''(C) WITHHOLDING OF CERTAIN AMOUNTS FROM ENTITIES THAT FAIL TO ACHIEVE BENCHMARKS OR SUBMIT STATE STOCKPILE PLAN.—Beginning with fiscal year 2022, and in each succeeding fiscal year, the Secretary shall withhold from each entity that has failed substantially to meet the terms of an award under this subsection for at least 1 of the 2 immediately preceding fiscal years (beginning with fiscal year 2022), the amount allowed for administrative expenses described in described in paragraph (2)(D).

''(9) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there are authorized to be appropriated $1,000,000,000 for each of fiscal years 2021 through 2030, to remain available until expended.

''(10) ADVANCE APPROPRIATION.—

''(A) IN GENERAL.—There is appropriated, out of amounts in the Treasury not otherwise appropriated, for fiscal year 2021, for necessary expenses to establish and maintain State medical stockpiles pursuant to this subsection, $10,000,000,000, to remain available until September 30, 2030.

''(B) EMERGENCY DESIGNATION.—

''(i) IN GENERAL.—The amounts provided by this paragraph are designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

''(ii) DESIGNATION IN SENATE.—In the Senate, this paragraph is designated as an emergency requirement pursuant to section 4112(a) of H. Con. Res. 71 (115th Congress), the concurrent resolution on the budget for fiscal year 2018.

''(C) APPLICATION OF PROVISIONS.—Amounts appropriated pursuant to this paragraph for fiscal year 2021 shall be subject to the requirements contained in Public Law 116–94 for funds for programs authorized under section 319F–2 of this Act.''.

SEC. __04. STRENGTHENING THE STRATEGIC NATIONAL STOCKPILE.

Section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b) is amended—

(1) in subsection (a)—

(A) in paragraph (2)(A), by adding ''and the contracts issued under paragraph (5)'' after ''paragraph (1)'';

(B) in paragraph (3)(F), by striking ''Secretary of Homeland Security'' and inserting ''Secretary of Health and Human Services, in coordination with or at the request of, the Secretary of Homeland Security,'';

(C) by redesignating paragraph (5) as paragraph (6);

(D) by inserting after paragraph (4) the following:

''(5) SURGE CAPACITY.—The Secretary, in maintaining the stockpile under paragraph (1) and carrying out procedures under paragraph (3), may—

''(A) enter into contracts or cooperative agreements with vendors for procurement, maintenance, and storage of reserve amounts of drugs, vaccines and other biological products, medical devices, and other medical supplies (including personal protective equipment, ancillary medical supplies, and other applicable supplies required for the administration of drugs, vaccines and other biological products, medical devices, and diagnostic tests in the stockpile), under such terms and conditions (including quantity, production schedule, maintenance costs, and price of product) as the Secretary may specify, including for purposes of—

''(i) maintenance and storage of reserve amounts of products intended to be delivered to the ownership of the Federal Government under the contract, which may consider costs of shipping, or otherwise transporting, handling, storage, and related costs for such product or products; and

''(ii) maintaining domestic manufacturing capacity of such products to ensure additional reserved production capacity of such products is available, and that such products are provided in a timely manner, to be delivered to the ownership of the Federal Government under the contract and deployed in the event that the Secretary determines that there is a need to quickly purchase additional quantities of such product; and

''(B) promulgate such regulations as the Secretary determines necessary to implement this paragraph.''; and

(E) in subparagraph (A) of paragraph (6), as so redesignated—

(i) in clause (viii), by striking ''; and'' and inserting a semicolon;

(ii) in clause (ix), by striking the period and inserting ''; and''; and

(iii) by adding at the end the following:

''(x) an assessment of the contracts or cooperative agreements entered into pursuant to paragraph (5).''; and

(2) in subsection (c)(2)(C), by striking ''on an annual basis'' and inserting ''not later than March 15 of each year''.

SA 2531. Mr. ALEXANDER submitted an amendment intended to be proposed to amendment SA 2499 proposed by Mr. MCCONNELL to the bill S. 178, to condemn gross human rights violations of ethnic Turkic Muslims in Xinjiang, and calling for an end to arbitrary detention, torture, and harassment of these communities inside and outside China; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

TITLE ____IMPROVING PANDEMIC HEALTH RESPONSE

SEC. __01. IMPROVING EARLIER ACCESS TO DIAGNOSTIC TESTS.

