

119TH CONGRESS
1ST SESSION

H. R. 5081

To amend title XVIII of the Social Security Act to extend certain telehealth flexibilities under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 2, 2025

Mr. CARTER of Georgia (for himself and Mrs. DINGELL) 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 extend certain telehealth flexibilities under the Medicare program.

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 Moderniza-
5 tion Act”.

1 **SEC. 2. EXTENSION OF CERTAIN TELEHEALTH FLEXIBILI-**
2 **TIES.**

3 (a) REMOVING GEOGRAPHIC REQUIREMENTS AND
4 EXPANDING ORIGINATING SITES FOR TELEHEALTH
5 SERVICES.—Section 1834(m) of the Social Security Act
6 (42 U.S.C. 1395m(m)) is amended—

7 (1) in paragraph (2)(B)(iii), by striking “end-
8 ing September 30, 2025” and inserting “ending
9 September 30, 2027”; and

10 (2) in paragraph (4)(C)(iii), by striking “ending
11 on September 30, 2025” and inserting “ending on
12 September 30, 2027”.

13 (b) EXPANDING PRACTITIONERS ELIGIBLE TO FUR-
14 NISH TELEHEALTH SERVICES.—Section 1834(m)(4)(E)
15 of the Social Security Act (42 U.S.C. 1395m(m)(4)(E))
16 is amended by striking “ending on September 30, 2025”
17 and inserting “ending on September 30, 2027”.

18 (c) EXTENDING TELEHEALTH SERVICES FOR FED-
19 ERALLY QUALIFIED HEALTH CENTERS AND RURAL
20 HEALTH CLINICS.—Section 1834(m)(8) of the Social Se-
21 curity Act (42 U.S.C. 1395m(m)(8)) is amended—

22 (1) in subparagraph (A), by striking “ending on
23 September 30, 2025” and inserting “ending on Sep-
24 tember 30, 2027”;

25 (2) in subparagraph (B)—

1 (A) in the subparagraph heading, by in-
2 serting “BEFORE FISCAL YEAR 2026” after
3 “RULE”;

4 (B) in clause (i), by striking “during the
5 periods for which subparagraph (A) applies”
6 and inserting “before October 1, 2025”; and

7 (C) in clause (ii), by inserting “furnished
8 to an eligible telehealth individual before Octo-
9 ber 1, 2025” after “telehealth services”; and

10 (3) by adding at the end the following new sub-
11 paragraph:

12 “(C) PAYMENT RULE FOR FISCAL YEARS
13 2026 AND 2027.—

14 “(i) IN GENERAL.—A telehealth serv-
15 ice furnished to an eligible telehealth indi-
16 vidual by a Federally qualified health cen-
17 ter or rural health clinic on or after Octo-
18 ber 1, 2025, and before October 1, 2027,
19 shall be paid as a Federally qualified
20 health center service or rural health clinic
21 service (as applicable) under the prospec-
22 tive payment system established under sec-
23 tion 1834(o) or the methodology for all-in-
24 clusive rates established under section
25 1833(a)(3), respectively.

1 “(ii) TREATMENT OF COSTS.—Costs
 2 associated with the furnishing of telehealth
 3 services by a Federally qualified health
 4 center or rural health clinic on or after Oc-
 5 tober 1, 2025, and before October 1, 2027,
 6 shall be considered allowable costs for pur-
 7 poses of the prospective payment system
 8 established under section 1834(o) and the
 9 methodology for all-inclusive rates estab-
 10 lished under section 1833(a)(3), as appli-
 11 cable.”.

12 (d) DELAYING IN-PERSON REQUIREMENTS UNDER
 13 MEDICARE FOR MENTAL HEALTH SERVICES FURNISHED
 14 THROUGH TELEHEALTH AND TELECOMMUNICATIONS
 15 TECHNOLOGY.—

16 (1) DELAY IN REQUIREMENTS FOR MENTAL
 17 HEALTH SERVICES FURNISHED THROUGH TELE-
 18 HEALTH.—Section 1834(m)(7)(B)(i) of the Social
 19 Security Act (42 U.S.C. 1395m(m)(7)(B)(i)) is
 20 amended, in the matter preceding subclause (I), by
 21 striking “on or after October 1, 2025” and inserting
 22 “on or after October 1, 2027”.

23 (2) MENTAL HEALTH VISITS FURNISHED BY
 24 RURAL HEALTH CLINICS.—Section 1834(y)(2) of the
 25 Social Security Act (42 U.S.C. 1395m(y)(2)) is

1 amended by striking “October 1, 2025” and insert-
2 ing “October 1, 2027”.

