

119TH CONGRESS
1ST SESSION

S. 1261

To amend title XVIII of the Social Security Act to expand access to telehealth services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 2, 2025

Mr. SCHATZ (for himself, Mr. WICKER, Mr. WARNER, Mrs. HYDE-SMITH, Mr. WELCH, Mr. BARRASSO, Mr. PADILLA, Mr. THUNE, Ms. SMITH, Mr. LANKFORD, Ms. CANTWELL, Mr. TUBERVILLE, Mr. HICKENLOOPER, Mr. COTTON, Ms. KLOBUCHAR, Mr. SULLIVAN, Mr. FETTERMAN, Mrs. CAPITO, Mr. MERKLEY, Ms. LUMMIS, Mr. KAINE, Mr. CRAMER, Mrs. SHAHEEN, Mrs. BRITT, Mr. GALLEG0, Mr. MORAN, Mr. LUJÁN, Mr. CASIDY, Mr. BLUMENTHAL, Mr. TILLIS, Mr. KING, Mr. JUSTICE, Mr. COONS, Mr. SCHMITT, Mr. WHITEHOUSE, Ms. MURKOWSKI, Ms. ROSEN, Mr. HOEVEN, Mr. BOOKER, Mr. GRASSLEY, Ms. DUCKWORTH, Mr. ROUNDS, Mr. SANDERS, Mr. MARSHALL, Mr. KELLY, Mrs. FISCHER, Mrs. GILLIBRAND, Mr. YOUNG, Mr. HEINRICH, Ms. COLLINS, Mr. PETERS, Mr. RICKETTS, Mr. SCHIFF, Mr. MULLIN, Ms. WARREN, Mr. GRAHAM, Mr. VAN HOLLEN, Mr. DAINES, Mr. WARNOCK, and Mr. BOOZMAN) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to expand access to telehealth services, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “Creating Opportunities Now for Necessary and Effective
 4 Care Technologies (CONNECT) for Health Act of 2025”
 5 or the “CONNECT for Health Act of 2025”.

6 (b) TABLE OF CONTENTS.—The table of contents of
 7 this Act is as follows:

Sec. 1. Short title; table of contents.
 Sec. 2. Findings and sense of Congress.

TITLE I—REMOVING BARRIERS TO TELEHEALTH COVERAGE

Sec. 101. Removing geographic requirements for telehealth services.
 Sec. 102. Expanding originating sites.
 Sec. 103. Expanding authority for practitioners eligible to furnish telehealth
 services.
 Sec. 104. Federally qualified health centers and rural health clinics.
 Sec. 105. Native American health facilities.
 Sec. 106. Repeal of six-month in-person visit requirement for telemental health
 services.
 Sec. 107. Waiver of telehealth requirements during public health emergencies.
 Sec. 108. Use of telehealth in recertification for hospice care.

TITLE II—PROGRAM INTEGRITY

Sec. 201. Clarification for fraud and abuse laws regarding technologies pro-
 vided to beneficiaries.
 Sec. 202. Additional resources for telehealth oversight.
 Sec. 203. Addressing significant outlier billing patterns for telehealth services.

**TITLE III—BENEFICIARY AND PROVIDER SUPPORTS, QUALITY OF
 CARE, AND DATA**

Sec. 301. Beneficiary engagement on telehealth.
 Sec. 302. Provider supports on telehealth.
 Sec. 303. Ensuring the inclusion of telehealth in measuring quality of care.
 Sec. 304. Posting of information on telehealth services.

8 **SEC. 2. FINDINGS AND SENSE OF CONGRESS.**

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

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

1 (2) Research has found that telehealth services
2 can expand access to care, improve the quality of
3 care, and reduce spending.

4 (3) In 2023, 90 percent of patients receiving
5 telehealth services were satisfied with their experi-
6 ences.

7 (4) Health care workforce shortages are a sig-
8 nificant problem in many areas and for many types
9 of health care clinicians.

