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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To amend title XVIII of the Social Security Act to establish reporting and transparency requirements for data related to telehealth services under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

Mr. WALKINSHAW introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XVIII of the Social Security Act to establish reporting and transparency requirements for data related to telehealth services under the Medicare program.

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 ''Telehealth Reporting and Transparency Act of 2026''.

SEC. 2. ESTABLISHING REPORTING AND TRANSPARENCY REQUIREMENTS FOR TELEHEALTH DATA UNDER MEDICARE.

(a) REPORTING AND TRANSPARENCY REQUIREMENTS.—Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended by adding at the end the following new paragraph:

"(11) REPORTING AND TRANSPARENCY REQUIREMENTS.—

"(A) ANNUAL TELEHEALTH REPORT.—

"(i) IN GENERAL.—Not later than 2 years after the date of the enactment of this paragraph, and annually thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that includes the information specified in clause (ii) in accordance with the requirements in clause (iii).

"(ii) INFORMATION SPECIFIED.—For purposes of reports submitted under clause (i), the information specified in this clause is, with respect to claims for telehealth services for which payment was made

under this subsection during the 12-month period ending on the date that is 180 days before the date on which such report is required to be submitted—

"(I) the total number of such claims;

"(II) the geographic distribution of such claims, including—

"(aa) with respect to each State, the number of such claims for which the originating site was located in such State;

"(bb) the number of such claims for which the originating site was located in a rural area (as defined in section 1886(d)(2)(D)); and

"(cc) the number of such claims for which the originating site was located in an urban area (as defined in such section).

"(III) information with respect to potential causes of any changes of 10 percent or more (or such other percentage as the Secretary may deter-

mine) in the numbers reported under subclause (I), subclause (II)(aa), subclause (II)(bb), or subclause (II)(cc) when compared to the previous 12-month period;

''(IV) the number of such claims disaggregated by the age, race, ethnicity, income level (or such other indicator of income status as the Secretary determines appropriate, including eligibility for the Medicare Savings Program, as defined in section 1144(c)(7), or for the low-income subsidy program under section 1860D–14), disability status, and, to the extent available, preferred language of individuals with respect to whom such claims were made;

''(V) an identification of which populations, if any, experienced rates of utilization of such services that, as determined by the Secretary, fell materially below the national average;

''(VI) to the extent practicable on the basis of Federal broadband avail-

ability data available to the Secretary, a description of whether there are any barriers to accessing broadband services or telecommunication technologies that may have limited access to such services for the populations identified under subclause (V);

''(VII) to the extent available, metrics with respect to patient outcomes after receiving such services for disease management, behavioral health, or preventive care;

''(VIII) an analysis (not including individual medical record review) of characteristics of such claims that are indicative of improper billing, including aberrant billing patterns identified through program integrity analytics;

''(IX) a description of any information with respect to actions taken to detect and prevent fraud, waste, and abuse with respect to payments for such services;

''(X) the number of physicians and practitioners who furnished such services;

''(XI) the specialties of such physicians and practitioners; and

''(XII) any barriers to furnishing such services that are reported by such physicians and practitioners.

''(iii) REQUIREMENTS.—For purposes of clause (i), the requirements in this clause are that the Secretary, in preparing a report required by clause (i)—

''(I) shall rely on data already available to the Secretary;

''(II) shall interpret such data using appropriate context and methodology, including by considering external factors affecting utilization of telehealth services for which payment is made under this subsection;

''(III) shall consult with individuals enrolled under this part, physicians and practitioners (including physicians and practitioners serving rural, underserved, and low-income popu-

lations), beneficiary advocates, and such other telehealth stakeholders as the Secretary may designate; and

''(IV) may not impose new reporting or administrative requirements on physicians and practitioners for the purposes of gathering data for such report.

''(B) TRANSPARENCY REQUIREMENTS.—

''(i) PUBLIC DASHBOARD.—Beginning not later than 180 days after the first date on which a report is required to be submitted under subparagraph (A), the Secretary shall establish and maintain on the internet website of the Centers for Medicare & Medicaid Services a publicly available dashboard displaying the aggregated information included in the most recent report submitted under such subparagraph in a searchable and downloadable format.

''(ii) METHODOLOGY DISCLOSURE.—Not later than 180 days after each date on which a report is required to be submitted under subparagraph (A), the Secretary shall make publicly available on the inter-

net website of the Centers for Medicare & Medicaid Services a description of any standardized methodologies, definitions, and data specifications that were used in the preparation of such report.''.

(b) GAO AUDIT.—Not earlier than 3 years after the date of the enactment of this Act and not later than 5 years after such date, the Comptroller General shall submit to Congress an audit of the implementation of this Act that includes recommendations on how to improve the quality and usefulness of data gathered with respect to telehealth services for which payment is made under section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)).