

111TH CONGRESS  
1ST SESSION

# S. 2741

To establish telehealth pilot projects, expand access to stroke telehealth services under the Medicare program, improve access to “store-and-forward” telehealth services in facilities of the Indian Health Service and federally qualified health centers, reimburse facilities of the Indian Health Service as originating sites, establish regulations to consider credentialing and privileging standards for originating sites with respect to receiving telehealth services, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

NOVEMBER 5, 2009

Mr. UDALL of New Mexico introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To establish telehealth pilot projects, expand access to stroke telehealth services under the Medicare program, improve access to “store-and-forward” telehealth services in facilities of the Indian Health Service and federally qualified health centers, reimburse facilities of the Indian Health Service as originating sites, establish regulations to consider credentialing and privileging standards for originating sites with respect to receiving telehealth services, 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 “Rural Telemedicine  
3 Enhancing Community Health (TECH) Act of 2009”.

4 **SEC. 2. TELEHEALTH PILOT PROJECTS.**

5 (a) IN GENERAL.—The Secretary of Health and  
6 Human Services (referred to in this section as the “Sec-  
7 retary”) shall establish 3-year telehealth pilot projects for  
8 the purpose of analyzing the clinical outcomes and cost  
9 effectiveness associated with telehealth services in a vari-  
10 ety of geographic areas. The Secretary shall provide eval-  
11 uation and treatment services to entities participating in  
12 the pilot projects.

13 (b) ELIGIBLE ENTITIES.—

14 (1) IN GENERAL.—The Secretary shall select el-  
15 igible entities to participate in the pilot projects  
16 under this section.

17 (2) PRIORITY.—In selecting eligible entities to  
18 participate in the pilot projects under this section,  
19 the Secretary shall give priority to such entities lo-  
20 cated in medically underserved areas and facilities of  
21 the Indian Health Service.

22 (c) EVALUATION.—The Secretary shall, through the  
23 pilot projects, evaluate—

24 (1) the effective and economic delivery of care  
25 in treating behavioral health issues (including post-  
26 traumatic stress disorder) with the use of telehealth

1 services in medically underserved and tribal areas,  
2 including collaborative uses of health professionals,  
3 integration of the range of telehealth and other tech-  
4 nologies, and exploration of appropriate reimburse-  
5 ment methods for third party payers;

6 (2) the effectiveness of improving the capacity  
7 of non-medical providers and non-specialized medical  
8 providers to provide health services for chronic com-  
9 plex diseases in medically underserved and tribal  
10 areas; and

11 (3) the effectiveness of using telehealth services  
12 to provide acute stroke evaluation and treatment, oc-  
13 cupational therapy, physical therapy, and speech lan-  
14 guage pathology services to treat cerebrovascular  
15 disease in medically underserved and tribal areas.

16 (d) REPORT.—Not later than 3 years after the pilot  
17 projects are established under subsection (a), the Sec-  
18 retary shall submit to Congress a report describing the  
19 outcomes of such pilot projects and providing rec-  
20 ommendations for expanding the use of telehealth services.

21 (e) EXPANSION OF PROJECT.—If the Secretary de-  
22 termines that the pilot projects under this section enhance  
23 outcomes for patients and reduce expenditures for partici-  
24 pating entities, the Secretary may initiate similar projects  
25 for additional medical conditions and geographic areas.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry  
 2 out this section, there is authorized to be appropriated  
 3 \$13,500,000 for fiscal years 2011 through 2014.

4 **SEC. 3. EXPANDING ACCESS TO STROKE TELEHEALTH**  
 5 **SERVICES.**

6 (a) EXPANSION OF ORIGINATING SITES FOR STROKE  
 7 TELEHEALTH SERVICES.—Section 1834(m)(4) of the So-  
 8 cial Security Act (42 U.S.C. 1395m(m)(4)) is amended—

9 (1) in subparagraph (C)—

10 (A) in clause (i), in the matter preceding  
 11 subclause (I), by striking “The term” and in-  
 12 serting “Subject to clause (iii), the term”; and

13 (B) by adding at the end the following new  
 14 clause:

15 “(iii) EXPANSION OF ORIGINATING  
 16 SITES FOR STROKE TELEHEALTH SERV-  
 17 ICES.—In the case of stroke telehealth  
 18 services, the term ‘originating site’ means  
 19 any site described in clause (ii) at which  
 20 the eligible telehealth individual is located  
 21 at the time the service is furnished via a  
 22 telecommunications system, regardless of  
 23 where the site is located.”; and

24 (2) by adding at the end the following new sub-  
 25 paragraph:

1                   “(G) STROKE TELEHEALTH SERVICES.—

2                   The term ‘stroke telehealth services’ means a  
3                   telehealth service used for the evaluation or  
4                   treatment of individuals with acute stroke, oc-  
5                   cupational therapy, physical therapy, and  
6                   speech language pathology services furnished  
7                   subsequent to a stroke, and stroke prevention  
8                   and education services.”.

