

ment has been made, or can reasonably be expected to be made, with respect to such services—

(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(B) by an entity that provides health services on a prepaid basis.

(5) The applicant will, at each site at which the applicant provides services under section 254c-9(a) of this title, post a conspicuous notice informing individuals who receive the services of any Federal policies that apply to the applicant with respect to the imposition of charges on such individuals.

(Pub. L. 106-505, title V, §522, Nov. 13, 2000, 114 Stat. 2344.)

#### Editorial Notes

##### CODIFICATION

Section was enacted as part of the Lupus Research and Care Amendments of 2000, and also as part of the Public Health Improvement Act, and not as part of the Public Health Service Act which comprises this chapter.

#### § 254c-11. Technical assistance

The Secretary may provide technical assistance to assist entities in complying with the requirements of sections 254c-9 to 254c-13 of this title in order to make such entities eligible to receive grants under section 254c-9 of this title.

(Pub. L. 106-505, title V, §523, Nov. 13, 2000, 114 Stat. 2344.)

#### Editorial Notes

##### CODIFICATION

Section was enacted as part of the Lupus Research and Care Amendments of 2000, and also as part of the Public Health Improvement Act, and not as part of the Public Health Service Act which comprises this chapter.

#### § 254c-12. Definitions

For purposes of sections 254c-9 to 254c-13 of this title:

##### (1) Official poverty line

The term “official poverty line” means the poverty line established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 9902(2) of this title.

##### (2) Secretary

The term “Secretary” means the Secretary of Health and Human Services.

(Pub. L. 106-505, title V, §524, Nov. 13, 2000, 114 Stat. 2344.)

#### Editorial Notes

##### CODIFICATION

Section was enacted as part of the Lupus Research and Care Amendments of 2000, and also as part of the Public Health Improvement Act, and not as part of the Public Health Service Act which comprises this chapter.

#### § 254c-13. Authorization of appropriations

For the purpose of carrying out sections 254c-9 to 254c-13 of this title, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2003.

(Pub. L. 106-505, title V, §525, Nov. 13, 2000, 114 Stat. 2345.)

#### Editorial Notes

##### CODIFICATION

Section was enacted as part of the Lupus Research and Care Amendments of 2000, and also as part of the Public Health Improvement Act, and not as part of the Public Health Service Act which comprises this chapter.

#### § 254c-14. Telehealth network and telehealth resource centers grant programs

##### (a) Definitions

In this section:

##### (1) Director; Office

The terms “Director” and “Office” mean the Director and Office specified in subsection (c).

##### (2) Federally qualified health center and rural health clinic

The term “Federally qualified health center” and “rural health clinic” have the meanings given the terms in section 1395x(aa) of this title.

##### (3) Frontier community

The term “frontier community” shall have the meaning given the term in regulations issued under subsection (r).

##### (4) Medically underserved area

The term “medically underserved area” has the meaning given the term “medically underserved community” in section 295p(6) of this title.

##### (5) Medically underserved population

The term “medically underserved population” has the meaning given the term in section 254b(b)(3) of this title.

##### (6) Telehealth services

The term “telehealth services” means services provided through telehealth technologies.

##### (7) Telehealth technologies

The term “telehealth technologies” means technologies relating to the use of electronic information, and telecommunications technologies, to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health.

##### (b) Programs

The Secretary shall establish, under section 241 of this title, telehealth network and telehealth resource centers grant programs.

##### (c) Administration

##### (1) Establishment

There is established in the Health Resources and Services Administration an Office for the Advancement of Telehealth. The Office shall be headed by a Director.

**(2) Duties**

The telehealth network and telehealth resource centers grant programs established under section 241 of this title shall be administered by the Director, in consultation with the State offices of rural health, State offices concerning primary care, or other appropriate State government entities.

**(d) Grants****(1) Telehealth network grants**

The Director may, in carrying out the telehealth network grant program referred to in subsection (b), award grants to eligible entities for evidence-based projects that utilize telehealth technologies through telehealth networks in rural areas, frontier communities, and medically underserved areas, and for medically underserved populations, to—

(A) expand access to, coordinate, and improve access to, and the quality of, health care services; and

(B) expand and improve the quality of health information available to health care providers,<sup>1</sup> patients, and their families.

**(2) Telehealth resource centers grants**

The Director may, in carrying out the telehealth resource centers grant program referred to in subsection (b), award grants to eligible entities for projects to support initiatives that utilize telehealth technologies in the areas and communities, and for the populations, described in paragraph (1).

**(e) Grant periods**

The Director may award grants under this section for periods of not more than 5 years.

**(f) Eligible entities****(1) In general**

To be eligible to receive a grant under subsection (d)(1), an entity shall demonstrate that the entity will provide services through a telehealth network.

**(2) Nature of entities**

Each entity participating in the telehealth network may be a nonprofit or for-profit entity.

**(3) Composition of network**

The telehealth network shall include at least 2 of the following entities (at least 1 of which shall be a community-based health care provider):

(A) Community or migrant health centers or other Federally qualified health centers.

(B) Health care providers, including pharmacists, in private practice.

