

Amendment to the Amendment in the Nature of a Substitute to Subtitle J offered by Rep. Schweikert of Arizona

This amendment would limit the money spent on energy credits to individuals making less than \$400,000 and corporations with less than \$5 million in profits and instead provide certainty for providers and patients by codifying necessary bipartisan telehealth policies. (The Bipartisan Connect Act)

AMENDMENT

OFFERED BY Mr. Schweikert

In subtitle G, insert after section 136001 the following:

1 **SEC. 136002. LIMITATION ON CERTAIN BENEFITS OF THIS**
2 **SUBTITLE.**

3 In the case of any credit against any tax imposed by
4 the Internal Revenue Code of 1986 which is included in
5 this subtitle or which is added to such Code by any provi-
6 sion of this subtitle—

7 (1) such credit shall not be allowed to any tax-
8 payer who is an individual (or an estate or trust) if
9 the adjusted gross income (in the case of an estate
10 or trust, as determined under section 67(e)) of such
11 taxpayer for the taxable year exceeds \$400,000, and

12 (2) such credit shall not be allowed to any cor-
13 poration if the taxable income of such corporation
14 for the taxable year exceeds \$5,000,000.

15 Terms used in this section which are also used in such
16 Code shall have the same meaning as when used in such
17 Code.

Add at the end of subtitle J the following new part:

1

PART 5—CONNECT ACT**2 SEC. 139401. FINDINGS AND SENSE OF CONGRESS.**

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

4 (1) The use of technology in health care and
5 coverage of telehealth services are rapidly evolving.6 (2) Research has found that telehealth services
7 can expand access to care, improve the quality of
8 care, and reduce spending, and that patients receiv-
9 ing telehealth services are satisfied with their experi-
10 ences.11 (3) Health care workforce shortages are a sig-
12 nificant problem in many areas and for many types
13 of health care clinicians.14 (4) Telehealth increases access to care in areas
15 with workforce shortages and for individuals who
16 live far away from health care facilities, have limited
17 mobility or transportation, or have other barriers to
18 accessing care.19 (5) The use of health technologies can strength-
20 en the expertise of the health care workforce, includ-
21 ing by connecting clinicians to specialty consulta-
22 tions.23 (6) Prior to the COVID-19 pandemic, the utili-
24 zation of telehealth services in the Medicare program
25 under title XVIII of the Social Security Act (42
26 U.S.C. 1395 et seq.) was low, with only 0.25 percent

1 of Medicare fee-for-service beneficiaries utilizing tele-
2 health services in 2016.

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

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

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

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

19 (2) the Secretary of Health and Human Serv-
20 ices should promptly take all necessary measures to
21 ensure that providers and beneficiaries can continue
22 to furnish and utilize, respectively, telehealth serv-
23 ices in the Medicare program during and after the
24 conclusion of the COVID–19 pandemic, including
25 modifying, as appropriate, the definition of “inter-

1 active telecommunications system” in regulations
2 and program instruction under the Medicare pro-
3 gram to ensure that providers can utilize all appro-
4 priate means and types of technology, including
5 audio-visual, audio-only, and other types of tech-
6 nologies, to furnish telehealth services; and

7 (3) barriers to the use of telehealth should be
8 removed.

9 **SEC. 139402. EXPANDING THE USE OF TELEHEALTH**
10 **THROUGH THE WAIVER OF REQUIREMENTS.**

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

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

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

16 “(9) AUTHORITY TO WAIVE REQUIREMENTS
17 AND LIMITATIONS.—

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

1 determines that such waiver would not ad-
2 versely impact quality of care.

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

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

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

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

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

22 “(v) any limitation on specific services
23 designated as telehealth services pursuant
24 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. 139403. 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)”;

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. 139404. 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 (e) 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. 139405. 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. 139406. 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. 139407. 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 sserting 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 established 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. 139408. 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. 139409. 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. 139410. 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. 139411. 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. 139412. 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. 139413. 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. 139414. 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. 139415. 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. 139416. 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. 139417. 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.”

