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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R. _____

To direct the Secretary of Health and Human Services, the Medicare Payment Advisory Commission, and the Medicaid and CHIP Payment and Access Commission 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 HOUSE OF REPRESENTATIVES

Mr. BALDERSON introduced the following bill; which was referred to the
Committee on _____

A BILL

To direct the Secretary of Health and Human Services, the Medicare Payment Advisory Commission, and the Medicaid and CHIP Payment and Access Commission 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Knowing the Efficiency
3 and Efficacy of Permanent Telehealth Options Act of
4 2021” or the “KEEP Telehealth Options Act of 2021”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) On January 21, 2020, the United States
8 confirmed the Nation’s first case of the 2019 novel
9 coronavirus (which presents as the disease COVID–
10 19).

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

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

20 (4) This emergency declaration authorizes the
21 Secretary “to temporarily waive or modify certain
22 requirements of the Medicare, Medicaid, and State
23 Children’s Health Insurance programs and of the
24 Health Insurance Portability and Accountability Act
25 Privacy Rule throughout the duration of the public

1 health emergency declared in response to the
2 COVID–19 outbreak”.

3 (5) Under this authority, the Secretary, and the
4 Administrator of the Centers for Medicare & Med-
5 icaid Services (in this Act referred to as the “Ad-
6 ministrator”) acting under the Secretary’s authority,
7 issued numerous rules, regulations, and waivers ena-
8 bling the expansion of telehealth services during the
9 public health emergency.

10 (6) Telehealth services play a critical role in en-
11 hancing access to care for patients while simulta-
12 neously reducing the risk of exposure to the corona-
13 virus for both patients and providers.

14 (7) The Administrator expanded access to tele-
15 health services under the public health emergency to
16 all Medicare beneficiaries (including clinician-pro-
17 vided services to new and established patients).

18 (8) On April 23, 2020, the Administrator re-
19 leased a telehealth toolkit to assist States in expand-
20 ing the use of telehealth through Medicaid and
21 CHIP.

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

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

4 (a) HHS.—

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

16 (A) A comprehensive list of telehealth serv-
17 ices available under the programs described in
18 paragraph (1) and an explanation of all actions
19 undertaken by the Secretary during the emer-
20 gency period described in such paragraph to ex-
21 pand access to such services.

22 (B) A comprehensive list of types of pro-
23 viders that may be reimbursed for such services
24 furnished under such programs during such pe-
25 riod, including a list of services which may only
26 be reimbursed under such programs during

1 such period if furnished by such providers in-
2 person.

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

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

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

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

20 (b) MEDPAC AND MACPAC.—

21 (1) IN GENERAL.—Not later than 1 year after
22 the date of enactment of this Act, the Medicare Pay-
23 ment Advisory Commission and the Medicaid and
24 CHIP Payment and Access Commission, in consulta-
25 tion with the Inspector General of the Department

1 of Health and Human Services, shall each conduct
2 a study and submit to Congress a report on—

3 (A) any improvements to, or barriers in,
4 access to telehealth services under—

5 (i) in the case of the report submitted
6 by the Medicare Payment Advisory Com-
7 mission, the Medicare program; and

8 (ii) in the case of the report submitted
9 by the Medicaid and CHIP Payment and
10 Access Commission, the Medicaid and Chil-
11 dren's Health Insurance programs;

12 during the emergency period described in sub-
13 section (a)(1); and

14 (B) what is known about any increased
15 risk in increased fraudulent activity, including
16 the types of fraudulent activity, that could be
17 associated with the expansion of access to such
18 services under such programs during such pe-
19 riod.

20 (2) RECOMMENDATIONS.—The reports sub-
21 mitted under paragraph (1) shall include rec-
22 ommendations, as appropriate, on—

23 (A) potential improvements to telehealth
24 services, and expansions of such services, under

1 the programs described in paragraph (1)(A);
2 and
3 (B) possible approaches to addressing any
4 fraudulent activity described in paragraph
5 (1)(B).