

117TH CONGRESS
1ST SESSION

S. 1512

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

IN THE SENATE OF THE UNITED STATES

APRIL 29, 2021

Mr. SCHATZ (for himself, Mr. WICKER, Mr. CARDIN, Mr. THUNE, Mr. WARNER, Mrs. HYDE-SMITH, Mr. TESTER, Mr. PORTMAN, Mr. HEINRICH, Ms. MURKOWSKI, Mr. WHITEHOUSE, Mr. DAINES, Mr. MURPHY, Mr. SCOTT of South Carolina, Mr. KING, Mr. TILLIS, Mr. CARPER, Mr. CRAMER, Ms. SMITH, Mr. SASSE, Mr. VAN HOLLEN, Ms. COLLINS, Ms. HASSAN, Mr. BARRASSO, Mrs. SHAHEEN, Mr. BOOZMAN, Ms. KLOBUCHAR, Mrs. CAPITO, Mr. BLUMENTHAL, Mr. INHOFE, Mr. KAINE, Mr. COTTON, Mr. LEAHY, Ms. ERNST, Ms. SINEMA, Mr. MORAN, Mr. SANDERS, Mr. SULLIVAN, Mr. COONS, Mr. HOEVEN, Mr. WARNOCK, Mr. BLUNT, Mr. BENNET, Mr. RUBIO, Mr. KELLY, Mr. LANKFORD, Mr. BOOKER, Mr. GRAHAM, Ms. ROSEN, and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Finance

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

1 Care Technologies (CONNECT) for Health Act of 2021”
 2 or the “CONNECT for Health Act of 2021”.

3 (b) TABLE OF CONTENTS.—The table of contents of
 4 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.

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

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

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

9 (2) Research has found that telehealth services
 10 can expand access to care, improve the quality of
 11 care, and reduce spending, and that patients receive

1 ing telehealth services are satisfied with their experi-
2 ences.

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

6 (4) Telehealth increases access to care in areas
7 with workforce shortages and for individuals who
8 live far away from health care facilities, have limited
9 mobility or transportation, or have other barriers to
10 accessing care.

11 (5) The use of health technologies can strength-
12 en the expertise of the health care workforce, includ-
13 ing by connecting clinicians to specialty consulta-
14 tions.

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

21 (7) The COVID–19 pandemic demonstrated ad-
22 ditional benefits of telehealth, including reducing in-
23 fection risk of patients and health care professionals
24 and conserving space in health care facilities, and
25 the Centers for Disease Control and Prevention rec-

1 ommended that telehealth services should be opti-
2 mized, when available and appropriate, during the
3 pandemic.

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

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

9 (1) health care providers can furnish safe, effec-
10 tive, and high-quality health care services through
11 telehealth;

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

1 (3) barriers to the use of telehealth should be
2 removed.

3 **TITLE I—REMOVING BARRIERS**
4 **TO TELEHEALTH COVERAGE**

5 **SEC. 101. EXPANDING THE USE OF TELEHEALTH THROUGH**
6 **THE WAIVER OF REQUIREMENTS.**

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

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

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

12 “(9) AUTHORITY TO WAIVE REQUIREMENTS
13 AND LIMITATIONS.—

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

23 “(B) REQUIREMENTS DESCRIBED.—For
24 purposes of this paragraph, requirements appli-

1 cable to payment for telehealth services under
2 this subsection are—

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

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

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

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

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

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

1 “(C) WAIVER IMPLEMENTATION.—In im-
2 plementing a waiver under this paragraph, the
3 Secretary may establish parameters, as appro-
4 priate, for telehealth services under such waiv-
5 er, including with respect to payment of a facil-
6 ity fee for originating sites and beneficiary and
7 program integrity protections.

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

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

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

1 Services shall post on the Internet website of the Centers
2 for Medicare & Medicaid Services—

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

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

9 (3) other outcomes, as determined appropriate
10 by the Secretary.

11 **SEC. 102. REMOVING GEOGRAPHIC REQUIREMENTS FOR**
12 **TELEHEALTH SERVICES.**

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

16 (1) in clause (i), in the matter preceding sub-
17 clause (I), by inserting “and clause (iii)” after “and
18 (9)”;

19 (2) by adding at the end the following new
20 clause:

21 “(iii) REMOVAL OF GEOGRAPHIC RE-
22 QUIREMENTS.—The geographic require-
23 ments described in clause (i) shall not
24 apply with respect to telehealth services

1 furnished on or after the date of the enact-
2 ment of this clause.”.

3 **SEC. 103. EXPANDING ORIGINATING SITES.**

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

8 “(X)(aa) Prior to the date of en-
9 actment of the CONNECT for Health
10 Act of 2021, the home of an indi-
11 vidual but only for purposes of section
12 1881(b)(3)(B) or telehealth services
13 described in paragraph (7).

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

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

21 “(XII) Any other site determined
22 appropriate by the Secretary at which
23 an eligible telehealth individual is lo-
24 cated at the time a telehealth service

1 is furnished via a telecommunications
2 system.”.

