I am just going to say, I also have personal experience with this. After my husband contracted COVID–19 from me, after I got it when some colleagues on the other side of the aisle did not want to wear masks on January 6 in the safe room, he, unfortunately had a series of heart attacks and had to have a series of heart operations last year.

Every single doctor said to us, we need more research on exactly what the causal relationship is. And this is the reality of where we are today; and I think the amendment by Representative SHEERRILL is a very good addition to the bill.

Mr. CARTER of Georgia. Madam Speaker, I oppose this amendment. I think it is duplicative, and I think it is a waste of taxpayers’ money.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I would urge support for the amendment, as well as the underlying bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the amendment.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the amendment.

The amendment agreed to.

The SPEAKER pro tempore. The question is on the amendment.

The amendment agreed to.

The SPEAKER pro tempore. The question is on the amendment.

The amendment agreed to.

The SPEAKER pro tempore. The question is on the amendment.

The amendment agreed to.

The SPEAKER pro tempore. The question is on the amendment.

The amendment agreed to.

The SPEAKER pro tempore. The question is on the amendment.

The amendment agreed to.

The question was taken; and the proceedings on this question will be postponed.

ADVANCING TELEHEALTH BEYOND COVID–19 ACT OF 2021

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 1256, I call up the bill (H.R. 4040) to amend title XVIII of the Social Security Act to extend telehealth flexibilities under the Medicare program, and for other purposes, and for an immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1256, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117–59, modified by the amendment printed in part B of House Report 117–444, is adopted. The bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 4040

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.

SECTION 1. SHORT TITLE.

This Act may be cited as the “Advancing Telehealth Beyond COVID–19 Act of 2021.”

SEC. 2. EXPANDING PRACTITIONERS ELIGIBLE TO FURNISH SERVICES.

Section 183(m)(4)(E) of the Social Security Act (42 U.S.C. 1395m(m)(4)(E)) is amended by striking “and, for the 151-day period beginning on the first day after the end of such emergency period described in section 1135(g)(1)(B)” and inserting “and, in the case that the emergency period described in section 1135(g)(1)(B) ends before December 31, 2024, furnishing on the first day after the end of such emergency period and ending on December 31, 2024”.

SEC. 3. EXPANDING PRACTITIONERS ELIGIBLE TO FURNISH SERVICES.

Section 183(m)(4)(E) of the Social Security Act (42 U.S.C. 1395m(m)(4)(E)) is amended by striking “and, for the 151-day period beginning on the first day after the end of such emergency period described in section 1135(g)(1)(B)” and inserting “and, in the case that the emergency period described in section 1135(g)(1)(B) ends before December 31, 2024, furnishing on the first day after the end of such emergency period and ending on December 31, 2024”.

SEC. 4. EXTENDING TELEHEALTH SERVICES FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS.

Section 183(m)(8)(A) of the Social Security Act (42 U.S.C. 1395m(m)(8)(A)) is amended by striking “during the 151-day period beginning on the first day after the end of such emergency period” and inserting “in the case that such emergency period ends before December 31, 2024, during the period beginning on the first day after the end of such emergency period and ending on December 31, 2024”.

SEC. 5. DELAYING THE IN-PERSON REQUIREMENTS UNDER MENTAL HEALTH SERVICES FURNISHED THROUGH TELECOMMUNICATIONS TECHNOLOGY.

(a) DELAY IN REQUIREMENTS FOR MENTAL HEALTH SERVICES FURNISHED THROUGH TELECOMMUNICATIONS TECHNOLOGY—

Section 183(m)(7)(B)(i) of the Social Security Act (42 U.S.C. 1395m(m)(7)(B)(i)) is amended, in the matter preceding clause (1), by striking “on or after the day that is the 152nd day after the end of the period of the emergency sentence described in section 1135(g)(1)(B)” and inserting “on or after January 1, 2025 (or, if later, after the end of the emergency period described in section 1135(g)(1)(B))”.

(b) MENTAL HEALTH VISITS FURNISHED BY RURAL HEALTH CLINICS—

Section 183(m)(4)(E) of the Social Security Act (42 U.S.C. 1395m(m)(4)(E)) is amended—

(1) in the heading, by striking “TO HOSPICE PATIENTS”;

(2) in paragraph (2), by striking “prior to the day that is the 152nd day after the end of the emergency period described in section 1135(g)(1)(B)” and inserting “prior to January 1, 2025 (or, if later, the first day after the end of the emergency period described in section 1135(g)(1)(B))”;

(c) MENTAL HEALTH VISITS FURNISHED BY FEDERALLY QUALIFIED HEALTH CENTERS—

Section 183(m)(4)(E) of the Social Security Act (42 U.S.C. 1395m(m)(4)(E)) is amended—

(1) in the heading, by striking “TO HOSPICE PATIENTS”;

(2) in paragraph (2), by striking “prior to the day that is the 152nd day after the end of the emergency period described in section 1135(g)(1)(B)” and inserting “prior to January 1, 2025 (or, if later, the first day after the end of the emergency period described in section 1135(g)(1)(B))”.

SEC. 6. ALLOWING FOR THE FURNISHING OF AUDIO-ONLY TELEHEALTH SERVICES.

