

118TH CONGRESS
1ST SESSION

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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

JUNE 15, 2023

Mr. SCHATZ (for himself, Mr. WICKER, Mr. CARDIN, Mr. THUNE, Mr. WARNER, Mrs. HYDE-SMITH, Mr. KING, Mrs. CAPITO, Mr. MERKLEY, Mr. ROUNDS, Mr. CASEY, Ms. COLLINS, Mr. KELLY, Mr. SCOTT of South Carolina, Ms. WARREN, Mr. LANKFORD, Mrs. SHAHEEN, Mr. CRAMER, Mrs. GILLIBRAND, Mr. TUBERVILLE, Mr. WELCH, Mr. TILLIS, Ms. DUCKWORTH, Mrs. FISCHER, Mr. BLUMENTHAL, Ms. MURKOWSKI, Ms. ROSEN, Mr. SULLIVAN, Mr. VAN HOLLEN, Mr. DAINES, Ms. CANTWELL, Ms. LUMMIS, Ms. SINEMA, Mr. HOEVEN, Mr. HICKENLOOPER, Mr. BOOZMAN, Mr. TESTER, Mr. VANCE, Mr. WHITEHOUSE, Mr. CASSIDY, Mr. SANDERS, Mr. GRAHAM, Mr. BENNET, Mrs. BRITT, Ms. SMITH, Mr. BARRASSO, Ms. KLOBUCHAR, Mr. GRASSLEY, Mr. PADILLA, Mr. MORAN, Mr. KAINE, Mr. YOUNG, Mr. WARNOCK, Mr. RUBIO, Mr. HEINRICH, Mr. COTTON, Mr. CARPER, Mr. MULLIN, Mr. BOOKER, and Mr. MARSHALL) 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 2023”
 5 or the “CONNECT for Health Act of 2023”.

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. Improvements to the process for adding telehealth services.
 Sec. 105. Federally qualified health centers and rural health clinics.
 Sec. 106. Native American health facilities.
 Sec. 107. Repeal of six-month in-person visit requirement for telemental health
 services.
 Sec. 108. Waiver of telehealth requirements during public health emergencies.
 Sec. 109. 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 2021, 91 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. As of February 2023, 15 per-

1 cent of Medicare fee-for-service beneficiaries have
2 had a telehealth service in the past quarter.

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, including modifying,
16 as appropriate, 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 January 1, 2025.”.

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

18 (a) EXPANDING THE HOME AS AN ORIGINATING
19 SITE.—Section 1834(m)(4)(C)(ii)(X) of the Social Secu-
20 rity Act (42 U.S.C. 1395m(m)(4)(C)(ii)(X)) is amended
21 to read as follows:

22 “(X)(aa) Prior to January 1,
23 2025, the home of an individual but
24 only for purposes of section

1 1881(b)(3)(B) or telehealth services
2 described in paragraph (7).

3 “(bb) On or after January 1,
4 2025, the home of an individual. For
5 purposes of the preceding sentence,
6 the home of an individual includes
7 temporary lodging and, in the case
8 where, for privacy or other personal
9 reasons, an individual chooses to travel
10 a short distance from the home for
11 the furnishing of a telehealth service,
12 includes such location, as described in
13 the final rule entitled ‘Medicare Pro-
14 gram; CY 2022 Payment Policies
15 Under the Physician Fee Schedule
16 and Other Changes to Part B Pay-
17 ment Policies; Medicare Shared Sav-
18 ings Program Requirements; Provider
19 Enrollment Regulation Updates; and
20 Provider and Supplier Prepayment
21 and Post-Payment Medical Review
22 Requirements’ published in the Fed-
23 eral Register on November 19, 2021
24 (86 Fed. Reg. 64996), or a successor
25 regulation.”.

