

Telehealth Access for Tribal Communities Act of 2025

About the legislation

The *Telehealth Access for Tribal Communities Act* aims to ensure that Medicare beneficiaries who receive their care under an Indian health program or by an urban Indian organization can continue to receive audio-only telehealth services after 2025. Audio-only telehealth ensures access to care even when broadband is unavailable. This is critical for tribal communities who experience lower rates of broadband access compared to non-tribal areas.

Background

During the COVID-19 Public Health Emergency (PHE), Medicare began reimbursing the Indian Health Service (IHS) for certain audio-only telehealth services it [or compact/contract] provided to Medicare beneficiaries. It also allowed beneficiaries' homes to be the originating site meaning that patients could take appointments from home. The PHE ended on May 11, 2023, but Congress extended this flexibility and many of Medicare's other telehealth expansions through December 31, 2024, under the Consolidated Appropriations Act. The [December CR](#) extended all Medicare telehealth flexibilities, including the Congresswoman's bill, until March 31st, 2025, and the [March CR](#) extended all Medicare telehealth flexibilities until September 30, 2025. If these pandemic-era telehealth flexibilities are not extended through the *Telehealth Access for Tribal Communities Act*, Medicare may no longer reimburse IHS for these critical audio-only telehealth services.

Services Covered Under the *Telehealth Access for Tribal Communities Act*

- Applies to any audio-only telehealth service that was payable under the Medicare Physician Fee Schedule as of the date of enactment of the Consolidated Appropriations Act. For example, these services include behavioral health counseling and group psychotherapy.
- See the full list of telehealth services eligible to be furnished via audio-only telehealth [HERE](#).

Removes Originating Site Requirements and Ensures Continuity of Medicare Coverage for Audio-only Telehealth Services

- The originating site is the location where a patient gets physician or practitioner medical services through telehealth. Medicare beneficiaries can stay in their homes for audio-only telehealth visits that Medicare pays for rather than traveling to a healthcare facility.
- Audio-only is defined as a real-time interactive voice-only discussion, usually between a patient and a provider, and generally only requires a working phone.

Endorsing Organizations:

- Northwest Portland Area Indian Health Board
- American Telemedicine Association (ATA)
- National Indian Health Board (NIHB)
- National Council of Urban Indian Health (NCUIH)
- President Buu Nygren of The Navajo Nation
- National Congress of American Indians (NCAI)
- National Council for Mental Wellbeing
- Confederated Tribes of the Colville Reservation
- The Great Plains Tribal Leaders Health Board

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SECTION 1. SHORT TITLE

Names the bill the “Telehealth Access for Tribal Communities Act of 2025”

SECTION 2. TELEHEALTH FLEXIBILITIES

Adds a special rule to paragraph (4)(C)(iii) of Section 1834(m) of the Social Security Act. Specifically, it defines an originating site for telehealth services furnished by an Indian health program or by an urban Indian organization to be any site where the individual is when the service is rendered. This is important because CMS may return to pre-pandemic originating site requirements and geographic location restrictions after September 30, 2025.

Adds a second special rule to paragraph (9) of Section 1834(m) of the Social Security Act. Specifically, it requires CMS to reimburse the Indian Health Service for audio-only telehealth services for the diagnosis, evaluation, and treatment of health conditions, if certain conditions are met. The changes here apply only to a Medicare beneficiary who receives a telehealth service under an Indian health program or by an urban Indian organization.