

(b) SPECIAL COINSURANCE RULE FOR CERTAIN TESTS.—Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended—

(1) in subsection (a)(1)(Y), by inserting “subject to subsection (dd),” before “with respect to”; and

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

“(dd) SPECIAL COINSURANCE RULE FOR CERTAIN COLORECTAL CANCER SCREENING TESTS.—

Time period.

“(1) IN GENERAL.—In the case of a colorectal cancer screening test to which paragraph (1)(Y) of subsection (a) would not apply but for the third sentence of such subsection that is furnished during a year beginning on or after January 1, 2022, and before January 1, 2030, the amount paid shall be equal to the specified percent (as defined in paragraph (2)) for such year of the lesser of the actual charge for the service or the amount determined under the fee schedule that applies to such test under this part (or, in the case such test is a covered OPD service (as defined in subsection (t)(1)(B)), the amount determined under subsection (t)).

“(2) SPECIFIED PERCENT DEFINED.—For purposes of paragraph (1), the term ‘specified percent’ means—

“(A) for 2022, 80 percent;

“(B) for 2023 through 2026, 85 percent; and

“(C) for 2027 through 2029, 90 percent.”

(c) CONFORMING AMENDMENTS.—Paragraphs (2) and (3) of section 1834(d) of the Social Security Act (42 U.S.C. 1395m(d)) are each amended—

(1) in subparagraph (C)(ii), in the matter preceding subclause (I), by striking “Notwithstanding” and inserting “Subject to section 1833(a)(1)(Y), but notwithstanding”; and

(2) in subparagraph (D), by striking “If during” and inserting “Subject to section 1833(a)(1)(Y), if during”.

SEC. 123. EXPANDING ACCESS TO MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH.

(a) TREATMENT OF MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH.—Paragraph (7) of section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended—

(1) by striking “DISORDER SERVICES FURNISHED THROUGH TELEHEALTH.—The geographic” and inserting “DISORDER SERVICES AND MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH.—

Determination.

“(A) IN GENERAL.—The geographic”;

(2) in subparagraph (A), as added by paragraph (1), by inserting “or, on or after the first day after the end of the emergency period described in section 1135(g)(1)(B), subject to subparagraph (B), to an eligible telehealth individual for purposes of diagnosis, evaluation, or treatment of a mental health disorder, as determined by the Secretary,” after “as determined by the Secretary,”; and

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

“(B) REQUIREMENTS FOR MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH.—

Time periods.

“(i) IN GENERAL.—Payment may not be made under this paragraph for telehealth services furnished 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 furnishes an item or service in person, without the use of telehealth, for which payment is made under this title (or would have been made under this title if such individual were entitled to, or enrolled for, benefits under this title at the time such item or service is furnished)—

“(I) within the 6-month period prior to the first time such physician or practitioner furnishes such a telehealth service to the eligible telehealth individual; and

“(II) during subsequent periods in which such physician or practitioner furnishes such telehealth services to the eligible telehealth individual, at such times as the Secretary determines appropriate.

Determination.

“(ii) CLARIFICATION.—This subparagraph shall not apply if payment would otherwise be allowed—

“(I) under this paragraph (with respect to telehealth services furnished to an eligible telehealth individual with a substance use disorder diagnosis for purposes of treatment of such disorder or co-occurring mental health disorder); or

“(II) under this subsection without application of this paragraph.”.

(b) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement the provisions of, or amendments made by, this section by interim final rule, program instruction, or otherwise.

Regulations.
42 USC 1395m
note.

SEC. 124. PUBLIC-PRIVATE PARTNERSHIP FOR HEALTH CARE WASTE, FRAUD, AND ABUSE DETECTION.

(a) IN GENERAL.—Section 1128C(a) of the Social Security Act (42 U.S.C. 1320a-7c(a)) is amended by adding at the end the following new paragraph:

“(6) PUBLIC-PRIVATE PARTNERSHIP FOR WASTE, FRAUD, AND ABUSE DETECTION.—

“(A) IN GENERAL.—Under the program described in paragraph (1), there is established a public-private partnership (in this paragraph referred to as the ‘partnership’) of health plans, Federal and State agencies, law enforcement agencies, health care anti-fraud organizations, and any other entity determined appropriate by the Secretary (in this paragraph referred to as ‘partners’) for purposes of detecting and preventing health care waste, fraud, and abuse.

Determination.

“(B) CONTRACT WITH TRUSTED THIRD PARTY.—In carrying out the partnership, the Secretary shall enter into a contract with a trusted third party for purposes of carrying out the duties of the partnership described in subparagraph (C).

“(C) DUTIES OF PARTNERSHIP.—The partnership shall—

“(i) provide technical and operational support to facilitate data sharing between partners in the partnership;

“(ii) analyze data so shared to identify fraudulent and aberrant billing patterns;