Section 319D of the Public Health Service Act (42 U.S.C. 247d–4) is amended by adding at the end the following:

''(k) IMPROVING DIAGNOSTIC TEST, TREATMENT, AND VACCINE RESEARCH AND DEVELOPMENT.—

''(1) VIRUS SAMPLE ACCESS.—Not later than 180 days after the date of enactment of this subsection, the Secretary shall, in coordination with the Director of the Centers for Disease Control and Prevention and the Commissioner of Food and Drugs, establish and make publicly available policies and procedures for public and private entities to access samples of specimens containing infectious disease agents, or suitable surrogates or alternatives, as appropriate, that may support the development of products, including the development of diagnostic tests, treatments, or vaccines, to address emerging infectious diseases for biomedical research purposes, and for use to otherwise respond to emerging infectious diseases, as the Secretary determines appropriate.

''(2) GUIDANCE.—The Secretary shall issue guidance regarding the procedures for carrying out paragraph (1), including—

''(A) the method for requesting samples of specimens containing infectious disease agents;

''(B) criteria for sample availability and use of suitable surrogates or alternatives, as appropriate; and

''(C) information required to be provided in order to receive such samples or suitable surrogates or alternatives.

''(3) EARLIER DEVELOPMENT OF DIAGNOSTIC TESTS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may contract with public and private entities, as appropriate, to assist in the immediate and rapid development, validation, and dissemination of diagnostic tests, as appropriate, for purposes of biosurveillance and other immediate public health response activities to address an emerging infectious disease that has significant potential to cause a public health emergency.

''(4) CAPACITY PLANNING FOR SUPPLY NEEDS.—The Secretary, in coordination with the Commissioner of Food and Drugs and the Director of the Centers for Disease Control and Prevention, shall, as appropriate, consult with medical product manufacturers, suppliers, and other relevant stakeholders, as appropriate, to—

''(A) identify specific supplies or components needed, including specimen collection and transport materials, reagents, or other supplies related to the development, validation, or administration of a diagnostic test to detect an infectious disease for which an emergency use authorization is in effect under section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3);

''(B) identify projected demand for and availability of such supplies and communicate such information to medical product manufacturers, suppliers, and other relevant stakeholders during a public health emergency; and

''(C) support activities to increase the availability of such supplies or alternative products that may be appropriately substituted for such supplies during a public health emergency.''.

SEC. __02. GUIDANCE FOR STATES AND INDIAN TRIBES ON ACCESSING THE STRATEGIC NATIONAL STOCKPILE.

Not later than 15 days after the date of enactment of this Act, for purposes of the public health emergency declared by the Secretary pursuant to section 319 of the Public Health Service Act on January 31, 2020, with respect to COVID–19, the Secretary of Health and Human Services shall issue guidance to clarify the processes by which the Secretary of Health and Human Services provides Federal assistance through the Strategic National Stockpile under section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b) to States, localities, territories, and Indian tribes and tribal organizations (as defined under section 4 of the Indian Self-Determination and Education Assistance Act). Such guidance shall include information related to processes by which to request access to medical supplies in the Strategic National Stockpile and factors considered by the Secretary of Health and Human Services when making distribution decisions.

SEC. __03. MODERNIZING INFECTIOUS DISEASE DATA COLLECTION.

(a) IMPROVING INFECTIOUS DISEASE DATA COLLECTION.—Section 319D of the Public Health Service Act (42 U.S.C. 247d-4) is amended—

(1) in subsection (c)—

(A) in paragraph (3)(A)(iv), by inserting ''(such as commercial, academic, and other hospital laboratories)'' after ''clinical laboratories'';

(B) in paragraph (5)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by striking ''and operating'' and inserting '', operating, and updating'';

(II) in clause (iv), by striking ''and'' at the end;

(III) in clause (v), by striking the period and inserting ''; and''; and

(IV) by adding at the end the following:

''(vi) integrate and update applicable existing Centers for Disease Control and Prevention data systems and networks in collaboration with State, local, tribal, and territorial public health officials, including public health surveillance and disease detection systems.''; and

(ii) in subparagraph (B)—

(I) in clause (i), by inserting ''and 60 days after the date of enactment of the Coronavirus Relief Fair Unemployment Compensation Act of 2020'' after ''Innovation Act of 2018'';

