

**Amendment to the Amendment in the Nature of a Substitute to Subtitle  
Offered by Rep. Brady of Texas**

The amendment would strike the new universal entitlement and expansions created under the amendment in the nature of a substitute and replace them with more tailored policies to lower health care costs and improve coverage options for Americans. (Help for Medical Bills Act)

**AMENDMENT TO THE AMENDMENT IN THE  
NATURE OF A SUBSTITUTE TO SUBTITLE H  
OFFERED BY MR. BRADY**

Strike Part 5 of subtitle H and insert the following:

1     **PART 5—LOWER COSTS AND MORE CHOICES**  
2                     **COVERAGE ALTERNATIVE**

3     **SEC. 137501. ON-SITE EMPLOYEE CLINICS.**

4             (a) IN GENERAL.—Paragraph (1) of section 223(c)  
5 of the Internal Revenue Code of 1986, as amended by sec-  
6 tion 137504 of this part, is amended by adding at the  
7 end the following new subparagraph:

8                     “(F) SPECIAL RULE FOR QUALIFIED ITEMS  
9             AND SERVICES.—

10                    “(i) IN GENERAL.—For purposes of  
11             subparagraph (A)(ii), an individual shall  
12             not be treated as covered under a health  
13             plan described in subclauses (I) and (II) of  
14             such subparagraph merely because the in-  
15             dividual is eligible to receive, or receives,  
16             qualified items and services—

17                    “(I) at a healthcare facility lo-  
18             cated at a facility owned or leased by

1 the employer of the individual (or of  
2 the individual's spouse), or

3 “(II) at a healthcare facility op-  
4 erated primarily for the benefit of em-  
5 ployees of the employer of the indi-  
6 vidual (or of the individual's spouse).

7 “(ii) QUALIFIED ITEMS AND SERVICES  
8 DEFINED.—For purposes of this subpara-  
9 graph, the term ‘qualified items and serv-  
10 ices’ means the following:

11 “(I) Physical examination.

12 “(II) Immunizations, including  
13 injections of antigens provided by em-  
14 ployees.

15 “(III) Drugs or biologicals other  
16 than a prescribed drug (as such term  
17 is defined in section 213(d)(3)).

18 “(IV) Treatment for injuries oc-  
19 ccurring in the course of employment.

20 “(V) Preventive care for chronic  
21 conditions (as defined in clause (iv)).

22 “(VI) Drug testing.

23 “(VII) Hearing or vision  
24 screenings and related services.

1           “(iii) AGGREGATION.—For purposes  
2           of clause (i), all persons treated as a single  
3           employer under subsection (b), (c), (m), or  
4           (o) of section 414 shall be treated as a sin-  
5           gle employer.

6           “(iv) PREVENTIVE CARE FOR CHRON-  
7           IC CONDITIONS.—For purposes of this sub-  
8           paragraph, the term ‘preventive care for  
9           chronic conditions’ means any item or  
10          service specified in the Appendix of Inter-  
11          nal Revenue Service Notice 2019–45 which  
12          is prescribed to treat an individual diag-  
13          nosed with the associated chronic condition  
14          specified in such Appendix for the purpose  
15          of preventing the exacerbation of such  
16          chronic condition or the development of a  
17          secondary condition, including any amend-  
18          ment, addition, removal, or other modifica-  
19          tion made by the Secretary (pursuant to  
20          the authority granted to the Secretary  
21          under paragraph (2)(C)) to the items or  
22          services specified in such Appendix subse-  
23          quent to the date of enactment of this sub-  
24          paragraph.”.

1 (b) EFFECTIVE DATE.—The amendments made by  
2 this section shall apply to months in taxable years begin-  
3 ning after December 31, 2021.

4 **SEC. 137502. INCREASE IN CONTRIBUTION LIMITS FOR**  
5 **HEALTH SAVINGS ACCOUNTS.**

6 (a) IN GENERAL.—Section 223(b) of the Internal  
7 Revenue Code of 1986 is amended by adding at the end  
8 the following new paragraph:

9 “(9) INCREASE IN MONTHLY LIMITATIONS FOR  
10 TAXABLE YEARS BEGINNING IN 2022.—In the case of  
11 any month during a taxable year which begins after  
12 December 31, 2021, the dollar amount in effect  
13 under subparagraph (A) or (B) of paragraph (2) for  
14 such month shall be twice the amount otherwise ap-  
15 plicable under such subparagraph, as determined—

16 “(A) before application of paragraph (3),

17 “(B) after application of subsection (g),

18 and

19 “(C) without regard to this paragraph.”.