10 (5) Telehealth increases access to care in areas
11 with workforce shortages and for individuals who
12 live far away from health care facilities, have limited
13 mobility or transportation, or have other barriers to
14 accessing care.

15 (6) The use of health technologies can strength-
16 en the expertise of the health care workforce, includ-
17 ing by connecting clinicians to specialty consulta-
18 tions.

19 (7) Prior to the COVID–19 pandemic, the utili-
20 zation of telehealth services in the Medicare program
21 under title XVIII of the Social Security Act (42
22 U.S.C. 1395 et seq.) was low, accounting for 0.1
23 percent of Medicare Part B visits in 2019.

24 (8) Telehealth now represents a critical compo-
25 nent of care delivery. In 2023, 24 percent of Medi-

1 care fee-for-service beneficiaries received a telehealth
2 service.

3 (9) Long-term certainty about coverage of tele-
4 health services under the Medicare program is nec-
5 essary to fully realize the benefits of telehealth.

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

8 (1) health care providers can furnish safe, effec-
9 tive, and high-quality health care services through
10 telehealth;

11 (2) the Secretary of Health and Human Serv-
12 ices should promptly take all necessary measures to
13 ensure that providers and beneficiaries can continue
14 to furnish and utilize, respectively, telehealth serv-
15 ices in the Medicare program, and support recent
16 modifications to the definition of “interactive tele-
17 communications system” in regulations and program
18 instruction under the Medicare program to ensure
19 that providers can utilize all appropriate means and
20 types of technology, including audio-visual, audio-
21 only, and other types of technologies, to furnish tele-
22 health services; and

23 (3) barriers to the use of telehealth should be
24 removed.

1 **TITLE I—REMOVING BARRIERS**
2 **TO TELEHEALTH COVERAGE**

3 **SEC. 101. REMOVING GEOGRAPHIC REQUIREMENTS FOR**
4 **TELEHEALTH SERVICES.**

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

7 (1) in clause (i), in the matter preceding sub-
8 clause (I), by striking “clause (iii)” and inserting
9 “clauses (iii) and (iv)”; and

10 (2) by adding at the end the following new
11 clause:

12 “(iv) REMOVAL OF GEOGRAPHIC RE-
13 QUIREMENTS.—The geographic require-
14 ments described in clause (i) shall not
15 apply with respect to telehealth services
16 furnished on or after October 1, 2025.”.

17 **SEC. 102. EXPANDING ORIGINATING SITES.**

18 (a) IN GENERAL.—Section 1834(m)(4)(C)(iii) of the
19 Social Security Act (42 U.S.C. 1395m(m)(4)(C)(iii)) is
20 amended by striking “In the case that” and all that fol-
21 lows through “September 30, 2025,” and inserting “Be-
22 ginning on the date of the enactment of the CONNECT
23 for Health Act of 2025,”.

1 (b) CONFORMING AMENDMENTS.—Section 1834(m)
 2 of the Social Security Act (42 U.S.C. 1395m(m)) is
 3 amended—

4 (1) in paragraph (2)(B)(iii), by striking “In the
 5 case that” and all that follows through “September
 6 30, 2025,” and inserting “With respect to telehealth
 7 services furnished on or after the date of the enact-
 8 ment of the CONNECT for Health Act of 2025,”;
 9 and

10 (2) in paragraph (4)(C)(ii)(X), by striking “,
 11 but only for purposes of section 1881(b)(3)(B) or
 12 telehealth services described in paragraph (7)”.

13 **SEC. 103. EXPANDING AUTHORITY FOR PRACTITIONERS EL-**
 14 **IGIBLE TO FURNISH TELEHEALTH SERVICES.**

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

17 (1) by striking “PRACTITIONER.—The term”
 18 and inserting “PRACTITIONER.—

19 “(i) IN GENERAL.—Subject to clause
 20 (ii), the term”; and

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

23 “(ii) EXPANDING PRACTITIONERS ELI-
 24 GIBLE TO FURNISH TELEHEALTH SERV-
 25 ICES.—

1 “(I) IN GENERAL.—Notwith-
2 standing any other provision of this
3 subsection, in the case of telehealth
4 services furnished on or after October
5 1, 2025, the Secretary may waive any
6 limitation on the types of practitioners
7 who are eligible to furnish telehealth
8 services if the Secretary determines
9 that such waiver is clinically appro-
10 priate.