(II) in clause (ii), by inserting ''epidemiologists, clinical microbiologists, pathologists and laboratory experts, experts in health information technology, privacy, and data security'' after ''forecasting);''; and

(III) in clause (iii)—

(aa) in subclause (V), by striking ''and'' at the end;

(bb) in subclause (VI), by striking the period; and

(cc) by adding at the end the following:

''(VII) strategies to integrate laboratory and epidemiology systems and capabilities to conduct rapid and accurate laboratory tests;

''(VIII) strategies to improve the collection and reporting of appropriate, aggregated, deidentified demographic data to inform responses to public health emergencies, including identification of at-risk populations and to address health disparities; and

''(IX) strategies to improve the electronic exchange of health information between State and local health departments and health care providers and facilities to improve public health surveillance.''; and

(C) in paragraph (6)—

(i) in subparagraph (A)—

(I) in clause (iii)—

(aa) in subclause (III), by striking ''and'' at the end;

(bb) in subclause (IV), by inserting '', including the ability to conduct and report on rapid and accurate laboratory testing during a public health emergency'' before the semicolon; and

(cc) by adding at the end the following:

''(V) improve coordination and collaboration, as appropriate, with other Federal departments; and

''(VI) implement applicable lessons learned from recent public health emergencies to address gaps in situational awareness and biosurveillance capabilities, including an evaluation of ways to improve the collection and reporting of aggregated, deidentified demographic data to inform public health preparedness and response'';

(II) in clause (iv), by striking ''and'' at the end;

(III) in clause (v), by striking the period and inserting ''including a description of how such steps will further the goal of improving awareness of and timely responses to emerging infectious disease threats; and''; and

(IV) by adding at the end the following:

''(vi) identifies and demonstrates measurable steps the Secretary will take to further develop and integrate infectious disease detection, including expanding capabilities to conduct rapid and accurate diagnostic laboratory testing during a public health emergency, and improve coordination and collaboration with State, local, Tribal, and territorial public health officials, clinical laboratories (including commercial, hospital and academic laboratories), and other entities with expertise in public health surveillance.''; and

(ii) by redesignating subparagraph (B) as subparagraph (C); and

(iii) by inserting after subparagraph (A), the following:

''(B) REPORTS.—

''(i) IN GENERAL.—Not later than 1 month after date of enactment of the Coronavirus Relief Fair Unemployment Compensation Act of 2020, and as provided for in clause (ii), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report on the status of the Department of Health and Human Services' biosurveillance modernization and assessment progress with respect to emerging infectious disease threats.

''(ii) ADDITIONAL REPORTS.—During the 2-year period beginning on the date of enactment of the Coronavirus Relief Fair Unemployment Compensation Act of 2020, the Secretary shall provide additional reports under clause (i) every 90 days after the submission of the initial report under such clause. The Secretary shall provide such reports annually thereafter. The Secretary may provide such additional reports less frequently, but not less frequently than every 180 days, during an ongoing public health emergency or another significant infectious disease outbreak.'';

(2) in subsection (d)—

(A) in paragraph (2)(C), by inserting '', including any public-private partnerships entered into to improve such capacity'' before the semicolon; and

(B) in paragraph (3)—

(i) in subparagraph (B), by striking ''and'' at the end;

(ii) in subparagraph (C), by striking the period and inserting ''; and''; and

(iii) by adding at the end the following:

''(D) may establish, enhance, or maintain a system or network for the collection of data to provide for early detection of infectious disease outbreaks, near real-time access to relevant electronic data and integration of electronic data and information from public health and other appropriate sources, such as laboratories, hospitals, and epidemiology systems, to enhance the capability to conduct rapid and accurate diagnostic laboratory tests to provide for disease detection.'';

(3) in subsection (f)(1)(A), by inserting ''pathologists, clinical microbiologists, laboratory professionals, epidemiologists,'' after ''forecasting),''; and

(4) in subsection (h), by adding at the end the following: ''Such evaluation shall include identification of any gaps in biosurveillance and situational awareness capabilities identified related to recent public health emergencies, any immediate steps taken to address such gaps, and any long-term plans to address such gaps, including steps related to activities authorized under this section.''.

