Discussion Draft

1 TITLE —ENSURING ACCESS TO TELEMENTAL HEALTH SERVICES

4 SEC. 01. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This title may be cited as the “Telemental Health Access to Care Act”.

(b) TABLE OF CONTENTS.—The table of contents of this title is as follows:

TITLE —ENSURING ACCESS TO TELEMENTAL HEALTH SERVICES

Sec. 01. Short title; table of contents.

Subtitle A—Medicare

Sec. 1. Ensuring coverage for mental health services furnished through telehealth.
Sec. 2. Improved access to information on telemental health services.
Sec. 3. Monitoring utilization and ensuring program integrity for mental health services furnished through telehealth.
Sec. 4. Establishment of incident to modifier for mental health services furnished through telehealth.
Sec. 5. Guidance on furnishing behavioral health services via telehealth to individuals with limited English proficiency under Medicare program.
Sec. 6. Reports.
Sec. 7. Report on mobile applications.
Sec. 8. Ensuring timely communication regarding telehealth and interstate licensure requirements.
Sec. 9. Facilitating accessibility for behavioral health services furnished through telehealth.

Subtitle B—Medicaid and CHIP

Sec. 11. Guidance to States on furnishing services through telehealth under Medicaid and CHIP.
Sec. ___12. Disregard of State expenditures on health services initiatives to increase access to behavioral health services for children in schools for purposes of the CHIP reimbursement limitation on expenditures not used for medicaid or health insurance assistance.

Sec. ___13. Including telehealth in provider directories.

**Subtitle A—Medicare**

**SEC. ___1. ENSURING COVERAGE FOR MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH.**

(a) **MENTAL HEALTH VISITS FURNISHED VIA TELECOMMUNICATIONS TECHNOLOGY.**—Section 1834(m)(7)(B)(i) of the Social Security Act (42 U.S.C. 1395m(m)(7)(B)(i)) is amended to read as follows:

"(i) IN GENERAL.—Payment may not be made under this paragraph for telehealth services furnished on or after the date that is one year after the date of the enactment of this clause by a physician or practitioner to an eligible telehealth individual for purposes of diagnosis, evaluation, or treatment of a mental health disorder unless such physician or practitioner includes on the claim for such services a code or modifier determined appropriate by the Secretary indicating that—"
“(I) the eligible telehealth individual is capable of and consents to the use of telehealth;

“(II) the furnishing of the telehealth service via a telecommunications system instead of through an in-person service is suitable for such service for such individual;

“(III) the physician or practitioner could—

“(aa) furnish a service in person to the eligible telehealth individual on the same day that, or within a reasonable period of time after (as determined appropriate by the Secretary), such telehealth service would be furnished; or

“(bb) refer the eligible telehealth individual to another physician or practitioner with whom the referring physician or practitioner has an arrangement to furnish in-person services to such individual on the same day that,
or within a reasonable period of
time after (as determined appro-
priate by the Secretary), such
telehealth service would be fur-
nished; and

“(IV) the physician or practi-
tioner documents in the medical
record of the individual that the men-
tal health telehealth services are ap-
propriately coordinated with other
services recommended by the primary
care physician or practitioner for the
overall treatment of such individual.”.

(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 subsection heading, by striking “TO
Hospice Patients”;

(2) in paragraph (2), by striking “interactions,
the in-person mental health visit requirements” and
all that follows through the period and inserting the
following: “interactions—

“(A) the in-person mental health visit re-
quirements established under section
405.2463(b)(3) of title 42 of the Code of Fed-
eral Regulations (or a successor regulation) shall not apply; and

“(B) payment may not be made for such visits furnished on or after the date that is one year after the date of the enactment of this subparagraph by a rural health clinic to a patient for purposes of diagnosis, evaluation, or treatment of a mental health disorder unless the rural health clinic includes on a claim for such visits a code or modifier determined appropriate by the Secretary indicating that—

