

119TH CONGRESS
1ST SESSION

H. R. 2263

To amend title XVIII of the Social Security Act to make permanent certain telehealth flexibilities under the Medicare program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 21, 2025

Mr. KHANNA 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 amend title XVIII of the Social Security Act to make permanent certain telehealth flexibilities under the Medicare program, 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.**

4 This Act may be cited as the “Telehealth Coverage
5 Act of 2025”.

1 **SEC. 2. MAKING PERMANENT CERTAIN TELEHEALTH**
2 **FLEXIBILITIES UNDER MEDICARE.**

3 (a) EXPANDED ACCESS TO TELEHEALTH SERV-
4 ICES.—Section 1834(m) of the Social Security Act (42
5 U.S.C. 1395m(m)) is amended—

6 (1) in paragraph (2)(B)(iii), by striking “In the
7 case that” and all that follows through “ending
8 March 31, 2025,” and inserting “With respect to
9 telehealth services that are furnished on or after the
10 first day of the emergency period described in sec-
11 tion 1135(g)(1)(B),”; and

12 (2) in paragraph (4)(C)(iii), by striking “In the
13 case that” and all that follows through “ending on
14 March 31, 2025,” and inserting “With respect to
15 telehealth services that are furnished on or after the
16 first day of the emergency period described in sec-
17 tion 1135(g)(1)(B),”.

18 (b) EXPANSION OF PRACTITIONERS ELIGIBLE TO
19 FURNISH TELEHEALTH SERVICES.—Section
20 1834(m)(4)(E) of the Social Security Act (42 U.S.C.
21 1395m(m)(4)(E)) is amended by striking “in the case
22 that” and all that follows through “ending on March 31,
23 2025,” and inserting “beginning on the first day of the
24 emergency period described in section 1135(g)(1)(B),”.

25 (c) EXTENSION OF TELEHEALTH SERVICES FUR-
26 NISHED BY FEDERALLY QUALIFIED HEALTH CENTERS

1 AND RURAL HEALTH CLINICS.—Section 1834(m)(8)(A)
 2 of the Social Security Act (42 U.S.C. 1395m(m)(8)(A))
 3 is amended by striking “During the emergency” and all
 4 that follows through “ending on March 31, 2025” and in-
 5 serting “Beginning on the first day of the emergency pe-
 6 riod described in section 1135(g)(1)(B)”.

7 (d) TREATMENT OF TELEHEALTH SERVICES FUR-
 8 NISHED USING AUDIO-ONLY TELECOMMUNICATIONS
 9 TECHNOLOGY.—Section 1834(m)(9) of the Social Secu-
 10 rity Act (42 U.S.C. 1395m(m)(9)) is amended—

11 (1) by striking “In the case that” and all that
 12 follows through “the Secretary shall continue to”
 13 and inserting “The Secretary shall”;

14 (2) by striking “identified in paragraph
 15 (4)(F)(i) as of the date of the enactment of this
 16 paragraph”; and

17 (3) by striking “during the period” and all that
 18 follows through the period at the end and inserting
 19 “on or after the first day of the emergency period
 20 described in section 1135(g)(1)(B).”.

21 (e) ELIMINATION OF IN-PERSON REQUIREMENTS
 22 UNDER MEDICARE FOR CERTAIN SERVICES FURNISHED
 23 THROUGH TELEHEALTH.—

24 (1) HOME DIALYSIS MONTHLY ESRD-RELATED
 25 VISIT; STROKE TELEHEALTH SERVICES; SUBSTANCE

1 USE DISORDER SERVICES AND MENTAL HEALTH
2 SERVICES.—

3 (A) IN GENERAL.—Section 1834(m) of the
4 Social Security Act (42 U.S.C. 1395m(m)) is
5 amended by striking paragraphs (5) through
6 (7) and redesignating paragraphs (8) and (9)
7 as paragraphs (5) and (6), accordingly.

