on Finance and the
12 Committee on Health, Education, Labor, and Pensions of
13 the Senate and the Committee on Ways and Means and
14 the Committee on Energy and Commerce of the House
15 of Representatives an interim report on the impact of tele-
16 health based on the data collected and analyzed under sub-
17 section (a). For the purposes of the interim report, the
18 Secretary may determine which data collected and ana-
19 lyzed under such subsection is most appropriate to com-
20 plete such report.

21 (c) FINAL REPORT TO CONGRESS.—Not later than
22 one year after the date of enactment of this Act, the Sec-
23 retary shall submit to the Committee on Finance and the
24 Committee on Health, Education, Labor, and Pensions of
25 the Senate and the Committee on Ways and Means and

1 the Committee on Energy and Commerce of the House
2 of Representatives a final report on the impact of tele-
3 health based on the data collected and analyzed under sub-
4 section (a) that includes—

5 (1) conclusions regarding the impact of tele-
6 health services on health care delivery during the
7 COVID–19 public health emergency; and

8 (2) an estimation of total spending on tele-
9 health services under title XVIII of the Social Secu-
10 rity Act (42 U.S.C. 1395 et seq.) and, as feasible,
11 under title XIX of such Act (42 U.S.C. 1396 et
12 seq.).

13 (d) **STAKEHOLDER INPUT.**—For purposes of sub-
14 sections (a), (b), and (c), the Secretary shall seek input
15 from the Medicare Payment Advisory Commission, the
16 Medicaid and CHIP Payment and Access Commission,
17 and nongovernmental stakeholders, including patient or-
18 ganizations, providers, and experts in telehealth.

19 (e) **FUNDING.**—There are authorized to be appro-
20 priated such sums as necessary to carry out this section.

21 **SEC. 302. ANALYSIS OF TELEHEALTH WAIVERS IN ALTER-**
22 **NATIVE PAYMENT MODELS.**

23 The second sentence of section 1115A(g) of the So-
24 cial Security Act (42 U.S.C. 1315a(g)) is amended by in-
25 serting “an analysis of waivers (if applicable) under sub-

1 section (d)(1) related to telehealth and the impact on qual-
2 ity and spending under the applicable titles of such waiv-
3 ers,” after “subsection (c),”.

4 **SEC. 303. MODEL TO ALLOW ADDITIONAL HEALTH PROFES-**
5 **SIONALS TO FURNISH TELEHEALTH SERV-**
6 **ICES.**

7 Section 1115A(b)(2)(B) of the Social Security Act
8 (42 U.S.C. 1315a(b)(2)(B)) is amended by adding at the
9 end the following new clause:

10 “(xxviii) Allowing health professionals,
11 such as those described in section
12 1819(b)(5)(G) or section 1861(l)(4)(B),
13 who are enrolled under section 1866(j) and
14 not otherwise eligible under section
15 1834(m) to furnish telehealth services to
16 furnish such services.”.

17 **SEC. 304. TESTING OF MODELS TO EXAMINE THE USE OF**
18 **TELEHEALTH UNDER THE MEDICARE PRO-**
19 **GRAM.**

20 Section 1115A(b)(2) of the Social Security Act (42
21 U.S.C. 1315a(b)(2)) is amended by adding at the end the
22 following new subparagraph:

23 “(D) TESTING MODELS TO EXAMINE USE
24 OF TELEHEALTH UNDER MEDICARE.—The Sec-
25 retary shall consider testing under this sub-

- 1 section models to examine the use of telehealth
- 2 under title XVIII.”.