

116TH CONGRESS
2D SESSION

S. 4216

To direct the Secretary of Health and Human Services and the Comptroller General of the United States to conduct studies and report to Congress on actions taken to expand access to telehealth services under the Medicare, Medicaid, and Children’s Health Insurance programs during the COVID–19 emergency.

IN THE SENATE OF THE UNITED STATES

JULY 20, 2020

Mrs. FISCHER (for herself and Ms. ROSEN) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To direct the Secretary of Health and Human Services and the Comptroller General of the United States to conduct studies and report to Congress on actions taken to expand access to telehealth services under the Medicare, Medicaid, and Children’s Health Insurance programs during the COVID–19 emergency.

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 “Knowing the Efficiency
5 and Efficacy of Permanent Telehealth Options Act of
6 2020” or the “KEEP Telehealth Options Act of 2020”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) On January 21, 2020, the United States
4 confirmed the Nation’s first case of the 2019 novel
5 coronavirus (which presents as the disease COVID–
6 19).

7 (2) On January 31, 2020, the Secretary of
8 Health and Human Services (in this Act referred to
9 as the “Secretary”) declared a public health emer-
10 gency in response to COVID–19.

11 (3) By March, the disease reached the pan-
12 demic level according to the World Health Organiza-
13 tion, and the President proclaimed the COVID–19
14 outbreak in the United States to constitute a na-
15 tional emergency.

16 (4) This emergency declaration authorizes the
17 Secretary “to temporarily waive or modify certain
18 requirements of the Medicare, Medicaid, and State
19 Children’s Health Insurance programs and of the
20 Health Insurance Portability and Accountability Act
21 Privacy Rule throughout the duration of the public
22 health emergency declared in response to the
23 COVID–19 outbreak”.

24 (5) Under this authority, the Secretary, and the
25 Administrator of the Centers for Medicare & Med-
26 icaid Services (in this Act referred to as the “Ad-

1 administrator”) acting under the Secretary’s authority,
2 issued numerous rules, regulations, and waivers ena-
3 bling the expansion of telehealth services during the
4 public health emergency.

5 (6) Telehealth services play a critical role in en-
6 hancing access to care for patients while simulta-
7 neously reducing the risk of exposure to the
8 coronavirus for both patients and providers.

9 (7) The Administrator expanded access to tele-
10 health services under the public health emergency to
11 all Medicare beneficiaries (including clinician-pro-
12 vided services to new and established patients).

13 (8) On April 23, 2020, the Administrator re-
14 leased a telehealth toolkit to assist States in expand-
15 ing the use of telehealth through Medicaid and
16 CHIP.

17 (9) Expanded telehealth options are valuable
18 for all Americans during this public health crisis,
19 but especially for high-risk patients and rural Ameri-
20 cans who already have difficulty accessing care.

21 **SEC. 3. STUDIES AND REPORTS ON THE EXPANSION OF AC-**
22 **CESS TO TELEHEALTH SERVICES DURING**
23 **THE COVID-19 EMERGENCY.**

24 (a) HHS.—

1 (1) IN GENERAL.—Not later than 180 days
2 after the date of the enactment of this Act, the Sec-
3 retary, in consultation with the Administrator, shall
4 conduct a study and submit to Congress a report on
5 actions taken by the Secretary during the emergency
6 period described in section 1135(g)(1)(B) of the So-
7 cial Security Act (42 U.S.C. 1320b–5(g)(1)(B)) to
8 expand access to telehealth services under the Medi-
9 care program, the Medicaid program, and the Chil-
10 dren’s Health Insurance program. Such report shall
11 include the following:

12 (A) A comprehensive list of telehealth serv-
13 ices available under such programs and an ex-
14 planation of all actions undertaken by the Sec-
15 retary during the emergency period described in
16 such paragraph to expand access to such serv-
17 ices.

18 (B) A comprehensive list of types of pro-
19 viders that may be reimbursed for such services
20 furnished under such programs during such pe-
21 riod, including a list of services which may only
22 be reimbursed under such programs during
23 such period if furnished by such providers in-
24 person.

1 (C) A quantitative analysis of the use of
2 such telehealth services under such programs
3 during such period, including data points on
4 use by rural, minority, low-income, and elderly
5 populations.

6 (D) A quantitative analysis of the use of
7 such services under such programs during such
8 period for mental and behavioral health treat-
9 ments.

10 (E) An analysis of the public health im-
11 pacts of the actions described in subparagraph
12 (A).

13 (2) PUBLICATION OF REPORT.—Not later than
14 180 days after the date of the enactment of this Act,
15 the Secretary shall publish on the public website of
16 the Department of Health and Human Services the
17 report described in paragraph (1).

18 (b) GAO.—

19 (1) IN GENERAL.—Not later than 210 days
20 after the date of enactment of this Act, the Comp-
21 troller General of the United States shall conduct a
22 study and submit to Congress a report on—

23 (A) the efficiency, management, and suc-
24 cess and failures of the expansion of access to
25 telehealth services under the Medicare, Med-

1 icaid, and Children’s Health Insurance pro-
2 grams during the emergency period described in
3 subsection (a)(1); and

4 (B) any risk in increased fraudulent activ-
5 ity, and types of fraudulent activity, associated
6 with such expansion.

7 (2) RECOMMENDATIONS.—The report sub-
8 mitted under paragraph (1) shall include rec-
9 ommendations on—

10 (A) potential improvements to telehealth
11 services, and expansions of such services, under
12 the programs described in paragraph (1)(A);
13 and

14 (B) ways to address any fraudulent activ-
15 ity described in paragraph (1)(B).

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