1 (b) ALLOWING ADDITIONAL ORIGINATING SITES.—
2 Section 1834(m)(4)(C)(ii) of the Social Security Act (42
3 U.S.C. 1395m(m)(4)(C)(ii)) is amended by adding at the
4 end the following new subclause:

5 “(XII) Any other clinically ap-
6 propriate site at which an eligible tele-
7 health individual is located at the time
8 a telehealth service is furnished via a
9 telecommunications system. Not later
10 than January 1, 2025, the Secretary
11 shall issue regulations that establish
12 parameters for the determination of
13 whether a site is clinically appropriate
14 for purposes of the preceding sen-
15 tence.”.

16 (c) PARAMETERS FOR NEW ORIGINATING SITES.—
17 Section 1834(m)(4)(C) of the Social Security Act (42
18 U.S.C. 1395m(m)(4)(C)), as amended by section 101, is
19 amended by adding at the end the following new clause:

20 “(v) REQUIREMENTS FOR NEW
21 SITES.—

22 “(I) IN GENERAL.—The Sec-
23 retary may establish requirements for
24 the furnishing of telehealth services at
25 sites described in clause (ii)(XII) to

1 provide for beneficiary and program
2 integrity protections.

3 “(II) RULE OF CONSTRUCTION.—Nothing in this clause shall be
4 construed to preclude the Secretary
5 from establishing requirements for
6 other originating sites described in
7 clause (ii)”.

9 (d) NO ORIGINATING SITE FACILITY FEE FOR NEW
10 SITES.—Section 1834(m)(2)(B)(ii) of the Social Security
11 Act (42 U.S.C. 1395m(m)(2)(B)(ii)) is amended—

12 (1) in the heading, by striking “IF ORIGINATING
13 SITE IS THE HOME” and inserting “FOR CERTAIN
14 SITES”; and

15 (2) by striking “paragraph (4)(C)(ii)(X)” and
16 inserting “subclause (X) or (XII) of paragraph
17 (4)(C)(ii)”.

18 **SEC. 103. EXPANDING AUTHORITY FOR PRACTITIONERS EL-**
19 **IGIBLE TO FURNISH TELEHEALTH SERVICES.**

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

22 (1) by striking “PRACTITIONER.—The term”
23 and inserting “PRACTITIONER.—

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

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

3 “(ii) EXPANDING PRACTITIONERS ELI-
4 GIBLE TO FURNISH TELEHEALTH SERV-
5 ICES.—

6 “(I) IN GENERAL.—Notwith-
7 standing any other provision of this
8 subsection, in the case of telehealth
9 services furnished on or after January
10 1, 2024, the Secretary may waive any
11 limitation on the types of practitioners
12 who are eligible to furnish telehealth
13 services (other than the requirement
14 that the practitioner is enrolled under
15 section 1866(j)) if the Secretary de-
16 termines that such waiver is clinically
17 appropriate.

18 “(II) IMPLEMENTATION.—In im-
19 plementing a waiver under this clause,
20 the Secretary may establish param-
21 eters, as appropriate, for telehealth
22 services under such waiver, including
23 with respect to beneficiary and pro-
24 gram integrity protections.

1 “(III) PUBLIC COMMENT.—The
2 Secretary shall establish a process by
3 which stakeholders may (on at least
4 an annual basis) provide public com-
5 ment on such waiver under this
6 clause.

7 “(IV) PERIODIC REVIEW.—The
8 Secretary shall periodically, but not
9 more frequently than every 3 years,
10 reassess the waiver under this clause
11 to determine whether such waiver con-
12 tinues to be clinically appropriate. The
13 Secretary shall terminate any waiver
14 that the Secretary determines is no
15 longer clinically appropriate.”.

16 **SEC. 104. IMPROVEMENTS TO THE PROCESS FOR ADDING**
17 **TELEHEALTH SERVICES.**

18 (a) REVIEW.—The Secretary shall undertake a review
19 of the process established pursuant to section
20 1834(m)(4)(F)(ii) of the Social Security Act (42 U.S.C.
21 1395m(m)(4)(F)(ii)), and based on the results of such re-
22 view—

23 (1) implement revisions to the process so that
24 the criteria to add services prioritizes, as appro-

1 appropriate, improved access to care through clinically ap-
2 propriate telehealth services; and

3 (2) provide clarification on what requests to
4 add telehealth services under such process should in-
5 clude.

