

## National Telemedicine Policy Updates:

1. The Centers for Medicare and Medicaid Services (CMS) released the [2021 Medicare Physician Fee Schedule final rule](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes) on December 1, 2020. The 2,165-page final rule adds more than 60 services to the Medicare telehealth list. These services will be covered even after the Covid-19 pandemic has ended. Early on in the Covid-19 crisis, CMS added 144 telehealth services to its coverage list through the end of the public health emergency. Follow the link below for the list of covered telehealth services:  
[https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)
2. **H.R.133 - Consolidated Appropriations Act, 2021**  
The President signed Bill [H.R. 133](#) into law on December 27, 2020. The law does provide for expansion of Medicare telemental health services; however, it does come with limitations. The law also provides other support for telehealth growth. Please follow the link below for further detail: <https://preview.mailerlite.com/n8x5k1>
3. **H.R.7105 - Veterans Health Care and Benefits Improvement Act of 2020**  
The President signed Bill [H.R. 7105](#) into law on January 5, 2021. The bill requires the VA to ensure that veterans participating in or receiving services under a program for homeless veterans have access to telehealth services. The VA must ensure telehealth capabilities are available to such veterans, VA case managers, and community-based service providers.
4. **H.R.7187 - HEALTH Act of 2020**  
On June 11, 2020, US Reps. Glenn Thompson (R-PA) and George Butterfield (D-NC) introduced bill [H.R. 7187](#). The bill proposes to make permanent Medicare coverage for telehealth services provided by Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC). The bill also has language eliminating site facility and location requirements for distant site telehealth services. The bill is currently in the House Energy and Commerce Committee and the House Ways and Means Committee.
5. **H.R.5201 - Telemental Health Expansion Act of 2020**  
Bill [H.R. 5201](#) proposes to modify the requirements relating to coverage of mental health telehealth services under Medicare. Specifically, the bill removes restrictions that require the originating site (i.e., the location of the beneficiary) to be in a rural area and allows the home of a beneficiary to serve as the originating site for such services. The Bill was discharged from the Committee on Ways and Means on December 24<sup>th</sup> to go back to the entire House.
6. **H.R.9035 - Permanency for Audio-Only Telehealth Act**  
Bill [H.R. 9035](#) was introduced on December 18, 2020 and currently resides with the House Energy and Commerce and the House Ways and Means Committees. The bill proposes to remove geographic restrictions for certain telehealth services and to expand the use of the home as an originating site for certain telehealth services.
7. **H.R.8755 - Expanded Telehealth Access Act**  
Bill [H.R. 8755](#) was introduced on November 16, 2020 and currently resides with the House Energy and Commerce and House Ways and Means Committee. The bill proposes to the scope of practitioners eligible for payment for telehealth services under the Medicare program, and for other purposes.

## South Carolina Telehealth Policy

8. **H 3230 - Medicaid Mental Health Reimbursement for Telehealth Services**  
[H 3230](#) was introduced on December 9, 2020. The bill proposes to require the Medicaid program to reimburse practitioners for mental health telehealth services. The bill was referred to the House Committee on Ways and Means.

9. **S 265 – Case of Laws of South Carolina, 1976, By Adding Section 44-7-400**

Bill S 265 was introduced by Senator John Matthews on December 9, 2020. The bill proposes to amend the Code of Laws of South Carolina to insert language to prohibit hospitals from utilizing telemedicine to deliver intensive or critical care services and to require such services be provided or supervised by a physician who is board certified in critical care medicine. The bill has been referred to the Senate Committee on Medical Affairs.