

116TH CONGRESS
2D SESSION

H. R. 7190

To amend the Public Health Service Act to provide for the establishment of a virtual health pilot program to facilitate utilization of remote patient monitoring technology to maintain or expand access to health care services for individuals in rural areas during the COVID–19 emergency period, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2020

Ms. TORRES SMALL of New Mexico (for herself and Mr. NEWHOUSE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for the establishment of a virtual health pilot program to facilitate utilization of remote patient monitoring technology to maintain or expand access to health care services for individuals in rural areas during the COVID–19 emergency period, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Increasing Rural
3 Health Access During the COVID–19 Public Health
4 Emergency Act of 2020”.

5 **SEC. 2. INCREASING RURAL HEALTH ACCESS DURING THE**
6 **COVID–19 PUBLIC HEALTH EMERGENCY.**

7 (a) DEFINITIONS.—Subsection (a) of section 330I of
8 the Public Health Service Act (42 U.S.C. 254c–14) is
9 amended—

10 (1) by redesignating paragraphs (1) through
11 (7) as paragraphs (2), (3), (4), (5), (6), (8), and
12 (9), respectively;

13 (2) by inserting before paragraph (2), as redes-
14 ignated, the following new paragraph:

15 “(1) COVID–19 EMERGENCY PERIOD.—The
16 term ‘COVID–19 emergency period’ means the pe-
17 riod beginning on the date of enactment of the In-
18 creasing Rural Health Access During the COVID–
19 19 Public Health Emergency Act of 2020 and end-
20 ing on the date on which the national emergency de-
21 clared by the President under the National Emer-
22 gencies Act with respect to the COVID–19 outbreak
23 in the United States expires.”; and

24 (3) by inserting before paragraph (8), as redes-
25 ignated, the following:

1 “(7) REMOTE PATIENT MONITORING TECH-
2 NOLOGY.—The term ‘remote patient monitoring
3 technology’ means digital technologies used to collect
4 medical and other forms of health data from individ-
5 uals in one location and electronically transmit such
6 data securely to health care providers in a different
7 location for assessment, recommendations, and inter-
8 ventions.”.

9 (b) PROGRAMS.—Subsection (b) of section 330I of
10 the Public Health Service Act (42 U.S.C. 254c–14) is
11 amended—

12 (1) by striking “The Secretary shall establish,
13 under section 301” and inserting the following:

14 “(1) IN GENERAL.—The Secretary shall estab-
15 lish, under section 301”; and

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

18 “(2) VIRTUAL HEALTH PILOT PROGRAM.—The
19 Secretary shall establish a virtual health pilot pro-
20 gram to facilitate utilization of remote patient moni-
21 toring technology to maintain or expand access to
22 health care services for individuals in rural areas
23 during the COVID–19 emergency period.”.

1 (c) GRANTS.—Subsection (d) of section 330I of the
2 Public Health Service Act (42 U.S.C. 254c–14) is amend-
3 ed by adding at the end the following new paragraph:

4 “(3) VIRTUAL HEALTH NETWORK PILOT PRO-
5 GRAM GRANTS.—The Director shall, in carrying out
6 the virtual health pilot program referred to in sub-
7 section (b)(2), award grants to eligible entities to fa-
8 cilitate utilization of remote patient monitoring tech-
9 nology in rural areas to—

10 “(A) maintain or expand access to, and co-
11 ordinate health care services for, individuals
12 with chronic conditions;

13 “(B) improve and expand the training of
14 health care providers using remote patient mon-
15 itoring technology; and

16 “(C) minimize challenges facing health
17 care providers and health care facilities, includ-
18 ing rural health clinics, community health cen-
19 ters, community behavioral health centers, long-
20 term care facilities, and rural hospitals, as such
21 providers and facilities serve their communities
22 especially during the COVID–19 emergency pe-
23 riod.”.

1 (d) GRANT PERIODS.—Subsection (e) of section 330I
2 of the Public Health Service Act (42 U.S.C. 254e–14) is
3 amended—

4 (1) by striking “The Director may award
5 grants under this section” and inserting the fol-
6 lowing:

7 “(1) TELEHEALTH NETWORK AND TELE-
8 HEALTH RESEARCH CENTER GRANTS.—The Director
9 may award grants under paragraphs (1) and (2) of
10 subsection (d)”;

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

13 “(2) VIRTUAL HEALTH NETWORK PILOT PRO-
14 GRAM GRANTS.—The Director shall—

15 “(A) not later than 30 days after the date
16 of enactment of Increasing Rural Health Access
17 During the COVID–19 Public Health Emer-
18 gency Act of 2020, issue a notice of the avail-
19 ability of funding through grants under sub-
20 section (d)(3); and

21 “(B) not later than 90 days after the date
22 of issuance of the notice required by subpara-
23 graph (A), award all grants under subsection
24 (d)(3).”.

1 (e) ELIGIBLE ENTITIES.—Subsection (f) of section
2 330I of the Public Health Service Act (42 U.S.C. 254c–
3 14) is amended by adding at the end the following:

4 “(4) VIRTUAL HEALTH NETWORK PILOT PRO-
5 GRAM GRANTS.—To be eligible to receive a grant
6 under subsection (d)(3), an entity shall—

7 “(A) meet the requirements of paragraphs
8 (1), (2), and (3) of this subsection that apply
9 to an entity seeking a grant under subsection
10 (d)(1);

11 “(B) be located in a rural area; and

12 “(C) demonstrate that the entity will pro-
13 vide services using remote patient monitoring
14 technology that is—

15 “(i) cellular enabled;

16 “(ii) approved, cleared, or authorized
17 by the Food and Drug Administration; and

18 “(iii) operable using cellular stand-
19 ards, including 2G and 3G, that offer
20 broad network coverage in rural areas
21 without broadband access, as determined
22 by the Secretary.”.

