

116TH CONGRESS
2D SESSION

S. 3917

To establish a home-based telemental health care demonstration program for purposes of increasing mental health services in rural medically underserved populations and for individuals in farming, fishing, and forestry occupations.

IN THE SENATE OF THE UNITED STATES

JUNE 9, 2020

Mr. ROUNDS (for himself, Ms. SMITH, Mr. CRAMER, Ms. COLLINS, Mr. MARKEY, Mr. BOOZMAN, Mrs. HYDE-SMITH, and Mr. BENNET) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a home-based telemental health care demonstration program for purposes of increasing mental health services in rural medically underserved populations and for individuals in farming, fishing, and forestry occupations.

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 “Home-Based Tele-
5 mental Health Care Act of 2020”.

1 **SEC. 2. FINDINGS.**

2 Congress finds as follows:

3 (1) It is estimated that 46,600,000 adults expe-
4 rience mental illness in a given year in the United
5 States, with 7.1 percent of adults in the United
6 States living with major depression and 19.1 percent
7 of such adults living with anxiety disorders.

8 (2) According to the results from the 2017 Na-
9 tional Survey on Drug Use and Health, 19.1 percent
10 of residents in rural communities aged 18 or older
11 have any mental illness, or approximately 6,800,000
12 people; 4.9 percent, or nearly 1,700,000 rural resi-
13 dents experience serious thoughts of suicide.

14 (3) A study by the Centers for Disease Control
15 and Prevention suggests that people in farming,
16 fishing, and forestry occupations (referred to in this
17 section as the “Triple-F” industry) in the United
18 States experienced rates of 75 and 76 suicides per
19 100,000 people in 2012 and 2015, respectively.

20 (4) The COVID–19 pandemic has put addi-
21 tional stress on people in the Triple-F population.
22 The pandemic has caused instability in the markets,
23 especially as the virus has caused a downturn in
24 food service sales and has closed meat processing
25 plants across the Nation. This has left farmers with
26 low commodity prices and loss of revenue. Additional

1 resources are needed to support the mental health
2 needs of this population.

3 (5) While the prevalence of mental illness is
4 similar among rural and urban residents, the serv-
5 ices available to each population are very different.
6 Mental health care needs are not met in rural com-
7 munities due to many challenges, including accessi-
8 bility issues due to transportation and geographic
9 isolation, the stigma of needing or receiving mental
10 health care, a lack of anonymity when seeking treat-
11 ment, shortages of mental health workforce profes-
12 sionals, and affordability due to a high rate of unin-
13 sured residents.

14 (6) Telemental health, which is the delivery of
15 mental health services using remote technologies
16 when the patient and provider are separated by dis-
17 tance, shows promise in helping to alleviate the lack
18 of mental health services in rural areas. Traditional
19 telemental health models involve care delivered to a
20 patient at an originating clinical site from a spe-
21 cialist working at a distant site. Having the ability
22 to reach mental health professionals from a place of
23 comfort, such as home, from a personal device may
24 reduce challenges faced in rural areas and amongst
25 Triple-F workers.

1 (7) A clinical trial of 241 depressed elderly vet-
 2 erans, which was conducted by the Medical Univer-
 3 sity of South Carolina and the Ralph H. Johnson
 4 Veterans Affairs Medical Center, and published in
 5 the Journal of Clinical Psychiatry, found that home-
 6 based telemental health for depression is well re-
 7 ceived by patients and delivers as good a quality of
 8 life as in-person visits.

9 **SEC. 3. MENTAL HEALTH SERVICES DELIVERED TO RURAL**
 10 **UNDERSERVED POPULATIONS VIA TELE-**
 11 **MENTAL HEALTH CARE.**

12 Title III of the Public Health Service Act is amended
 13 by inserting after section 330K (42 U.S.C. 254c-16) the
 14 following:

15 **“SEC. 330K-1. MENTAL HEALTH SERVICES DELIVERED TO**
 16 **RURAL UNDERSERVED POPULATIONS VIA**
 17 **TELEMENTAL HEALTH CARE.**

18 “(a) DEFINITIONS.—In this section—

19 “(1) the term ‘covered populations’ means—

20 “(A) medically underserved populations in
 21 rural areas (as defined in section 1886(d)(2)(D)
 22 of the Social Security Act); or

23 “(B) populations engaged in a farming,
 24 fishing, or forestry industry;

1 “(2) the term ‘eligible entity’ means a public or
2 nonprofit private telemental health provider network
3 that offers services that include mental health serv-
4 ices provided by professionals trained in mental
5 health;

6 “(3) the term ‘farming, fishing, or forestry in-
7 dustry’ means an occupation defined as a farming,
8 fishing, or forestry occupation by the Department of
9 Labor in accordance with the Standard Occupational
10 Classification System;

11 “(4) the term ‘home-based telemental’ means
12 the use of telemental health services where the pa-
13 tient is in his or her own home or other place of
14 comfort;

15 “(5) the term ‘medically underserved popu-
16 lation’ has the meaning given such term in section
17 330(b);

18 “(6) the term ‘professional trained in mental
19 health’ means a psychiatrist, a qualified mental
20 health professional (as defined in section 330K), or
21 another mental health professional acting under the
22 direction of a psychiatrist;

23 “(7) the term ‘rural’ has the meaning given
24 such term by the Office of Rural Health Policy of

1 the Health Resources and Services Administration;
2 and

3 “(8) the term ‘telemental health’ means the use
4 of electronic information and telecommunications
5 technologies to support long distance clinical health
6 care, patient and professional health-related edu-
7 cation, public health, and health administration.

8 “(b) PROGRAM AUTHORIZED.—The Secretary, acting
9 through the Director of the Office for the Advancement
10 of Telehealth of the Health Resources and Services Ad-
11 ministration and in coordination with the Rural Health
12 Liaison of the Department of Agriculture, shall award
13 grants to eligible entities to establish demonstration
14 projects for the provision of mental health services to cov-
15 ered populations in their homes, as delivered remotely by
16 professionals trained in mental health using telemental
17 health care.

18 “(c) USE OF FUNDS.—Recipients of a grant under
19 this section shall use the grant funds to—

20 “(1) deliver home-based telemental health serv-
21 ices to covered populations; and

22 “(2) develop comprehensive metrics to measure
23 the quality and impact of home-based telemental
24 health services compared to traditional in-person
25 mental health care.

1 “(d) REPORT.—The Secretary, in consultation with
2 the Secretary of Agriculture, 3 years after the date on
3 which the program under this section commences, and 2
4 years thereafter, shall submit to the appropriate congres-
5 sional committees reports on the impact and quality of
6 care of home-based telemental health care services for cov-
7 ered populations.

8 “(e) AUTHORIZED USE OF FUNDS.—Out of any
9 amounts made available to the Secretary, up to
10 \$10,000,000 for each of fiscal years 2021 through 2025
11 may be allocated to carrying out the program under this
12 section.”.

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