

119TH CONGRESS
1ST SESSION

H. R. 4206

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 26, 2025

Mr. THOMPSON of California (for himself, Mr. SCHWEIKERT, Ms. MATSUI, and Mr. BALDERSON) 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 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,*

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

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

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 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 provided 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.

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

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

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

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

10 (3) In 2023, 90 percent of patients receiving
 11 telehealth services were satisfied with their experi-
 12 ences.

1 (4) Health care workforce shortages are a sig-
2 nificant problem in many areas and for many types
3 of health care clinicians.

4 (5) Telehealth increases access to care in areas
5 with workforce shortages and for individuals who
6 live far away from health care facilities, have limited
7 mobility or transportation, or have other barriers to
8 accessing care.

9 (6) The use of health technologies can strength-
10 en the expertise of the health care workforce, includ-
11 ing by connecting clinicians to specialty consulta-
12 tions.

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

18 (8) Telehealth now represents a critical compo-
19 nent of care delivery. In 2023, 24 percent of Medi-
20 care fee-for-service beneficiaries received a telehealth
21 service.

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

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

3 (1) health care providers can furnish safe, effec-
4 tive, and high-quality health care services through
5 telehealth;

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

18 (3) barriers to the use of telehealth should be
19 removed.

20 **TITLE I—REMOVING BARRIERS**
21 **TO TELEHEALTH COVERAGE**

22 **SEC. 101. REMOVING GEOGRAPHIC REQUIREMENTS FOR**
23 **TELEHEALTH SERVICES.**

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

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

4 (2) by adding at the end the following new
5 clause:

6 “(iv) REMOVAL OF GEOGRAPHIC RE-
7 QUIREMENTS.—The geographic require-
8 ments described in clause (i) shall not
9 apply with respect to telehealth services
10 furnished on or after October 1, 2025.”.

11 **SEC. 102. EXPANDING ORIGINATING SITES.**

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

18 (b) CONFORMING AMENDMENTS.—Section 1834(m)
19 of the Social Security Act (42 U.S.C. 1395m(m)) is
20 amended—

21 (1) in paragraph (2)(B)(iii), by striking “In the
22 case that” and all that follows through “September
23 30, 2025,” and inserting “With respect to telehealth
24 services furnished on or after the date of the enact-

1 ment of the CONNECT for Health Act of 2025,”;
2 and

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

6 **SEC. 103. EXPANDING AUTHORITY FOR PRACTITIONERS EL-**
7 **IGIBLE TO FURNISH TELEHEALTH SERVICES.**

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

10 (1) by striking “PRACTITIONER.—The term”
11 and inserting “PRACTITIONER.—

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

14 (2) by adding at the end the following new
15 clause:

16 “(ii) EXPANDING PRACTITIONERS ELI-
17 GIBLE TO FURNISH TELEHEALTH SERV-
18 ICES.—

19 “(I) IN GENERAL.—Notwith-
20 standing any other provision of this
21 subsection, in the case of telehealth
22 services furnished on or after October
23 1, 2025, the Secretary may waive any
24 limitation on the types of practitioners
25 who are eligible to furnish telehealth

1 services if the Secretary determines
2 that such waiver is clinically appro-
3 priate.

4 “(II) IMPLEMENTATION.—In im-
5 plementing a waiver under this clause,
6 the Secretary may establish require-
7 ments, as appropriate, for practi-
8 tioners under such waiver, including
9 with respect to beneficiary and pro-
10 gram integrity protections.

11 “(III) PUBLIC COMMENT.—The
12 Secretary shall establish a process by
13 which stakeholders may (on at least
14 an annual basis) provide public com-
15 ment on such waiver under this
16 clause.

17 “(IV) PERIODIC REVIEW.—The
18 Secretary shall periodically, but not
19 more frequently than every 3 years,
20 reassess the waiver under this clause
21 to determine whether such waiver con-
22 tinues to be clinically appropriate. The
23 Secretary shall terminate any waiver
24 that the Secretary determines is no
25 longer clinically appropriate.”.

