

H.R. 4040 would extend certain telehealth waivers in Medicare that were implemented during the public health emergency and extended by the Consolidated Appropriations Act, 2022; delay the implementation of a requirement for periodic in-person visits for Medicare mental health services delivered via telehealth; and reduce funding for the Medicare Improvement Fund.

Estimated Budgetary Effects of H.R. 4040, the Advancing Telehealth Beyond COVID-19 Act of 2022
 As posted in Rules Committee Print 117-59 by the House Committee on Rules on July 26, 2022, with Manager's Amendment
<https://rules.house.gov/bill/117/hr-4040>

	By Fiscal Year, Millions of Dollars											2022-2027	2022-2032
	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032		
Increases or Decreases (-) in Direct Spending													
Sections 2 Through 7^a													
Estimated Budget Authority	0	46	1,453	848	0	0	0	0	0	0	0	2,347	2,347
Estimated Outlays	0	46	1,453	848	0	0	0	0	0	0	0	2,347	2,347
Section 8. Funding From Medicare Improvement Fund													
Budget Authority	-2,347	0	0	0	0	0	0	0	0	0	0	-2,347	-2,347
Estimated Outlays	0	-235	-1,549	-305	-258	0	0	0	0	0	0	-2,347	-2,347
Total Changes in Direct Spending													
Estimated Budget Authority	-2,347	46	1,453	848	0	0	0	0	0	0	0	0	0
Estimated Outlays	0	-189	-96	543	-258	0	0	0	0	0	0	0	0

Components may not sum to totals because of rounding.

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H.R. 4040 would extend until December 31, 2024, certain telehealth waivers in Medicare that were implemented during the current public health emergency. In March 2022, Public Law 117-103, the Consolidated Appropriations Act, 2022, extended those waivers until 151 days after the end of the emergency. The waivers temporarily lift certain restrictions on the delivery of Medicare services via telehealth, such as limitations on the types of providers eligible to bill telehealth services, the location of beneficiaries who can receive those services, and the use of audio-only technology. H.R. 4040 would delay until January 1, 2025, the implementation of a requirement that Medicare beneficiaries have periodic in-person visits for mental health services delivered via telehealth. The bill also would reduce funding for the Medicare Improvement Fund.

- a. This row combines the estimated budgetary effects of sections 2 through 7. In CBO's estimation, sections 1, 9, and 10 would not affect direct spending.