To amend title XVIII of the Social Security Act to expand the use of telehealth services for the treatment of opioid use disorder and other substance use disorders.

IN THE SENATE OF THE UNITED STATES

Mr. THUNE (for himself, Mr. WARNER, Mr. CARDIN, Mr. CORNYN, Mr. SCHATZ, and Mr. WICKER) introduced the following bill; which was read twice and referred to the Committee on ______________

A BILL

To amend title XVIII of the Social Security Act to expand the use of telehealth services for the treatment of opioid use disorder and other substance use disorders.

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Expanding Telehealth Response to Ensure Addiction Treatment Act” or the “eTREAT Act”.

SEC. 2. EXPANDING THE USE OF TELEHEALTH SERVICES
FOR THE TREATMENT OF OPIOID USE DISORDER AND OTHER SUBSTANCE USE DISORDERS.

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

(1) in paragraph (4)(C)(i), by striking “paragraph (6)” and inserting “paragraphs (6) and (7)”;

and

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

“(7) Treatment of substance use disorder services furnished through telehealth.—

“(A) Non-application of originating site requirements.—The requirements described in paragraph (4)(C) shall not apply with respect to telehealth services furnished on or after January 1, 2019, for purposes of treatment of substance use disorder, as determined by the Secretary.

“(B) No originating site facility fee for new sites.—No facility fee shall be paid under paragraph (2)(B) to an originating site with respect to a telehealth service described in subparagraph (A) if the originating site does
not otherwise meet the requirements for an
originating site under paragraph (4)(C).

“(C) REPORT.—Not later than 5 years
after the date of the enactment of this para-
graph, the Secretary shall submit to Congress a
report on the impact of this paragraph with re-
spect to telehealth services on—

“(i) the utilization of health care
items and services related to substance use
disorders, including emergency department
visits; and

“(ii) health outcomes related to sub-
stance use disorders, such as opioid over-
dose deaths.”.