3 (3) MENTAL HEALTH VISITS FURNISHED BY
4 FEDERALLY QUALIFIED HEALTH CENTERS.—Section
5 1834(o)(4)(B) of the Social Security Act (42 U.S.C.
6 1395m(o)(4)(B)) is amended by striking “October 1,
7 2025” and inserting “October 1, 2027”.

8 (e) ALLOWING FOR THE FURNISHING OF AUDIO-
9 ONLY TELEHEALTH SERVICES.—Section 1834(m)(9) of
10 the Social Security Act (42 U.S.C. 1395m(m)(9)) is
11 amended by striking “ending on September 30, 2025” and
12 inserting “ending on September 30, 2027”.

13 (f) EXTENDING USE OF TELEHEALTH TO CONDUCT
14 FACE-TO-FACE ENCOUNTER PRIOR TO RECERTIFICATION
15 OF ELIGIBILITY FOR HOSPICE CARE.—Section
16 1814(a)(7)(D)(i)(II) of the Social Security Act (42 U.S.C.
17 1395f(a)(7)(D)(i)(II)) is amended—

18 (1) by striking “ending on September 30,
19 2025” and inserting “ending on September 30,
20 2027”; and

21 (2) by inserting “, except that this subclause
22 shall not apply in the case of such an encounter with
23 an individual occurring on or after September 30,
24 2025, if such individual is located in an area that
25 is subject to a moratorium on the enrollment of hos-

1 pice programs under this title pursuant to section
 2 1866(j)(7), if such individual is receiving hospice
 3 care from a provider that is subject to enhanced
 4 oversight under this title pursuant to section
 5 1866(j)(3), or if such encounter is performed by a
 6 hospice physician or nurse practitioner who is not
 7 enrolled under section 1866(j) and is not an opt-out
 8 physician or practitioner (as defined in section
 9 1802(b)(6)(D))” before the semicolon.

10 **SEC. 3. REQUIRING MODIFIER FOR USE OF TELEHEALTH**
 11 **TO CONDUCT FACE-TO-FACE ENCOUNTER**
 12 **PRIOR TO RECERTIFICATION OF ELIGIBILITY**
 13 **FOR HOSPICE CARE.**

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

1 **SEC. 4. EXTENDING ACUTE HOSPITAL CARE AT HOME**
2 **WAIVER FLEXIBILITIES.**

3 (a) IN GENERAL.—Section 1866G(a)(1) of the Social
4 Security Act (42 U.S.C. 1395cc–7(a)(1)) is amended by
5 striking “2025” and inserting “2030”.

6 (b) REQUIRING ADDITIONAL STUDY AND REPORT ON
7 ACUTE HOSPITAL CARE AT HOME WAIVER FLEXIBILI-
8 TIES.—Section 1866G of the Social Security Act (42
9 U.S.C. 1395cc–7), as amended by subsection (a), is fur-
10 ther amended—

11 (1) in subsection (b), in the subsection heading,
12 by striking “STUDY” and inserting “INITIAL
13 STUDY”;

14 (2) by redesignating subsections (c) and (d) as
15 subsections (d) and (e), respectively; and

16 (3) by inserting after subsection (b) the fol-
17 lowing new subsection:

18 “(c) SUBSEQUENT STUDY AND REPORT.—

19 “(1) IN GENERAL.—Not later than September
20 30, 2028, the Secretary shall conduct a study to—

21 “(A) analyze, to the extent practicable, the
22 criteria established by hospitals under the Acute
23 Hospital Care at Home initiative to determine
24 which individuals may be furnished services
25 under such initiative; and

1 “(B) analyze and compare (both within
2 and between hospitals participating in the ini-
3 tiative, and relative to comparable hospitals
4 that do not participate in the initiative, for rel-
5 evant parameters such as diagnosis-related
6 groups)—

7 “(i) quality of care furnished to indi-
8 viduals with similar conditions and charac-
9 teristics in the inpatient setting and
10 through the Acute Hospital Care at Home
11 initiative, including health outcomes, hos-
12 pital readmission rates (including readmis-
13 sions both within and beyond 30 days post-
14 discharge), hospital mortality rates, length
15 of stay, infection rates, composition of care
16 team (including the types of labor used,
17 such as contracted labor), the ratio of
18 nursing staff, transfers from the hospital
19 to the home, transfers from the home to
20 the hospital (including the timing, fre-
21 quency, and causes of such transfers),
22 transfers and discharges to post-acute care
23 settings (including the timing, frequency,
24 and causes of such transfers and dis-