Section 183(m)(9) of the Social Security Act (42 U.S.C. 1395m(m)(9)) is amended by striking “The Secretary shall continue to provide coverage and payment under this part for telehealth services identified in paragraph (4)(F)(i) as of the date of the enactment of this paragraph that are furnished via an audio-only telecommunications system during the 151-day period beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B)” and inserting “in the case that such emergency period ends before December 31, 2024, furnishing on the first day after the end of such emergency period and ending on December 31, 2024”.

The Secretary shall continue to provide coverage

SEC. 7. PROVIDING DIRECTION FOR THE SOCIAL SECURITY ADMINISTRATION.

Section 183(m)(9) of the Social Security Act (42 U.S.C. 1395m(m)(9)) is amended by striking “The Secretary shall continue to provide coverage and payment under this part for telehealth services identified in paragraph (4)(F)(i) as of the date of the enactment of this paragraph that are furnished via an audio-only telecommunications system during the 151-day period beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B)” and inserting “in the case that such emergency period ends before December 31, 2024, furnishing on the first day after the end of such emergency period and ending on December 31, 2024”.

The Secretary shall continue to provide coverage
and payment under this part for telehealth services identified in paragraph (4)(F)(i) that are furnished via an audio-only communications system during the period beginning on the first day after such emergency period begins and ending on December 31, 2024".

Section 1814(o)(7)(D)(i)(II) of the Social Security Act (42 U.S.C. 1395(o)(7)(D)(i)(II)) is amended by striking "and" and "the" and inserting "or" and "the".

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, one of my top priorities since I have been a Member of Congress has been to make sure that healthcare is accessible and available for all Americans. Telehealth has played a critical role for patients to access the care they desperately need.

On the Energy and Commerce Committee, we have been discussing the importance of telehealth flexibilities for years. It is bringing doctors right into families’ living rooms and is an example of how innovation can improve and save people’s lives.

The coronavirus pandemic has and providers closed their doors, patients and providers were forced to adapt and utilize telehealth services. Just months into the public health emergency, Medicare was receiving over a million telehealth visits a week, an almost 3,000 percent increase. Those without adequate transportation or in rural areas were still able to visit with their doctor.

While we have made great strides in making telehealth more broadly available, we know that Congress can do more. Increasing access to telehealth means increasing access to quality care for all patients.

I often discuss how, before the pandemic, we had a lot of regulations and red tape that piled up over the years. So while I will support this legislation, it is a shame that we did not take something as important as this through committee to make sure it could be the best possible product.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentlewoman from Michigan (Mrs. DINGELL).

Mrs. DINGELL. Madam Speaker, I rise in support of this legislation, which would provide critical extensions of existing telehealth flexibilities that have been in place during the COVID-19 pandemic.

The Advancing Telehealth Beyond COVID-19 Act of 2021, which I co-led with my colleague, Congresswoman JENNEY, will do just that. It will extend a broad range of telehealth flexibilities that are central to enabling access to care via telehealth from any location through December 31, 2024.

This includes allowing any site in the United States, including a patient’s home, to be considered an eligible origin for the delivery of telehealth services. It also extends other vital services, including coverage of certain telehealth services delivered via audio-only format.

Collectively, these changes will build on what has worked during the pandemic. It will expand access to quality, affordable healthcare across the country, particularly in rural and underserved communities.

It will also, Madam Speaker, allow those who have been afraid to go to the doctor, who haven’t been able to get in, to be able to consult with medical professionals as they need it.
I thank my colleague, Congresswoman CHENEY, for partnering with me on this effort, as well as Chairman PALLONE for his thoughtful leadership and input on the legislation before us today.

It is also important to recognize other leading voices on the telehealth issue in the Congress, including Congressman MIKE THOMPSON for his pioneering efforts on this issue.

This is a bipartisan win for the American people. Madam Speaker, I urge my colleagues to support it.

Mr. CARTER of Georgia. Madam Speaker, I yield 2 minutes to the gentlewoman from Washington (Mrs. RODGERS), the ranking member of the Energy and Commerce Committee.

Mrs. RODGERS of Washington. Madam Speaker, I appreciate the gentleman yielding.

I grew up in a small town, Kettle Falls, and I have lived through the challenges that people face in rural communities.

I have also visited hospitals and healthcare facilities all throughout my district. During the pandemic, Providence Health System scaled up their telehealth services with a 1,000 percent increase in volume.

Telehealth visits by seniors on Medicare increased from 840,000 in 2019 to 52.7 million in 2020 nationwide. Many of these visits were from seniors’ homes, which were not paid for by Medicare prior to the pandemic.

Congress and the Trump administration, by action, required Medicare to pay for more telehealth services, reducing out-of-pocket costs and expanding the availability of telehealth services and long-term care where people are especially vulnerable to COVID–19. This bill today makes some of those actions last beyond the public health emergency through 2024.

While I support this legislation, I do think this is a missed opportunity to do more. Republicans on the Energy and Commerce Committee have many solutions to not just look at telehealth and Medicare for a couple of years but to look also at how we incentivize employers to provide access to telehealth for an estimated 156 million people with employer health insurance.

We have examined and worked on solutions to address both where telehealth may not be appropriate and where it drives better outcomes for patients.