6 (b) TEMPORARY COVERAGE OF CERTAIN TELE-
7 HEALTH SERVICES.—Section 1834(m)(4)(F) of the Social
8 Security Act (42 U.S.C. 1395m(m)(4)(F)) is amended by
9 adding at the end the following new clause:

10 “(iii) TEMPORARY COVERAGE OF CER-
11 TAIN TELEHEALTH SERVICES.—The Sec-
12 retary may add services with a reasonable
13 potential likelihood of clinical benefit and
14 improved access to care when furnished via
15 a telecommunications system (as deter-
16 mined by the Secretary) on a temporary
17 basis to those specified in clause (i) for au-
18 thorized payment under paragraph (1).”.

19 **SEC. 105. FEDERALLY QUALIFIED HEALTH CENTERS AND**
20 **RURAL HEALTH CLINICS.**

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

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

1 (2) in paragraph (8)—

2 (A) in subparagraph (A)—

3 (i) in the matter preceding clause (i),
4 by striking “During” and all that follows
5 through “December 31, 2024—” and in-
6 serting the following: “During and after
7 the emergency period described in section
8 1135(g)(1)(B)—”;

9 (ii) in clause (ii), by striking “and” at
10 the end;

11 (iii) by redesignating clause (iii) as
12 clause (iv); and

13 (iv) by inserting after clause (ii) the
14 following new clause:

15 “(iii) the geographic requirements de-
16 scribed in paragraph (4)(C)(i) shall not
17 apply with respect to such a telehealth
18 service; and”;

19 (B) by striking subparagraph (B) and in-
20 serting the following:

21 “(B) PAYMENT.—

22 “(i) IN GENERAL.—A telehealth serv-
23 ice furnished by a Federally qualified
24 health center or a rural health clinic to an
25 individual pursuant to this paragraph on

1 or after the date of the enactment of this
2 subparagraph shall be deemed to be so fur-
3 nished to such individual as an outpatient
4 of such clinic or facility (as applicable) for
5 purposes of paragraph (1) or (3), respec-
6 tively, of section 1861(aa) and payable as
7 a Federally qualified health center service
8 or rural health clinic service (as applicable)
9 under the prospective payment system es-
10 tablished under section 1834(o) or under
11 section 1833(a)(3), respectively.

12 “(ii) TREATMENT OF COSTS FOR
13 FQHC PPS CALCULATIONS AND RHC AIR
14 CALCULATIONS.—Costs associated with the
15 delivery of telehealth services by a Feder-
16 ally qualified health center or rural health
17 clinic serving as a distant site pursuant to
18 this paragraph shall be considered allow-
19 able costs for purposes of the prospective
20 payment system established under section
21 1834(o) and any payment methodologies
22 developed under section 1833(a)(3), as ap-
23 plicable.”.

1 **SEC. 106. NATIVE AMERICAN HEALTH FACILITIES.**

2 (a) IN GENERAL.—Section 1834(m)(4)(C) of the So-
3 cial Security Act (42 U.S.C. 1395m(m)(4)(C)), as amend-
4 ed by sections 101 and 102, is amended—

5 (1) in clause (i), by striking “and (iv)” and in-
6 serting “, (iv), and (vi)”; and

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

9 “(vi) NATIVE AMERICAN HEALTH FA-
10 CILITIES.—With respect to telehealth serv-
11 ices furnished on or after January 1, 2024,
12 the originating site requirements described
13 in clauses (i) and (ii) shall not apply with
14 respect to a facility of the Indian Health
15 Service, whether operated by such Service,
16 or by an Indian tribe (as that term is de-
17 fined in section 4 of the Indian Health
18 Care Improvement Act (25 U.S.C. 1603))
19 or a tribal organization (as that term is
20 defined in section 4 of the Indian Self-De-
21 termination and Education Assistance Act
22 (25 U.S.C. 5304)), or a facility of the Na-
23 tive Hawaiian health care systems author-
24 ized under the Native Hawaiian Health
25 Care Improvement Act (42 U.S.C. 11701
26 et seq.).”.