20 (b) EFFECTIVE DATE.—The amendment made by  
21 this section shall apply with respect to taxable years begin-  
22 ning after December 31, 2021.

1 **SEC. 137503. REPEAL OF CEILING ON DEDUCTIBLE AND**  
2 **OUT-OF-POCKET EXPENSES UNDER A HIGH**  
3 **DEDUCTIBLE HEALTH PLAN.**

4 (a) IN GENERAL.—Subparagraph (A) of section  
5 223(c)(2) of the Internal Revenue Code of 1986 is amend-  
6 ed to read as follows:

7 “(A) HIGH DEDUCTIBLE HEALTH PLAN.—

8 The term ‘high deductible health plan’ means a  
9 health plan which has an annual deductible  
10 which is not less than—

11 “(i) \$1,000 for self-only coverage, and

12 “(ii) twice the dollar amount in clause

13 (i) for family coverage.”.

14 (b) CONFORMING AMENDMENTS.—

15 (1) Subparagraph (D) of section 223(c)(2) of  
16 the Internal Revenue Code of 1986 is amended to  
17 read as follows:

18 “(D) SPECIAL RULE FOR NETWORK

19 PLANS.—In the case of a plan using a network  
20 of providers, such plan’s annual deductible for  
21 services provided outside of such network shall  
22 not be taken into account for purposes of sub-  
23 section (b)(2).”.

24 (2) Clause (ii) of section 223(g)(1)(B) of such  
25 Code is amended by striking “each dollar amount in

1 subsection (c)(2)(A)” and inserting “the dollar  
2 amount in subsection (c)(2)(A)(i)”.

3 (c) EFFECTIVE DATE.—The amendments made by  
4 this section shall apply with respect to taxable years begin-  
5 ning after December 31, 2021.

6 **SEC. 137504. TREATMENT OF DIRECT PRIMARY CARE SERV-**  
7 **ICE ARRANGEMENTS.**

8 (a) IN GENERAL.—Section 223(c)(1) of the Internal  
9 Revenue Code of 1986 is amended by adding at the end  
10 the following new subparagraph:

11 “(E) TREATMENT OF DIRECT PRIMARY  
12 CARE SERVICE ARRANGEMENTS.—

13 “(i) IN GENERAL.—A direct primary  
14 care service arrangement shall not be  
15 treated as a health plan for purposes of  
16 subparagraph (A)(ii).

17 “(ii) DIRECT PRIMARY CARE SERVICE  
18 ARRANGEMENT.—For purposes of this  
19 paragraph—

20 “(I) IN GENERAL.—The term ‘di-  
21 rect primary care service arrange-  
22 ment’ means, with respect to any indi-  
23 vidual, an arrangement under which  
24 such individual is provided medical  
25 care (as defined in section 213(d))

1 consisting solely of primary care serv-  
2 ices provided by primary care practi-  
3 tioners (as defined in section  
4 1833(x)(2)(A) of the Social Security  
5 Act, determined without regard to  
6 clause (ii) thereof), if the sole com-  
7 pensation for such care is a fixed peri-  
8 odic fee.

9 “(II) LIMITATION.—With respect  
10 to any individual for any month, such  
11 term shall not include any arrange-  
12 ment if the aggregate fees for all di-  
13 rect primary care service arrange-  
14 ments (determined without regard to  
15 this subclause) with respect to such  
16 individual for such month exceed  
17 \$150 (twice such dollar amount in the  
18 case of an individual with any direct  
19 primary care service arrangement (as  
20 so determined) that covers more than  
21 one individual).

22 “(iii) CERTAIN SERVICES SPECIFI-  
23 CALLY EXCLUDED FROM TREATMENT AS  
24 PRIMARY CARE SERVICES.—For purposes



1 of this subparagraph, the term ‘primary  
2 care services’ shall not include—

3 “(I) procedures that require the  
4 use of general anesthesia, and

5 “(II) laboratory services not typi-  
6 cally administered in an ambulatory  
7 primary care setting.