Healthcare providers and patients need certainty. The pandemic has made it clear that telehealth can and should be a part of modernizing healthcare.

I plan to support this legislation and hope to work to unwind the public health emergency in a way that provides patients and our healthcare providers the certainty that they need. I do think that we could have done more on this and hope that this process won’t be a model for the rest.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MATSU), a member of the Energy and Commerce Committee.

Ms. MATSU. Madam Speaker, I rise today in support of H.R. 4040, the Advancing Telehealth Beyond COVID–19 Act. This legislation builds on the extended telehealth policies that have been critical to providing care during the pandemic through the end of 2024.

Since long before the COVID pandemic, I worked closely with my Energy and Commerce Committee colleague, Representative BILL JOHNSON, in crafting legislation to remove barriers to telehealth and advancing policies that expand access and improve the quality of care for Medicare beneficiaries.

As a cosponsor of this bill, I am pleased to see some of that important work make progress today. This legislation builds on Congress’ efforts to give patients and providers the certainty they need that telehealth is here to stay.

While this bipartisan telehealth bill meets many of our shared objectives, we also must recognize that our work on telehealth is not done. There are vital telehealth priorities still demanding our attention. We will truly shape care delivery for the future, including the need to extend the DEA in-person waiver for remote prescribing of controlled substances after the public health emergency ends.

Likewise, while this bill continues a crucial delay of the in-person mental health requirement, we cannot allow an arbitrary and clinically unsupported in-person requirement to act as a barrier to mental health care when the pandemic extensions run out.

I look forward to continuing this work with my colleagues. This is a really good bill, but we want to ensure that permanent Medicare policy supports telehealth in ways that ensure beneficiaries can continue to get the right care in the right place at the right time.

Mr. CARTER of Georgia. Madam Speaker, I yield 2 minutes to the gentleman from Utah (Mr. CURTIS), an important member of the Energy and Commerce Committee.

Mr. CURTIS. Madam Speaker, I thank Mr. CARTER for his support.

I rise today in support of the Advancing Telehealth Beyond COVID–19 Act. There is no getting the genie back in the bottle. COVID–19 highlighted the importance of telehealth, especially in providing quality care for rural communities. This bill would extend telehealth offered through Medicare through the end of 2024.

Like many of my colleagues, I would like to see that go longer. This bill includes a provision I have supported in my bill, the Protecting Mental Health Services Act, which extends mental health services delivered through telehealth.

While Utah has, for the most part, returned to regular life, it is important that we keep in place those flexibilities that give Utahns control over their healthcare decisions.

I support this bill and am pleased the Protecting Mental Health Services Act was included. Madam Speaker, I urge my colleagues to support its passage.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Wyoming (Ms. CHENEY).

Ms. CHENEY. Madam Speaker, I thank the chairman for yielding.

I am very pleased, Madam Speaker, that today the House will have the opportunity to vote on this important bipartisan legislation with unusual circumstance to have a bill that has such broad bipartisan support.

I know many of my colleagues have worked on many different aspects of the bill that we are going to consider and vote on today. I am honored to be an original cosponsor of this bill, along with my good friend from Michigan, Congresswoman DINGELL, who spoke earlier.

All of us, I think, around the country, especially in rural America, saw the impact of COVID on the ability of our constituents to get the treatment that they need. We first began working on legislation to expand telehealth capabilities more than 2 years ago, following the onset of the pandemic.

In Wyoming, we have long known how important it is for citizens to be able to take advantage of the telehealth technology that exists here, how crucial telehealth services are in allowing all of our citizens to interact with their doctors and their other healthcare providers, and we saw this, in particular, during the pandemic.

We know it is vital that Medicare adapt to the ever-changing innovation in medical technology that allows telehealth services, and this legislation really will expand freedom for patients by giving them flexibility and more capability to use telehealth services.

Specifically, the legislation removes geographic requirements, and it expands the originating practitioner, so Medicare beneficiaries can receive care at any site. It can expand the practitioners who are able to furnish telehealth services, and it also provides for audio-only telehealth.

I am very pleased that this extension through 2024 was fully paid for using the Medicare Improvement Fund, and the CBO has shown that it will not increase direct spending.

Mr. CARTER of Georgia. Madam Speaker, I yield 2 minutes to the gentlewoman from Washington (Ms. ROGERS), the ranking member of the Energy and Commerce Committee.

Ms. ROGERS. Madam Speaker, in Wyoming, especially, we know how important this is, how important telehealth access is. Many of our citizens live hours away, hundreds of miles away, from their closest medical provider. I am very proud that this bill has the support of the Wyoming Hospital Association, in addition to the American Medical Association and a number of other crucial groups whose mission is to serve patients and provide outcomes.

While I know we in this body will continue to have legitimate and important ongoing policy debates about
healthcare, there is, as I said, broad bipartisan agreement for expanding access so that all of our citizens can receive high-quality care. That needs to continue to be a top priority. This bill does just that by allowing more Americans to utilize telehealth services.

Mr. DOGGETT of Texas. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Madam Speaker, I thank the gentleman for yielding.

One of the many lessons we learned during the pandemic is the ability to take care of patients who are safely in their own homes. It was truly a highlight.

