

109TH CONGRESS
2^D SESSION

H. R. 6394

To facilitate the provision of telehealth services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 6, 2006

Mr. JEFFERSON introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To facilitate the provision of telehealth services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Telehealth and Medi-
5 cally Underserved and Advancement Act of 2006”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) Studies state that telehealth improves ac-
2 cess to medical care for geographically or socio-eco-
3 nomicallly isolated patients.

4 (2) Research has consistently shown that the
5 use of telehealth is a major factor in preventing un-
6 necessary patient travel to secondary or tertiary
7 health care centers.

8 (3) Literature states that the use of telehealth
9 can augment the quality, continuity, and afford-
10 ability of medical care.

11 (4) The practice of telehealth preserves the pa-
12 tient's current provider-to-patient relationship while
13 facilitating access to specialty care.

14 (5) The use of telehealth will ensure educational
15 and training support for rural-based providers and
16 remove the obstacle of professional isolation.

17 (6) Telehealth allows patients to obtain medical
18 consultation in their own communities, and the ex-
19 panded use of telehealth technology will improve the
20 quality of chronic disease care, increase wellness ini-
21 tiatives, and reduce health disparities for patients.

1 **SEC. 3. INCREASING TYPES OF ORIGINATING TELEHEALTH**
2 **SITES AND FACILITATING THE PROVISION OF**
3 **TELEHEALTH SERVICES ACROSS STATE**
4 **LINES.**

5 (a) INCREASING TYPES OF ORIGINATING SITES.—
6 Section 1834(m)(4)(C)(ii) of the Social Security Act (42
7 U.S.C. 1395m(m)(4)(C)(ii)) is amended by adding at the
8 end the following:

9 “(VI) A skilled nursing facility
10 (as defined in section 1819(a)).

11 “(VII) An assisted-living facility
12 (as defined by the Secretary).

13 “(VIII) A board-and-care home
14 (as defined by the Secretary).

15 “(IX) A county or community
16 health clinic (as defined by the Sec-
17 retary).

18 “(X) A community mental health
19 center (as described in section
20 1861(ff)(2)(B)).

21 “(XI) A facility operated by the
22 Indian Health Service or by an Indian
23 tribe, tribal organization, or an urban
24 Indian organization (as such terms
25 are defined in section 4 of the Indian
26 Health Care Improvement Act (25

1 U.S.C. 1603)) directly, or under con-
2 tract or other arrangement.

3 “(XII) A site in a State in which
4 the respective State medical board has
5 adopted a formal policy regarding li-
6 censing or certification requirements
7 for providers at distant sites who do
8 not have a license to practice medicine
9 at the originating site.”.

10 (b) EXPANDING ELIGIBILITY FOR REIMBURSE-
11 MENT.—Section 1834(m)(4)(C)(i)(I) of the Social Secu-
12 rity Act (42 U.S.C. 1395m(m)(4)(C)(i)(I)) is amended by
13 striking “rural”.

14 **SEC. 4. STRENGTHENING TELEHEALTH SERVICES IN**
15 **RURAL AND UNDERSERVED URBAN AMERICA.**

16 Subpart I of part D of title III of the Public Health
17 Service Act (42 U.S.C. 254b et seq.) is amended—

18 (1) in section 330L—

19 (A) by redesignating subsection (b) as sub-
20 section (e); and

21 (B) by inserting after subsection (a) the
22 following:

23 “(b) CONFERENCE.—Within 2 years of the date of
24 enactment of the Telehealth Medically Underserved and
25 Advancement Act of 2006, the Secretary shall convene a

1 conference of State licensing boards, local telehealth
2 projects, health care practitioners, and patient advocates
3 to promote interstate licensure for telehealth projects.”;
4 and

5 (2) by inserting after section 330L the fol-
6 lowing:

7 **“SEC. 330M. INTEGRATIVE ELDERCARE TELEHEALTH DEM-**
8 **ONSTRATION PROJECT.**

9 “(a) PURPOSES.—The purposes of this section are to
10 encourage the creation of programs to—

11 “(1) evaluate the use of telehealth services in
12 an integrative eldercare setting;

13 “(2) eliminate fragmented service delivery while
14 promoting enhanced continuity of care, elimination
15 of health disparities, and more simplified access to
16 services;

17 “(3) develop community-based options that pro-
18 mote patient independence and leverage telehealth
19 services and equipment to enable the use of the most
20 cost-effective, least restrictive care settings; and

21 “(4) promote access for elderly patients in rural
22 and underserved urban areas to improvements in
23 medical technology and training across an integrated
24 spectrum of care; and

1 “(5) make health care services more flexible
2 and responsive to the diverse and changing needs of
3 elderly patients in rural areas.

