



2022

Telehealth Bills Currently in 117th Congress

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Medicare Telehealth Bills in the 117th and 116th Congress

Medicare Telehealth Bills in the 117th Congress – July 2021									
Bill	NACHC Endorsed	Bipartisan	Number of Co-Sponsors House/Senate <i>*As of 7/26</i>	FQHC Distant Site Recognition	Pay Parity to PPS Rate/Same as In-person Visit	Removes Originating Site Restrictions*	Extends Past PHE	Audio-only Coverage	Has the Bill Passed?
H.R. 2903/S. 1512 - CONNECT for Health Act of 2021	X	X	72, 59	X	<i>Payment under FQHC PPS methodology starting from 1st day of PHE</i>	X	X	<i>Sense of Congress resolution to support audio-only coverage</i>	No
H.R. 4437 - HEALTH Act	X	X	1	X	<i>Payment under FQHC PPS methodology starting from 1st day of PHE</i>	<i>Removes restrictions specifically for telehealth services furnished by FQHCs/RHCs – not all providers</i>	X	X	No
H.R. 366 - Protecting Access to Post-COVID-19 Telehealth Act of 2021	X	X	49	X	<i>Requires pay parity to in-person service effective 1/1/2022</i>	X	X	<i>Studies audio-only</i>	No
H.R. 3447 - Permanency for Audio-only Telehealth Act	<i>*NACHC is working with Rep. Smith's and Gottheimer's offices to add FQHC specific language and to add this bill to the CONNECT Act.</i>	X	2			X	X	<i>Requires "qualified providers" (which does not include FQHCs) to have furnished an in-person or audiovisual service in prior 3 years</i>	No

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S. 1988 - Protecting Rural Telehealth Access Act	<i>*NACHC did not endorse this bill because of pay parity reimbursement provisions and lack of clarity around audio-only provisions</i>	X	3	<i>Would recognize FQHC/RHC as distant site, effective as of first day of HHS PHE; effective after end of PHE, FQHCs/RHCs may serve as a distant site only if the FQHC/RHC has an established (as defined by state law) relationship with the patient</i>	<i>Would require HHS to establish an FQHC/RHC specific telehealth payment methodology and could allow CMS to implement fee schedule system which would result in a carve-out from the PPS.</i>	<i>Effective 1/1/2021</i>	X	<i>Applies only for certain services (evaluation and management services, behavioral health counseling and educational services, and other services as specified by HHS); HHS would have authority to decide whether in-person visit should be required prior to furnishing service via audio-only technology</i>	No
H.R. 1332/S.368 - Telehealth Modernization Act	<i>*NACHC did not endorse this bill because of pay parity reimbursement provisions</i>	X	72, 13	X		X	X		No
S.150 - Ensuring Parity in MA for Audio-Only Telehealth Act of 2021 -		X	9	<i>Does not extend FQHC distant site recognition past PHE</i>	<i>Pay parity to in-person visit only during PHE</i>			<i>Takes into account audio-only diagnosis (and other telehealth diagnosis) when setting MA plan capitation rates</i>	No

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H.R. 2166 - Ensuring Parity in MA and PACE for Audio-Only Telehealth Act		X	39	<i>Does not extend FQHC distant site recognition past PHE</i>	<i>Pay parity to in-person visit only during PHE</i>			<i>Takes into account audio-only diagnosis (and other telehealth diagnosis) when setting MA plan and PACE capitation rates</i>	No
H.R. 1406 - COVID-19 Emergency Telehealth Impact Reporting Act of 2021		X	5					<i>Studies audio-only</i>	No
<i>NACHC is continuing to update this chart as new telehealth bills are introduced during the 117th Congress, but given the number of telehealth bills being introduced, NACHC is prioritizing bills that cover our top federal telehealth Medicare priorities.</i>									

*Under the Medicare statute, billable telehealth services may be furnished only where the telehealth patient is located at a valid “originating site,” as defined in the law. Originating site facilities receive a fee (\$27.02 in CY2021) to cover the technology costs of the telehealth service. To qualify as an “originating site,” a location must (1) be one of various categories of facilities listed in the law (including FQHCs); AND (2) be located in a geographically remote area (in a HPSA or in a county outside an MSA). In this chart, “Removes Originating Site Restrictions” means that the bill would: (1) delete the geographical remoteness requirement for originating sites (see 1834(m)(4)(C)(i)), so that any FQHC could receive the telehealth originating site facility fee, regardless of rural or urban location; AND (2) recognize patients’ homes as qualifying “originating sites” for telehealth services. Please note that under each bill, the originating site facility fee would be available only if the patient is located in one of the types of facilities listed in 1834(m)(4)(C)(ii) (which includes FQHCs), rather than in their homes or other locations.

NACHC Endorsed Telehealth Bills in the 116th Congress

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H.R. 4932/S. 2741 - CONNECT for Health Act of 2019	X	X	68, 46	X	X	<i>Waives geographic component of originating site rules for telehealth services provided by FQHCs and RHCs</i>	<i>Introduced before the COVID-19 pandemic, effective January 2021</i>		No
H.R. 7663 - Protecting Access to Post COVID-19 Telehealth Act	X	X	47	X	<i>Requires pay parity to in-person service after January 1, 2021</i>	<i>Removes the geographic component, but leaves the facility component of originating site restrictions in place; adds the patient's home as an originating site for any service.</i>	X		No

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H.R. 7187 - Helping Ensure Access to Local Telehealth (HEALTH) Act of 2020	X	X	15	X	<i>Payment at PPS rate starting from 1st day of PHE</i>	<i>Waives facility and geographic originating site requirements for telehealth services provided by FQHCs and RHCs</i>	X		No
H.R. 6792/S. 3998 - Improving Telehealth for Underserved Communities Act	X	X	10, 7		<i>Payment at PPS rate starting from 1st day of PHE</i>		X		No
H.R. 7760 - COVID-19 Telehealth Program Extension Act	X	X	13						<i>The bill did not pass, but \$200 million for the FCC COVID-19 Telehealth Program was incorporated into the CARES Act.</i>