8 The Secretary, after consultation with the  
9 Secretary of Health and Human Services,  
10 shall issue regulations or other guidance  
11 regarding the application of this clause.”.

12 (b) DIRECT PRIMARY CARE SERVICE ARRANGEMENT  
13 FEES TREATED AS MEDICAL EXPENSES.—Section  
14 223(d)(2)(C) of the Internal Revenue Code of 1986 is  
15 amended by striking “or” at the end of clause (iii), by  
16 striking the period at the end of clause (iv) and inserting  
17 “, or”, and by adding at the end the following new clause:

18 “(v) any direct primary care service arrangement.”.

19 (c) INFLATION ADJUSTMENT.—Section 223(g)(1) of  
20 the Internal Revenue Code of 1986 is amended—

21 (1) by inserting “, (c)(1)(E)(ii)(II),” after  
22 “(b)(2),” each place such term appears, and

23 (2) in subparagraph (B), by inserting “and  
24 (iii)” after “clause (ii)” in clause (i), by striking  
25 “and” at the end of clause (i), by striking the period

1 at the end of clause (ii) and inserting “, and”, and  
2 by inserting after clause (ii) the following new  
3 clause:

4 “(iii) in the case of the dollar amount  
5 in subsection (c)(1)(E)(ii)(II) for taxable  
6 years beginning in calendar years after  
7 2021, ‘calendar year 2020’.”.

8 (d) REPORTING OF DIRECT PRIMARY CARE SERVICE  
9 ARRANGEMENT FEES ON W-2.—Section 6051(a) of the  
10 Internal Revenue Code of 1986 is amended by striking  
11 “and” at the end of paragraph (16), by striking the period  
12 at the end of paragraph (17) and inserting “, and”, and  
13 by inserting after paragraph (17) the following new para-  
14 graph:

15 “(18) in the case of a direct primary care serv-  
16 ice arrangement (as defined in section  
17 223(c)(1)(D)(ii)) which is provided in connection  
18 with employment, the aggregate fees for such ar-  
19 rangement for such employee.”.

20 (e) EFFECTIVE DATE.—The amendments made by  
21 this section shall apply to taxable years beginning after  
22 December 31, 2021.

1 **SEC. 137505. MAKING PERMANENT THE SAFE HARBOR FOR**  
2 **ABSENCE OF DEDUCTIBLE FOR TELEHEALTH.**

3 (a) IN GENERAL.—Section 223(c)(2)(E) of the Inter-  
4 nal Revenue Code of 1986 is amended by striking “In the  
5 case of plan years beginning on or before December 31,  
6 2021, a” and inserting “A”.

7 (b) CERTAIN COVERAGE DISREGARDED.—Section  
8 223(c)(1)(B)(ii) of the Internal Revenue Code of 1986 is  
9 amended by striking “(in the case of plan years beginning  
10 on or before December 31, 2021)”.

11 **SEC. 137506. MODIFICATIONS TO PREMIUM TAX CREDIT RE-**  
12 **LATING TO ABORTION COVERAGE.**

13 (a) IN GENERAL.—Section 36B(c)(3)(A) of the In-  
14 ternal Revenue Code of 1986 is amended by striking  
15 “shall not include” and all that follows and inserting the  
16 following: “shall not include any health plan that—

17 “(i) is a catastrophic plan described in  
18 section 1302(e) of such Act, or

19 “(ii) includes coverage for abortions  
20 (other than any abortion necessary to save  
21 the life of the mother or any abortion with  
22 respect to a pregnancy that is the result of  
23 an act of rape or incest).”.

24 (b) CONFORMING AMENDMENTS.—Section 36B(c)(3)  
25 of such Code is amended by adding at the end the fol-  
26 lowing new subparagraph:

1           “(C) CERTAIN RULES RELATED TO ABOR-  
2           TION.—

3           “(i) OPTION TO PURCHASE SEPARATE  
4           COVERAGE OR PLAN.—Nothing in subpara-  
5           graph (A) shall be construed as prohibiting  
6           any individual from purchasing separate  
7           coverage for abortions described in such  
8           subparagraph, or a health plan that in-  
9           cludes such abortions, so long as no credit  
10          is allowed under this section with respect  
11          to the premiums for such coverage or plan.