(b) NATIONAL HEALTH SECURITY STRATEGY.—Section 2802(b)(2) of the Public Health Service Act (42 U.S.C. 300hh-1(b)(2)) is amended—

(1) in subparagraph (A), by inserting ''such as by integrating laboratory and epidemiology systems and capability to conduct rapid and accurate laboratory tests,'' after ''detection, identification,''; and

(2) in subparagraph (B), by inserting ''laboratory testing,'' after ''services and supplies,''.

(c) EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.—Section 2821(a) of the Public Health Service Act (42 U.S.C. 300hh-31(a)) is amended—

(1) in paragraph (3), by striking ''and'';

(2) in paragraph (4), by striking the period and inserting ''; and''; and

(3) by adding at the end the following:

''(5) supporting activities of State and local public health departments related to biosurveillance and disease detection, which may include activities related to section 319D, as appropriate.''.

SEC. __04. CENTERS FOR PUBLIC HEALTH PREPAREDNESS.

(a) IN GENERAL.—Subpart B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 319F–4 the following:

''SEC. 319F–5. CENTERS FOR PUBLIC HEALTH PREPAREDNESS.

''(a) IN GENERAL.—The Secretary may award grants, contracts, or cooperative agreements to institutions of higher education or other nonprofit private entities for the establishment or support of a network of regional centers for public health preparedness (referred to in this section as 'Centers').

''(b) USE OF FUNDS.—Centers established or supported under this section shall—

''(1) advance the awareness of public health officials, health care professionals, and the public, with respect to information and research related to public health preparedness and response, including for chemical, biological, radiological, and nuclear threats, including emerging infectious diseases, and epidemiology of emerging infectious diseases;

''(2) identify and translate promising research findings or practices into evidence-based practices to inform preparedness for, and responses to, a chemical, biological, radiological, or nuclear agent, including emerging infectious diseases;

''(3) expand activities, including through public-private partnerships, as appropriate, related to public health preparedness and response, including participation in drills and exercises and training public health experts, as appropriate; and

''(4) provide technical assistance and expertise, as applicable, during public health emergencies, including for emerging infectious disease threats, which may include identifying and communicating evidence on the impacts of such threats on at-risk populations.

''(c) REQUIREMENTS.—To be eligible for an award under this section, an entity shall submit to the Secretary an application containing such information as the Secretary may require, including a description of how the entity will—

''(1) coordinate activities with State, local, and tribal health departments, hospitals, and health care coalitions, including recipients of awards under section 319C–1, 319C–2, or 319C–3, in order to improve preparedness, integrate capabilities and functions, and reduce duplication; and

''(2) prioritize efforts to implement evidence-based practices to improve public health preparedness and reduce the spread of emerging infectious disease threats.

''(d) DISTRIBUTION OF AWARDS.—In awarding grants, contracts, or cooperative agreements under this section, the Secretary shall support not fewer than 10 regional centers for public health preparedness, subject to the availability of appropriations.

''(e) AUTHORIZATION.—For purposes of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2021 through 2025.''.

(b) CONFORMING CHANGES.—Section 319F of the Public Health Service Act (42 U.S.C. 247d–6) is amended—

(1) by striking subsection (d); and

(2) by redesignating subsections (e) and (f) as subsections (d) and (e), respectively.

SEC. __05. TELEHEALTH PLANS.

(a) PHSA.—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) in section 2722(c) (42 U.S.C. 300gg–21(c)), by adding at the end the following:

''(4) TELEHEALTH BENEFITS.—

''(A) IN GENERAL.—The requirements of subparts I and II (except section 2704 (relating to the prohibition of preexisting condition exclusions or other discrimination based on health status), section 2705 (relating to prohibition of discrimination against individual participants and beneficiaries based on health status), section 2712 (relating to prohibition of rescissions); and section 2726

(relating to parity in mental health or substance use disorder benefits) and as provided by the Secretary in guidance) shall not apply to any group health plan (or group health insurance coverage) offered by a large employer in relation to its provision of excepted benefits described in section 2791(c)(5) if the benefits—

''(i) are provided in accordance with guidance issued by the Secretary; and

''(ii) are made available only to employees (and dependents of such employees) who are not eligible for another group health plan or group health insurance coverage offered by the employer offering such benefits described in section 2791(c)(5).