11 “(II) IMPLEMENTATION.—In im-
12 plementing a waiver under this clause,
13 the Secretary may establish require-
14 ments, as appropriate, for practi-
15 tioners under such waiver, including
16 with respect to beneficiary and pro-
17 gram integrity protections.

18 “(III) PUBLIC COMMENT.—The
19 Secretary shall establish a process by
20 which stakeholders may (on at least
21 an annual basis) provide public com-
22 ment on such waiver under this
23 clause.

24 “(IV) PERIODIC REVIEW.—The
25 Secretary shall periodically, but not

1 more frequently than every 3 years,
 2 reassess the waiver under this clause
 3 to determine whether such waiver con-
 4 tinues to be clinically appropriate. The
 5 Secretary shall terminate any waiver
 6 that the Secretary determines is no
 7 longer clinically appropriate.”.

8 **SEC. 104. FEDERALLY QUALIFIED HEALTH CENTERS AND**
 9 **RURAL HEALTH CLINICS.**

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

12 (1) in paragraph (4)(C)(i), in the matter pre-
 13 ceding subclause (I), by striking “and (7)” and in-
 14 serting “(7), and (8)”; and

15 (2) in paragraph (8)—

16 (A) in subparagraph (A)—

17 (i) in the matter preceding clause (i),
 18 by striking “During” and all that follows
 19 through “September 30, 2025” and insert-
 20 ing the following: “Beginning on the first
 21 day of the emergency period described in
 22 section 1135(g)(1)(B)”;

23 (ii) in clause (ii), by striking “and” at
 24 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 (B) in subparagraph (B)—

10 (i) in the subparagraph heading, by
 11 inserting “DURING INITIAL PERIOD” after
 12 “RULE”;

13 (ii) in the first sentence of clause (i)
 14 by striking “during the periods for which
 15 subparagraph (A) applies” and inserting
 16 “during the period beginning on the first
 17 day of the emergency period and ending on
 18 September 30, 2025”; and

19 (iii) in clause (ii), by striking “Costs
 20 associated” and inserting “During the pe-
 21 riod for which clause (i) applies, costs as-
 22 sociated”;

23 (C) by adding at the end the following new
 24 subparagraph:

25 “(C) PAYMENT AFTER INITIAL PERIOD.—

1 “(i) IN GENERAL.—A telehealth serv-
2 ice furnished by a Federally qualified
3 health center or a rural health clinic to an
4 individual pursuant to this paragraph on
5 or after October 1, 2025, shall be deemed
6 to be so furnished to such individual as an
7 outpatient of such clinic or facility (as ap-
8 plicable) for purposes of paragraph (1) or
9 (3), respectively, of section 1861(aa) and
10 payable as a Federally qualified health cen-
11 ter service or rural health clinic service (as
12 applicable) under the prospective payment
13 system established under section 1834(o)
14 or under section 1833(a)(3), respectively.

15 “(ii) TREATMENT OF COSTS FOR
16 FQHC PPS CALCULATIONS AND RHC AIR
17 CALCULATIONS.—Costs associated with the
18 furnishing of telehealth services by a Fed-
19 erally qualified health center or rural
20 health clinic serving as a distant site pur-
21 suant to this paragraph on or after Octo-
22 ber 1, 2025, shall be considered allowable
23 costs for purposes of the prospective pay-
24 ment system established under section
25 1834(o) and any payment methodologies

1 developed under section 1833(a)(3), as ap-
 2 plicable.”.