12          “(ii) OPTION TO OFFER COVERAGE OR  
13          PLAN.—Nothing in subparagraph (A) shall  
14          restrict any nonfederal health insurance  
15          issuer offering a health plan from offering  
16          separate coverage for abortions described  
17          in such subparagraph, or a plan that in-  
18          cludes such abortions, so long as premiums  
19          for such separate coverage or plan are not  
20          paid for with any amount attributable to  
21          the credit allowed under this section (or  
22          the amount of any advance payment of the  
23          credit under section 1412 of the Patient  
24          Protection and Affordable Care Act).

1                   “(iii) OTHER TREATMENTS.—The  
2                   treatment of any infection, injury, disease,  
3                   or disorder that has been caused by or ex-  
4                   acerbated by the performance of an abor-  
5                   tion shall not be treated as an abortion for  
6                   purposes of subparagraph (A).”.

7 **SEC. 137507. ELIGIBILITY FOR CATASTROPHIC PLANS.**

8           (a) IN GENERAL.—Section 1302(e)(2) of the Patient  
9   Protection and Affordable Care Act is amended by adding  
10 at the end the following new flush matter:

11           “Notwithstanding the preceding sentence, an indi-  
12           vidual shall be treated as described in this para-  
13           graph for any plan year.”.

14           (b) EFFECTIVE DATE.—The amendment made by  
15 this section shall apply to plan years ending after Decem-  
16 ber 31, 2021.

17 **SEC. 137508. CODIFICATION OF RULES RELATING TO**  
18                   **HEALTH REIMBURSEMENT ARRANGEMENTS**  
19                   **AND OTHER ACCOUNT-BASED GROUP**  
20                   **HEALTH PLANS.**

21           The final rules published by the Department of the  
22 Treasury, the Department of Labor, and the Department  
23 of Health and Human Services in the Federal Register  
24 on June 20, 2019, (84 Fed. Reg. 28888) relating to health  
25 reimbursement arrangements and other account-based

1 group health plans shall have the same force and effect  
2 as if included in the enactment of this Act.

3 **SEC. 137509. FINDINGS AND SENSE OF CONGRESS.**

4 (a) **FINDINGS.**—Congress finds the following:

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

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

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

15 (4) Telehealth increases access to care in areas  
16 with workforce shortages and for individuals who  
17 live far away from health care facilities, have limited  
18 mobility or transportation, or have other barriers to  
19 accessing care.

20 (5) The use of health technologies can strength-  
21 en the expertise of the health care workforce, includ-  
22 ing by connecting clinicians to specialty consulta-  
23 tions.

24 (6) Prior to the COVID–19 pandemic, the utili-  
25 zation of telehealth services in the Medicare program

1 under title XVIII of the Social Security Act (42  
2 U.S.C. 1395 et seq.) was low, with only 0.25 percent  
3 of Medicare fee-for-service beneficiaries utilizing tele-  
4 health services in 2016.

5 (7) The COVID-19 pandemic demonstrated ad-  
6 ditional benefits of telehealth, including reducing in-  
7 fection risk of patients and health care professionals  
8 and conserving space in health care facilities, and  
9 the Centers for Disease Control and Prevention rec-  
10 ommended that telehealth services should be opti-  
11 mized, when available and appropriate, during the  
12 pandemic.

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

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

18 (1) health care providers can furnish safe, effec-  
19 tive, and high-quality health care services through  
20 telehealth;

21 (2) the Secretary of Health and Human Serv-  
22 ices should promptly take all necessary measures to  
23 ensure that providers and beneficiaries can continue  
24 to furnish and utilize, respectively, telehealth serv-  
25 ices in the Medicare program during and after the

1 conclusion of the COVID-19 pandemic, including  
2 modifying, as appropriate, the definition of “inter-  
3 active telecommunications system” in regulations  
4 and program instruction under the Medicare pro-  
5 gram to ensure that providers can utilize all appro-  
6 priate means and types of technology, including  
7 audio-visual, audio-only, and other types of tech-  
8 nologies, to furnish telehealth services; and

9 (3) barriers to the use of telehealth should be  
10 removed.