1 **SEC. 104. FEDERALLY QUALIFIED HEALTH CENTERS AND**
2 **RURAL HEALTH CLINICS.**

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

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

8 (2) in paragraph (8)—

9 (A) in subparagraph (A)—

10 (i) in the matter preceding clause (i),
11 by striking “During” and all that follows
12 through “September 30, 2025” and insert-
13 ing the following: “Beginning on the first
14 day of the emergency period described in
15 section 1135(g)(1)(B)”;

16 (ii) in clause (ii), by striking “and” at
17 the end;

18 (iii) by redesignating clause (iii) as
19 clause (iv); and

20 (iv) by inserting after clause (ii) the
21 following new clause:

22 “(iii) the geographic requirements de-
23 scribed in paragraph (4)(C)(i) shall not
24 apply with respect to such a telehealth
25 service; and”;

26 (B) in subparagraph (B)—

1 (i) in the subparagraph heading, by
2 inserting “DURING INITIAL PERIOD” after
3 “RULE”;

4 (ii) in the first sentence of clause (i)
5 by striking “during the periods for which
6 subparagraph (A) applies” and inserting
7 “during the period beginning on the first
8 day of the emergency period and ending on
9 September 30, 2025”; and

10 (iii) in clause (ii), by striking “Costs
11 associated” and inserting “During the pe-
12 riod for which clause (i) applies, costs as-
13 sociated”; and

14 (C) by adding at the end the following new
15 subparagraph:

16 “(C) PAYMENT AFTER INITIAL PERIOD.—

17 “(i) IN GENERAL.—A telehealth serv-
18 ice furnished by a Federally qualified
19 health center or a rural health clinic to an
20 individual pursuant to this paragraph on
21 or after October 1, 2025, shall be deemed
22 to be so furnished to such individual as an
23 outpatient of such clinic or facility (as ap-
24 plicable) for purposes of paragraph (1) or
25 (3), respectively, of section 1861(aa) and

1 payable as a Federally qualified health cen-
 2 ter service or rural health clinic service (as
 3 applicable) under the prospective payment
 4 system established under section 1834(o)
 5 or under section 1833(a)(3), respectively.

6 “(ii) TREATMENT OF COSTS FOR
 7 FQHC PPS CALCULATIONS AND RHC AIR
 8 CALCULATIONS.—Costs associated with the
 9 furnishing of telehealth services by a Fed-
 10 erally qualified health center or rural
 11 health clinic serving as a distant site pur-
 12 suant to this paragraph on or after Octo-
 13 ber 1, 2025, shall be considered allowable
 14 costs for purposes of the prospective pay-
 15 ment system established under section
 16 1834(o) and any payment methodologies
 17 developed under section 1833(a)(3), as ap-
 18 plicable.”.

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

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

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

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

3 “(v) NATIVE AMERICAN HEALTH FA-
4 CILITIES.—With respect to telehealth serv-
5 ices furnished on or after January 1, 2026,
6 the originating site requirements described
7 in clauses (i) and (ii) shall not apply with
8 respect to a facility of the Indian Health
9 Service, whether operated by such Service,
10 or by an Indian tribe (as that term is de-
11 fined in section 4 of the Indian Health
12 Care Improvement Act (25 U.S.C. 1603))
13 or a tribal organization (as that term is
14 defined in section 4 of the Indian Self-De-
15 termination and Education Assistance Act
16 (25 U.S.C. 5304)), or a facility of the Na-
17 tive Hawaiian health care systems author-
18 ized under the Native Hawaiian Health
19 Care Improvement Act (42 U.S.C. 11701
20 et seq.).”.

21 (b) NO ORIGINATING SITE FACILITY FEE FOR CER-
22 TAIN NATIVE AMERICAN FACILITIES.—Section
23 1834(m)(2)(B)(i) of the Social Security Act (42 U.S.C.
24 1395m(m)(2)(B)(i)) is amended, in the matter preceding
25 subclause (I), by inserting “(other than an originating site

1 that is only described in clause (v) of paragraph (4)(C),
 2 and does not meet the requirement for an originating site
 3 under clauses (i) and (ii) of such paragraph)” after “the
 4 originating site”.

5 **SEC. 106. REPEAL OF SIX-MONTH IN-PERSON VISIT RE-**
 6 **QUIREMENT FOR TELEMENTAL HEALTH**
 7 **SERVICES.**

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

10 (1) in subparagraph (A), by striking “, subject
 11 to subparagraph (B),”;

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

14 (3) by striking subparagraph (B).