Understanding that we will not be going back to the status quo of 2019, we must recognize how telehealth has allowed our country to take a monumental step forward toward digitally enabled care.

Telehealth has allowed Americans to take care of immediate and necessary health needs from their homes without the costs and health risks that are often associated with an in-person visit. They don’t incur costs for parking. They don’t have to take time off from work. They don’t have to hire a babysitter.

While I am in support of this legislation, it does not go far enough. We do need to provide a permanent solution for Medicare providers and, most importantly, their patients.

It is important that providers are given long-term certainty when taking care of their Medicare patients and are technologically capable of delivering the best care possible.

Yesterday, I introduced, along with Representatives GREG MURPHY and YVETTE HERRELL, H.R. 8506 to permanently extend Medicare coverage of telehealth services for federally qualified health centers and rural health clinics.

This important permanent extension would ensure that following the pandemic, providers and patients continue to have access to telehealth flexibilities, especially in rural and under-served areas. These are arguably communities that have benefited the most from an increase in telehealth access.

We will continue to see innovation and technology that will further influence how we deliver care to American patients. We need to keep up with the times. This bill is an important step, but it is not the end of the discussion.

Mr. PALLONE of New Jersey. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Madam Speaker, with telehealth helping so many
Mr. SMITH of Nebraska. Madam Speaker, I yield myself such time as I may consume.

Again, let me be clear about my standing on this bill. I support this bill. We support telehealth. We are all in favor of telehealth, but we also support the fact that we have committees that have oversight, that legislation needs to go through, and we missed an opportunity here to make this another bill. That is simply what we are saying.

No one is saying they are not in favor of telehealth. Telehealth has become an integral part of our healthcare system during this pandemic. There is no question about that. All of us agree on that. It needs to be extended.

But, again, the committee process is exceptionally important, and we need to make sure that we follow that, particularly when we are talking about subject matter as important as this because it is important.

Again, since I have been a Member of Congress, I have been working to make healthcare accessible and available, and telehealth does just that. This is exactly what we want, but there are ways that we could have made this better.

One example is that we need to make sure there is no waste, fraud, and abuse. That is one thing that could have been tightened up in this legislation.

Another example is to make sure that we are not having any information that is inadvertently or intentionally being released. That is extremely important as well.

So again, there are ways that we could have made this legislation better if we had gone through the committee process, which is a process that is extremely important.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I continue to reserve the balance of my time.

The SPEAKER pro tempore. The gentleman from Nebraska is recognized and controls the time.

Mr. SMITH of Nebraska. Madam Speaker, may I inquire how much time is remaining?

The SPEAKER pro tempore. The gentleman has 19 minutes remaining.

Mr. SMITH of Nebraska. Madam Speaker, I yield 2 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

Mrs. MILLER-MEEKS. Madam Speaker, I rise today in support of H.R. 4040. This bill would extend telehealth flexibilities under Medicare until 2024. These flexibilities allow physicians to be more widely available to patients who no longer need to wait weeks for a visit or take hours off work to sit in a doctor’s office.

While I support this bill, I am disappointed that the majority did not follow the regular committee process, which could have further improved the bill in a bipartisan way.

For example, the committee could have incorporated elements of the Greater Access to Telehealth Act, which I am proud to co-lead with the gentleman from Arizona (Mr. SCHWEIKERT) and the gentleman from Georgia (Mr. CARTER). This bill would extend the telehealth flexibility until 2026 and includes policies to support health savings accounts. But the majority did not follow regular order, and that is a gross disservice to a commonsense bill like H.R. 4040.

Regardless of the procedural irregularities, I support the bill, and I encourage my colleagues to vote for H.R. 4040.

Mr. PALLONE. Madam Speaker, I continue to reserve the balance of my time.

Mr. SMITH of Nebraska. Madam Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. MURPHY).

Mr. MURPHY of North Carolina. Madam Speaker, I rise today in support of H.R. 4040. There have been a few silver linings that we have seen in the pandemic, and definitely telehealth has been one of them.

I will submit, I am personally thankful for this bill because I will say, maybe, perhaps I am the only sitting Member of Congress who, as a physician, has actually used telehealth.

In my surgical practice, I see patients from 2 hours north, 2 hours south, and sometimes 5 hours east on the eastern North Carolina coast.

So many of my patients who come from rural eastern North Carolina can’t even afford gas in the inflationary environment we have to even travel these distances, much less sometimes across town.

While this bill is a good start, it is a very, very good start, it does not go far enough, and that is why I, with Dr. BURGEES and Congresswoman HERRELL, introduced a bill to permanently extend telehealth for federally qualified health centers and rural health centers.

These are the medical practices that tend telehealth for federally qualified health centers and rural health centers. These are the medical practices that tend telehealth for the most-at-risk patients. These individuals need to be able to access telehealth because they have to travel long distances and don’t have the resources that they need to be able to access physician care.

I subsequently urge my colleagues to support this initiative and urge them that we can do much more.
Act (CAA), 2022, until December 31, 2024.

NRHA supports the extension of telehealth flexibilities to show providers that telehealth is here to stay but urges rural-friendly twofold.