3 (c) PARAMETERS FOR NEW ORIGINATING SITES.—
4 Section 1834(m)(4)(C) of the Social Security Act (42
5 U.S.C. 1395m(m)(4)(C)), as amended by section 102, is
6 amended by adding at the end the following new clause:

7 “(iv) REQUIREMENTS FOR NEW
8 SITES.—

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

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

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

23 (1) in the heading, by striking “IF ORIGINATING
24 SITE IS THE HOME” and inserting “FOR CERTAIN
25 SITES”; and

1 (2) by striking “paragraph (4)(C)(ii)(X)” and
2 inserting “subclause (X) or (XII) of paragraph
3 (4)(C)”.

4 **SEC. 104. USE OF TELEHEALTH IN EMERGENCY MEDICAL**
5 **CARE.**

6 (a) IN GENERAL.—Section 1834(m) of the Social Se-
7 curity Act (42 U.S.C. 1395m(m)), as amended by sections
8 101 and 102, is amended—

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

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

12 “(10) TREATMENT OF EMERGENCY MEDICAL
13 CARE FURNISHED THROUGH TELEHEALTH.—The
14 geographic requirements described in paragraph
15 (4)(C)(i) (other than applicable State law require-
16 ments, including State licensure requirements) shall
17 not apply with respect to telehealth services that are
18 services for emergency medical care (as determined
19 by the Secretary) furnished on or after January 1,
20 2022, to an eligible telehealth individual.”.

21 (b) ADDITIONAL SERVICES.—As part of the imple-
22 mentation of the amendments made by this section, the
23 Secretary of Health and Human Services shall consider
24 whether additional services should be added to the services
25 specified in paragraph (4)(F)(i) of section 1834(m) of

1 such Act (42 U.S.C. 1395m)) for authorized payment
2 under paragraph (1) of such section.

3 **SEC. 105. IMPROVEMENTS TO THE PROCESS FOR ADDING**
4 **TELEHEALTH SERVICES.**

5 (a) REVIEW.—The Secretary shall undertake a review
6 of the process established pursuant to section
7 1834(m)(4)(F)(ii) of the Social Security Act (42 U.S.C.
8 1395m(m)(4)(F)(ii)), and based on the results of such re-
9 view—

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

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

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

21 “(iii) TEMPORARY COVERAGE OF CER-
22 TAIN TELEHEALTH SERVICES.—The Sec-
23 retary may add services with a reasonable
24 potential likelihood of clinical benefit and
25 improved access to care when furnished via

1 a telecommunications system (as deter-
2 mined by the Secretary) on a temporary
3 basis to those specified in clause (i) for au-
4 thorized payment under paragraph (1).”.

5 **SEC. 106. FEDERALLY QUALIFIED HEALTH CENTERS AND**
6 **RURAL HEALTH CLINICS.**

7 Section 1834(m) of the Social Security Act (42
8 U.S.C. 1395m(m)), as amended by sections 101, 102, and
9 104, is amended—

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

13 (2) in paragraph (8)—

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

16 (B) in subparagraph (A)—

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

20 (ii) in clause (ii), by striking “and” at
21 the end;

22 (iii) by redesignating clause (iii) as
23 clause (iv); and

24 (iv) by inserting after clause (ii) the
25 following new clause:

1 “(iii) the geographic requirements de-
2 scribed in paragraph (4)(C)(i) shall not
3 apply with respect to such a telehealth
4 service; and”;

5 (C) by striking subparagraph (B) and in-
6 serting the following:

7 “(B) PAYMENT.—

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

23 “(ii) TREATMENT OF COSTS FOR
24 FQHC PPS CALCULATIONS AND RHC AIR
25 CALCULATIONS.—Costs associated with the

1 delivery of telehealth services by a Feder-
2 ally qualified health center or rural health
3 clinic serving as a distant site pursuant to
4 this paragraph shall be considered allow-
5 able costs for purposes of the prospective
6 payment system established under section
7 1834(o) and any payment methodologies
8 developed under section 1833(a)(3), as ap-
9 plicable.”.

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

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

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

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

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

1 fined in section 4 of the Indian Health
2 Care Improvement Act (25 U.S.C. 1603))
3 or a tribal organization (as that term is
4 defined in section 4 of the Indian Self-De-
5 termination and Education Assistance Act
6 (25 U.S.C. 5304)), or a facility of the Na-
7 tive Hawaiian health care systems author-
8 ized under the Native Hawaiian Health
9 Care Improvement Act (42 U.S.C. 11701
10 et seq.).”.

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

20 **SEC. 108. WAIVER OF TELEHEALTH REQUIREMENTS DUR-**
21 **ING PUBLIC HEALTH EMERGENCIES.**

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

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

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

6 “(C) EXCEPTION FOR WAIVER OF TELE-
 7 HEALTH REQUIREMENTS DURING PUBLIC
 8 HEALTH EMERGENCIES.—For purposes of sub-
 9 section (b)(8), in addition to the emergency pe-
 10 riod described in subparagraph (B), an ‘emer-
 11 gency area’ is a geographical area in which, and
 12 an ‘emergency period’ is the period during
 13 which, there exists a public health emergency
 14 declared by the Secretary pursuant to section
 15 319 of the Public Health Service Act.”.