4 “(b) GRANTS AUTHORIZED.—

5 “(1) IN GENERAL.—The Director may award
6 grants to eligible providers for projects to dem-
7 onstrate how telehealth technologies can be used
8 through telehealth networks in rural areas, frontier
9 communities, and medically underserved areas, and
10 for medically underserved populations, to—

11 “(A) expand access to, coordinate, and im-
12 prove the quality of health care services;

13 “(B) improve and expand the training of
14 health care providers;

15 “(C) expand and improve the quality of
16 health information available to health care pro-
17 viders, and patients and their families, for deci-
18 sion making; and

19 “(D) expand and improve efforts to elimi-
20 nate health care disparities.

21 “(2) GRANT PERIOD.—The Director shall
22 award grants under this subsection for a period of
23 up to 5 years.

24 “(3) NUMBER OF GRANTS.—Not to exceed 50
25 grants shall be awarded under this subsection, of

1 which at least $\frac{1}{2}$ shall be dedicated to providing
2 services in rural communities.

3 “(c) USE OF FUNDS.—Grants awarded pursuant to
4 subsection (b) may be used for activities including—

5 “(1) improving access to coordinated health
6 care services and resource levels of care consistent
7 with quality health care services and optimal patient
8 outcomes, improving the quality of such care, in-
9 creasing patient satisfaction with such care, and re-
10 ducing the cost of such care through advanced tele-
11 communication technologies;

12 “(2) developing effective care management
13 practices and educational curricula to train health
14 care professionals, paraprofessionals, and caregivers,
15 including family members, and to increase the gen-
16 eral level of competency of such individuals through
17 such training; and

18 “(3) developing culturally competent curricula
19 to train health care professionals, paraprofessionals,
20 and caregivers, including family members, serving
21 integrative eldercare patients in the use of tele-
22 communications.

23 “(d) APPLICATIONS.—To be eligible to receive a
24 grant under subsection (b), an eligible provider, in con-
25 sultation with the appropriate State office of rural health

1 or another appropriate State entity, shall prepare and sub-
2 mit to the Director an application, at such time, in such
3 manner, and containing such information as the Director
4 may require, including—

5 “(1) a description of the project that the eligi-
6 ble entity will carry out using the funds provided
7 under the grant;

8 “(2) a description of the manner in which the
9 project funded under the grant will meet the health
10 care needs of rural or other populations to be served
11 through the project, or improve the access to serv-
12 ices of, and the quality of the services received by,
13 those populations;

14 “(3) evidence of local support for the project,
15 and a description of how the areas, communities, or
16 populations to be served will be involved in the devel-
17 opment and ongoing operations of the project;

18 “(4) a plan for sustaining the project after Fed-
19 eral support for the project has ended;

20 “(5) information on the source and amount of
21 non-Federal funds that the entity will provide for
22 the project;

23 “(6) information demonstrating the long-term
24 viability of the project, and other evidence of institu-
25 tional commitment of the entity to the project;

1 “(7) information on how services will be used to
2 eliminate health care disparities;

3 “(8) in the case of an application for a project
4 involving a telehealth network, information dem-
5 onstrating how the project will promote the integra-
6 tion of telehealth technologies into the operations of
7 health care providers, to avoid redundancy, and im-
8 prove access to and the quality of care; and

9 “(9) other such information as the Director de-
10 termines to be appropriate.

11 “(e) REPORT.—

12 “(1) FINAL REPORT.—Not later than 1 year
13 after the date of termination of the last grant to be
14 awarded under this section, the Director shall sub-
15 mit to Congress a final report—

16 “(A) describing the results of the programs
17 funded by grants awarded pursuant to this sec-
18 tion; and

19 “(B) evaluating the impact of the use of
20 telehealth services in an integrative eldercare
21 setting on—

22 “(i) access to care for patients served
23 by integrative eldercare programs; and

24 “(ii) the quality of, patient satisfac-
25 tion with, and the cost of, such care.

1 “(2) ENSURING ACCESS TO QUALITY CARE.—In
2 conducting the evaluation under paragraph (1)(B),
3 the Director shall—

4 “(A) give special consideration to the im-
5 pact of programs funded under this section on
6 face-to-face access to medical providers; and

7 “(B) develop specific measures to evaluate
8 the quality of care provided to those partici-
9 pating in such programs to ensure that tele-
10 health augments the plan of care.