NRHA is a non-profit membership organization with more than 21,000 members nationwide. It provides leadership on rural health issues. Our membership includes every component of rural America’s health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

As the text as currently written, H.R. 4040 includes the extension of distant-site status for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) at their current reimbursement level. While continuation of this flexibility is necessary, the reimbursement level for virtual services is significantly lower than in-person services under current statute. Should reimbursement remain as it is currently written, by 2028 there will be nearly a $100 discrepancy between services provided in-person and virtually at RHCs. NRHA believes this will cause rural communities to utilize these important services less often than their urban and suburban counterparts moving forward and will cause harm to an already fragile rural safety net.

To remedy this discrepancy, NRHA urges this text be amended to incorporate reimbursement updates as reflected in Section 9 of H.R. 7876, the Connecting Rural Telehealth into the Future Act, introduced by Representatives Adrian Smith (R-NE) and Terri Sewell (D-AL). Incorporating this legislative text will bring payment parity between in-person and Virtual care at RHCs and FQHCs and ensure that rural communities have access to the same health care delivery methods as their urban and suburban counterparts.

NRHA applauds the House of Representatives for acting on telehealth to show providers that telehealth is here to stay but urges rural-friendly twofold. While this legislation is a step forward, it is unfortunate that it excludes employer-sponsored healthcare from the same low-cost access to telehealth.

It is critical to provide folks on the job with the ability to seek flexible treatment options. I look forward to working with my colleagues on both sides of the aisle to pass this provision at a later date.

Mr. SMITH of Nebraska. Madam Speaker, I yield 1 minute to the gentlewoman from New Mexico (Ms. HERRELL).

Ms. HERRELL. Madam Speaker, I rise in support of the Advancing Telehealth Beyond COVID–19 Act, which would extend vital telehealth flexibilities through 2024. Expanding telehealth during the pandemic was a resounding success and has been recognized by many New Mexicans and rural Americans as a lifesaver.

Telehealth provided Americans continued access to healthcare services while being physically present and also allowed healthcare providers to remain in practice.

While this bill is an important step in the right direction, my Republican colleagues and I wish to go one step further by offering another bill, which would make permanent the extension of telehealth services for federally qualified health clinics and rural health clinics.

Madam Speaker, I urge my colleagues to support the bill on the floor, as well as our subsequent bill to permanently extend telehealth services to all Americans, regardless of ZIP Code. Access to the care they need is crucial.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. SMITH of Nebraska. Madam Speaker, I yield 1 minute to the gentlewoman from Colorado (Ms. STEEL).

Ms. STEEL. Madam Speaker, I rise in support of the Advancing Telehealth Beyond COVID–19 Act.

Telehealth has been life changing for so many, especially during the COVID–19 pandemic. Increased access to telehealth has benefited a wide range of Americans, from seniors to high-risk patients.

We must ensure that the millions of Americans who have utilized flexibility provisions authorized during the pandemic do not lose their access to telemedicine.

Right now, regardless of where you live, you have access to telehealth and virtual care. This bill ensures that this can continue for millions of Americans, but we should ensure that this flexibility is permanent.
That is why I introduced legislation with Mr. Buchanan and Mr. Johnson to permanently remove any geographic restrictions on telehealth services.

Madam Speaker, I urge my colleagues to support our legislation and to vote “yes” on today’s bill so that we can continue to expand access to quality, affordable healthcare solutions.

Mr. Pallone. Madam Speaker, I reserve the balance of my time.

Mr. Smith of Nebraska. Madam Speaker, I yield 5 minutes to the gentleman from California (Mr. O’Berkolte).

Mr. O’Berkolte. Madam Speaker, I represent one of the largest geographic districts in the country. Access to healthcare is a very real problem for the people I represent because many of them live hours away and hundreds of miles away from specialized healthcare.

For our constituents, one of the few positive developments that came out of COVID–19 was the expansion of telehealth. People who didn’t have access to healthcare before the pandemic fell through the cracks, and it was a way to make sure that those people got access to healthcare. Can we come together and help us all by disrupting the price of healthcare and increasing access, maybe making people’s lives better. Instead, we are doing little incremental steps here.

Mr. Smith of Nebraska. Madam Speaker, I yield 3 minutes to the gentleman from Arizona (Mr. Schweikert).

Mr. Schweikert. Madam Speaker, you hear everyone here all say something nice. We all like telehealth. I am frustrated because I can’t get my head around why we are not going further.

Outside the internal political theater, those of us who have worked on this legislation since the day we got here and then all of a sudden wake up one day to find that there is a different bill sponsor on this—someone who I have never even heard of. Telehealth is more than just looking at the phone and doing FaceTime or now talking. It is the wearable. It is the thing. It is the thing you lick.

We want a change in the price of healthcare. Can we come together and unleash technology? Telehealth is more than just looking at the phone and doing FaceTime or now talking. It is the wearable. It is the thing. It is the thing you lick.

There is technology with which we could be changing the price of healthcare, and instead, we are doing little incremental steps here.

There are a couple of problems with the bill the Democrats decided to bring to the floor. It is for 2 years. We compromised to 4. If you want capital investments in the technology, you have to give us at least 4. It should be permanent.

There is also something in here that is just frustrating. You missed the language on health savings accounts. You have people now who functionally are not going to have access to be able to use those accounts for their telehealth.