3 **SEC. 105. NATIVE AMERICAN HEALTH FACILITIES.**

4 (a) IN GENERAL.—Section 1834(m)(4)(C) of the So-
 5 cial Security Act (42 U.S.C. 1395m(m)(4)(C)), as amend-
 6 ed by section 101, is amended—

7 (1) in clause (i), by striking “and (iv)” and in-
 8 serting “, (iv), and (v)”; and

9 (2) by adding at the end the following new
 10 clause:

11 “(v) NATIVE AMERICAN HEALTH FA-
 12 CILITIES.—With respect to telehealth serv-
 13 ices furnished on or after January 1, 2026,
 14 the originating site requirements described
 15 in clauses (i) and (ii) shall not apply with
 16 respect to a facility of the Indian Health
 17 Service, whether operated by such Service,
 18 or by an Indian tribe (as that term is de-
 19 fined in section 4 of the Indian Health
 20 Care Improvement Act (25 U.S.C. 1603))
 21 or a tribal organization (as that term is
 22 defined in section 4 of the Indian Self-De-
 23 termination and Education Assistance Act
 24 (25 U.S.C. 5304)), or a facility of the Na-
 25 tive Hawaiian health care systems author-

1 ized under the Native Hawaiian Health
 2 Care Improvement Act (42 U.S.C. 11701
 3 et seq.).”.

4 (b) NO ORIGINATING SITE FACILITY FEE FOR CER-
 5 TAIN NATIVE AMERICAN FACILITIES.—Section
 6 1834(m)(2)(B)(i) of the Social Security Act (42 U.S.C.
 7 1395m(m)(2)(B)(i)) is amended, in the matter preceding
 8 subclause (I), by inserting “(other than an originating site
 9 that is only described in clause (v) of paragraph (4)(C),
 10 and does not meet the requirement for an originating site
 11 under clauses (i) and (ii) of such paragraph)” after “the
 12 originating site”.

13 **SEC. 106. REPEAL OF SIX-MONTH IN-PERSON VISIT RE-**
 14 **QUIREMENT FOR TELEMENTAL HEALTH**
 15 **SERVICES.**

16 (a) IN GENERAL.—Section 1834(m)(7) of the Social
 17 Security Act (42 U.S.C. 1395m(m)(7)(B)) is amended—

18 (1) in subparagraph (A), by striking “, subject
 19 to subparagraph (B),”;

20 (2) by striking “(A) IN GENERAL.—The geo-
 21 graphic” and inserting “The geographic”; and

22 (3) by striking subparagraph (B).

23 (b) RURAL HEALTH CLINICS.—Section 1834(y)(2) of
 24 the Social Security Act (42 U.S.C. 1395m(y)(2)) is
 25 amended by striking “prior to October 1, 2025”.

1 (c) **FEDERALLY QUALIFIED HEALTH CENTERS.**—
 2 Section 1834(o)(4)(B) of the Social Security Act (42
 3 U.S.C. 1395m(o)(4)(B)) is amended by striking “prior to
 4 October 1, 2025”.

5 **SEC. 107. WAIVER OF TELEHEALTH REQUIREMENTS DUR-**
 6 **ING PUBLIC HEALTH EMERGENCIES.**

7 Section 1135(g)(1) of the Social Security Act (42
 8 U.S.C. 1320b–5(g)(1)) is amended—

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

12 (2) by adding at the end the following new sub-
 13 paragraph:

14 “(C) **EXCEPTION FOR WAIVER OF TELE-**
 15 **HEALTH REQUIREMENTS DURING PUBLIC**
 16 **HEALTH EMERGENCIES.**—For purposes of sub-
 17 section (b)(8), in addition to the emergency pe-
 18 riod described in subparagraph (B), an ‘emer-
 19 gency area’ is a geographical area in which, and
 20 an ‘emergency period’ is the period during
 21 which, there exists a public health emergency
 22 declared by the Secretary pursuant to section
 23 319 of the Public Health Service Act on or
 24 after the date of enactment of this subpara-
 25 graph.”.