11 **SEC. 137510. EXPANDING THE USE OF TELEHEALTH**  
12 **THROUGH THE WAIVER OF REQUIREMENTS.**

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

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

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

18 “(9) **AUTHORITY TO WAIVE REQUIREMENTS**  
19 **AND LIMITATIONS.—**

20 “(A) IN GENERAL.—Notwithstanding the  
21 preceding provisions of this subsection, in the  
22 case of telehealth services furnished on or after  
23 January 1, 2022, the Secretary may waive any  
24 requirement described in subparagraph (B) that  
25 is applicable to payment for telehealth services



1 under this subsection, but only if the Secretary  
2 determines that such waiver would not ad-  
3 versely impact quality of care.

4 “(B) REQUIREMENTS DESCRIBED.—For  
5 purposes of this paragraph, requirements appli-  
6 cable to payment for telehealth services under  
7 this subsection are—

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

11 “(ii) any geographic requirement  
12 under paragraph (4)(C)(i) (other than ap-  
13 plicable State law requirements, including  
14 State licensure requirements);

15 “(iii) any limitation on the type of  
16 technology used to furnish telehealth serv-  
17 ices;

18 “(iv) any limitation on the types of  
19 practitioners who are eligible to furnish  
20 telehealth services (other than the require-  
21 ment that the practitioner is enrolled  
22 under this title);

23 “(v) any limitation on specific services  
24 designated as telehealth services pursuant  
25 to this subsection (provided the Secretary

1 determines that such services are clinically  
2 appropriate to furnish remotely); or

3 “(vi) any other limitation relating to  
4 the furnishing of telehealth services under  
5 this title identified by the Secretary.

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

13 “(D) PUBLIC COMMENT.—The Secretary  
14 shall establish a process by which stakeholders  
15 may (on at least an annual basis) provide public  
16 comment on waivers under this paragraph.

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

1 (b) POSTING OF INFORMATION.—Not later than 2  
2 years after the date on which a waiver under section  
3 1834(m)(9) of the Social Security Act, as added by sub-  
4 section (a), first becomes effective, and at least every 2  
5 years thereafter, the Secretary of Health and Human  
6 Services shall post on the internet website of the Centers  
7 for Medicare & Medicaid Services—

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

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

14 (3) other outcomes, as determined appropriate  
15 by the Secretary.

16 **SEC. 137511. REMOVING GEOGRAPHIC REQUIREMENTS FOR**  
17 **TELEHEALTH SERVICES.**

18 Section 1834(m)(4)(C) of the Social Security Act (42  
19 U.S.C. 1395m(m)(4)(C)) is amended—

20 (1) in clause (i), in the matter preceding sub-  
21 clause (I), by inserting “and clause (iii)” after “and  
22 (9)”; and

23 (2) by adding at the end the following new  
24 clause:

1                   “(iii) REMOVAL OF GEOGRAPHIC RE-  
2                   QUIREMENTS.—The geographic require-  
3                   ments described in clause (i) shall not  
4                   apply with respect to telehealth services  
5                   furnished on or after the date of the enact-  
6                   ment of this clause.”.

7   **SEC. 137512. EXPANDING ORIGINATING SITES.**

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

12                   “(X)(aa) Prior to the date of en-  
13                   actment of the CONNECT for Health  
14                   Act of 2021, the home of an indi-  
15                   vidual but only for purposes of section  
16                   1881(b)(3)(B) or telehealth services  
17                   described in paragraph (7).

18                   “(bb) On or after such date of  
19                   enactment, the home of an indi-  
20                   vidual.”.

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

1           “(XII) Any other site determined  
2           appropriate by the Secretary at which  
3           an eligible telehealth individual is lo-  
4           cated at the time a telehealth service  
5           is furnished via a telecommunications  
6           system.”.

7       (c) PARAMETERS FOR NEW ORIGINATING SITES.—  
8       Section 1834(m)(4)(C) of the Social Security Act (42  
9       U.S.C. 1395m(m)(4)(C)) is amended by adding at the end  
10      the following new clause:

11           “(iv) REQUIREMENTS FOR NEW  
12           SITES.—

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

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

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

4 (1) in the heading, by striking “IF ORIGINATING  
5 SITE IS THE HOME” and inserting “FOR CERTAIN  
6 SITES”; and

7 (2) by striking “paragraph (4)(C)(ii)(X)” and  
8 inserting “subclause (X) or (XII) of paragraph  
9 (4)(C)”.