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

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

22 **SEC. 107. WAIVER OF TELEHEALTH REQUIREMENTS DUR-**
 23 **ING PUBLIC HEALTH EMERGENCIES.**

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

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

4 (2) by adding at the end the following new sub-
 5 paragraph:

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

18 **SEC. 108. USE OF TELEHEALTH IN RECERTIFICATION FOR**
 19 **HOSPICE CARE.**

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

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

(1) the number and percentage of beneficiaries recertified for the Medicare hospice benefit at 180 days and for subsequent benefit periods, to the extent such data is available;

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

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

TITLE II—PROGRAM INTEGRITY

SEC. 201. CLARIFICATION FOR FRAUD AND ABUSE LAWS

REGARDING TECHNOLOGIES PROVIDED TO BENEFICIARIES.

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

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

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

1 (3) by adding at the end the following new sub-
2 paragraph:

3 “(K) the provision of technologies (as de-
4 fined by the Secretary) on or after the date of
5 the enactment of this subparagraph, by a pro-
6 vider of services or supplier (as such terms are
7 defined for purposes of title XVIII) directly to
8 an individual who is entitled to benefits under
9 part A of title XVIII, enrolled under part B of
10 such title, or both, for the purpose of furnishing
11 telehealth services, remote patient monitoring
12 services, or other services furnished through the
13 use of technology (as defined by the Secretary),
14 if—

15 “(i) the technologies are not offered
16 as part of any advertisement or sollicita-
17 tion; and

18 “(ii) the provision of the technologies
19 meets any other requirements set forth in
20 regulations promulgated by the Sec-
21 retary.”.

22 **SEC. 202. ADDITIONAL RESOURCES FOR TELEHEALTH**
23 **OVERSIGHT.**

24 In addition to amounts otherwise available, there are
25 authorized to be appropriated to the Inspector General of

1 the Department of Health and Human Services for each
2 of fiscal years 2026 through 2030, out of any money in
3 the Treasury not otherwise appropriated, \$3,000,000, to
4 remain available until expended, for purposes of con-
5 ducting audits, investigations, and other oversight and en-
6 forcement activities with respect to telehealth services, re-
7 mote patient monitoring services, or other services fur-
8 nished through the use of technology (as defined by the
9 Secretary).

10 **SEC. 203. ADDRESSING SIGNIFICANT OUTLIER BILLING**
11 **PATTERNS FOR TELEHEALTH SERVICES.**

12 (a) IDENTIFICATION AND NOTIFICATION OF
13 OUTLIER BILLERS OF TELEHEALTH.—

14 (1) IN GENERAL.—The Secretary shall, using
15 standard unique health identifiers (described in sec-
16 tion 1173(b) of the Social Security Act (42 U.S.C.
17 1320d–2) reported on claims for telehealth services
18 furnished to individuals under section 1834(m) of
19 such Act (42 U.S.C. 1395m(m))), identify physi-
20 cians and practitioners that demonstrate significant
21 outlier billing patterns (such as coding of telehealth
22 services for inappropriate length of time and inac-
23 curate complexity and inappropriate or duplicate
24 billing) for telehealth services or items or services or-

1 dered or prescribed concurrent to a telehealth service
2 over a period of time specified by the Secretary.

3 (2) ESTABLISHMENT OF THRESHOLDS.—For
4 purposes of this subsection, the Secretary shall es-
5 tablish thresholds for outlier billing patterns to iden-
6 tify whether a physician or practitioner is a signifi-
7 cant outlier biller for telehealth services or items or
8 services ordered or prescribed concurrent to a tele-
9 health service as compared to other physicians or
10 practitioners within the same specialty and geo-
11 graphic area.

12 (b) NOTIFICATION.—

13 (1) IN GENERAL.—The Secretary shall notify
14 physicians and practitioners identified as a signifi-
15 cant outlier biller for telehealth services or items or
16 services ordered or prescribed concurrent to a tele-
17 health service under subsection (a). Each notifica-
18 tion under the preceding sentence shall include the
19 following:

20 (A) Information on how the physician or
21 practitioner compares to physicians or practi-
22 tioners within the same specialty and geo-
23 graphic area with respect to billing for tele-
24 health services or items or services ordered or
25 prescribed concurrent to a telehealth service

1 under the Medicare program under title XVIII
2 of the Social Security Act (42 U.S.C. 1395 et
3 seq.).

4 (B) Information on telehealth billing guide-
5 lines under the Medicare program.