1 **SEC. 108. USE OF TELEHEALTH IN RECERTIFICATION FOR**
2 **HOSPICE CARE.**

3 (a) IN GENERAL.—Section 1814(a)(7)(D)(i)(II) of
4 the Social Security Act (42 U.S.C. 1395f(a)(7)(D)(i)(II))
5 is amended by striking “during the emergency period” and
6 all that follows through “September 30, 2025” and insert-
7 ing the following: “during and after the emergency period
8 described in section 1135(g)(1)(B)”.

9 (b) GAO REPORT.—Not later than 3 years after the
10 date of enactment of this Act, the Comptroller General
11 of the United States shall submit to Congress a report
12 evaluating the impact of section 1814(a)(7)(D)(i)(II) of
13 the Social Security Act (42 U.S.C. 1395f(a)(7)(D)(i)(II)),
14 as amended by subsection (a), on—

15 (1) the number and percentage of beneficiaries
16 recertified for the Medicare hospice benefit at 180
17 days and for subsequent benefit periods, to the ex-
18 tent such data is available;

19 (2) Federal oversight of the appropriateness for
20 hospice care of the patients recertified through the
21 use of telehealth; and

22 (3) any other factors determined appropriate by
23 the Comptroller General.

1 **TITLE II—PROGRAM INTEGRITY**

2 **SEC. 201. CLARIFICATION FOR FRAUD AND ABUSE LAWS** 3 **REGARDING TECHNOLOGIES PROVIDED TO** 4 **BENEFICIARIES.**

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

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

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

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

13 “(K) the provision of technologies (as de-
 14 fined by the Secretary) on or after the date of
 15 the enactment of this subparagraph, by a pro-
 16 vider of services or supplier (as such terms are
 17 defined for purposes of title XVIII) directly to
 18 an individual who is entitled to benefits under
 19 part A of title XVIII, enrolled under part B of
 20 such title, or both, for the purpose of furnishing
 21 telehealth services, remote patient monitoring
 22 services, or other services furnished through the
 23 use of technology (as defined by the Secretary),
 24 if—

1 “(i) the technologies are not offered
 2 as part of any advertisement or solicita-
 3 tion; and

4 “(ii) the provision of the technologies
 5 meets any other requirements set forth in
 6 regulations promulgated by the Sec-
 7 retary.”.

8 **SEC. 202. ADDITIONAL RESOURCES FOR TELEHEALTH**
 9 **OVERSIGHT.**

10 In addition to amounts otherwise available, there are
 11 authorized to be appropriated to the Inspector General of
 12 the Department of Health and Human Services for each
 13 of fiscal years 2026 through 2030, out of any money in
 14 the Treasury not otherwise appropriated, \$3,000,000, to
 15 remain available until expended, for purposes of con-
 16 ducting audits, investigations, and other oversight and en-
 17 forcement activities with respect to telehealth services, re-
 18 mote patient monitoring services, or other services fur-
 19 nished through the use of technology (as defined by the
 20 Secretary).

21 **SEC. 203. ADDRESSING SIGNIFICANT OUTLIER BILLING**
 22 **PATTERNS FOR TELEHEALTH SERVICES.**

23 (a) IDENTIFICATION AND NOTIFICATION OF
 24 OUTLIER BILLERS OF TELEHEALTH.—

1 (1) IN GENERAL.—The Secretary shall, using
2 standard unique health identifiers (described in sec-
3 tion 1173(b) of the Social Security Act (42 U.S.C.
4 1320d–2) reported on claims for telehealth services
5 furnished to individuals under section 1834(m) of
6 such Act (42 U.S.C. 1395m(m)), identify physicians
7 and practitioners that demonstrate significant
8 outlier billing patterns (such as coding of telehealth
9 services for inappropriate length of time and inac-
10 curate complexity and inappropriate or duplicate
11 billing) for telehealth services or items or services or-
12 dered or prescribed concurrent to a telehealth service
13 over a period of time specified by the Secretary.

