

116TH CONGRESS
2D SESSION

H. R. 7078

To study the effects of changes to telehealth under the Medicare and Medicaid programs during the COVID–19 emergency.

IN THE HOUSE OF REPRESENTATIVES

JUNE 1, 2020

Ms. KELLY of Illinois (for herself, Mr. BISHOP of Georgia, Ms. JACKSON LEE, Ms. SEWELL of Alabama, Mr. THOMPSON of Mississippi, Ms. FUDGE, Mr. BUTTERFIELD, Mr. PAYNE, Ms. LEE of California, and Mr. COHEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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

A BILL

To study the effects of changes to telehealth under the Medicare and Medicaid programs during the COVID–19 emergency.

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.**

4 This Act may be cited as the “Evaluating Disparities
5 and Outcomes of Telehealth During the COVID–19 Emer-
6 gency Act of 2020” or the “EDOT Act of 2020”.

1 **SEC. 2. STUDY ON THE EFFECTS OF CHANGES TO TELE-**
2 **HEALTH UNDER THE MEDICARE AND MED-**
3 **ICAID PROGRAMS DURING THE COVID-19**
4 **EMERGENCY.**

5 (a) IN GENERAL.—Not later than 1 year after the
6 end of the emergency period described in section
7 1135(g)(1)(B) of the Social Security Act (42 U.S.C.
8 1320b–5(g)(1)(B)), the Secretary of Health and Human
9 Services (in this section referred to as the “Secretary”)
10 shall conduct a study and submit to the Committee on
11 Energy and Commerce and the Committee on Ways and
12 Means of the House of Representatives and the Committee
13 on Finance of the Senate an interim report on any
14 changes made to the provision or availability of telehealth
15 services under part A or B of title XVIII of the Social
16 Security Act (42 U.S.C. 1395 et seq.) during such period.
17 Such report shall include the following:

18 (1) A summary of utilization of all health care
19 services furnished under such part A or B during
20 such period, including the number of telehealth visits
21 (broken down by the number of such visits furnished
22 via audio-visual technology, the number of such vis-
23 its furnished via audio-only technology, and the
24 number of such visits furnished by a Federally quali-
25 fied health center, rural health clinic, or community
26 health center, respectively, if practicable), in-person

1 outpatient visits, inpatient admissions, and emer-
2 gency department visits.

3 (2) A description of any changes in utilization
4 patterns for the care settings described in paragraph
5 (1) over the course of such period compared to such
6 patterns prior to such period.

7 (3) An analysis of utilization of telehealth serv-
8 ices under such part A or B during such period, bro-
9 ken down by race and ethnicity, geographic region,
10 and income level (as measured directly or indirectly,
11 such as by patient's zip code tabulation area median
12 income as publicly reported by the United States
13 Census Bureau), and of any trends in such utiliza-
14 tion during such period, so broken down. Such anal-
15 ysis may not include any personally identifiable in-
16 formation or protected health information.

17 (4) A description of expenditures and any sav-
18 ings under such part A or B attributable to use of
19 such telehealth services during such period.

20 (5) A description of any instances of fraud
21 identified by the Secretary, acting through the Office
22 of the Inspector General or other relevant agencies
23 and departments, with respect to such telehealth
24 services furnished under such part A or B during
25 such period and a comparison of the number of such

1 instances with the number of instances of fraud so
2 identified with respect to in-person services so fur-
3 nished during such period.

4 (6) A description of any privacy concerns with
5 respect to the furnishing of such telehealth services
6 (such as cybersecurity or ransomware concerns), in-
7 cluding a description of any actions taken by the
8 Secretary, acting through the Health Sector Cyber-
9 security Coordination Center or other relevant agen-
10 cies and departments, during such period to assist
11 health care providers secure telecommunications sys-
12 tems.

13 (b) INPUT.—In conducting the study and submitting
14 the report under subsection (a), the Secretary—

15 (1) may—

16 (A) consult with relevant stakeholders
17 (such as patients, minority or tribal groups,
18 medical professionals, hospitals, State medical
19 boards, State nursing boards, the Federation of
20 State Medical Boards, National Council of
21 State Boards of Nursing, medical professional
22 employers (such as hospitals, medical groups,
23 staffing companies), telehealth groups, health
24 professional liability providers, public and pri-
25 vate payers, and State leaders); and

1 (B) solicit public comments on such report
2 before the submission of such report; and

3 (2) shall endeavor to include as many racially,
4 ethnically, geographically, and professionally diverse
5 perspectives as possible.