“(i) the patient is capable of and consents to the use of telehealth;

“(ii) the furnishing of the telehealth visit via a telecommunications system instead of through an in-person visit is suitable for such visit for such patient;

“(iii) the rural health clinic could—

“(I) furnish services in person to the patient on the same day that, or within a reasonable period of time after (as determined appropriate by the Secretary), such telehealth visit would be furnished; or
“(II) refer the patient to another physician or practitioner with whom the referring rural health clinic has an arrangement to furnish in-person services to such patient on the same day that, or within a reasonable period of time after (as determined appropriate by the Secretary), such telehealth visit would be furnished; and

“(iv) the rural health clinic documents in the medical record of the patient that the mental health telehealth visits are appropriately coordinated with other services recommended by the primary care physician or practitioner for the overall treatment of such patient.”.

(c) Mental Health Visits Furnished by Federally Qualified Health Centers.—Section 1834(o)(4) of the Social Security Act (42 U.S.C. 1395m(o)(4)) is amended—

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

(2) in subparagraph (B), by striking “interactions, the in-person mental health visit require-
ments’’ and all that follows through the period and
inserting the following: ‘‘interactions—

“(i) the in-person mental health visit
requirements established under section
405.2463(b)(3) of title 42 of the Code of
Federal Regulations (or a successor regula-
tion) shall not apply; and

“(ii) payment may not be made for
such visits furnished on or after the date
that is year after the date of the enact-
ment of this clause by a Federally qualified
health center to a patient for purposes of
diagnosis, evaluation, or treatment of a
mental health disorder, unless the Feder-
ally qualified clinic includes on a claim for
such visits a code or modifier determined
appropriate by the Secretary indicating
that—

“(I) the patient is capable of and
consents to the use of telehealth;

“(II) the furnishing of the tele-
health visit via a telecommunications
system instead of through an in-per-
son visit is suitable for such visit for
such patient;
“(III) the Federally qualified health center could—

“(aa) furnish services in person to the patient on the same day that, or within a reasonable period of time after (as determined appropriate by the Secretary), such telehealth visit would be furnished; or

“(bb) refer the patient to another physician or practitioner with whom the referring Federally qualified health center has an arrangement to furnish in-person services to such patient on the same day that, or within a reasonable period of time after (as determined appropriate by the Secretary), such telehealth visit would be furnished; and

“(IV) the Federally qualified health center documents in the medical record of the patient that the mental health telehealth visits are appropriately coordinated with other
services recommended by the primary
care physician or practitioner for the
overall treatment of such patient.”.

(d) Health Behavior Assessment and Intervention Services.—Section 1834(m)(7) of the Social
Security Act (42 U.S.C. 1395m(m)(7)) is amended—

(1) in subparagraph (A), by inserting “or, in
the case of telehealth services furnished on or after
the date that is 1 year after the date of the enact-
ment of the Telemental Health Access to Care Act,
for purposes of furnishing health behavior assess-
ment and intervention services” after “diagnosis,
evaluation, or treatment of a mental health dis-
order”; and

(2) in subparagraph (B)(i), as amended by sub-
section (a), by inserting “or for purposes of fur-
nishing health behavior assessment and intervention
services” after “diagnosis, evaluation, or treatment
of a mental health disorder”.

(e) Coverage of Mental Health Services Furn-
ished Via Audio-only Telecommunications Tech-
ology.—Section 1834(m)(9) of the Social Security Act
(42 U.S.C. 1395m(m)(9)) is amended—

(1) by striking “TECHNOLOGY.—The Sec-
retary” and inserting “TECHNOLOGY.—
“(A) EMERGENCY PERIOD EXTENSION.—

The Secretary”; and

(2) by adding at the end the following new subparagraph:

“(B) MENTAL HEALTH SERVICES Furn-ished VIA AUDIO-ONLY TELECOMMUNICATIONS TECHNOLOGY.—

“(i) IN GENERAL.—In the case of telehealth services furnished after the end of the 151-day period described in the first sentence of subparagraph (A) to an eligible telehealth individual for purposes of diagnosis, evaluation, or treatment of a mental health disorder, the Secretary shall provide coverage and payment under this part for such telehealth services that are furnished via an audio-only telecommunications system, subject to clauses (ii) and (iii), as ongoing data becomes available.