10 **SEC. 137513. USE OF TELEHEALTH IN EMERGENCY MED-**  
11 **ICAL CARE.**

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

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

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

17 “(10) TREATMENT OF EMERGENCY MEDICAL  
18 CARE FURNISHED THROUGH TELEHEALTH.—The  
19 geographic requirements described in paragraph  
20 (4)(C)(i) (other than applicable State law require-  
21 ments, including State licensure requirements) shall  
22 not apply with respect to telehealth services that are  
23 services for emergency medical care (as determined  
24 by the Secretary) furnished on or after January 1,  
25 2022, to an eligible telehealth individual.”.

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

8 **SEC. 137514. IMPROVEMENTS TO THE PROCESS FOR ADD-**  
9 **ING TELEHEALTH SERVICES.**

10 (a) REVIEW.—The Secretary shall undertake a review  
11 of the process established pursuant to section  
12 1834(m)(4)(F)(ii) of the Social Security Act (42 U.S.C.  
13 1395m(m)(4)(F)(ii)), and based on the results of such re-  
14 view—

15 (1) implement revisions to the process so that  
16 the criteria to add services prioritizes, as appro-  
17 priate, improved access to care through clinically ap-  
18 propriate telehealth services; and

19 (2) provide clarification on what requests to  
20 add telehealth services under such process should in-  
21 clude.

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

1                   “(iii) TEMPORARY COVERAGE OF CER-  
2                   TAIN TELEHEALTH SERVICES.—The Sec-  
3                   retary may add services with a reasonable  
4                   potential likelihood of clinical benefit and  
5                   improved access to care when furnished via  
6                   a telecommunications system (as deter-  
7                   mined by the Secretary) on a temporary  
8                   basis to those specified in clause (i) for au-  
9                   thorized payment under paragraph (1).”.

10 **SEC. 137515. FEDERALLY QUALIFIED HEALTH CENTERS**  
11 **AND RURAL HEALTH CLINICS.**

12       Section 1834(m) of the Social Security Act (42  
13 U.S.C. 1395m(m)) is amended—

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

17               (2) in paragraph (8)—

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

20                   (B) in subparagraph (A)—

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

24                       (ii) in clause (ii), by striking “and” at  
25       the end;



1 (iii) by redesignating clause (iii) as  
2 clause (iv); and

3 (iv) by inserting after clause (ii) the  
4 following new clause:

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

9 (C) by striking subparagraph (B) and in-  
10 serting the following:

11 “(B) PAYMENT.—

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

1           tablISHED under section 1834(o) or under  
2           section 1833(a)(3), respectively.

3           “(ii) TREATMENT OF COSTS FOR  
4           FQHC PPS CALCULATIONS AND RHC AIR  
5           CALCULATIONS.—Costs associated with the  
6           delivery of telehealth services by a Feder-  
7           ally qualified health center or rural health  
8           clinic serving as a distant site pursuant to  
9           this paragraph shall be considered allow-  
10          able costs for purposes of the prospective  
11          payment system established under section  
12          1834(o) and any payment methodologies  
13          developed under section 1833(a)(3), as ap-  
14          plicable.”.

15 **SEC. 137516. NATIVE AMERICAN HEALTH FACILITIES.**

16          (a) IN GENERAL.—Section 1834(m)(4)(C) of the So-  
17          cial Security Act (42 U.S.C. 1395m(m)(4)(C)) is amend-  
18          ed—

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

21               (2) by adding at the end the following new  
22          clause:

23                       “(v) NATIVE AMERICAN HEALTH FA-  
24                       CILITIES.—With respect to telehealth serv-  
25                       ices furnished on or after January 1, 2022,

1 the originating site requirements described  
2 in clauses (i) and (ii) shall not apply with  
3 respect to a facility of the Indian Health  
4 Service, whether operated by such Service,  
5 or by an Indian tribe (as that term is de-  
6 fined in section 4 of the Indian Health  
7 Care Improvement Act (25 U.S.C. 1603))  
8 or a tribal organization (as that term is  
9 defined in section 4 of the Indian Self-De-  
10 termination and Education Assistance Act  
11 (25 U.S.C. 5304)), or a facility of the Na-  
12 tive Hawaiian health care systems author-  
13 ized under the Native Hawaiian Health  
14 Care Improvement Act (42 U.S.C. 11701  
15 et seq.).”.