11 “(f) ELIGIBLE PROVIDER.—The term ‘eligible pro-
12 vider’ means a consortia of home and facility-based care
13 providers that includes providers from no less than 2 of
14 the following:

15 “(1) An adult congregate care facility.

16 “(2) A continuing care retirement community.

17 “(3) An assisted living facility.

18 “(4) An Alzheimer’s facility.

19 “(5) An institutional hospice facility.

20 “(6) A residential care facility.

21 “(7) An adult foster home.

22 “(8) A State-licensed nursing home, including a
23 skilled nursing facility, an intermediate care facility,
24 licensed home health provider or other health care

1 provider that the Director deems appropriate and
2 consistent with the purposes of this section.

3 “(g) DEFINITIONS.—In this section:

4 “(1) DIRECTOR; OFFICE.—The terms ‘Director’
5 and ‘Office’ mean the Director of the Office for the
6 Advancement of Telehealth and the Office for the
7 Advancement of Telehealth, respectively.

8 “(2) INTEGRATIVE ELDERCARE.—The term ‘in-
9 tegrative eldercare’ includes case management and
10 coordination of care for elderly patients recovering
11 from acute illness or coping with chronic disease at
12 the lowest intensity and resource level of care con-
13 sistent with quality health care services and optimal
14 patient outcomes.

15 “(3) TELEHEALTH SERVICES.—The term ‘tele-
16 health services’ means services provided through
17 telehealth technologies.

18 “(4) TELEHEALTH TECHNOLOGIES.—The term
19 ‘telehealth technologies’ means technologies relating
20 to the use of electronic information, and tele-
21 communications technologies, to support and pro-
22 mote, at a distance, health care, patient and profes-
23 sional health-related education, health administra-
24 tion, and public health.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to the Office for the Ad-
3 vancement of Telehealth to carry out this section
4 \$45,000,000 for fiscal year 2007 and such sums as may
5 be necessary for each of fiscal years 2008 through 2012.

6 **“SEC. 330N. ORAL HEALTH TELEHEALTH DEMONSTRATION**
7 **PROJECT.**

8 “(a) PURPOSE.—The purpose of this section is to
9 evaluate the use of telehealth services to expand access
10 to oral health services and improve oral health outcomes
11 among rural and underserved urban patients.

12 “(b) GRANTS AUTHORIZED.—

13 “(1) IN GENERAL.—The Director is authorized
14 to award competitive grants to eligible providers, in-
15 dividualy or as part of a network of eligible pro-
16 viders, for the provision of oral health services to im-
17 prove patient care, prevent health care complica-
18 tions, improve patient outcomes, and achieve effi-
19 ciencies in the delivery of oral health care to patients
20 who reside in rural areas.

21 “(2) GRANT PERIOD.—The Director shall
22 award grants under this section for a period of up
23 to 5 years.

1 “(3) NUMBER OF GRANTS.—The number of
2 grants awarded under this section shall not exceed
3 30 grants.

4 “(c) USE OF FUNDS.—Grants awarded pursuant to
5 subsection (b) may be used for activities including—

6 “(1) improving access to care for rural and un-
7 derserved urban patients served by eligible providers,
8 improving the quality of that care, increasing patient
9 satisfaction with that care, and reducing the cost of
10 that care through advanced telecommunication tech-
11 nologies;

12 “(2) developing effective oral telehealth care
13 management practices and culturally competent edu-
14 cational curricula to train oral health professionals
15 and paraprofessionals and increase their general
16 level of competency through that training; and

17 “(3) developing culturally competent curricula
18 to train health care professionals and paraprofes-
19 sionals, serving rural and underserved urban pa-
20 tients in the use of telecommunications.

21 “(d) APPLICATIONS.—To be eligible to receive a
22 grant under subsection (b), an eligible entity, in consulta-
23 tion with the appropriate State office of rural health or
24 another appropriate State entity, shall prepare and submit
25 to the Director an application, at such time, in such man-

1 ner, and containing such information as the Director may
2 require, including—

3 “(1) a description of the project that the eligi-
4 ble entity will carry out using the funds provided
5 under the grant;

6 “(2) a description of the manner in which the
7 project funded under the grant will meet the health
8 care needs of rural or other populations to be served
9 through the project, or improve the access to serv-
10 ices of, and the quality of the services received by,
11 those populations;

12 “(3) evidence of local support for the project,
13 and a description of how the areas, communities, or
14 populations to be served will be involved in the devel-
15 opment and ongoing operations of the project;

16 “(4) a plan for sustaining the project after Fed-
17 eral support for the project has ended;

18 “(5) information on the source and amount of
19 non-Federal funds that the entity will provide for
20 the project;

21 “(6) information demonstrating the long-term
22 viability of the project, and other evidence of institu-
23 tional commitment of the entity to the project;

24 “(7) information on how services will be used to
25 eliminate health care disparities;

1 “(8) in the case of an application for a project
2 involving a telehealth network, information dem-
3 onstrating how the project will promote the integra-
4 tion of telehealth technologies into the operations of
5 health care providers, to avoid redundancy, and im-
6 prove access to and the quality of care; and

7 “(9) other such information as the Director de-
8 termines to be appropriate.