“(ii) SAFEGUARDS.—In establishing and maintaining coverage and payment under this part for telehealth services described in clause (i) that are furnished via an audio-only telecommunications system, the Secretary shall—
“(I) require documentation, via a
code or modifier, of elements de-
dscribed in section 410.78(a)(3) of title
42, Code of Federal Regulations (or
any successor regulation);

“(II) regularly review currently
available data on relevant topics, in-
cluding those mentioned in the find-
ings of the report described in clause
(iii); and

“(III) based on such review, peri-
odically update coverage under this
part of such telehealth services to en-
sure that it is reasonable and nec-

“(iii) REPORT.—The Secretary shall
request the National Academy of Medicine
to conduct an evaluation of, and submit to
Congress a report on, mental health serv-
ices furnished via audio-only telecommuni-
cations systems. The report shall be com-
pleted and submitted to Congress not later
than five years after the date of the enact-
ment of this subparagraph and shall in-
clude a review of the following:
“(I) Whether quality of care, patient outcomes, patient experience of care, and practitioner experience of care differ based on whether a Medicare beneficiary receives services described in clause (i) via an audio-only telecommunications system or an audio-visual telecommunications system. The review for the elements described in the preceding sentence shall—

“(aa) include the use of claims data, qualitative interviews, and data reported pursuant to section 308 of Division P of the Consolidated Appropriations Act, 2022; and

“(bb) provide detailed findings based on geographic area, race and ethnicity, primary language, disability status, gender, age, dual eligibility under this title and title XIX, and income.

“(II) The extent to which Medicare beneficiaries are aware that they
may choose to receive in-person, audio-visual telehealth, or audio-only telehealth forms of mental health services, including an analysis of the differences in the extent to which beneficiaries are aware of such choices based on relevant factors such as income, urban or rural status, age, race and ethnicity, primary language, or other classifications determined appropriate by the Secretary.

“(III) Changes in, and geographic differences in, the availability of sufficient broadband internet access service to allow for reliable connection to an audio-visual form of telecommunications system. To support the review of broadband internet access service under this subclause, the Secretary shall facilitate input from the Federal Communications Commission.

“(iv) FUNDING.—In addition to amounts otherwise available, there is appropriated to the Centers for Medicare &
Medicaid Services Program Management

Account for fiscal year 2023, out of any money in the Treasury not otherwise appropriated, $_________, to remain available until expended, for purposes of carrying out the report described in clause (iii).”.

SEC. 2. IMPROVED ACCESS TO INFORMATION ON TELEMENTAL HEALTH SERVICES.

(a) Medicare.—

(1) Secretary.—Section 1804 of the Social Security Act (42 U.S.C. 1395b–2) is amended—

(A) in subsection (a), in the matter preceding paragraph (1), by striking “The Secretary” and inserting “Subject to subsections (c), (d), and (e)(1), the Secretary”;

(B) in subsection (b), in the first sentence, by striking “The Secretary” and inserting “Subject to subsection (e)(1), the Secretary”; and

(C) by adding at the end the following new subsection:

“(e) Access to Information on Telemental Health Services.—

“(1) Webpage.—
“(A) IN GENERAL.—Not later than 1 year after the date of enactment of this subsection, the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall develop and make publicly available a webpage within the Medicare.gov website (or a successor website) that—

“(i) provides the information described in subparagraph (B) in an easily understandable format; and

“(ii) includes the search function described in subparagraph (C) in an easily understandable format.