14 (2) ESTABLISHMENT OF THRESHOLDS.—For
15 purposes of this subsection, the Secretary shall es-
16 tablish thresholds for outlier billing patterns to iden-
17 tify whether a physician or practitioner is a signifi-
18 cant outlier biller for telehealth services or items or
19 services ordered or prescribed concurrent to a tele-
20 health service as compared to other physicians or
21 practitioners within the same specialty and geo-
22 graphic area.

23 (b) NOTIFICATION.—

24 (1) IN GENERAL.—The Secretary shall notify
25 physicians and practitioners identified as a signifi-

1 cant outlier biller for telehealth services or items or
2 services ordered or prescribed concurrent to a tele-
3 health service under subsection (a). Each notifica-
4 tion under the preceding sentence shall include the
5 following:

6 (A) Information on how the physician or
7 practitioner compares to physicians or practi-
8 tioners within the same specialty and geo-
9 graphic area with respect to billing for tele-
10 health services or items or services ordered or
11 prescribed concurrent to a telehealth service
12 under the Medicare program under title XVIII
13 of the Social Security Act (42 U.S.C. 1395 et
14 seq.).

15 (B) Information on telehealth billing guide-
16 lines under the Medicare program.

17 (C) Other information determined appro-
18 priate by the Secretary.

19 (2) CLARIFICATION.—Nothing in this sub-
20 section or subsection (a) shall be construed as di-
21 recting the Centers for Medicare & Medicaid Serv-
22 ices to pursue further audits of providers of services
23 and suppliers outside of those permitted or required
24 under titles XI or XVIII of the Social Security Act,
25 or otherwise under applicable Federal law.

1 (c) PUBLIC AVAILABILITY OF INFORMATION.—The
 2 Secretary shall make aggregate information on outlier bill-
 3 ing patterns identified under subsection (a) available on
 4 the internet website of the Centers for Medicare & Med-
 5 icaid Services. Such information shall be in a form and
 6 manner determined appropriate by the Secretary and shall
 7 not identify any specific physician or practitioner.

8 (d) OTHER ACTIVITIES.—Nothing in this section
 9 shall preclude the Secretary from conducting activities
 10 that provide physicians and practitioners with information
 11 as to how they compare to other physicians and practi-
 12 tioners that are in addition to the activities under this sec-
 13 tion.

14 (e) TELEHEALTH RESOURCE CENTERS EDUCATION
 15 ACTIVITIES.—Section 330I(j)(2) of the Public Health
 16 Service Act (42 U.S.C. 254c–14(j)(2)) is amended—

17 (1) in subparagraph (F), by striking “and” at
 18 the end;

19 (2) in subparagraph (G), by striking the period
 20 at the end and inserting “; and”; and

21 (3) by adding at the end the following new sub-
 22 paragraph:

23 “(H) providing technical assistance and
 24 education to physicians and practitioners that
 25 the Secretary identifies pursuant to section

1 203(a) of the CONNECT for Health Act of
2 2025 as having significant levels of outlier bill-
3 ing patterns with respect to telehealth services
4 or items or services ordered or prescribed con-
5 current to a telehealth service under the Medi-
6 care program under title XVIII of the Social
7 Security Act, including—

8 “(i) education on practices to ensure
9 coding of telehealth services for appro-
10 priate length of time and accurate com-
11 plexity;

12 “(ii) education on prevention of inap-
13 propriate or duplicate billing;

14 “(iii) information provided in the an-
15 nual physician fee schedule rulemaking re-
16 garding—

17 “(I) services specified in para-
18 graph (4)(F)(i) of section 1834(m) of
19 the Social Security Act (42 U.S.C.
20 1395m(m)) for authorized payment
21 under paragraph (1) of such section;
22 and

23 “(II) the process used to update
24 such services under paragraph

1 (4)(F)(ii) of such section 1834(m);
 2 and
 3 “(iv) referral to the appropriate medi-
 4 care administrative contractor for specific
 5 questions that fall outside of the scope of
 6 broad best practices.”.

