

115TH CONGRESS
1ST SESSION

S. 925

To amend title 38, United States Code, to improve the ability of health care professionals to treat veterans through the use of telemedicine, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 25, 2017

Mrs. ERNST (for herself and Ms. HIRONO) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to improve the ability of health care professionals to treat veterans through the use of telemedicine, 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 “Veterans E-Health and
5 Telemedicine Support Act of 2017” or the “VETS Act
6 of 2017”.

1 **SEC. 2. LICENSURE OF HEALTH CARE PROFESSIONALS OF**
2 **THE DEPARTMENT OF VETERANS AFFAIRS**
3 **PROVIDING TREATMENT VIA TELEMEDICINE.**

4 (a) IN GENERAL.—Chapter 17 of title 38, United
5 States Code, is amended by inserting after section 1730A
6 the following new section:

7 **“§ 1730B. Licensure of health care professionals pro-**
8 **viding treatment via telemedicine**

9 “(a) IN GENERAL.—Notwithstanding any provision
10 of law regarding the licensure of health care professionals,
11 a covered health care professional may practice the health
12 care profession of the health care professional at any loca-
13 tion in any State, regardless of where the covered health
14 care professional or the patient is located, if the covered
15 health care professional is using telemedicine to provide
16 treatment to an individual under this chapter.

17 “(b) PROPERTY OF FEDERAL GOVERNMENT.—Sub-
18 section (a) shall apply to a covered health care professional
19 providing treatment to a patient regardless of whether the
20 covered health care professional or patient is located in
21 a facility owned by the Federal Government during such
22 treatment.

23 “(c) CONSTRUCTION.—Nothing in this section may
24 be construed to remove, limit, or otherwise affect any obli-
25 gation of a covered health care professional under the Con-
26 trolled Substances Act (21 U.S.C. 801 et seq.).

1 “(d) COVERED HEALTH CARE PROFESSIONAL DE-
 2 FINED.—In this section, the term ‘covered health care pro-
 3 fessional’ means a health care professional who—

4 “(1) is an employee of the Department ap-
 5 pointed under the authority under section 7306,
 6 7401, 7405, 7406, or 7408 of this title or title 5;

7 “(2) is authorized by the Secretary to provide
 8 health care under this chapter;

9 “(3) is required to adhere to all quality stand-
 10 ards relating to the provision of telemedicine in ac-
 11 cordance with applicable policies of the Department;
 12 and

13 “(4) has an active, current, full, and unre-
 14 stricted license, registration, or certification in a
 15 State to practice the health care profession of the
 16 health care professional.”.

17 (b) CLERICAL AMENDMENT.—The table of sections
 18 at the beginning of chapter 17 of such title is amended
 19 by inserting after the item relating to section 1730A the
 20 following new item:

“1730B. Licensure of health care professionals providing treatment via telemedi-
 cine.”.

21 (c) REPORT ON TELEMEDICINE.—

22 (1) IN GENERAL.—Not later than one year
 23 after the date of the enactment of this Act, the Sec-
 24 retary of Veterans Affairs shall submit to the Com-

1 mittee on Veterans' Affairs of the Senate and the
2 Committee on Veterans' Affairs of the House of
3 Representatives a report on the effectiveness of the
4 use of telemedicine by the Department of Veterans
5 Affairs.

6 (2) ELEMENTS.—The report required by para-
7 graph (1) shall include an assessment of the fol-
8 lowing:

9 (A) The satisfaction of veterans with tele-
10 medicine furnished by the Department.

11 (B) The satisfaction of health care pro-
12 viders in providing telemedicine furnished by
13 the Department.

14 (C) The effect of telemedicine furnished by
15 the Department on the following:

16 (i) The ability of veterans to access
17 health care, whether from the Department
18 or from non-Department health care pro-
19 viders.

20 (ii) The frequency of use by veterans
21 of telemedicine.

22 (iii) The productivity of health care
23 providers.

1 (iv) Wait times for an appointment
2 for the receipt of health care from the De-
3 partment.

4 (v) The reduction, if any, in the use
5 by veterans of in-person services at De-
6 partment facilities and non-Department fa-
7 cilities.

8 (D) The types of appointments for the re-
9 ceipt of telemedicine furnished by the Depart-
10 ment that were provided during the one-year
11 period preceding the submittal of the report.

12 (E) The number of appointments for the
13 receipt of telemedicine furnished by the Depart-
14 ment that were requested during such period,
15 disaggregated by Veterans Integrated Service
16 Network.

17 (F) Savings by the Department, if any, in-
18 cluding travel costs, of furnishing health care
19 through the use of telemedicine during such pe-
20 riod.

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