''(B) SUNSET.—This paragraph shall have no force or effect with respect to plan years beginning on or after the later of—

''(i) January 1, 2022; or

''(ii) the date on which the public health emergency declared by the Secretary under section 319, on January 31, 2020, with respect to COVID–19 ends.''; and

(2) in section 2791(c) (42 U.S.C. 300gg–91(c)), by adding at the end the following:

''(5) BENEFITS FOR TELEHEALTH SERVICES ONLY.—

''(A) IN GENERAL.—Benefits for telehealth services and other remote care services only, as specified in the guidance entitled, 'FAQs about Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation Part 43', issued by the Secretary, the Secretary of Labor, and the Secretary of the Treasury on June 23, 2020 (or any successor guidance).

''(B) SUNSET.—This paragraph shall have no force or effect with respect to plan years beginning on or after the later of—

''(i) January 1, 2022; or

''(ii) the date on which the public health emergency declared by the Secretary under section 319, on January 31, 2020, with respect to COVID–19 ends.''.

(b) APPLICATION UNDER ERISA AND THE IRC.—Section 2722(c)(4) of the Public Health Service Act (as amended by subsection (a)) shall apply to group health plans and health insurance issuers providing health insurance coverage in connection with group health plans pursuant to part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181 et seq.), and pursuant to chapter 100 of subtitle K of the Internal Revenue Code of 1986, as though such section 2722(c)(4) were included in such part and such chapter, respectively.

(c) IMPLEMENTATION.—The Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury may implement the provisions of this section, including the amendments made by this section, through sub-regulatory guidance, program instruction, or otherwise.

SEC. __06. PROTECTION OF HUMAN GENETIC INFORMATION.

(a) IN GENERAL.—Notwithstanding any other provision of law, the Secretary of Health and Human Services shall ensure that no person may collect, store, analyze, disseminate, or otherwise make use of, or benefit from, any human genetic information collected as a result of diagnostic and serologic testing for COVID–19, for any incidental use, or any reason other than such diagnostic or serologic testing, except with the express, written, informed consent of the individual being tested.

(b) ENFORCEMENT.—Any person who violates subsection (a) shall be subject to a civil monetary penalty of not more than $100 for each such violation.

(c) DEFINITIONS.—In this section—

(1) the term ''genetic information'' has the meaning given such term in section 160.103 of title 45, Code of Federal Regulations (or any successor regulations); and

(2) the term ''incidental'' means any action taken by any person, directly or indirectly, to obtain genetic information from an individual, for any purpose, other than the purpose specifically authorized by the living individual from whom the specimen has its biological origin or another designated individual if the individual is a minor or is incapacitated, or if the individual is deceased, the individual's next of kin.

SEC. __07. REAGAN-UDALL FOUNDATION AND FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH.

(a) REAGAN-UDALL FOUNDATION FOR THE FOOD AND DRUG ADMINISTRATION.—Section 770(n) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379dd(n)) is amended by striking ''$500,000 and not more than $1,250,000'' and inserting ''$1,250,000 and not more than $5,000,000''.

(b) FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH.—Section 499(l) of the Public Health Service Act (42 U.S.C. 290b(l)) is amended by striking ''$500,000 and not more than $1,250,000'' and inserting ''$1,250,000 and not more than $5,000,000''.

SA 2532. Mr. ALEXANDER submitted an amendment intended to be proposed to amendment SA 2499 proposed by Mr. MCCONNELL to the bill S. 178, to condemn gross human rights violations of ethnic Turkic Muslims in Xinjiang, and calling for an end to arbitrary detention, torture, and harassment of these communities inside and outside China; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ___. EXTENDING MEDICARE TELEHEALTH FLEXIBILITIES.

(a) EXPANDING ACCESS TO TELEHEALTH SERVICES.—

(1) IN GENERAL.—Section 1834(m)(4)(C) of the Social Security Act (42 U.S.C. 1395m(m)(4)(C)) is amended by adding at the end the following new clause:

''(iii) EXPANDING ACCESS TO TELEHEALTH SERVICES.—With respect to telehealth services furnished beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B) of this clause, the term 'originating site' means any site at which the eligible telehealth individual is located at the time the service is furnished via a telecommunications system, including the home of an individual.''.