Madam Speaker, there is just a frustration here because we all talk pretty about this, and then we are unwilling to do the things that could potentially help us all by disrupting the price of healthcare and increasing access, maybe making people’s lives better. Instead, we are doing little incremental steps here.

Mr. Pallone. Madam Speaker, I reserve the balance of my time.

Mr. Smith of Nebraska. Madam Speaker, I yield 3 minutes to the gentleman from Arizona (Mr. Schweikert).

Mr. Schweikert. Madam Speaker, if I came to the body and said the bill we had all been working on, H.R. 8489—when you have someone like Lloyd Doggett and someone like me, and we are actually working together, we are for the first time united on a bipartisan vision of that telehealth, and I strongly urge its adoption.

This bill, H.R. 4040, would take a very meaningful step in making permanent the changes to law that enable the way that telehealth can be used to provide quality healthcare in districts like mine.

This bill would extend the life-saving measures that were authorized during the COVID–19 public health emergency. And I think we are all aware of the fact that because the omnibus appropriations bill basically expanded the telehealth program until 5 months after the public health emergency for COVID ends, that would take us up to the end of this year. But we don’t have a lot of legislative days left. We figured the best thing was to at least extend it for another 2 years. We can pay for it, as was mentioned by Ms. Cheney.

This, I think, is the best way to resolve this: Do a 2-year extend, pay for it, and let’s spend the time between now and next spring having some more hearings and opportunities to talk about a further extension or possibly making it permanent.

Again, I appreciate the fact that everyone on the Republican side supports the bill, but I do want to address some of the things that you mentioned.

Madam Speaker, I yield back the balance of my time.

Ms. Jackson Lee. Madam Speaker, I rise in support of H.R. 4040 the Advancing Telehealth Beyond COVID–19 Act of 2021, which would make permanent several telehealth flexibilities under Medicare that were initially authorized during the COVID–19 public health emergency.

This bill would extend the lifetime saving measures put in place by Congress during the
COVID–19 pandemic that allowed millions of American people to access telehealth-care.

Specifically, H.R. 4040 would:

- permanently remove originating site and geographical restrictions that limited telehealth services to designated clinics in the event of a public health emergency,
- give rural providers the ability to serve patients remotely while being properly compensated for their work,
- empower providers to provide access to smart devices and innovative digital technologies to their patients for monitoring purposes, and
- provide coverage for audio-only evaluation, management, and behavioral health services.

H.R. 4040 would codify critical telehealth policies implemented during the pandemic for the continued benefit of all, but especially those in isolated communities, people with disabilities, and seniors.

Telehealth has dramatically improved the medical industry by making healthcare more accessible to people in rural areas, those with mobility concerns, and individuals whose work or family schedules may not accommodate an appointment at a physical location.

During the height of the pandemic, while more than 3,000 people were dying per day of the virus, telehealth served as an invaluable weapon against the spread of infectious disease.

Remote screening and care prevented undue burden on our already exhausted medical professionals and allowed patients to get the care they needed without putting themselves or their families at risk.

What began as emergency protocol then, has now emerged as best practice.

Currently, 76 percent of hospitals in the U.S. connect doctors and patients remotely via telehealth.

This is up from 35 percent a decade ago.

Remote healthcare allows for greater flexibility for patients, enables certain physicians like allergists or occupational therapists to access patients in rural or underserved areas, and streamlines the scheduling process to prevent long wait times and wasted time.

Telehealth has allowed doctors to monitor their patients’ chronic conditions more closely, like heart or lung disease.

Better monitoring can improve patients’ quality-of-life and reduce hospital admissions and deaths from chronic diseases.

Additionally, telehealth is a good way to deliver care quickly in an emergency, such as a stroke or heart attack.

Telehealth has also played a significant role in expanding pediatric mental healthcare access.

As of April 2019, there were only 8,300 practicing child and adolescent psychiatrists in the U.S.

This number is dwarfed by the more than 15 million kids and teens in need of a psychiatric provider.

For over a decade, The University of Texas Medical Branch has offered telehealth services for rural patients.

After initially partnering with community mental health clinics in fringe counties, the program has since been able to expand adolescent mental health services directly to school districts.

This means children without access to a local psychiatrist can receive the care they need without being pulled from school or traveling long distances.

It also means psychiatrists can observe children in their natural setting at home or in school, rather than in an inorganic hospital environment.

Telehealth allows children to be where they ought to be—in the classroom getting an education.

These are just some of the many examples of how telehealth has aided our healthcare system in providing the quality medical services that our constituents deserve.

The passage of H.R. 4040, the Advancing Telehealth Beyond COVID–19 Act of 2021, would ensure that these positive developments continue to benefit communities across the country.

It is important to note, however, that telehealth has not always served all people equally.

Historical data shows that People of Color have long faced obstacles to getting the critical health care services they need.

Unfortunately, the rapid implementation of telemedicine hasn’t bridged the equality divide as much as one would have hoped.

A study led by the University of Houston College of Medicine found that African Americans were 35 percent less likely to use telemedicine compared to White Americans, and those in Hispanic communities were 51 percent less likely to do so.

Only 66 percent of African American and 61 percent of Hispanic households have access to broadband internet compared to 79 percent of white households.

