

117TH CONGRESS
1ST SESSION

H. R. 4770

To study the effects of changes to telehealth under the Medicare and Medicaid programs during the COVID–19 emergency.

IN THE HOUSE OF REPRESENTATIVES

JULY 28, 2021

Ms. KELLY of Illinois (for herself, Ms. BLUNT ROCHESTER, Ms. CLARKE of New York, Mr. POCAN, Mr. CÁRDENAS, and Ms. PORTER) 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 study the effects of changes to telehealth under the Medicare and Medicaid 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 “Evaluating Disparities
5 and Outcomes of Telehealth During the COVID–19 Emer-
6 gency Act of 2021” or the “EDOT Act of 2021”.

1 **SEC. 2. STUDY ON THE EFFECTS OF CHANGES TO TELE-**
2 **HEALTH UNDER THE MEDICARE AND MED-**
3 **ICAID PROGRAMS DURING THE COVID-19**
4 **EMERGENCY.**

5 (a) MEDICARE REPORTS.—

6 (1) IN GENERAL.—Not later than 1 year after
7 the end of the emergency period described in section
8 1135(g)(1)(B) of the Social Security Act (42 U.S.C.
9 1320b–5(g)(1)(B)), the Secretary of Health and
10 Human Services (in this section referred to as the
11 “Secretary”) shall conduct a study and submit to
12 the Committee on Energy and Commerce and the
13 Committee on Ways and Means of the House of
14 Representatives and the Committee on Finance of
15 the Senate an interim report on any changes made
16 to the provision or availability of telehealth services
17 under part A or B of title XVIII of the Social Secu-
18 rity Act (42 U.S.C. 1395 et seq.) during such pe-
19 riod. Such report shall include the following:

20 (A) A summary of utilization of all health
21 care services furnished under such part A or B
22 during such period, including the number of
23 telehealth visits (broken down by the number of
24 such visits furnished via audio-visual tech-
25 nology, the number of such visits furnished via
26 audio-only technology, and the number of such

visits furnished by a Federally qualified health center, rural health clinic, or community health center, respectively, if practicable, and further broken down by the type of such service (such as primary care, mental health, and specialty services)), in-person outpatient visits, inpatient admissions, and emergency department visits.

(B) A description of any changes in utilization patterns for the care settings described in paragraph (1) over the course of such period compared to such patterns prior to such period.

(C) An analysis of utilization of telehealth services, patient access to care, and patient outcomes under such part A or B during such period, broken down by race and ethnicity, geographic region, and income level (as measured directly or indirectly, such as by patient's zip code tabulation area median income as publicly reported by the United States Census Bureau), and of any trends in such utilization during such period, so broken down. Such analysis may not include any personally identifiable information or protected health information.

(D) A specification of the zip code where each health care provider furnishing such tele-

1 health services was located at the time of fur-
2 nishing such services.

3 (E) A description of expenditures and any
4 savings under such part A or B attributable to
5 use of such telehealth services during such pe-
6 riod.

7 (F) A description of any changes to patient
8 access to care under such part A or B attrib-
9 utable to use of such telehealth services during
10 such period.

11 (G) A description of any instances of fraud
12 identified by the Secretary, acting through the
13 Office of the Inspector General or other rel-
14 evant agencies and departments, with respect to
15 such telehealth services furnished under such
16 part A or B during such period and a compari-
17 son of the number of such instances with the
18 number of instances of fraud so identified with
19 respect to in-person services so furnished dur-
20 ing such period.

21 (H) A description of any privacy concerns
22 with respect to the furnishing of such telehealth
23 services (such as cybersecurity or ransomware
24 concerns), including a description of any actions
25 taken by the Secretary, acting through the

1 Health Sector Cybersecurity Coordination Cen-
2 ter or other relevant agencies and departments,
3 during such period to assist health care pro-
4 viders secure telecommunications systems.

5 (2) INPUT.—In conducting the study and sub-
6 mitting the report under subsection (a), the Sec-
7 retary—

8 (A) may—

9 (i) consult with relevant stakeholders
10 (such as patients, minority or tribal
11 groups, patient advocacy organizations,
12 medical professionals, hospitals, State med-
13 ical boards, State nursing boards, the Fed-
14 eration of State Medical Boards, National
15 Council of State Boards of Nursing, med-
16 ical professional employers (such as hos-
17 pitals, medical groups, staffing companies),
18 telehealth groups, health professional li-
19 ability providers, public and private payers,
20 and State leaders); and

21 (ii) solicit public comments on such
22 report before the submission of such re-
23 port; and

1 (B) shall endeavor to include as many ra-
2 cially, ethnically, geographically, and profes-
3 sionally diverse perspectives as possible.

4 (3) FINAL REPORT.—Not later than December
5 31, 2025, the Secretary shall—

6 (A) update and finalize the interim report
7 under subsection (a); and

8 (B) submit such updated and finalized re-
9 port to the committees specified in such sub-
10 section.

11 (b) MEDICAID REPORTS.—

12 (1) INTERIM REPORT.—Not later than 1 year
13 after the last day of the emergency period described
14 in subsection (a), the Secretary shall submit to Con-
15 gress an interim report that—

16 (A) details any changes made to the provi-
17 sion or availability of telehealth benefits (such
18 as eligibility, coverage, or payment changes)
19 under State plans (or waivers of such plan)
20 under title XIX of the Social Security Act (42
21 U.S.C. 1396 et seq.) during such emergency pe-
22 riod; and

23 (B) contains—

1 (i) a summary and description of the
2 type described in subparagraphs (A) and
3 (B), respectively, of subsection (a)(1); and
4 (ii) to the extent practicable, an anal-
5 ysis of the type described in subparagraph
6 (C) of such subsection,
7 except that any reference in such subsection to
8 “such part A or B” shall, for purposes of
9 clauses (i) and (ii), be treated as a reference to
10 such State plans (or waivers).

11 (2) FINAL REPORT.—Not later than 3 years
12 after the last day of the emergency period described
13 in subsection (a), the Secretary shall update and fi-
14 nalize the interim report and submit such final re-
15 port to Congress.

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