“(B) MEDICARE BENEFICIARIES’ RIGHT TO KNOW OF THE ABILITY TO RECEIVE TELMENTAL HEALTH SERVICES.—The information described in this subparagraph is the following:

“(i) A Medicare beneficiary can receive Medicare-covered services for the diagnosis, evaluation, or treatment of a mental health or substance use disorder via telehealth, regardless of their location and whether that location is rural or urban.

“(ii) A Medicare beneficiary can receive Medicare-covered telehealth services
in audio-only format for the diagnosis, evaluation, and treatment of a mental health or substance use disorder.

“(iii) A Medicare beneficiary can—

“(I) initiate telehealth visits for the diagnosis, evaluation, or treatment of a mental health or substance use disorder without having to first have an in-person visit with the health care provider furnishing the telehealth service; and

“(II) continue such Medicare-covered telehealth visits without being required to periodically have an in-person visit with the health care provider.

“(iv) A Medicare beneficiary’s choice to pursue telehealth visits for the diagnosis, evaluation, or treatment of a mental health or substance use disorder does not preclude the beneficiary from subsequently seeking in-person mental health or substance use disorder services.

“(v) Regardless of whether the mental health or substance use disorder service is provided via telehealth or in person, the
same Medicare documentation requirements apply for the health care provider to document and keep track of key information.

“(vi) Other information determined appropriate by the Secretary.

“(C) SEARCH FUNCTION.—

“(i) IN GENERAL.—The webpage described in subparagraph (A) shall contain a search function that enables an individual to enter a zip code, select from a list of telehealth services covered under part B for the diagnosis, evaluation, and treatment of a mental health or substance use disorder, and then view the standard coinsurance amount under part B for the selected service in the applicable geographic area, including as adjusted by the physician fee schedule geographic practice cost index (GPCI).

“(ii) DISCLAIMERS.—The search function described in clause (i) shall include disclaimers that clarify that cost-sharing for the selected service under part B may vary—
“(I) depending on whether the individual has reached the annual part B deductible;

“(II) if the individual has a supplemental coverage, such as coverage under the Medicaid program or under a medicare supplemental policy; and

“(III) if the individual is enrolled in a Medicare Advantage plan (in which case the individual should consult their Medicare Advantage plan).

“(D) UPDATING INFORMATION.—The Secretary shall, as appropriate (but in no case less frequently than annually), update the information described in subparagraph (B) and the information available using the search function under subparagraph (C), including to reflect statutory, regulatory, and other subregulatory changes in coverage of telehealth services under part B. To the extent practicable, the Secretary shall ensure that information described in subparagraph (B) and the information available using the search function under subparagraph (C) is up-to-date prior to the start of the an-
annual, coordinated election period under section 1851(e)(3) each year.

“(2) MEDICARE AND YOU HANDBOOK.—To the extent practicable, the notice provided under subsection (a) shall include the information described in paragraph (1)(B), including as updated under paragraph (1)(D).”.

(2) MEDICARE ADVANTAGE.—Section 1852 of the Social Security Act (42 U.S.C. 1395w–22) is amended—

(A) in subsection (e), by adding at the end the following new paragraph:

“(3) ACCESS TO INFORMATION ON TELEMENTAL HEALTH SERVICES.—For plan year 2024 and subsequent plan years, the Medicare Advantage organization shall comply with the requirements under such subsection).”; and

(B) by adding at the end the following new subsection:

“(o) ACCESS TO INFORMATION ON TELEMENTAL HEALTH SERVICES.—

“(1) IN GENERAL.—Each Medicare Advantage organization offering a Medicare Advantage plan shall provide, with respect to the plan, information on the covered mental health and substance use dis-
order services available through telehealth (including
information on services that are offered as supple-
mental benefits) in a manner similar to publication
of the information described in section
1804(e)(1)(B), and estimates of out-of-pocket costs
of such telehealth services in an easily understand-
able format through—

“(A) a toll-free telephone number that is
made available through the customer service op-
eration of the Medicare Advantage plan;

“(B) an internet website; and

“(C) subject to paragraph (2), other writ-
ten materials determined appropriate by the
Secretary.

