

**AMENDMENT TO THE AMERICAN RESCUE PLAN**  
**ACT OF 2021**  
**OFFERED BY MR. BURGESS OF TEXAS**

At the end of subtitle B of title III, add the following:

1 **SEC. \_\_\_\_ . STRATEGIES TO INCREASE ACCESS TO TELE-**  
2 **HEALTH UNDER MEDICAID.**

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

11 (1) telehealth delivery of covered services;

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

15 (3) the simplification or alignment (including  
16 through reciprocity) of provider licensing,  
17 credentialing, and enrollment protocols with respect  
18 to telehealth across States, State Medicaid plans

1 under such title XIX, and Medicaid managed care  
2 organizations, including during national public  
3 health emergencies;

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

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

12 (b) STUDIES.—

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

23 (A) evaluate cost, access, utilization, out-  
24 comes, and patient experience data from across  
25 the health care field, including States, Medicaid

1 managed care organizations, provider organiza-  
2 tions, and other organizations that provide or  
3 pay for telehealth under the Medicaid program;

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

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

15 (D) identify and evaluate opportunities for  
16 more alignment among such policies to promote  
17 access to telehealth across all States, State  
18 Medicaid plans under title XIX of the Social  
19 Security Act (42 U.S.C. 1396 et seq.), and  
20 Medicaid managed care organizations, including  
21 the potential for regional compacts or reci-  
22 procity 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 program to  
5 individuals under the age of 18, including such serv-  
6 ices furnished to such individuals in early care and  
7 education settings. Such report shall include rec-  
8 ommendations 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,  
15 including in early care and education settings.