1 (b) NO ORIGINATING SITE FACILITY FEE FOR CER-
 2 TAIN NATIVE AMERICAN FACILITIES.—Section
 3 1834(m)(2)(B)(i) of the Social Security Act (42 U.S.C.
 4 1395m(m)(2)(B)(i)) is amended, in the matter preceding
 5 subclause (I), by inserting “(other than an originating site
 6 that is only described in clause (v) of paragraph (4)(C),
 7 and does not meet the requirement for an originating site
 8 under clauses (i) and (ii) of such paragraph)” after “the
 9 originating site”.

10 **SEC. 107. REPEAL OF SIX-MONTH IN-PERSON VISIT RE-**
 11 **QUIREMENT FOR TELEMENTAL HEALTH**
 12 **SERVICES.**

13 Section 1834(m)(7) of the Social Security Act (42
 14 U.S.C. 1395m(m)(7)(B)) is amended—

15 (1) in subparagraph (A), by striking “, subject
 16 to subparagraph (B),”;

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

19 (3) by striking subparagraph (B).

20 **SEC. 108. WAIVER OF TELEHEALTH REQUIREMENTS DUR-**
 21 **ING PUBLIC HEALTH EMERGENCIES.**

22 Section 1135(g)(1) of the Social Security Act (42
 23 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.”.

16 **SEC. 109. USE OF TELEHEALTH IN RECERTIFICATION FOR**
 17 **HOSPICE CARE.**

18 (a) IN GENERAL.—Section 1814(a)(7)(D)(i)(II) of
 19 the Social Security Act (42 U.S.C. 1395f(a)(7)(D)(i)(II))
 20 is amended by striking “during the emergency period” and
 21 all that follows through “ending on December 31, 2024”
 22 and inserting the following: “during and after the emer-
 23 gency period described in section 1135(g)(1)(B)”.

24 (b) NATIONAL ACADEMY OF MEDICINE REPORT.—
 25 The Secretary of Health and Human Services shall re-

1 quest the National Academy of Medicine to submit a re-
 2 port to Congress, not later than 3 years after the date
 3 of enactment of this Act, evaluating the impact of section
 4 1814(a)(7)(D)(i)(II) of the Social Security Act (42 U.S.C.
 5 1395f(a)(7)(D)(i)(II)), as amended by subsection (a),
 6 on—

7 (1) the number and percentage of beneficiaries
 8 recertified for the Medicare hospice benefit at 180
 9 days and for subsequent benefit periods;

10 (2) the appropriateness for hospice care of the
 11 patients recertified through the use of telehealth;
 12 and

13 (3) any other factors determined appropriate by
 14 the National Academy of Medicine.

15 **TITLE II—PROGRAM INTEGRITY**

16 **SEC. 201. CLARIFICATION FOR FRAUD AND ABUSE LAWS** 17 **REGARDING TECHNOLOGIES PROVIDED TO** 18 **BENEFICIARIES.**

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

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

23 (2) in subparagraph (J), by striking the period
 24 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 2024 through 2028, 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 national provider identifiers on claims for telehealth
16 services furnished to individuals under section
17 1834(m) of the Social Security Act (42 U.S.C.
18 1395m(m)), identify physicians and practitioners
19 that demonstrate significant outlier billing patterns
20 (such as coding of telehealth services for inappro-
21 priate length of time and inaccurate complexity and
22 inappropriate or duplicate billing) for telehealth
23 services or items or services ordered or prescribed
24 concurrent to a telehealth service over a period of
25 time specified by the Secretary.

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

10 (b) NOTIFICATION.—

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

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

1 of the Social Security Act (42 U.S.C. 1395 et
2 seq.).