“(2) REQUIREMENT FOR WRITTEN MATE-
RIALS.—

“(A) APPROVAL.—The written materials
described in paragraph (1)(B) shall be subject
to the requirements for marketing materials
under section 1851(h).

“(B) COORDINATION.—The mailing of the
written materials described in paragraph (1)(B)
shall be coordinated, to the extent practicable,
with the mailing of any annual notice under
section 1804(a).
“(3) INTEGRATION.—The requirements for use
of a toll-free telephone number, an internet website,
and written materials under paragraph (1) may be
provided through an existing toll-free telephone
number, internet website, or written materials, as
applicable.”.

(b) PUBLIC AWARENESS CAMPAIGN.—Part A of title
XI of the Social Security Act (42 U.S.C. 1301 et seq.)
is amended by inserting after section 1150C the following
new section:

“SEC. 1150D. TELEMENTAL HEALTH PUBLIC AWARENESS
CAMPAIGNS.

“(a) IN GENERAL.—The Secretary shall conduct
public awareness campaigns to help ensure that patients
who have coverage under an applicable program or plan
understand that telehealth benefits are available to them
for the furnishing of mental health and substance use dis-
order services.

“(b) CONSULTATION.—In conducting a public aware-
ness campaign under subsection (a), the Secretary shall
coordinate, to the extent applicable, with State Medicaid
agencies, health insurance issuers, group health plans, and
health care providers.

“(c) TIMEFRAME.—
“(1) INITIAL CAMPAIGN.—The Secretary shall complete the initial public awareness campaign under subsection (a) by not later than 1 year after the date of enactment of this section.

“(2) SUBSEQUENT CAMPAIGNS.—After the initial public awareness campaign described in paragraph (1) is completed, the Secretary shall, as appropriate, periodically conduct subsequent public awareness campaigns under subsection (a).

“(d) APPLICABLE PROGRAM OR PLAN.—In this section, the term ‘applicable program or plan’ means the following:

“(1) The Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

“(2) The Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).


“(4) A qualified health plan (as defined in section 1301(a)(1) of the Patient Protection and Affordable Care Act) offered on an exchange established under section 1311 or 1321 of such Act.

“(5) Any other health program or plan determined appropriate by the Secretary.”.
(c) FUNDING.—In addition to amounts otherwise available, there is appropriated to the Centers for Medicare & Medicaid Services Program Management Account for fiscal year 2023, out of any money in the Treasury not otherwise appropriated, $__________, to remain available until expended, for purposes of carrying out the amendments made by subsections (a)(1) and (b).

SEC. 3. MONITORING UTILIZATION AND ENSURING PROGRAM INTEGRITY FOR MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH.

In the interests of monitoring utilization and program integrity concerns for mental health services furnished through telehealth under section 1834(m)(7) of the Social Security Act (42 U.S.C. 1395m(m)(7)), not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services shall review claims data to identify physicians and practitioners for whom the number of such claims per beneficiary greatly exceeds the average number of such claims per beneficiary.

SEC. 4. ESTABLISHMENT OF INCIDENT TO MODIFIER FOR MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH.

Section 1834(m)(7) of the Social Security Act (42 U.S.C. 1395m(m)(7)), as amended by section [____1],
is amended by adding at the end the following new sub-
paragraph:

“(C) Establishment of incident to
modifier for mental health services
furnished through telehealth.—Not
later than one year after the date of the enact-
ment of this subparagraph, the Secretary shall
require claims for mental health services fur-
nished through telehealth under this paragraph
that are furnished by auxiliary personnel (as
defined in section 410.26(a)(1) of title 42, Code
of Federal Regulations, or any successor regu-
lation) and billed incident to a physician or prac-
titioner’s professional services to include a code
or modifier as determined appropriate by the
Secretary.”.