8 (B) CONFORMING CHANGES.—Section
9 1834(m) of the Social Security Act (42 U.S.C.
10 1395m(m)) is amended—

11 (i) in paragraph (1), by striking
12 “Subject to paragraphs (8) and (9)” and
13 inserting “Subject to paragraphs (5) and
14 (6)”;

15 (ii) in paragraph (2)—

16 (I) in subparagraph (A), by strik-
17 ing “Subject to paragraph (8)” and
18 inserting “Subject to paragraph (5)”;
19 and

20 (II) in subparagraph (B), by
21 striking “and paragraph (6)(C)”;

22 (iii) in paragraph (4)—

23 (I) in subparagraph (A), by strik-
24 ing “Subject to paragraph (8)” and
25 inserting “Subject to paragraph (5)”;

1 (II) in subparagraph (C)—
 2 (aa) in clause (i), by striking
 3 “and paragraphs (5), (6), and
 4 (7)”; and
 5 (bb) in clause (ii)(X), by
 6 striking “or telehealth services
 7 described in paragraph (7)”; and
 8 (III) in subparagraph (F), by
 9 striking “Subject to paragraph (8)”
 10 and inserting “Subject to paragraph
 11 (5)”.

12 (2) MENTAL HEALTH VISITS FURNISHED BY
 13 FEDERALLY QUALIFIED HEALTH CENTERS.—Section
 14 1834(o)(4)(B) of the Social Security Act (42 U.S.C.
 15 1395m(o)(4)(B)) is amended by striking “prior to
 16 April 1, 2025”.

17 (3) MENTAL HEALTH VISITS FURNISHED BY
 18 RURAL HEALTH CLINICS.—Section 1834(y)(2) of the
 19 Social Security Act (42 U.S.C. 1395m(y)(2)) is
 20 amended by striking “prior to April 1, 2025”.

21 (f) USE OF TELEHEALTH TO CONDUCT FACE-TO-
 22 FACE ENCOUNTER PRIOR TO RECERTIFICATION OF ELI-
 23 GIBILITY FOR HOSPICE CARE.—Section
 24 1814(a)(7)(D)(i)(II) of the Social Security Act (42 U.S.C.
 25 1395f(a)(7)(D)(i)(II)) is amended—

1 (1) by striking “during the emergency period”
 2 and all that follows through “and ending on March
 3 31, 2025” and inserting “beginning on the first day
 4 of the emergency period described in section
 5 1135(g)(1)(B)”;

6 (2) by inserting “, except that this subclause
 7 shall not apply in the case of such an encounter with
 8 an individual occurring on or after March 31, 2025,
 9 if such individual is located in an area that is sub-
 10 ject to a moratorium on the enrollment of hospice
 11 programs under this title pursuant to section
 12 1866(j)(7), if such individual is receiving hospice
 13 care from a provider that is subject to enhanced
 14 oversight under this title pursuant to section
 15 1866(j)(3), or if such encounter is performed by a
 16 hospice physician or nurse practitioner who is not
 17 enrolled under section 1866(j) and is not an opt-out
 18 physician or practitioner (as defined in section
 19 1802(b)(6)(D))” before the semicolon.

20 (g) REQUIRING MODIFIERS FOR TELEHEALTH SERV-
 21 ICES IN CERTAIN INSTANCES.—Section 1834(m) of the
 22 Social Security Act (42 U.S.C. 1395m(m)) is amended by
 23 adding at the end the following new paragraph:

24 “(10) REQUIRED USE OF MODIFIERS IN CER-
 25 TAIN INSTANCES.—Not later than January 1, 2026,

1 the Secretary shall establish requirements to include
2 1 or more codes or modifiers, as determined appro-
3 priate by the Secretary, in the case of—

4 “(A) claims for telehealth services under
5 this subsection that are furnished through a
6 telehealth virtual platform—

7 “(i) by a physician or practitioner
8 that contracts with an entity that owns
9 such virtual platform; or

10 “(ii) for which a physician or practi-
11 tioner has a payment arrangement with an
12 entity for use of such virtual platform; and

13 “(B) claims for telehealth services under
14 this subsection that are furnished incident to a
15 physician’s or practitioner’s professional serv-
16 ice.”.

17 (h) PROGRAM INSTRUCTION AUTHORITY.—The Sec-
18 retary of Health and Human Services may implement the
19 amendments made by this section through program in-
20 struction or otherwise.