23 (f) APPLICATIONS.—Subsection (g) of section 330I of
24 the Public Health Service Act (42 U.S.C. 254c–14) is
25 amended—

1 (1) by redesignating paragraphs (1) through
2 (8) as subparagraphs (A) through (H), respectively,
3 and moving the margin of each such redesignated
4 subparagraph 2 ems to the right;

5 (2) by striking “To be eligible to receive a grant
6 under subsection (d)” and inserting the following:

7 “(1) TELEHEALTH NETWORK AND TELE-
8 HEALTH RESEARCH CENTER GRANTS.—To be eligi-
9 ble to receive a grant under paragraph (1) or (2) of
10 subsection (d)”;

11 (3) by adding at the end the following new
12 paragraph:

13 “(2) VIRTUAL HEALTH NETWORK PILOT PRO-
14 GRAM GRANTS.—To be eligible to receive a grant
15 under subsection (d)(3), an eligible entity shall pre-
16 pare and submit to the Secretary an application at
17 such time, in such manner, and containing such in-
18 formation as the Secretary may require and include
19 in such application—

20 “(A) a description of the project that the
21 eligible entity will carry out using the funds
22 provided under the grant;

23 “(B) a description of the manner in which
24 the project funded under the grant will meet
25 the health care needs of rural or other popu-

1 lations to be served through the project, or
 2 maintain or improve access to services of, and
 3 the quality of the services received by, those
 4 populations;

5 “(C) information on the source and
 6 amount of non-Federal funds that the entity
 7 will provide for the project; and

8 “(D) evidence of intent to provide services
 9 using remote patient monitoring technology as
 10 described in subsection (f)(4)(C).”.

11 (g) PREFERENCES.—Subsection (h) of section 330I
 12 of the Public Health Service Act (42 U.S.C. 254c–14) is
 13 amended by adding at the end the following new para-
 14 graph:

15 “(3) VIRTUAL HEALTH NETWORK PILOT PRO-
 16 GRAM GRANTS.—In awarding grants under sub-
 17 section (d)(3), the Secretary shall give preference to
 18 any eligible entity that—

19 “(A) is able to establish a virtual health
 20 program using remote patient monitoring tech-
 21 nology within 60 days of receipt of the award;
 22 and

23 “(B) proposes to use Federal funds made
 24 available through such a grant to establish and
 25 furnish services using remote patient moni-

1 toring technology that provides real time, con-
2 tinuous coaching services.”.

3 (h) USE OF FUNDS.—Subsection (j) of section 330I
4 of the Public Health Service Act (42 U.S.C. 254c–14) is
5 amended by adding at the end the following new para-
6 graph:

7 “(3) VIRTUAL HEALTH NETWORK PILOT PRO-
8 GRAM GRANTS.—The recipient of a grant under sub-
9 section (d)(3) may use funds received through such
10 grant for salaries, equipment, and operating or other
11 costs for—

12 “(A) developing and delivering services
13 using remote patient monitoring technology
14 that enhance access to community-based health
15 care services in rural areas;

16 “(B) developing and acquiring, through
17 lease or purchase, computer hardware and soft-
18 ware, audio and video equipment, computer net-
19 work equipment, interactive equipment, data
20 terminal equipment, and other equipment that
21 further the objectives of the virtual health pilot
22 program;

23 “(C)(i) providing for transmission of med-
24 ical data, and maintenance of equipment; and

1 “(ii) providing for compensation (including
2 travel expenses) of specialists, and referring
3 health care providers, who are providing virtual
4 health services through remote patient moni-
5 toring technology if no third-party payment is
6 available;

7 “(D) collecting and analyzing usage statis-
8 tics and data to document the cost-effectiveness
9 of services using remote patient monitoring
10 technology; and

11 “(E) carrying out such other activities as
12 are consistent with achieving the objectives of
13 the virtual health pilot program, as determined
14 by the Secretary.”.

15 (i) FUNDING.—Subsection (q) of section 330I of the
16 Public Health Service Act (42 U.S.C. 254c–14) is amend-
17 ed—

18 (1) in the subsection heading, by striking “AU-
19 THORIZATION OF APPROPRIATIONS” and inserting
20 “FUNDING”;

21 (2) by striking “There are authorized to be ap-
22 propriated to carry out this section” and inserting
23 the following:

24 “(1) TELEHEALTH NETWORK AND TELE-
25 HEALTH RESEARCH CENTER GRANTS.—To carry out

1 this section with respect to grants under paragraphs
2 (1) and (2) of subsection (d), there is authorized to
3 be appropriated”; and

4 (3) by adding at the end the following new
5 paragraph:

6 “(2) VIRTUAL HEALTH NETWORK PILOT PRO-
7 GRAM GRANTS.—To carry out this section with re-
8 spect to the virtual health pilot program under sub-
9 section (b)(2), including grants under subsection
10 (d)(3), there is authorized to be appropriated
11 \$50,000,000, to remain available through the end of
12 the COVID–19 emergency period.”.

13 (j) REPORT.—Not later than two years after award-
14 ing all grants under subsection (d)(3) of section 330I of
15 the Public Health Service Act, as added by this section,
16 the Secretary of Health and Human Services shall prepare
17 and submit to the Committee on Energy and Commerce
18 of the House of Representatives and the Committee on
19 Health, Education, Labor, and Pensions of the Senate a
20 report on the activities and outcomes of the pilot program
21 under subsection (b)(2) of section 330I of such Act, as
22 added by this section.

○