

117TH CONGRESS
2D SESSION

S. 3937

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

MARCH 28, 2022

Mr. ROUNDS (for himself, Ms. SMITH, Mr. THUNE, and Mr. BOOZMAN) 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 2022”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1 (1) According to a 2020 report by the Centers
2 for Disease Control and Prevention, titled “Mental
3 Health, Substance Use and Suicidal Ideation during
4 the COVID–19 Pandemic” (referred to in this sec-
5 tion as the “CDC report”), elevated levels of adverse
6 mental health conditions, substance use, and suicidal
7 ideation were reported by adults in the United
8 States in June 2020, after the onset of the COVID–
9 19 pandemic. The prevalence of symptoms of anxiety
10 disorder was 25.5 percent, compared to 8.1 percent
11 in the second quarter of 2019. Additionally, 24.3
12 percent of adults experienced depressive disorders in
13 June 2020, 4 times the 6.5 percent reported in the
14 second quarter of 2019.

15 (2) According to the CDC report, approximately
16 30 percent of rural adults who responded to a survey
17 of the Centers for Disease Control and Prevention
18 suffered from anxiety or depression, and approxi-
19 mately 10 percent of such adults seriously consid-
20 ered suicide in the past 30 days.

21 (3) A 2016 study by the Centers for Disease
22 Control and Prevention suggests that people in
23 farming, fishing, and forestry occupations (referred
24 to in this section as the “Triple–F” industry) in the
25 United States experienced rates of 75 and 76 sui-

1 cides per 100,000 people in 2012 and 2015, respec-
2 tively.

3 (4) Such 2016 study by the Centers for Disease
4 Control and Prevention indicates that suicide rates
5 for male farmers, ranchers, and other agricultural
6 managers were double the rate for the general popu-
7 lation in 2012. If farmers, ranchers, and agricultural
8 managers were considered a major group for pur-
9 poses of such study, that group would rank first in
10 suicides in 2012 and third in 2015.

11 (5) According to a 2019 report of the National
12 Survey on Drug Use and Health, 22.4 percent of
13 residents in rural communities aged 18 or older who
14 experienced mental illness perceived an unmet need
15 for mental health services. Of these individuals, 17.9
16 percent did not receive any mental health services in
17 the prior year.

18 (6) The COVID–19 pandemic put additional
19 stress on people in the Triple–F population. In the
20 early stages, the pandemic caused instability in the
21 markets, especially as the virus caused a downturn
22 in food service sales and closed meat processing
23 plants across the Nation. Farmers were left with low
24 commodity prices and loss of revenue. This commu-
25 nity has spent the last 2 years attempting to re-

1 bound from the effects of the pandemic. Additional
2 resources are needed to support the mental health
3 needs of this population.

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

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

1 reduce challenges faced in rural areas and amongst
2 Triple-F workers.

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

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

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

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

20 “(a) DEFINITIONS.—In this section—

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

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

1 “(B) populations engaged in a farming,
2 fishing, or forestry industry;

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

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

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

17 “(5) the term ‘medically underserved popu-
18 lation’ has the meaning given such term in section
19 330(b);

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

1 “(7) the term ‘rural’ has the meaning given
2 such term by the Office of Rural Health Policy of
3 the Health Resources and Services Administration;
4 and

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

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

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

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

24 “(2) develop comprehensive metrics to measure
25 the quality and impact of home-based telemental

1 health services compared to traditional in-person
2 mental health care.

3 “(d) REPORT.—The Secretary, in consultation with
4 the Secretary of Agriculture, not later than 3 years after
5 the date on which the program under this section com-
6 mences, and 2 years thereafter, shall submit to the appro-
7 priate congressional committees reports on the impact and
8 quality of care of home-based telemental health care serv-
9 ices for covered populations.

10 “(e) AUTHORIZED USE OF FUNDS.—Out of any
11 amounts made available to the Secretary, up to
12 \$10,000,000 for each of fiscal years 2022 through 2026
13 may be allocated to carrying out the program under this
14 section.”.

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