Additionally, only a quarter of families earning $30,000 or less have smart devices, such as a phone, tablet, or laptop at home, limiting their access to telehealth services.

So, while telehealth has reduced many barriers to adequate healthcare, we must stay vigilant to the needs of our most disadvantaged community members.

We are a long way from full medical equality in this country, however, I believe that the Advancing Telehealth Beyond COVID–19 Act of 2021 is an important step in bringing us closer to that goal.

H.R. 4040 is an opportunity to connect our healthcare providers with patients who might otherwise go without the medical care they so desperately need.

It is an opportunity to lift our nation’s healthcare into the 21st century and to utilize technology as a medical equalizer.


Ms. ESHOO. Madam Speaker, as the Chairwoman of the Health Subcommittee and a senior member of the Communications and Technology Subcommittee, I’ve been aware of the importance of telehealth for years.

Over the last several months, as I’ve talked to health care professionals and providers in my district, I’ve heard how the wide adoption of telehealth has been the bright spot during the pandemic.

One reason for that bright spot is that HHS waived many rules and payment policies surrounding telehealth coverage in traditional Medicare during the public health emergency.

A recent HHS Office of the Inspector General report found that over 29 million Medicare beneficiaries used telehealth at the first year of the pandemic, demonstrating the long-term potential of telehealth to increase access to health care for beneficiaries.

Now that beneficiaries have received this important benefit, they fully appreciate what telehealth does for them. We must find a way to continue telehealth access for seniors and all Americans. That’s why I’m proud to support Representatives Liz CHENEY and DEBBIE DINNEEN to introduce H.R. 4040, “Advancing Telehealth Beyond COVID–19 Act of 2022.”

The bill will allow Medicare beneficiaries to use telehealth services after the public health emergency ends by eliminating geographical restrictions on Medicare coverage for telehealth services and expand Medicare coverage to include audio-only.

I urge my colleagues to support this important, bipartisan bill.

Mr. THOMPSON of California, Madam Speaker, I rise in strong support of this legislation.

I have been working on telehealth and telemedicine for nearly three decades, since my time in the California State Senate.

As founder and Co-Chair of the Congressional Telehealth Caucus, I have repeatedly introduced multiple bipartisan bills expanding access to telehealth and have worked with my colleagues on the caucus—including Ms. Matsui, Mr. Welch, Mr. Schweikert, and Mr. Johnson of Ohio—to ensure that access to telehealth services does not disappear at the conclusion of the COVID–19 Public Health Emergency.

I was proud to author legislation two years ago expanding telehealth in Medicare for the duration of the COVID–19 pandemic. That legislation—which was included in the very first COVID–19 relief measure advanced by Congress—has allowed millions of seniors on Medicare to see their doctors over the past two years without leaving their homes.

By allowing these patients to receive the care they need remotely, we’ve been able to minimize transmission risk while maximizing safety for both patients and providers.

In my view, the expansion and widespread adoption of telehealth services is one of the few silver linings of COVID–19.

Americans across our country now know firsthand that by integrating technology with health care, we can break down barriers, reduce burdens on patients and caregivers, increase the efficiency of our health care system and, in many cases, save money: by ensuring that patients receive care swiftly, we can treat medical conditions early on—thereby warding off worse (and more expensive) complications down the road.

However, while the value of telehealth is particularly evident amidst a pandemic, its utility is not limited to the present circumstances.

It is critical that Congress extend telehealth flexibilities in Medicare beyond the COVID–19 public health emergency.

And that’s what this bill does.

This bill includes numerous provisions of mine ensuring that seniors can continue to visit providers remotely, regardless of zip code, for two more years. It allows us to continue amassing and analyzing data, and sets the stage for telehealth to become a permanent part of the Medicare program—a goal I’ve long sought.

I want to thank the many, many colleagues of mine who have worked with me on this critical issue.

I urge my colleagues to vote yes.

The SPEAKER pro tempore. All time for debate has expired.

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CONGRESSIONAL RECORD — HOUSE

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Pursuant to House Resolution 1256, the previous question is ordered on the bill, as amended.

The question is on engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT
Mr. SCHWEIKERT. Madam Speaker, I have a motion to recommit the bill at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk reads as follows:
Mr. Schweikert of Arizona moves to recommit the bill H.R. 4040 to the Committee on Energy and Commerce.

The material previously referred to by Mr. SCHWEIKERT is as follows:

Strike all after the enactment clause and insert the following:

SECTION 1. SHORT TITLE.
This Act may be cited as the “Greater Access to Telehealth Act”.

SECTION 2. REMOVING GEOGRAPHIC REQUIREMENTS AND ENDING ORIGINATING SITES REQUIREMENTS FOR TELEHEALTH SERVICES.
Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended—

(1) in paragraph (4)(E) by striking “With” and inserting “In the case that the emergency period described in section 1135(g)(1)(B) ends before December 31, 2026, with”; and

(2) by striking “that are furnished during the 151-day period beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B)” and inserting “that are furnished during the period beginning on the first day after the end of such emergency period and ending December 31, 2026”;

and

(1) in paragraph (4)(C)(iii)–

(A) by striking “With” and inserting “In the case that the emergency period described in section 1135(g)(1)(B) ends before December 31, 2026, with”; and

and

(B) by striking “that are furnished during the 151-day period beginning on the first day after the emergency period described in section 1135(g)(1)(B)” and inserting “that are furnished during the period beginning on the first day after the end of such emergency period and ending December 31, 2026”.

