

116TH CONGRESS  
2D SESSION

# H. R. 8476

To provide for strategies to increase access to telehealth under the Medicaid program and Children’s Health Insurance Program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 1, 2020

Ms. BLUNT ROCHESTER (for herself and Mr. BURGESS) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To provide for strategies to increase access to telehealth under the Medicaid program and Children’s Health Insurance Program, 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.**

4 This Act may be cited as the “Telehealth Improve-  
5 ment for Kids’ Essential Services Act” or the “TIKES  
6 Act”.

1 **SEC. 2. STRATEGIES TO INCREASE ACCESS TO TELE-**  
2 **HEALTH UNDER MEDICAID AND CHILDREN'S**  
3 **HEALTH INSURANCE PROGRAM.**

4 (a) GUIDANCE.—Not later than 1 year after the date  
5 of the enactment of this Act, the Secretary of Health and  
6 Human Services shall issue and disseminate guidance to  
7 States to clarify strategies to overcome existing barriers  
8 and increase access to telehealth under the Medicaid pro-  
9 gram under title XIX of the Social Security Act (42  
10 U.S.C. 1396 et seq.) and the Children's Health Insurance  
11 Program under title XXI of such Act (42 U.S.C. 1397aa  
12 et seq.). Such guidance shall include technical assistance  
13 and best practices regarding—

14 (1) telehealth delivery of covered services;

15 (2) recommended voluntary billing codes, modi-  
16 fiers, and place-of-service designations for telehealth  
17 and other virtual health care services;

18 (3) the simplification or alignment (including  
19 through reciprocity) of provider licensing,  
20 credentialing, and enrollment protocols with respect  
21 to telehealth across States, State Medicaid plans  
22 under such title XIX, and Medicaid managed care  
23 organizations, including during national public  
24 health emergencies;

1           (4) existing strategies States can use to inte-  
2           grate telehealth and other virtual health care serv-  
3           ices into value-based health care models; and

4           (5) examples of States that have used waivers  
5           under the Medicaid program to test expanded access  
6           to telehealth, including during the emergency period  
7           described in section 1135(g)(1)(B) of the Social Se-  
8           curity Act (42 U.S.C. 1320b–5(g)(1)(B)).

9           (b) STUDIES.—

10           (1) TELEHEALTH IMPACT ON HEALTH CARE  
11           ACCESS.—Not later than 1 year after the date of the  
12           enactment of this Act, the Medicaid and CHIP Pay-  
13           ment and Access Commission shall conduct a study,  
14           with respect to a minimum of 10 States across geo-  
15           graphic regions of the United States, and submit to  
16           Congress a report, on the impact of telehealth on  
17           health care access, utilization, cost, and outcomes,  
18           broken down by race, ethnicity, sex, age, disability  
19           status, and zip code. Such report shall—

20                   (A) evaluate cost, access, utilization, out-  
21                   comes, and patient experience data from across  
22                   the health care field, including States, Medicaid  
23                   managed care organizations, provider organiza-  
24                   tions, and other organizations that provide or

1 pay for telehealth under the Medicaid program  
2 and Children’s Health Insurance Program;

3 (B) identify barriers and potential solu-  
4 tions to provider entry and participation in tele-  
5 health that States are experiencing, as well as  
6 barriers to providing telehealth across State  
7 lines, including during times of public health  
8 crisis or public health emergency;

9 (C) determine the frequency at which out-  
10 of-State telehealth is provided to patients en-  
11 rolled in the Medicaid program and the poten-  
12 tial impact on access to telehealth if State Med-  
13 icaid policies were more aligned; and

14 (D) identify and evaluate opportunities for  
15 more alignment among such policies to promote  
16 access to telehealth across all States, State  
17 Medicaid plans under title XIX of the Social  
18 Security Act (42 U.S.C. 1396 et seq.), State  
19 child health plans under title XXI of such Act  
20 (42 U.S.C. 1397aa et seq.), and Medicaid man-  
21 aged care organizations, including the potential  
22 for regional compacts or reciprocity agreements.

23 (2) FEDERAL AGENCY TELEHEALTH COLLABO-  
24 RATION.—Not later than 1 year after the date of the  
25 enactment of this Act, the Comptroller General of

1 the United States shall conduct a study and submit  
2 to Congress a report evaluating collaboration be-  
3 tween Federal agencies with respect to telehealth  
4 services furnished under the Medicaid or CHIP pro-  
5 gram to individuals under the age of 18, including  
6 such services furnished to such individuals in early  
7 care and education settings. Such report shall in-  
8 clude recommendations on—

9 (A) opportunities for Federal agencies to  
10 improve collaboration with respect to such tele-  
11 health services; and

12 (B) opportunities for collaboration between  
13 Federal agencies to expand telehealth access to  
14 such individuals enrolled under the Medicaid or  
15 CHIP program, including in early care and  
16 education settings.

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