6 (C) Other information determined appro-
7 priate by the Secretary.

8 (2) CLARIFICATION.—Nothing in this sub-
9 section or subsection (a) shall be construed as di-
10 recting the Centers for Medicare & Medicaid Serv-
11 ices to pursue further audits of providers of services
12 and suppliers outside of those permitted or required
13 under titles XI or XVIII of the Social Security Act,
14 or otherwise under applicable Federal law.

15 (c) PUBLIC AVAILABILITY OF INFORMATION.—The
16 Secretary shall make aggregate information on outlier bill-
17 ing patterns identified under subsection (a) available on
18 the internet website of the Centers for Medicare & Med-
19 icaid Services. Such information shall be in a form and
20 manner determined appropriate by the Secretary and shall
21 not identify any specific physician or practitioner.

22 (d) OTHER ACTIVITIES.—Nothing in this section
23 shall preclude the Secretary from conducting activities
24 that provide physicians and practitioners with information
25 as to how they compare to other physicians and practi-

1 tioners that are in addition to the activities under this sec-
2 tion.

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

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

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

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

12 “(H) providing technical assistance and
13 education to physicians and practitioners that
14 the Secretary identifies pursuant to section
15 203(a) of the CONNECT for Health Act of
16 2025 as having significant levels of outlier bill-
17 ing patterns with respect to telehealth services
18 or items or services ordered or prescribed con-
19 current to a telehealth service under the Medi-
20 care program under title XVIII of the Social
21 Security Act, including—

22 “(i) education on practices to ensure
23 coding of telehealth services for appro-
24 priate length of time and accurate com-
25 plexity;

1 “(ii) education on prevention of inap-
 2 propriate or duplicate billing; and

3 “(iii) information provided in the an-
 4 nual physician fee schedule rulemaking re-
 5 garding—

6 “(I) services specified in para-
 7 graph (4)(F)(i) of section 1834(m) of
 8 the Social Security Act (42 U.S.C.
 9 1395m(m)) for authorized payment
 10 under paragraph (1) of such section;
 11 and

12 “(II) the process used to update
 13 such services under paragraph
 14 (4)(F)(ii) of such section 1834(m);
 15 and

16 “(iv) referral to the appropriate medi-
 17 care administrative contractor for specific
 18 questions that fall outside of the scope of
 19 broad best practices.”.

20 (f) DEFINITIONS.—In this section:

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

23 (2) TELEHEALTH SERVICE.—The term “tele-
 24 health service” has the meaning given that term in

1 section 1834(m)(4)(F) of the Social Security Act
2 (42 U.S.C. 1395m(m)(4)(F)).

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

7 **TITLE III—BENEFICIARY AND**
8 **PROVIDER SUPPORTS, QUAL-**
9 **ITY OF CARE, AND DATA**

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

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

15 “(10) RESOURCES, GUIDANCE, AND TRAINING
16 SESSIONS.—

17 “(A) IN GENERAL.—Not later than 6
18 months after the date of the enactment of this
19 paragraph, the Secretary, in consultation with
20 stakeholders, shall issue resources, guidance,
21 and training sessions for beneficiaries, physi-
22 cians, practitioners, and health information
23 technology software vendors on best practices
24 for ensuring telehealth services are accessible
25 for—

1 “(i) individuals with limited English
2 proficiency, including instructions on how
3 to—

4 “(I) access telehealth platforms;

5 “(II) utilize interpreter services;

6 and

7 “(III) integrate telehealth and
8 virtual interpreter services; and

9 “(ii) individuals with disabilities, in-
10 cluding instructions on accessibility of the
11 telecommunications system being used for
12 telehealth services, engagement with bene-
13 ficiaries with disabilities prior to, during,
14 and after the furnishing of the telehealth
15 service, and training on captioning and
16 transcripts.

17 “(B) ACCOUNTING FOR AGE AND OTHER
18 DIFFERENCES.—Resources, guidance, and
19 training sessions issued under this paragraph
20 shall account for age and sociodemographic, ge-
21 ographic, literacy, cultural, cognitive, and lin-
22 guistic differences in how individuals interact
23 with technology.”.

