

118TH CONGRESS
2D SESSION

H. R. 9271

To amend title XVIII of the Social Security Act to make permanent certain telehealth flexibilities under the Medicare program for telehealth services furnished by Indian health programs.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 2, 2024

Ms. LEGER FERNANDEZ (for herself, Ms. MOORE of Wisconsin, Mr. RUIZ, and Mr. GRIJALVA) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to make permanent certain telehealth flexibilities under the Medicare program for telehealth services furnished by Indian health programs.

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 Access for
5 Tribal Communities Act of 2024”.

1 **SEC. 2. MAKING PERMANENT CERTAIN TELEHEALTH**
2 **FLEXIBILITIES UNDER THE MEDICARE PRO-**
3 **GRAM FOR TELEHEALTH SERVICES FUR-**
4 **NISHED BY INDIAN HEALTH PROGRAMS.**

5 Section 1834(m) of the Social Security Act (42
6 U.S.C. 1395m(m)) is amended—

7 (1) in paragraph (4)(C)(iii)—

8 (A) by striking “In the case” and inserting
9 the following:

10 “(I) IN GENERAL.—In the case”;

11 and

12 (B) by adding at the end the following new
13 subclause:

14 “(II) SPECIAL RULE FOR SERV-
15 ICES FURNISHED BY INDIAN HEALTH
16 PROGRAMS.—With respect to tele-
17 health services identified in subpara-
18 graph (F)(i) as of the date of the en-
19 actment of this clause furnished on or
20 after January 1, 2025, by an Indian
21 health program (as defined in section
22 4 of the Indian Health Care Improve-
23 ment Act) or by an urban Indian or-
24 ganization (as so defined), or by a
25 physician or practitioner employed by
26 or under contract with such a pro-

1 gram or organization, to an eligible
2 telehealth individual, the term ‘origi-
3 nating site’ means any site in the
4 United States at which the eligible
5 telehealth individual is located at the
6 time the service is furnished via a
7 telecommunications system, including
8 the home of an individual.”; and

9 (2) in paragraph (9)—

10 (A) by striking “In the case” and inserting
11 the following:

12 “(A) IN GENERAL.—In the case”; and

13 (B) by adding at the end the following new
14 subparagraph:

15 “(B) SPECIAL RULE FOR SERVICES FUR-
16 NISHED BY INDIAN HEALTH PROGRAMS.—The
17 Secretary shall provide coverage and payment
18 under this part for telehealth services identified
19 in subparagraph (F)(i) as of the date of the en-
20 actment of this paragraph that are furnished on
21 or after January 1, 2025, via an audio-only
22 communications system by an Indian health
23 program (as defined in section 4 of the Indian
24 Health Care Improvement Act) or by an urban
25 Indian organization (as so defined), or by a

1 physician or practitioner employed by or under
2 contract with such a program or organization,
3 to an eligible telehealth individual. For purposes
4 of the previous sentence, the term ‘telehealth
5 service’ means a telehealth service identified as
6 of the date of the enactment of this paragraph
7 by a HCPCS code (and any succeeding codes)
8 for which the Secretary has not applied the re-
9 quirements of paragraph (1) and the first sen-
10 tence of section 410.78(a)(3) of title 42, Code
11 of Federal Regulations, during the emergency
12 period described in subparagraph (A).”.

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