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

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

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

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

21 (d) OTHER ACTIVITIES.—Nothing in this section
22 shall preclude the Secretary from conducting activities
23 that provide physicians and practitioners with information
24 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 2023 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 on—

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

10 “(II) the process used to update
11 such services under clauses (ii) and
12 (iii) (as added by section 104) of
13 paragraph (4)(F) of such section
14 1834(m); and

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

19 (f) DEFINITIONS.—In this section:

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

22 (2) TELEHEALTH SERVICE.—The term “tele-
23 health service” has the meaning given that term in
24 section 1834(m)(4)(F) of the Social Security Act
25 (42 U.S.C. 1395m(m)(4)(F)).

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

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

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

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

13 “(10) RESOURCES, GUIDANCE, AND TRAINING
14 SESSIONS.—

15 “(A) IN GENERAL.—Not later than 6
16 months after the date of the enactment of this
17 paragraph, the Secretary, in consultation with
18 stakeholders, shall issue resources, guidance,
19 and training sessions for beneficiaries, physi-
20 cians, practitioners, and health information
21 technology software vendors on best practices
22 for ensuring telehealth services are accessible
23 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 collect and analyze qualitative
3 and quantitative data on strategies that clinicians,
4 payers, and other health care organizations use to
5 improve beneficiary engagement on telehealth serv-
6 ices (as defined in section 1834(m)(4)(F) of the So-
7 cial Security Act (42 U.S.C. 1395m(m)(4)(F))),
8 with an emphasis on underserved communities, such
9 as the use of digital navigators, providing patients
10 with pre-visit information on telehealth, caregiver
11 engagement, and training on telecommunications
12 systems, and the investments necessary for health
13 care professionals to effectively furnish telehealth
14 services, including the costs of necessary technology
15 and of training staff.

16 (2) REPORT.—Not later than 1 year 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 Centers for Medicare & Med-
20 icaid Services a report containing the results of the
21 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) TELEHEALTH RESOURCE CENTERS.—The Sec-
23 retary shall consider including technical assistance, edu-
24 cation, and training on telehealth services as a required

1 activity for telehealth resource centers under section 330I
2 of the Public Health Service Act (42 U.S.C. 254c-14).

3 (c) FUNDING.—There are authorized to be appro-
4 priated such sums as necessary to carry out this section.

5 **SEC. 303. ENSURING THE INCLUSION OF TELEHEALTH IN**
6 **MEASURING QUALITY OF CARE.**

7 Section 1890A of the Social Security Act (42 U.S.C.
8 1395aaa-1) is amended by adding at the end the following
9 new subsection:

10 “(h) MEASURING QUALITY OF TELEHEALTH SERV-
11 ICES.—

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

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

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

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

6 “(B) identify gaps in areas of quality
7 measurement that relate to telehealth services,
8 including health outcomes and patient experi-
9 ence of care.

10 “(4) TECHNICAL GUIDANCE.—The Secretary
11 shall issue technical guidance on—

12 “(A) how to effectively streamline, imple-
13 ment, and assign accountability for health out-
14 comes for quality measures for telehealth serv-
15 ices across health care settings and providers;

16 “(B) how to stratify measures by care mo-
17 dality and population to identify differences in
18 health outcomes;

19 “(C) the use of uniform data elements;

20 “(D) how to identify and catalogue best
21 practices related to the use of quality measure-
22 ment and quality improvement for telehealth
23 services; and

24 “(E) other areas determined appropriate
25 by the Secretary.

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

7 **SEC. 304. POSTING OF INFORMATION ON TELEHEALTH**
8 **SERVICES.**

9 Not later than 180 days after the date of enactment,
10 and quarterly thereafter, the Secretary of Health and
11 Human Services shall post on the internet website of the
12 Centers for Medicare & Medicaid Services information
13 on—

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

19 (2) the impact of telehealth services on expendi-
20 tures and utilization under the Medicare program;
21 and

22 (3) other outcomes related to the furnishing of
23 telehealth services under the Medicare program, as
24 determined appropriate by the Secretary.

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