1 **SEC. 3. REQUIRING MODIFIER FOR USE OF TELEHEALTH**
 2 **TO CONDUCT FACE-TO-FACE ENCOUNTER**
 3 **PRIOR TO RECERTIFICATION OF ELIGIBILITY**
 4 **FOR HOSPICE CARE.**

5 Section 1814(a)(7)(D)(i)(II) of the Social Security
 6 Act (42 U.S.C. 1395f(a)(7)(D)(i)(II)), as amended by sec-
 7 tion 2(f), is further amended by inserting “, but only if,
 8 in the case of such an encounter occurring on or after
 9 January 1, 2026, any hospice claim includes 1 or more
 10 modifiers or codes (as specified by the Secretary) to indi-
 11 cate that such encounter was conducted via telehealth”
 12 after “as determined appropriate by the Secretary”.

13 **SEC. 4. EXTENDING ACUTE HOSPITAL CARE AT HOME**
 14 **WAIVER FLEXIBILITIES.**

15 Section 1866G(a)(1) of the Social Security Act (42
 16 U.S.C. 1395cc–7(a)(1)) is amended by striking “during
 17 the period” and all that follows through “March 31,
 18 2025” and inserting “on or after the first day after the
 19 end of the emergency period described in section
 20 1135(g)(1)(B)”.

21 **SEC. 5. GUIDANCE ON FURNISHING SERVICES VIA TELE-**
 22 **HEALTH TO INDIVIDUALS WITH LIMITED**
 23 **ENGLISH PROFICIENCY.**

24 (a) IN GENERAL.—Not later than 1 year after the
 25 date of the enactment of this section, the Secretary of
 26 Health and Human Services, in consultation with 1 or

1 more entities from each of the categories described in
2 paragraphs (1) through (7) of subsection (b), shall issue
3 and disseminate, or update and revise as applicable, guid-
4 ance for the entities described in such subsection on the
5 following:

6 (1) Best practices on facilitating and inte-
7 grating use of interpreters during a telemedicine ap-
8 pointment.

9 (2) Best practices on providing accessible in-
10 structions on how to access telecommunications sys-
11 tems (as such term is used for purposes of section
12 1834(m) of the Social Security Act (42 U.S.C.
13 1395m(m)) for individuals with limited English pro-
14 ficiency.

15 (3) Best practices on improving access to dig-
16 ital patient portals for individuals with limited
17 English proficiency.

18 (4) Best practices on integrating the use of
19 video platforms that enable multi-person video calls
20 furnished via a telecommunications system for pur-
21 poses of providing interpretation during a telemedi-
22 cine appointment for an individual with limited
23 English proficiency.

24 (5) Best practices for providing patient mate-
25 rials, communications, and instructions in multiple

1 languages, including text message appointment re-
2 minders and prescription information.

3 (b) ENTITIES DESCRIBED.—For purposes of sub-
4 section (a), an entity described in this subsection is an
5 entity in 1 or more of the following categories:

6 (1) Health information technology service pro-
7 viders, including—

8 (A) electronic medical record companies;

9 (B) remote patient monitoring companies;

10 and

11 (C) telehealth or mobile health vendors and
12 companies.

13 (2) Health care providers, including—

14 (A) physicians; and

15 (B) hospitals.

16 (3) Health insurers.

17 (4) Language service companies.

18 (5) Interpreter or translator professional asso-
19 ciations.

20 (6) Health and language services quality certifi-
21 cation organizations.

22 (7) Patient and consumer advocates, including
23 such advocates that work with individuals with lim-
24 ited English proficiency.

1 **SEC. 6. IN-HOME CARDIOPULMONARY REHABILITATION**
2 **FLEXIBILITIES.**

3 (a) IN GENERAL.—Section 1861(eee)(2) of the Social
4 Security Act (42 U.S.C. 1395x(eee)(2)) is amended—

5 (1) in subparagraph (A)(ii), by inserting “(in-
6 cluding, with respect to items and services furnished
7 through audio and video real-time communications
8 technology (excluding audio-only) on or after March
9 31, 2025, in the home of an individual who is an
10 outpatient of the hospital)” after “outpatient basis”;
11 and

12 (2) in subparagraph (B), by inserting “(includ-
13 ing, with respect to items and services furnished
14 through audio and video real-time communications
15 technology on or after March 31, 2025, the virtual
16 presence of such physician, physician assistant,
17 nurse practitioner, or clinical nurse specialist)” after
18 “under the program”.