1 charges), and patient and caregiver experi-
2 ence of care;

3 “(ii) clinical conditions treated and di-
4 agnosis-related groups of discharges from
5 inpatient settings relative to discharges
6 from the Acute Hospital Care at Home ini-
7 tiative;

8 “(iii) costs incurred by the hospital
9 for furnishing care in inpatient settings
10 relative to costs incurred by the hospital
11 for furnishing care through the Acute Hos-
12 pital Care at Home initiative, including
13 costs relating to staffing, equipment, food,
14 prescriptions, and other services, as deter-
15 mined by the Secretary;

16 “(iv) the quantity, mix, and intensity
17 of services (such as in-person visits and
18 virtual contacts with patients and the in-
19 tensity of such services) furnished in inpa-
20 tient settings relative to the Acute Hospital
21 Care at Home initiative, and, to the extent
22 practicable, the nature and extent of family
23 or caregiver involvement;

24 “(v) socioeconomic information on in-
25 dividuals treated in comparable inpatient

1 settings relative to the initiative, including
2 racial and ethnic data, income, housing,
3 geographic proximity to the brick-and-mor-
4 tar facility and whether such individuals
5 are dually eligible for benefits under this
6 title and title XIX; and

7 “(vi) the quality of care, outcomes,
8 costs, quantity and intensity of services,
9 and other relevant metrics between individ-
10 uals who entered into the Acute Hospital
11 Care at Home initiative directly from an
12 emergency department compared with indi-
13 viduals who entered into the Acute Hos-
14 pital Care at Home initiative directly from
15 an existing inpatient stay in a hospital.

16 “(2) SELECTION BIAS.—In conducting the
17 study under paragraph (1), the Secretary shall, to
18 the extent practicable, analyze and compare individ-
19 uals who participate and do not participate in the
20 initiative controlling for selection bias or other fac-
21 tors that may impact the reliability of data.

22 “(3) REPORT.—Not later than September 30,
23 2028, the Secretary of Health and Human Services
24 shall submit to the Committee on Ways and Means
25 of the House of Representatives and the Committee

1 on Finance of the Senate a report on the study con-
2 ducted under paragraph (1).”.

3 **SEC. 5. ENHANCING CERTAIN PROGRAM INTEGRITY RE-**
4 **QUIREMENTS FOR DME UNDER MEDICARE.**

5 (a) DURABLE MEDICAL EQUIPMENT.—

6 (1) IN GENERAL.—Section 1834(a) of the So-
7 cial Security Act (42 U.S.C. 1395m(a)) is amended
8 by adding at the end the following new paragraph:

9 “(23) MASTER LIST INCLUSION AND CLAIM RE-
10 VIEW FOR CERTAIN ITEMS.—

11 “(A) MASTER LIST INCLUSION.—Begin-
12 ning January 1, 2028, for purposes of the Mas-
13 ter List described in section 414.234(b) of title
14 42, Code of Federal Regulations (or any suc-
15 cessor regulation), an item for which payment
16 may be made under this subsection shall be
17 treated as having aberrant billing patterns (as
18 such term is used for purposes of such section)
19 if the Secretary determines that, without ex-
20 planatory contributing factors (such as fur-
21 nishing emergent care services), a substantial
22 number of claims for such items under this sub-
23 section are for such items ordered by a physi-
24 cian or practitioner who has not previously
25 (during a period of not less than 24 months, as

1 established by the Secretary) furnished to the
2 individual involved any item or service for which
3 payment may be made under this title.

4 “(B) CLAIM REVIEW.—With respect to
5 items furnished on or after January 1, 2028,
6 that are included on the Master List pursuant
7 to subparagraph (A), if such an item is not sub-
8 ject to a determination of coverage in advance
9 pursuant to paragraph (15)(C), the Secretary
10 may conduct prepayment review of claims for
11 payment for such item.”.

12 (2) CONFORMING AMENDMENT FOR PROS-
13 THETIC DEVICES, ORTHOTICS, AND PROSTHETICS.—
14 Section 1834(h)(3) of the Social Security Act (42
15 U.S.C. 1395m(h)(3)) is amended by inserting “, and
16 paragraph (23) of subsection (a) shall apply to pros-
17 thetic devices, orthotics, and prosthetics in the same
18 manner as such provision applies to items for which
19 payment may be made under such subsection” be-
20 fore the period at the end.

