

114TH CONGRESS
1ST SESSION

S. 2170

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

OCTOBER 8, 2015

Mrs. ERNST (for herself, Ms. HIRONO, Mr. CORNYN, Mr. UDALL, Mr. TILLIS, Mr. SESSIONS, Mr. BOOZMAN, Mr. ROUNDS, Ms. AYOTTE, Mr. GRASSLEY, and Mr. HEINRICH) 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 2015” or the “VETS Act
6 of 2015”.

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 such health care
14 professional or the patient is located, if the health care
15 professional is using telemedicine to provide treatment to
16 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
20 such health care professional or patient is located in a fa-
21 cility owned by the Federal Government during such treat-
22 ment.

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) DEFINITIONS.—In this section:

2 “(1) The term ‘covered health care professional’
3 means a health care professional who is—

4 “(A) authorized by the Secretary to pro-
5 vide health care under this chapter, including a
6 private health care professional who provides
7 such care under a contract entered into with
8 the Secretary, including a contract entered into
9 under section 1703 of this title; and

10 “(B) licensed, registered, or certified in a
11 State to practice the health care profession of
12 the health care professional.

13 “(2) The term ‘telemedicine’ means the use of
14 telecommunication technology and information tech-
15 nology to provide health care or support the provi-
16 sion of health care in situations in which the patient
17 and health care professional are separated by geo-
18 graphic distance.”.

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

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

23 (c) REPORT ON TELEMEDICINE.—

1 (1) IN GENERAL.—Not later than one year
2 after the date of the enactment of this Act, the Sec-
3 retary of Veterans Affairs shall submit to the Com-
4 mittee on Veterans' Affairs of the Senate and the
5 Committee on Veterans' Affairs of the House of
6 Representatives a report on the effectiveness of the
7 use of telemedicine by the Department of Veterans
8 Affairs.

9 (2) ELEMENTS.—The report required by para-
10 graph (1) shall include an assessment of the fol-
11 lowing:

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

14 (B) The satisfaction of health care pro-
15 viders in providing telemedicine furnished by
16 the Department.

17 (C) The effect of telemedicine furnished by
18 the Department on the following:

19 (i) The ability of veterans to access
20 health care, whether from the Department
21 or from non-Department health care pro-
22 viders.

23 (ii) The frequency of use by veterans
24 of telemedicine.

1 (iii) The productivity of health care
2 providers.

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

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

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

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

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

22 (3) TELEMEDICINE DEFINED.—In this sub-
23 section, the term “telemedicine” has the meaning

1 given that term in section 1730B(d)(2) of title 38,
2 United States Code, as added by subsection (a).

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