19 (b) PROGRAM INSTRUCTION AUTHORITY.—Notwith-
20 standing any other provision of law, the Secretary of
21 Health and Human Services may implement the amend-
22 ments made by this section by program instruction or oth-
23 erwise.

1 **SEC. 7. INCLUSION OF VIRTUAL DIABETES PREVENTION**
2 **PROGRAM SUPPLIERS IN MDPP EXPANDED**
3 **MODEL.**

4 (a) IN GENERAL.—Not later than January 1, 2026,
5 the Secretary shall revise the regulations under parts 410
6 and 424 of title 42, Code of Federal Regulations, to pro-
7 vide that, beginning January 1, 2026—

8 (1) an entity may participate in the MDPP by
9 offering only online MDPP services via synchronous
10 or asynchronous technology or telecommunications if
11 such entity meets the conditions for enrollment as
12 an MDPP supplier (as specified in section
13 424.205(b) of title 42, Code of Federal Regulations
14 (or a successor regulation));

15 (2) if an entity participates in the MDPP in the
16 manner described in paragraph (1)—

17 (A) the administrative location of such en-
18 tity shall be the address of the entity on file
19 under the Diabetes Prevention Recognition Pro-
20 gram; and

21 (B) in the case of online MDPP services
22 furnished by such entity to an MDPP bene-
23 ficiary who was not located in the same State
24 as the entity at the time such services were fur-
25 nished, the entity shall not be prohibited from
26 submitting a claim for payment for such serv-

1 ices solely by reason of the location of such ben-
2 eficiary at such time; and

3 (3) no limit is applied on the number of times
4 an individual may enroll in the MDPP.

5 (b) DEFINITIONS.—In this section:

6 (1) MDPP.—The term “MDPP” means the
7 Medicare Diabetes Prevention Program conducted
8 under section 1115A of the Social Security Act (42
9 U.S.C. 1315a), as described in the final rule pub-
10 lished in the Federal Register entitled “Medicare
11 and Medicaid Programs; CY 2024 Payment Policies
12 Under the Physician Fee Schedule and Other
13 Changes to Part B Payment and Coverage Policies;
14 Medicare Shared Savings Program Requirements;
15 Medicare Advantage; Medicare and Medicaid Pro-
16 vider and Supplier Enrollment Policies; and Basic
17 Health Program” (88 Fed. Reg. 78818 (November
18 16, 2023)) (or a successor regulation).

19 (2) REGULATORY TERMS.—The terms “Diabe-
20 tes Prevention Recognition Program”, “full CDC
21 DPRP recognition”, “MDPP beneficiary”, “MDPP
22 services”, and “MDPP supplier” have the meanings
23 given each such term in section 410.79(b) of title
24 42, Code of Federal Regulations.

1 (3) SECRETARY.—The term “Secretary” means
2 the Secretary of Health and Human Services.

3 **SEC. 8. MEDICATION-INDUCED MOVEMENT DISORDER OUT-**
4 **REACH AND EDUCATION.**

5 Not later than January 1, 2026, the Secretary shall
6 use existing communications mechanisms to provide edu-
7 cation and outreach to physicians and appropriate non-
8 physician practitioners participating under the Medicare
9 program under title XVIII of the Social Security Act (42
10 U.S.C. 1395 et seq.) with respect to periodic screening for
11 medication-induced movement disorders that are associ-
12 ated with the treatment of mental health disorders in at-
13 risk patients, as well as resources related to clinical guide-
14 lines and best practices for furnishing such screening serv-
15 ices through telehealth. Such education and outreach shall
16 include information on how to account for such screening
17 services in evaluation and management code selection. The
18 Secretary shall, to the extent practicable, seek input from
19 relevant stakeholders to inform such education and out-
20 reach. Such education and outreach may also address
21 other relevant screening services furnished through tele-
22 health, as the Secretary determines appropriate.

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