9                   (b) EFFECTIVE DATE.—The amendments made by  
10                  subsection (a) shall apply to telehealth services furnished  
11                  on or after the date that is 6 months after the date of  
12                  enactment of this Act.

13       **SEC. 4. IMPROVING ACCESS TO TELEHEALTH SERVICES AT**  
14                   **IHS FACILITIES AND FQHCS.**

15                  (a) INCLUSION OF IHS FACILITIES AS ORIGINATING  
16                  SITES.—Section 1834(m)(4)(C)(ii) of the Social Security  
17                  Act (42 U.S.C. 1395m(m)(4)(C)(ii)) is amended by adding  
18                  at the end the following new subclause:

19                               “(IX) A facility of the Indian  
20                               Health Service, whether operated by  
21                               such Service or by an Indian tribe or  
22                               tribal organization (as those terms are  
23                               defined in section 4 of the Indian  
24                               Health Care Improvement Act).”.

1 (b) ACCESS TO STORE-AND-FORWARD AND  
 2 VIDEOCONFERENCING TECHNOLOGIES.—

3 (1) IN GENERAL.—Section 1834(m)(1) of such  
 4 Act (42 U.S.C. 1395m(m)(1)) is amended by adding  
 5 at the end the following sentence: “For purposes of  
 6 the first sentence, in the case of telehealth services  
 7 described in subclause (I) of paragraph (4)(F)(iii)  
 8 that are furnished by a facility of the Indian Health  
 9 Service (whether operated by such Service or by an  
 10 Indian tribe or tribal organization (as those terms  
 11 are defined in section 4 of the Indian Health Care  
 12 Improvement Act)) or a federally qualified health  
 13 center (as defined in section 1861(aa)(4)), the term  
 14 ‘telecommunications system’ includes store-and-for-  
 15 ward technologies described in the preceding sen-  
 16 tence and, in the case of telehealth services described  
 17 in subclause (II) of such paragraph that are fur-  
 18 nished by such a facility or federally qualified health  
 19 center, such term includes videoconferencing tech-  
 20 nologies.”

21 (2) CONFORMING AMENDMENT.—Section  
 22 1834(m)(4)(F) of such Act (42 U.S.C.  
 23 1395m(m)(4)(F)) is amended by adding at the end  
 24 the following new clauses:

1 “(iii) TELEHEALTH SERVICES DE-  
2 SCRIBED.—For purposes of paragraph (1):

3 “(I) The telehealth services de-  
4 scribed in this subclause include con-  
5 sultations related to neurosurgery,  
6 neurology, cardiology, dermatology,  
7 pediatric specialty, and orthopedic (as  
8 specified by the Secretary).

9 “(II) The telehealth services de-  
10 scribed in this subclause are services  
11 related to hepatitis and other chronic  
12 conditions and behavioral health serv-  
13 ices (as specified by the Secretary).”.

14 (c) EFFECTIVE DATE.—The amendments made by  
15 this section shall apply to telehealth services furnished on  
16 or after the date that is 6 months after the date of enact-  
17 ment of this Act.

18 **SEC. 5. IMPROVING CREDENTIALING AND PRIVILEGING**  
19 **STANDARDS FOR TELEHEALTH SERVICES.**

20 Section 1834(m) of the Social Security Act (42  
21 U.S.C. 1395m(m)) is amended by adding at the end the  
22 following new paragraph:

23 “(5) ESTABLISHMENT OF REMOTE  
24 CREDENTIALING AND PRIVILEGING STANDARDS.—

1           “(A) IN GENERAL.—Not later than 2 years  
2           after the date of the enactment of this para-  
3           graph, the Secretary shall establish reasonable  
4           regulations for considering the remote  
5           credentialing and privileging standards applica-  
6           ble to telehealth services, including interpreta-  
7           tive services, for originating sites under this  
8           subsection. Such regulations shall allow an origi-  
9           nating site to accept, and not duplicate, the  
10          credentialing and privileging processes and deci-  
11          sions made by another site.

12          “(B) CLARIFICATION REGARDING ACCEPT-  
13          ANCE OF PROCESSES AND DECISIONS PRIOR TO  
14          ENACTMENT OF REGULATIONS.—During the pe-  
15          riod beginning on such date of enactment and  
16          ending on the effective date of the regulations  
17          under subparagraph (A), the Secretary shall  
18          not take any punitive action under any rule or  
19          regulation against an originating site on the  
20          basis of that site’s acceptance, for purposes of  
21          receiving telehealth services (including interpre-  
22          tive services), the credentialing and privileging  
23          processes and decisions made by another site  
24          that is accredited by a national accreditation  
25          body recognized by the Secretary under section



1           1865(a)(1) if the site accepting such  
2           credentialing and privileging processes is also so  
3           accredited and complies with the applicable re-  
4           quirements for such acceptance.”.

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