6 (c) FINAL REPORT.—Not later than December 31,
7 2024, the Secretary shall—

8 (1) update and finalize the interim report under
9 subsection (a); and

10 (2) submit such updated and finalized report to
11 the committees specified in such subsection.

12 (d) GRANTS FOR MEDICAID REPORTS.—

13 (1) IN GENERAL.—Not later than 2 years after
14 the end of the emergency period described in section
15 1135(g)(1)(B) of the Social Security Act (42
16 U.S.C.1320b–5(g)(1)(B)), the Secretary shall award
17 grants to States with a State plan (or waiver of such
18 plan) in effect under title XIX of the Social Security
19 Act (42 U.S.C. 1396r) that submit an application
20 under this subsection for purposes of enabling such
21 States to study and submit reports to the Secretary
22 on any changes made to the provision or availability
23 of telehealth services under such plans (or such
24 waivers) during such period.

1 (2) ELIGIBILITY.—To be eligible to receive a
2 grant under paragraph (1), a State shall—

3 (A) provide benefits for telehealth services
4 under the State plan (or waiver of such plan)
5 in effect under title XIX of the Social Security
6 Act (42 U.S.C. 1396r);

7 (B) be able to differentiate telehealth from
8 in-person visits within claims data submitted
9 under such plan (or such waiver) during such
10 period; and

11 (C) submit to the Secretary an application
12 at such time, in such manner, and containing
13 such information (including the amount of the
14 grant requested) as the Secretary may require.

15 (3) USE OF FUNDS.—An State shall use
16 amounts received under a grant under this sub-
17 section to conduct a study and report findings re-
18 garding the effects of changes to telehealth services
19 offered under the State plan (or waiver of such plan)
20 of such State under title XIX of the Social Security
21 Act (42 U.S.C. 1396 et seq.) during such period in
22 accordance with paragraph (4).

23 (4) REPORTS.—

24 (A) INTERIM REPORT.—Not later 1 year
25 after the date a State receives a grant under

1 this subsection, the State shall submit to the
2 Secretary an interim report that—

3 (i) details any changes made to the
4 provision or availability of telehealth bene-
5 fits (such as eligibility, coverage, or pay-
6 ment changes) under the State plan (or
7 waiver of such plan) of the State under
8 title XIX of the Social Security Act (42
9 U.S.C. 1396 et seq.) during the emergency
10 period described in paragraph (1); and

11 (ii) contains—

12 (I) a summary and description of
13 the type described in paragraphs (1)
14 and (2), respectively, of subsection
15 (a); and

16 (II) to the extent practicable, an
17 analysis of the type described in para-
18 graph (3) of subsection (a),

19 except that any reference in such sub-
20 section to “such part A or B” shall, for
21 purposes of subclauses (I) and (II), be
22 treated as a reference to such State plan
23 (or waiver).

24 (B) FINAL REPORT.—Not later than 3
25 years after the date a State receives a grant

1 under this subsection, the State shall update
2 and finalize the interim report and submit such
3 final report to the Secretary.

4 (C) REPORT BY SECRETARY.—Not later
5 than the earlier of the date that is 1 year after
6 the submission of all final reports under sub-
7 paragraph (B) and December 31, 2028, the
8 Secretary shall submit to Congress a report on
9 the grant program, including a summary of the
10 reports received from States under this para-
11 graph.

12 (5) MODIFICATION AUTHORITY.—The Secretary
13 may modify any deadline described in paragraph (4)
14 or any information required to be included in a re-
15 port made under this subsection to provide flexibility
16 for States to modify the scope of the study and
17 timeline for such reports.

18 (6) TECHNICAL ASSISTANCE.—The Secretary
19 shall provide such technical assistance as may be
20 necessary to a State receiving a grant under this
21 subsection in order to assist such state in conducting
22 studies and submitting reports under this sub-
23 section.

24 (7) STATE.—For purposes of this subsection,
25 the term “State” means each of the several States,

1 the District of Columbia, and each territory of the
2 United States.

3 (e) AUTHORIZATION OF APPROPRIATIONS.—

4 (1) MEDICARE.—For the purpose of carrying
5 out subsections (a) through (c), there are authorized
6 to be appropriated such sums as may be necessary
7 for each of the fiscal years 2020 through 2024.

8 (2) MEDICAID.—For the purpose of carrying
9 out subsection (d), there are authorized to be appro-
10 priated such sums as may be necessary for each of
11 the fiscal years 2022 through 2028.

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