(2) CONFORMING AMENDMENTS.—Such section is amended—

(A) in paragraph (2)(B)—

(i) in clause (i), in the matter preceding subclause (I), by striking ''clause (ii)'' and inserting ''clauses (ii) and (iii)''; and

(ii) by adding at the end the following new clause:

''(iii) NO FACILITY FEE FOR NEW SITES.—With respect to telehealth services furnished on or after the date of enactment of this clause, a facility fee shall only be paid under this subparagraph to an originating site that is described in paragraph (4)(C)(ii) (other than subclause (X) of such paragraph).''.

(B) in paragraph (4)(C)—

(i) in clause (i), in the matter preceding subclause (I), by inserting ''and clause (iii)'' after ''and (7)''; and

(ii) in clause (ii)(X), by inserting ''prior to the first day after the end of the emergency period described in section 1135(g)(1)(B)'' before the period;

(C) in paragraph (5), by inserting ''and prior to the first day after the end of the emergency period described in section 1135(g)(1)(B)'' after ''January 1, 2019,'';

(D) in paragraph (6)(A), by inserting ''and prior to the first day after the end of the emergency period described in section 1135(g)(1)(B),'' after ''January 1, 2019,''; and

(E) in paragraph (7), by inserting ''and prior to the first day after the end of the emergency period described in section 1135(g)(1)(B),'' after ''July 1, 2019,''.

(b) EXPANDING PRACTITIONERS ELIGIBLE TO FURNISH TELEHEALTH SERVICES.—Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended—

(1) in paragraph (1), by striking ''(described in section 1842(b)(18)(C))'' and inserting ''(defined in paragraph (4)(E))''; and

(2) in paragraph (4)(E)—

(A) by striking ''PRACTITIONER.—The term'' and inserting ''PRACTITIONER.—

''(A) IN GENERAL.—Subject to subparagraph (B), the term''; and

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

''(B) EXPANSION.—The Secretary, after consulting with stakeholders regarding services that are clinically appropriate, may expand the types of practitioners who may furnish telehealth services to include any health care professional that is eligible to bill the program under this title for their professional services.''.

(c) RETENTION OF ADDITIONAL SERVICES AND SUBREGULATORY PROCESS FOR MODIFICATIONS FOLLOWING EMERGENCY PERIOD.—Section 1834(m)(4)(F) of the Social Security Act (42 U.S.C. 1395m(m)(4)(F)) is amended—

(1) in clause (i), by inserting ''and clause (iii)'' after ''paragraph (8)'';

(2) in clause (ii), by striking ''The Secretary'' and inserting ''Subject to clause (iii), the Secretary''; and

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

''(iii) RETENTION OF ADDITIONAL SERVICES AND SUBREGULATORY PROCESS FOR MODIFICATIONS FOLLOWING EMERGENCY PERIOD.—With respect to telehealth services furnished after the last day of the emergency period described in section 1135(g)(1)(B), the Secretary may—

''(I) retain as appropriate the expanded list of telehealth services specified in clause (i) pursuant to the waiver authority under section 1135(b)(8) during such emergency period; and

''(II) retain the subregulatory process used to modify the services included on the list of such telehealth services pursuant to clause (ii) during such emergency period.''.

(d) ENHANCING TELEHEALTH SERVICES FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS.—Section 1834(m)(8) of the Social Security Act (42 U.S.C. 1395m(m)(8)) is amended—

(1) in the paragraph heading by inserting ''AND AFTER'' after ''DURING '';

(2) in subparagraph (A), in the matter preceding clause (i), by inserting ''and after'' after ''During''; and

(3) in the first sentence of subparagraph (B)(i), by inserting ''and after'' after ''during''.

(e) USE OF TELEHEALTH, AS CLINICALLY APPROPRIATE, TO CONDUCT FACE-TO-FACE ENCOUNTER FOR HOSPICE CARE.—Section 1814(a)(7)(D)(i)(II) of the Social Security Act (42 U.S.C. 1395f(a)(7)(D)(i)(II)) is amended by inserting ''and after such emergency period as clinically appropriate'' after ''1135(g)(1)(B)''.

(f) USE OF TELEHEALTH, AS CLINICALLY APPROPRIATE, TO CONDUCT FACE-TO-FACE CLINICAL ASSESSMENTS FOR HOME DIALYSIS.—Clause (iii) of section 1881(b)(3)(B) of the Social Security Act (42 U.S.C. 1395rr(b)(3)(B)) is amended—

(1) by moving such clause 4 ems to the left; and

(2) by inserting ''and after such emergency period as clinically appropriate'' before the period.