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

1 **SEC. 137517. WAIVER OF TELEHEALTH REQUIREMENTS**  
2 **DURING PUBLIC HEALTH EMERGENCIES.**

3 Section 1135(g)(1) of the Social Security Act (42  
4 U.S.C. 1320b-5(g)(1)) is amended—

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

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

10 “(C) EXCEPTION FOR WAIVER OF TELE-  
11 HEALTH REQUIREMENTS DURING PUBLIC  
12 HEALTH EMERGENCIES.—For purposes of sub-  
13 section (b)(8), in addition to the emergency pe-  
14 riod described in subparagraph (B), an ‘emer-  
15 gency area’ is a geographical area in which, and  
16 an ‘emergency period’ is the period during  
17 which, there exists a public health emergency  
18 declared by the Secretary pursuant to section  
19 319 of the Public Health Service Act.”.

20 **SEC. 137518. USE OF TELEHEALTH IN RECERTIFICATION**  
21 **FOR HOSPICE CARE.**

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

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

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

9 (2) the appropriateness for hospice care of the  
10 patients recertified through the use of telehealth;  
11 and

12 (3) any other factors determined appropriate by  
13 the Comptroller General.

14 **SEC. 137519. CLARIFICATION FOR FRAUD AND ABUSE LAWS**  
15 **REGARDING TECHNOLOGIES PROVIDED TO**  
16 **BENEFICIARIES.**

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

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

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

23 (3) by adding at the end the following new sub-  
24 paragraph:

1 “(K) the provision of technologies (as de-  
2 fined by the Secretary) on or after the date of  
3 the enactment of this subparagraph, by a pro-  
4 vider of services or supplier (as such terms are  
5 defined for purposes of title XVIII) directly to  
6 an individual who is entitled to benefits under  
7 part A of title XVIII, enrolled under part B of  
8 such title, or both, for the purpose of furnishing  
9 telehealth services, remote patient monitoring  
10 services, or other services furnished through the  
11 use of technology (as defined by the Secretary),  
12 if—

13 “(i) the technologies are not offered  
14 as part of any advertisement or sollicita-  
15 tion; and

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

20 **SEC. 137520. ADDITIONAL RESOURCES FOR TELEHEALTH**  
21 **OVERSIGHT.**

22 In addition to amounts otherwise available, there are  
23 authorized to be appropriated to the Inspector General of  
24 the Department of Health and Human Services for each  
25 of fiscal years 2022 through 2026, out of any money in

1 the Treasury not otherwise appropriated, \$3,000,000, to  
2 remain available until expended, for purposes of con-  
3 ducting audits, investigations, and other oversight and en-  
4 forcement activities with respect to telehealth services, re-  
5 mote patient monitoring services, or other services fur-  
6 nished through the use of technology (as defined by the  
7 Secretary).

8 **SEC. 137521. PROVIDER AND BENEFICIARY EDUCATION ON**  
9 **TELEHEALTH.**

10 (a) EDUCATIONAL RESOURCES AND TRAINING SES-  
11 SIONS.—

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

21 (A) requirements for payment for tele-  
22 health services;

23 (B) telehealth-specific health care privacy  
24 and security training;

1 (C) utilizing telehealth services to engage  
2 and support underserved, high-risk, and vulner-  
3 able patient populations; and

4 (D) other topics as determined appropriate  
5 by the Secretary.

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

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

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

19 **SEC. 137522. STUDY ON TELEHEALTH UTILIZATION DURING**  
20 **THE COVID-19 PANDEMIC.**

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



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

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

10 (A) in different types of areas;

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

12 and

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

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

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

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

25 (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. 137523. ANALYSIS OF TELEHEALTH WAIVERS IN AL-**  
2 **TERNATIVE 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. 137524. MODEL TO ALLOW ADDITIONAL HEALTH PRO-**  
10 **FESSIONALS TO FURNISH TELEHEALTH**  
11 **SERVICES.**

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(l)(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. 137525. 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.”.