SECTION 3. EXPANDING PRACTITIONERS ELIGIBLE TO FURNISH TELEHEALTH SERVICES.
Section 1834(m)(4)(E) of the Social Security Act (42 U.S.C. 1395m(m)(4)(E)) is amended by striking “and, for the 151-day period beginning on the first day after the end of such emergency period, ends before December 31, 2026” and inserting “that are furnished during the period beginning on the first day after the end of such emergency period and ending December 31, 2026”.

SECTION 4. EXTENDING TELEHEALTH SERVICES FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS.
Section 1834(m)(8)(A) of the Social Security Act (42 U.S.C. 1395m(m)(8)(A)) is amended by striking “during the 151-day period beginning on the first day after the end of such emergency period” and inserting “that are furnished during the period beginning on the first day after the end of such emergency period and ending December 31, 2026”.

SECTION 5. DELAYING THE IN-PERSON REQUIREMENTS UNDER MEDICARE FOR MENTAL HEALTH SERVICES FURNISHED THROUGH TELECOMMUNICATIONS TECHNOLOGY.
(a) DELAY IN REQUIREMENTS UNDER MENTAL HEALTH SERVICES FURNISHED THROUGH TELECOMMUNICATIONS TECHNOLOGY.—Section 1834(m)(7)(B)(i) of the Social Security Act (42 U.S.C. 1395m(m)(7)(B)(i)) is amended, in the matter following the period ending on the first day after the end of the emergency period described in section 1135(g)(1)(B)” and inserting “In the case that the emergency period described in section 1135(g)(1)(B)”.

(b) MENTAL HEALTH VISITS FURNISHED BY RURAL HEALTH CLINICS.—Section 1834(y) of the Social Security Act (42 U.S.C. 1395m(y)) is amended—

(1) in the heading, by striking “to hospice patients”; and

(2) in paragraph (2), by striking “prior to the day that is the 152nd day after the end of the emergency period described in section 1135(g)(1)(B)” and inserting “prior to January 1, 2027 (or, if later, the first day after the start of the emergency period described in section 1135(g)(1)(B))”.

SECTION 6. ALLING THE FURNISHING OF AUDIO-ONLY TELEHEALTH SERVICES.
Section 1834(m)(9) of the Social Security Act (42 U.S.C. 1395m(m)(9)) is amended by striking “The Secretary shall continue to provide coverage and payment under this part for telehealth services identified in paragraph (4)(C)(ii) of the enactment of this paragraph” and inserting “The Secretary and payment under this part for telehealth services identified in paragraph (4)(F)(ii) of the enactment of this paragraph that are furnished via an audio-only telecommunications system during the 151-day period beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B)” and inserting “In the case that the emergency period described in section 1135(g)(1)(B)”.

SECTION 7. USE OF TELEHEALTH TO CONDUCT FACE-TO-FACE ENCOUNTER PRIOR TO RE-CERTIFICATION OF ELIGIBILITY FOR THE HOME HEALTH CARE SERVICES CAPACITY DURING EMERGENCY PERIOD.
Section 1814(a)(7)(D)(ii)(III) of the Social Security Act (42 U.S.C. 1395a(a)(7)(D)(ii)(III)) is amended by striking “calendar year” and inserting “and, in the case that such emergency period ends before December 31, 2026, during the period beginning on the first day after the start of such emergency period and ending on December 31, 2026”.

SECTION 8. EXTENSION OF SAFE HARBOR FOR ABSENCE OF DEDUCTIBLE FOR TELEHEALTH.
Section 223(c)(2)(E) of the Internal Revenue Code of 1986 is amended by striking “and before January 1, 2023,” and inserting “and before January 1, 2027.”

SECTION 9. FUNDING FROM MEDICARE IMPROVEMENTS FUND.
Section 1896(b)(1) of the Social Security Act (42 U.S.C. 1396b(b)(1)) is amended by striking “$75,000,000,000” and inserting “$80,000,000,000”.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

The question is on the motion to recommit.

The motion to recommit was taken; and the Speaker pro tempore announced that the yeas and nays were ordered.

The Speaker pro tempore. Pursuant to section 8 of rule XX, further proceedings on this question are postponed.

RECESS
The Speaker pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly, at 3 o’clock and 28 minutes p.m., the House stood in recess.

COMUNICATION FROM THE CLERK OF THE HOUSE
The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
WASHINGTON, DC, JULY 27, 2022.

Hon. Nancy Pelosi,
Speaker, House of Representatives,
Washington, DC.

Dear Madam Speaker:

Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on July 27, 2022, at 2:09 p.m.:

That the Senate agrees to the House substitute amendment to section 8 of rule XX, further proceedings on this question are postponed.

With best wishes, I am,

Sincerely,

Cheryl L. Johnson,
Clerk.

MOTION TO SUSPEND THE RULES AND PASS CERTAIN BILLS

The Clerk read the titles of the bills.