9 “(e) REPORT.—

10 “(1) FINAL REPORT.—Not later than 1 year
11 after the date of termination of the last grant to be
12 awarded under this section, the Director shall sub-
13 mit to Congress a final report—

14 “(A) describing the results of the programs
15 funded by grants awarded pursuant to this sec-
16 tion; and

17 “(B) including an evaluation of the impact
18 of the use of oral telehealth services on—

19 “(i) access to oral health care for
20 rural patients; and

21 “(ii) the quality of, patient satisfac-
22 tion with, and the cost of, that care.

23 “(2) ENSURING ACCESS TO QUALITY CARE.—In
24 conducting the evaluation under paragraph (1)(B),
25 the Director shall—

1 “(A) give special consideration to the im-
2 pact of programs funded under this section on
3 face-to-face access to medical providers; and

4 “(B) develop specific measures to evaluate
5 the quality of care provided to those partici-
6 pating in such programs to ensure that tele-
7 medicine augments the plan of care.

8 “(f) DEFINITION OF ELIGIBLE PROVIDER.—In this
9 section, the term ‘eligible provider’ includes dentists,
10 periodontists, orthodontists, dental and oral health clinics,
11 and schools of dentistry and oral health, where a majority
12 of the patient population resides in a rural area, and may
13 include other rural oral health providers that the Director
14 deems appropriate.

15 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 \$30,000,000 for fiscal year 2007 and such sums as may
18 be necessary for each of fiscal years 2008 through 2010.”.

19 **SEC. 5. JOINT WORKING GROUP ON TELEHEALTH.**

20 (a) IN GENERAL.—

21 (1) REPRESENTATION OF RURAL AND URBAN
22 AREAS.—The Secretary of Health and Human Serv-
23 ices shall establish, within the Office for the Ad-
24 vancement of Telehealth in the Health Resources
25 and Services Administration, and under the leader-

1 ship of the Director of such Office, a Joint Working
2 Group on Telehealth. In establishing such Group,
3 the Secretary shall ensure that all relevant Federal
4 agencies are represented and that input from rel-
5 evant industry groups, including representatives of
6 rural areas and medically underserved areas, is fully
7 considered.

8 (2) MISSION.—The mission of the Joint Work-
9 ing Group on Telehealth is—

10 (A) to identify, monitor, and coordinate
11 Federal telehealth projects, data sets, and pro-
12 grams in rural and urban areas;

13 (B) to analyze—

14 (i) how telehealth systems are expand-
15 ing access to health care services, edu-
16 cation, and information;

17 (ii) the clinical, educational, or admin-
18 istrative efficacy and cost-effectiveness of
19 telehealth applications; and

20 (iii) the quality of the telehealth serv-
21 ices delivered;

22 (iv) how telehealth systems can ad-
23 vance the improvement of health care qual-
24 ity and the elimination of health care dis-
25 parities; and

1 (v) the level of Federal resources
2 needed to accomplish the stated objectives
3 of telehealth programs as established
4 under this Act; and

5 (C) to make further recommendations for
6 coordinating Federal and State efforts to in-
7 crease access to health services, education, and
8 information in rural and urban medically un-
9 derserved areas .

10 (3) ANNUAL REPORTS.—Not later than 2 years
11 after the date of enactment of this Act, and each
12 January 1 thereafter, the Joint Working Group on
13 Telehealth shall submit to Congress a report on the
14 status of the Group’s mission and the state of the
15 telehealth field generally.

16 (b) REPORT SPECIFICS.—The annual report required
17 under subsection (a)(3) shall provide—

18 (1) an analysis of—

19 (A) the matters described in subsection
20 (a)(2)(B);

21 (B) Federal activities with respect to tele-
22 health; and

23 (C) the process of the Joint Working
24 Group on Telehealth’s efforts to coordinate
25 Federal telehealth programs; and

1 (2) recommendations for a coordinated Federal
2 strategy to increase health care access through tele-
3 health.

4 (c) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated such sums as may be
6 necessary to enable the Joint Working Group on Tele-
7 health to carry out this section.

○