7 (f) DEFINITIONS.—In this section:

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

10 (2) TELEHEALTH SERVICE.—The term “tele-
 11 health service” has the meaning given that term in
 12 section 1834(m)(4)(F) of the Social Security Act
 13 (42 U.S.C. 1395m(m)(4)(F)).

14 (3) PHYSICIAN; PRACTITIONER.—The terms
 15 “physician” and “practitioner” have the meaning
 16 given those terms for purposes of section 1834(m) of
 17 the Social Security Act (42 U.S.C. 1395m(m)).

18 **TITLE III—BENEFICIARY AND** 19 **PROVIDER SUPPORTS, QUAL-** 20 **ITY OF CARE, AND DATA**

21 **SEC. 301. BENEFICIARY ENGAGEMENT ON TELEHEALTH.**

22 (a) RESOURCES, GUIDANCE, AND TRAINING SES-
 23 SIONS.—Section 1834(m) of the Social Security Act (42
 24 U.S.C. 1395m(m)) is amended by adding at the end the
 25 following new paragraph:

1 “(10) RESOURCES, GUIDANCE, AND TRAINING
2 SESSIONS.—

3 “(A) IN GENERAL.—Not later than 6
4 months after the date of the enactment of this
5 paragraph, the Secretary, in consultation with
6 stakeholders, shall issue resources, guidance,
7 and training sessions for beneficiaries, physi-
8 cians, practitioners, and health information
9 technology software vendors on best practices
10 for ensuring telehealth services are accessible
11 for—

12 “(i) individuals with limited English
13 proficiency, including instructions on how
14 to—

15 “(I) access telehealth platforms;
16 “(II) utilize interpreter services;
17 and
18 “(III) integrate telehealth and
19 virtual interpreter services; and

20 “(ii) individuals with disabilities, in-
21 cluding instructions on accessibility of the
22 telecommunications system being used for
23 telehealth services, engagement with bene-
24 ficiaries with disabilities prior to, during,
25 and after the furnishing of the telehealth

1 service, and training on captioning and
2 transcripts.

3 “(B) ACCOUNTING FOR AGE AND OTHER
4 DIFFERENCES.—Resources, guidance, and
5 training sessions issued under this paragraph
6 shall account for age and sociodemographic, ge-
7 ographic, literacy, cultural, cognitive, and lin-
8 guistic differences in how individuals interact
9 with technology.”.

10 (b) STUDY AND REPORT ON TACTICS TO IMPROVE
11 BENEFICIARY ENGAGEMENT ON TELEHEALTH.—

12 (1) STUDY.—The Secretary of Health and
13 Human Services shall, to the maximum extent fea-
14 sible, collect and analyze qualitative and quantitative
15 data on strategies that clinicians, payers, and other
16 health care organizations use to improve beneficiary
17 engagement on telehealth services (as defined in sec-
18 tion 1834(m)(4)(F) of the Social Security Act (42
19 U.S.C. 1395m(m)(4)(F))), with an emphasis on un-
20 derserved communities, such as the use of digital
21 navigators, providing patients with pre-visit informa-
22 tion on telehealth, caregiver engagement, and train-
23 ing on telecommunications systems, and the invest-
24 ments necessary for health care professionals to ef-

1 fectively furnish telehealth services, including the
2 costs of necessary technology and of training staff.

3 (2) REPORT.—Not later than 2 years after the
4 date of the enactment of this Act, the Secretary
5 shall submit to Congress and make available on the
6 internet website of the Secretary of Health and
7 Human Services a report containing the results of
8 the study under paragraph (1), together with rec-
9 ommendations for such legislation and administra-
10 tive action as the Secretary determines appropriate.

11 (c) FUNDING.—There are authorized to be appro-
12 priated such sums as necessary to carry out the provisions
13 of, including the amendments made by, this section.