24 (b) STUDY AND REPORT ON TACTICS TO IMPROVE
25 BENEFICIARY ENGAGEMENT ON TELEHEALTH.—

1 (1) STUDY.—The Secretary of Health and
2 Human Services shall, to the maximum extent fea-
3 sible, collect and analyze qualitative and quantitative
4 data on strategies that clinicians, payers, and other
5 health care organizations use to improve beneficiary
6 engagement on telehealth services (as defined in sec-
7 tion 1834(m)(4)(F) of the Social Security Act (42
8 U.S.C. 1395m(m)(4)(F))), with an emphasis on un-
9 derserved communities, such as the use of digital
10 navigators, providing patients with pre-visit informa-
11 tion on telehealth, caregiver engagement, and train-
12 ing on telecommunications systems, and the invest-
13 ments necessary for health care professionals to ef-
14 fectively furnish telehealth services, including the
15 costs of necessary technology and of training staff.

16 (2) REPORT.—Not later than 2 years after the
17 date of the enactment of this Act, the Secretary
18 shall submit to Congress and make available on the
19 internet website of the Secretary of Health and
20 Human Services a report containing the results of
21 the study under paragraph (1), together with rec-
22 ommendations for such legislation and administra-
23 tive action as the Secretary determines appropriate.

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

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

5 (a) EDUCATIONAL RESOURCES AND TRAINING SES-
6 SIONS.—Not later than 6 months after the date of enact-
7 ment of this Act, the Secretary of Health and Human
8 Services shall develop and make available to health care
9 professionals educational resources and training sessions
10 on requirements relating to the furnishing of telehealth
11 services under section 1834(m) of the Social Security Act
12 (42 U.S.C. 1395m(m)) and topics including—

13 (1) requirements for payment for telehealth
14 services;

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

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

20 (4) other topics as determined appropriate by
21 the Secretary.

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

1 **SEC. 303. ENSURING THE INCLUSION OF TELEHEALTH IN**
2 **MEASURING QUALITY OF CARE.**

3 Section 1890A of the Social Security Act (42 U.S.C.
4 1395aaa–1) is amended by adding at the end the following
5 new subsection:

6 “(h) MEASURING QUALITY OF TELEHEALTH SERV-
7 ICES.—

8 “(1) IN GENERAL.—Not later than 180 days
9 after the date of the enactment of this subsection,
10 the Secretary shall review quality measures to en-
11 sure inclusion of measures relating to telehealth
12 services, including care, prevention, diagnosis, pa-
13 tient experience, health outcomes, and treatment.

14 “(2) CONSULTATION.—In conducting the review
15 and assessment under paragraph (1), the Secretary
16 shall consult external technical experts in quality
17 measurement, including patient organizations, pro-
18 viders, and experts in telehealth.

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

21 “(A) include review of existing and under
22 development quality measures to identify meas-
23 ures that are currently inclusive of, and meas-
24 ures that fail to account for, telehealth services;

25 “(B) identify gaps in areas of quality
26 measurement that relate to telehealth services,

1 including health outcomes and patient experi-
2 ence of care; and

3 “(C) assess how to effectively streamline,
4 implement, and assign accountability for health
5 outcomes for quality measures for telehealth
6 services across health care settings and pro-
7 viders.

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

12 “(A) How to stratify measures by care mo-
13 dality and population to identify differences in
14 health outcomes.

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

16 “(C) How to identify and catalogue best
17 practices related to the use of quality measure-
18 ment and quality improvement for telehealth
19 services.

20 “(D) Other areas determined appropriate
21 by the Secretary.

22 “(5) REPORT.—Not later than 2 years after the
23 date of the enactment of this subsection, the Sec-
24 retary shall submit to Congress and post on the
25 internet website of the Centers for Medicare & Med-

1 icaid Services a report on the review and assessment
2 conducted under this subsection.”.

3 **SEC. 304. POSTING OF INFORMATION ON TELEHEALTH**
4 **SERVICES.**

5 Not later than 180 days after the date of the enact-
6 ment of this Act, and quarterly thereafter, the Secretary
7 of Health and Human Services shall post on the internet
8 website of the Centers for Medicare & Medicaid Services
9 information on—

10 (1) the furnishing of telehealth services under
11 the Medicare program under title XVIII of the So-
12 cial Security Act (42 U.S.C. 1395 et seq.), described
13 by patient population, type of service, geography,
14 place of service, and provider type;

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

19 (3) other outcomes related to the furnishing of
20 telehealth services under the Medicare program, as
21 determined appropriate by the Secretary.

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