21 (b) REPORT ON IDENTIFYING CLINICAL DIAGNOSTIC
22 LABORATORY TESTS AT HIGH RISK FOR FRAUD AND EF-
23 FECTIVE MITIGATION MEASURES.—Not later than Janu-
24 ary 1, 2026, the Inspector General of the Department of
25 Health and Human Services shall submit to Congress a

1 report assessing fraud risks relating to claims for clinical
2 diagnostic laboratory tests for which payment may be
3 made under section 1834A of the Social Security Act (42
4 U.S.C. 1395m–1) and effective tools for reducing such
5 fraudulent claims. The report may include information re-
6 garding—

7 (1) which, if any, clinical diagnostic laboratory
8 tests are identified as being at high risk of fraudu-
9 lent claims, and an analysis of the factors that con-
10 tribute to such risk;

11 (2) with respect to a clinical diagnostic labora-
12 tory test identified under paragraph (1) as being at
13 high risk of fraudulent claims—

14 (A) the amount payable under such section
15 1834A with respect to such test;

16 (B) the number of such tests furnished to
17 individuals enrolled under part B of title XVIII
18 of the Social Security Act (42 U.S.C. 1395j et
19 seq.);

20 (C) whether an order for such a test was
21 more likely to come from a provider with whom
22 the individual involved did not have a prior re-
23 lationship, as determined on the basis of prior
24 payment experience; and

1 (D) the frequency with which a claim for
 2 payment under such section 1834A included the
 3 payment modifier identified by code 59 or 91;

4 (3) suggested strategies for reducing the num-
 5 ber of fraudulent claims made with respect to tests
 6 so identified as being at high risk, including—

7 (A) an analysis of whether the Centers for
 8 Medicare & Medicaid Services can detect aber-
 9 rant billing patterns with respect to such tests
 10 in a timely manner;

11 (B) any strategies for identifying and mon-
 12 itoring the providers who are outliers with re-
 13 spect to the number of such tests that such pro-
 14 viders order; and

15 (C) targeted education efforts to mitigate
 16 improper billing for such tests; and

17 (4) such other information as the Inspector
 18 General determines appropriate.

19 **SEC. 6. GUIDANCE ON FURNISHING SERVICES VIA TELE-**
 20 **HEALTH TO INDIVIDUALS WITH LIMITED**
 21 **ENGLISH PROFICIENCY.**

22 (a) IN GENERAL.—Not later than 1 year after the
 23 date of the enactment of this section, the Secretary of
 24 Health and Human Services, in consultation with 1 or
 25 more entities from each of the categories described in

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

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

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

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

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

23 (5) Best practices for providing patient mate-
24 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. 7. 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 Sep-
9 tember 30, 2025, and before January 1, 2027, in
10 the home of an individual who is an outpatient of
11 the hospital)” after “outpatient basis”; 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 September 30, 2025, and be-
16 fore January 1, 2027, the virtual presence of such
17 physician, physician assistant, nurse practitioner, or
18 clinical nurse specialist)” after “under the pro-
19 gram”.

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

1 **SEC. 8. 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, for the period beginning January 1, 2026, and
8 ending December 31, 2030—

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

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

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

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

1 submitting a claim for payment for such serv-
2 ices solely by reason of the location of such ben-
3 eficiary at such time; and

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

6 (b) DEFINITIONS.—In this section:

7 (1) MDPP.—The term “MDPP” means the
8 Medicare Diabetes Prevention Program conducted
9 under section 1115A of the Social Security Act (42
10 U.S.C. 1315a), as described in the final rule pub-
11 lished in the Federal Register entitled “Medicare
12 and Medicaid Programs; CY 2024 Payment Policies
13 Under the Physician Fee Schedule and Other
14 Changes to Part B Payment and Coverage Policies;
15 Medicare Shared Savings Program Requirements;
16 Medicare Advantage; Medicare and Medicaid Pro-
17 vider and Supplier Enrollment Policies; and Basic
18 Health Program” (88 Fed. Reg. 78818 (November
19 16, 2023)) (or a successor regulation).

20 (2) REGULATORY TERMS.—The terms “Diabe-
21 tes Prevention Recognition Program”, “full CDC
22 DPRP recognition”, “MDPP beneficiary”, “MDPP
23 services”, and “MDPP supplier” have the meanings
24 given each such term in section 410.79(b) of title
25 42, Code of Federal Regulations.

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