14 **SEC. 302. PROVIDER SUPPORTS ON TELEHEALTH.**

15 (a) EDUCATIONAL RESOURCES AND TRAINING SES-
16 SIONS.—Not later than 6 months after the date of enact-
17 ment of this Act, the Secretary of Health and Human
18 Services shall develop and make available to health care
19 professionals educational resources and training sessions
20 on requirements relating to the furnishing of telehealth
21 services under section 1834(m) of the Social Security Act
22 (42 U.S.C. 1395m(m)) and topics including—

23 (1) requirements for payment for telehealth
24 services;

1 (2) telehealth-specific health care privacy and
2 security training;

3 (3) utilizing telehealth services to engage and
4 support underserved, high-risk, and vulnerable pa-
5 tient populations; and

6 (4) other topics as determined appropriate by
7 the Secretary.

8 (b) FUNDING.—There are authorized to be appro-
9 priated such sums as necessary to carry out this section.

10 **SEC. 303. ENSURING THE INCLUSION OF TELEHEALTH IN**
11 **MEASURING QUALITY OF CARE.**

12 Section 1890A of the Social Security Act (42 U.S.C.
13 1395aaa–1) is amended by adding at the end the following
14 new subsection:

15 “(h) MEASURING QUALITY OF TELEHEALTH SERV-
16 ICES.—

17 “(1) IN GENERAL.—Not later than 180 days
18 after the date of the enactment of this subsection,
19 the Secretary shall review quality measures to en-
20 sure inclusion of measures relating to telehealth
21 services, including care, prevention, diagnosis, pa-
22 tient experience, health outcomes, and treatment.

23 “(2) CONSULTATION.—In conducting the review
24 and assessment under paragraph (1), the Secretary
25 shall consult external technical experts in quality

1 measurement, including patient organizations, pro-
2 viders, and experts in telehealth.

3 “(3) REVIEW AND ASSESSMENT.—The review
4 and assessment under this subsection shall—

5 “(A) include review of existing and under
6 development quality measures to identify meas-
7 ures that are currently inclusive of, and meas-
8 ures that fail to account for, telehealth services;

9 “(B) identify gaps in areas of quality
10 measurement that relate to telehealth services,
11 including health outcomes and patient experi-
12 ence of care; and

13 “(C) assess how to effectively streamline,
14 implement, and assign accountability for health
15 outcomes for quality measures for telehealth
16 services across health care settings and pro-
17 viders.

18 “(4) TECHNICAL GUIDANCE.—The Secretary
19 shall issue technical guidance on the following for
20 health care providers and other stakeholders, as de-
21 termined appropriate by the Secretary:

22 “(A) How to stratify measures by care mo-
23 dality and population to identify differences in
24 health outcomes.

25 “(B) The use of uniform data elements.

1 “(C) How to identify and catalogue best
2 practices related to the use of quality measure-
3 ment and quality improvement for telehealth
4 services.

5 “(D) Other areas determined appropriate
6 by the Secretary.

7 “(5) REPORT.—Not later than 2 years after the
8 date of the enactment of this subsection, the Sec-
9 retary shall submit to Congress and post on the
10 internet website of the Centers for Medicare & Med-
11 icaid Services a report on the review and assessment
12 conducted under this subsection.”.

13 **SEC. 304. POSTING OF INFORMATION ON TELEHEALTH**
14 **SERVICES.**

15 Not later than 180 days after the date of the enact-
16 ment of this Act, and quarterly thereafter, the Secretary
17 of Health and Human Services shall post on the internet
18 website of the Centers for Medicare & Medicaid Services
19 information on—

20 (1) the furnishing of telehealth services under
21 the Medicare program under title XVIII of the So-
22 cial Security Act (42 U.S.C. 1395 et seq.), described
23 by patient population, type of service, geography,
24 place of service, and provider type;

1 (2) the impact of telehealth services on expendi-
2 tures and utilization under the Medicare program
3 for the most recent 4 quarters for which Medicare
4 claims data is available; and

5 (3) other outcomes related to the furnishing of
6 telehealth services under the Medicare program, as
7 determined appropriate by the Secretary.

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