SEC. ___5. GUIDANCE ON FURNISHING BEHAVIORAL
HEALTH SERVICES VIA TELEHEALTH TO IN-
DIVIDUALS WITH LIMITED ENGLISH PRO-
FICIENCY UNDER MEDICARE PROGRAM.

Not later than 1 year after the date of the enactment
of this Act, the Secretary of Health and Human Services
shall issue and disseminate guidance on the following:

(1) Best practices for providers to work with in-
terpreters to furnish behavioral health services via
video-based and audio-only telehealth, when video-based telehealth is not an option.

(2) Best practices on integrating the use of video platforms that enable multi-person video calls into behavioral health services furnished via telehealth.

(3) Best practices on teaching patients, especially those with limited English proficiency, to use video-based telehealth platforms.

(4) Best practices for providing patient materials, communications, and instructions in multiple languages, including text message appointment reminders and prescription information.

SEC. 6. REPORTS.

Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall submit to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on—

(1) utilization of mental health services furnished through telehealth under section 1834(m)(7) of such Act (42 U.S.C. 1395m(m)(7));

(2) utilization of substance use disorder services furnished through telehealth since the effective date
of the amendments made by section 2001(a) of the
SUPPORT for Patients and Communities Act (Pub-
lic Law 115–271), and whether Medicare bene-
ficiaries have been affected by the delay in program
establishment guidance directed by Congress under
section 3232 of such Act;

(3) recommendations of the Secretary regarding
fraud or abuse prevention with respect to such tele-
health services;

(4) plans for encouraging increased utilization
of and access to behavioral health services furnished
through telehealth for beneficiaries of the Medicare,
Medicaid, and CHIP programs;

(5) changes in utilization of telehealth for be-
havioral health services for rural, underserved, and
minority communities since the declaration of the
COVID–19 public health emergency;

(6) the impact of telehealth on access, cost, and
quality of behavioral health services offered to Med-
icaid and CHIP beneficiaries under the Medicaid
and CHIP programs, including specific information
on patient experience and the impact of telehealth
on access to and quality of behavioral health services
in schools;
(7) barriers and potential solutions to provider use of telehealth under the Medicare, Medicaid, and CHIP programs; and

(8) the frequency of telehealth services furnished where the provider is located in a different State than the State in which the patient resides.

SEC. 7. REPORT ON MOBILE APPLICATIONS.

Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Finance of the Senate, the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Ways and Means of the House of Representatives, and the Committee on Energy and Commerce of the House of Representatives a report on mobile applications used to provide behavioral health services, including the prevalence of such mobile applications, the data security and compliance of such applications with the legal framework, including the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996, that governs data security for such mobile applications, the utilization by such mobile applications of clinically-supported practices, the prevalence of health insurance coverage for such mobile applications and services delivered through such applications, and the expected long-
term use of mobile applications as a means of obtaining
behavioral health services.

SEC. ___ 8. ENSURING TIMELY COMMUNICATION REGARDING TELEHEALTH AND INTERSTATE LICENSURE REQUIREMENTS.

The Administrator of the Centers for Medicare & Medicaid Services shall provide information on licensure requirements for furnishing telehealth services under Medicare and Medicaid, including regular updates to guidance and other information that clarify the extent to which licenses through the interstate license compact pathway can qualify as valid and full licenses for the purposes of meeting Federal licensure requirements under titles XVIII and XIX of the Social Security Act.

SEC. ___ 9. FACILITATING ACCESSIBILITY FOR BEHAVIORAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH.

The Secretary of Health and Human Services shall provide regular updates to guidance to facilitate the accessibility of behavioral health services furnished through telehealth for the visually and hearing impaired.
Subtitle B—Medicaid and CHIP

SEC. 11. GUIDANCE TO STATES ON FURNISHING SERVICES THROUGH TELEHEALTH UNDER MEDICAID AND CHIP.

Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services shall provide technical assistance and issue guidance to States on improving access to telehealth under Medicaid and the Children’s Health Insurance Program, including with respect to:

(1) How States can adopt flexibilities under Medicaid and the Children’s Health Insurance Program to expand access to care via telehealth, including when States may adopt such flexibilities without the need for approval of a State plan amendment or waiver.

(2) Best practices regarding billing for services, including recommended voluntary billing codes, modifiers, and place of service designations and how such billing codes, modifiers, and designations can be used to create consistent data sets.

(3) Strategies for integrating telehealth services into value-based care models.

(4) Best practices from States that have used Medicaid waivers to test expanded access to tele-
health, including during the COVID–19 public
health emergency declared by the Secretary pursu-
ant to section 319 of the Public Health Service Act
on January 31, 2020, entitled “Determination that
a Public Health Emergency Exists Nationwide as
the Result of the 2019 Novel Coronavirus”, includ-
ing any renewal of such declaration.

(5) Strategies to promote the delivery of acces-
sible and culturally competent care via telehealth, in-
cluding addressing the needs of individuals with dis-
abilities, medically underserved urban and rural
communities, racial and ethnic minorities such as
American Indians and Alaska Natives, individuals
with limited English proficiency, and individuals of
different age groups including children, young
adults, and seniors;

(6) Strategies for training and providing re-
sources to providers and patients on the use of tele-
health, including working with interpreters to fur-
nish health services and providing resources in mul-
tiple languages.

(7) Integrating the use of existing video plat-
forms that enable multi-person video calls.

(8) Best practices to support the delivery of
covered services under Medicaid and the Children’s
Health Insurance Program via telehealth in schools, including specifically for the provision of mental health and substance use disorder services in such settings.

(9) Strategies for evaluating how the delivery of health services via telehealth affects quality, outcomes, and cost under Medicaid and the Children’s Health Insurance Program.

(10) Best practices for conveying information to patients on the availability of telehealth as an option to receive services covered under Medicaid and the Children’s Health Insurance Program, including the availability of audio-only telehealth, the ability to receive such services from a patient’s home, and requirements related to in-person visits.
SEC. 12. DISREGARD OF STATE EXPENDITURES ON HEALTH SERVICES INITIATIVES TO INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR CHILDREN IN SCHOOLS FOR PURPOSES OF THE CHIP REIMBURSEMENT LIMITATION ON EXPENDITURES NOT USED FOR MEDICAID OR HEALTH INSURANCE ASSISTANCE.

Section 2105(c)(2) of the Social Security Act (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following new subparagraph:

“(D) DISREGARD OF EXPENDITURES FOR HEALTH SERVICES INITIATIVE FOR BEHAVIORAL HEALTH SERVICES IN SCHOOLS.—

“(i) IN GENERAL.—Beginning with the first fiscal year that begins after the date of enactment of this subparagraph (or, if earlier, the fiscal year in which guidance issued by the Secretary to implement this subparagraph takes effect), the amount of any expenditures described in clause (ii) for a fiscal year shall be disregarded for purposes of applying the limitation under subparagraph (A) for such fiscal year, except that in no case shall the amount of payment that may be made
under subsection (a) for a fiscal year for expenditures subject to such limitation (including expenditures described in clause (ii)) exceed 15 percent.

“(ii) **Expenditures described.**—

Expenditures described in this clause are expenditures by a State to implement or operate a health services initiative under the State child health plan under this title that would improve the health of children by increasing access to behavioral health services in schools, including behavioral health services furnished through telehealth.”.

**SEC. ___13. INCLUDING TELEHEALTH IN PROVIDER DIRECTORIES.**

Section 1902(a)(83)(A)(i) of the Social Security Act (42 U.S.C. 1396a(a)(83)(A)(i)) is amended—

(1) in subclause (III), by striking “; and” and inserting a semicolon; and

(2) by adding at the end the following new subclause:

“(V) whether the physician or provider provides services via telehealth; and”.