16 **SEC. 109. USE OF TELEHEALTH IN RECERTIFICATION FOR**
 17 **HOSPICE CARE.**

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

22 (b) GAO REPORT.—Not later than 3 years after the
 23 date of enactment of this Act, the Comptroller General
 24 of the United States shall submit a report to Congress

1 evaluating the impact of the amendment made by sub-
 2 section (a) on—

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

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

9 (3) any other factors determined appropriate by
 10 the Comptroller General.

11 **TITLE II—PROGRAM INTEGRITY**

12 **SEC. 201. CLARIFICATION FOR FRAUD AND ABUSE LAWS** 13 **REGARDING TECHNOLOGIES PROVIDED TO** 14 **BENEFICIARIES.**

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

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

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

21 (3) by adding at the end the following new sub-
 22 paragraph:

23 “(K) the provision of technologies (as de-
 24 fined by the Secretary) on or after the date of
 25 the enactment of this subparagraph, by a pro-

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

10 “(i) the technologies are not offered
11 as part of any advertisement or sollicita-
12 tion; and

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

17 **SEC. 202. ADDITIONAL RESOURCES FOR TELEHEALTH**
18 **OVERSIGHT.**

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

1 enforcement activities with respect to telehealth services, re-
2 mote patient monitoring services, or other services fur-
3 nished through the use of technology (as defined by the
4 Secretary).

5 **SEC. 203. PROVIDER AND BENEFICIARY EDUCATION ON**
6 **TELEHEALTH.**

7 (a) EDUCATIONAL RESOURCES AND TRAINING SES-
8 SIONS.—

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

18 (A) requirements for payment for tele-
19 health services;

20 (B) telehealth-specific health care privacy
21 and security training;

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

1 (D) other topics as determined appropriate
2 by the Secretary.

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

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

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

16 **TITLE III—DATA AND TESTING** 17 **OF MODELS**

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

20 (a) IN GENERAL.—The Secretary shall collect and
21 analyze qualitative and quantitative data on the impact
22 of telehealth services, virtual check-ins, remote patient
23 monitoring services, and other services furnished through
24 the use of technology permitted by the waiver or modifica-
25 tion of certain requirements under title XVIII of the So-

1 cial Security Act (42 15 U.S.C. 1395 et seq.) and, as fea-
2 sible, under title XIX of such Act (42 U.S.C. 1396 et
3 seq.), and any regulations thereunder during the COVID-
4 19 public health emergency, which may include the collec-
5 tion of data regarding—

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

9 (A) in different types of areas;

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

11 and

12 (C) of telehealth services furnished by dif-
13 ferent types of health care professionals;

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

18 (3) health outcomes of individuals utilizing tele-
19 health services;

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

24 (5) waivers of State licensure requirements;

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

4 (7) challenges for providers in furnishing tele-
5 health services;

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

10 (9) any additional information determined ap-
11 propriate by the Secretary.

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

24 (c) FINAL REPORT TO CONGRESS.—Not later than
25 one year after the date of enactment of this Act, the Sec-

1 retary shall submit to the Committee on Finance and the
2 Committee on Health, Education, Labor, and Pensions of
3 the Senate and the Committee on Ways and Means and
4 the Committee on Energy and Commerce of the House
5 of Representatives a final report on the impact of tele-
6 health based on the data collected and analyzed under sub-
7 section (a) that includes—

8 (1) conclusions regarding the impact of tele-
9 health services on health care delivery during the
10 COVID–19 public health emergency; and

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

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

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

1 **SEC. 302. ANALYSIS OF TELEHEALTH WAIVERS IN ALTER-**
2 **NATIVE PAYMENT MODELS.**

3 The second sentence of section 1115A(g) of the So-
4 cial Security Act (42 U.S.C. 1315a(g)) is amended by in-
5 serting “an analysis of waivers (if applicable) under sub-
6 section (d)(1) related to telehealth and the impact on qual-
7 ity and spending under the applicable titles of such waiv-
8 ers,” after “subsection (c),”.

9 **SEC. 303. MODEL TO ALLOW ADDITIONAL HEALTH PROFES-**
10 **SIONALS TO FURNISH TELEHEALTH SERV-**
11 **ICES.**

12 Section 1115A(b)(2)(B) of the Social Security Act
13 (42 U.S.C. 1315a(b)(2)(B)) is amended by adding at the
14 end the following new clause:

15 “(xxviii) Allowing health professionals,
16 such as those described in section
17 1819(b)(5)(G) or section 1861(ll)(4)(B),
18 who are enrolled under section 1866(j) and
19 not otherwise eligible under section
20 1834(m) to furnish telehealth services to
21 furnish such services.”.

1 **SEC. 304. TESTING OF MODELS TO EXAMINE THE USE OF**
2 **TELEHEALTH UNDER THE MEDICARE PRO-**
3 **GRAM.**

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

7 “(D) TESTING MODELS TO EXAMINE USE
8 OF TELEHEALTH UNDER MEDICARE.—The Sec-
9 retary shall consider testing under this sub-
10 section models to examine the use of telehealth
11 under title XVIII.”.

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