(C) Entities operating clinics, including rural health clinics.

(D) Local health departments.

(E) Nonprofit hospitals, including community access hospitals.

(F) Other publicly funded health or social service agencies.

(G) Long-term care providers.

(H) Providers of health care services in the home.

(I) Providers of outpatient mental health and substance use disorder services and entities operating outpatient mental health and substance use disorder facilities.

(J) Local or regional emergency health care providers.

(K) Institutions of higher education.

(L) Entities operating dental clinics.

(M) Providers of prenatal, labor care, birthing, and postpartum care services, including hospitals that operate obstetric care units.

**(g) Applications**

To be eligible to receive a grant under subsection (d), an eligible entity, in consultation with the appropriate State office of rural health or another appropriate State entity, shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

(1) a description of the project that the eligible entity will carry out using the funds provided under the grant;

(2) a description of the manner in which the project funded under the grant will meet the health care needs of rural or other populations to be served through the project, and improve the access to services of, and the quality of the services received by, those populations;

(3) evidence of local support for the project, and a description of how the areas, communities, or populations to be served will be involved in the development and ongoing operations of the project;

(4) a plan for sustaining the project after Federal support for the project has ended;

(5) information on the source and amount of non-Federal funds that the entity will provide for the project;

(6) information demonstrating the long-term viability of the project, and other evidence of institutional commitment of the entity to the project;

(7) in the case of an application for a project involving a telehealth network, information demonstrating how the project will promote the integration of telehealth technologies into the operations of health care providers, to avoid redundancy, and improve access to and the quality of care; and

(8) other such information as the Secretary determines to be appropriate.

**(h) Preferences****(1) Telehealth networks**

In awarding grants under subsection (d)(1) for projects involving telehealth networks, the Secretary shall give preference to an eligible entity that meets at least 1 of the following requirements:

**(A) Organization**

The eligible entity is a rural community-based organization or another community-based organization.

**(B) Services**

The eligible entity proposes to use Federal funds made available through such a grant to develop plans for, or to establish, tele-

<sup>1</sup> So in original.

health networks that provide mental health care, public health services, long-term care, home care, preventive care, case management services, prenatal care, labor care, birthing care, or postpartum care.

**(C) Coordination**

The eligible entity demonstrates how the project to be carried out under the grant will be coordinated with other relevant federally funded projects in the areas, communities, and populations to be served through the grant.

**(D) Network**

The eligible entity demonstrates that the project involves a telehealth network that includes an entity that—

- (i) provides clinical health care services, or educational services for health care providers and for patients or their families; and
- (ii) is—
  - (I) a public library;
  - (II) an institution of higher education;
- or
- (III) a local government entity.

**(E) Connectivity**

The eligible entity proposes a project that promotes local and regional connectivity within areas, communities, or populations to be served through the project.

**(2) Telehealth resource centers**

In awarding grants under subsection (d)(2) for projects involving telehealth resource centers, the Secretary shall give preference to an eligible entity that meets at least 1 of the following requirements:

**(A) Provision of services**

The eligible entity has a record of success in the provision of telehealth services to rural areas, medically underserved areas, or medically underserved populations.

**(B) Collaboration and sharing of expertise**

The eligible entity has a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, State, and local levels.

**(C) Broad range of telehealth services**

The eligible entity has a record of providing a broad range of telehealth services, which may include—

- (i) a variety of clinical specialty services;
- (ii) patient or family education;
- (iii) health care professional education; and
- (iv) rural residency support programs.

**(i) Distribution of funds**

**(1) In general**

In awarding grants under this section, the Director shall ensure, to the greatest extent possible, that such grants are equitably distributed among the geographical regions of the United States.

**(2) Telehealth networks**

In awarding grants under subsection (d)(1) for a fiscal year, the Director shall ensure that

not less than 50 percent of the funds awarded shall be awarded for projects in rural areas.

**(j) Use of funds**

**(1) Telehealth network program**

The recipient of a grant under subsection (d)(1) may use funds received through such grant for salaries, equipment, and operating or other costs, including the cost of—

(A) developing and delivering clinical telehealth services that enhance access to community-based health care services in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;

(B) developing and acquiring, through lease or purchase, equipment that furthers the objectives of the telehealth network grant program;

(C)(i) developing and providing distance education, in a manner that enhances access to care in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations; or

(ii) mentoring, precepting, or supervising health care providers and students seeking to become health care providers, in a manner that enhances access to care in the areas and communities, or for the populations, described in clause (i);

(D) developing and acquiring instructional programming;

(E)(i) providing for transmission of medical data, and maintenance of equipment; and

(ii) providing for compensation (including travel expenses) of specialists, and referring health care providers, who are providing telehealth services through the telehealth network, if no third party payment is available for the telehealth services delivered through the telehealth network;

(F) developing projects to use telehealth technology to facilitate collaboration between health care providers;

(G) collecting and analyzing usage statistics and data to document the cost-effectiveness of the telehealth services; and

(H) carrying out such other activities as are consistent with achieving the objectives of this section, as determined by the Secretary.

**(2) Telehealth resource centers**

The recipient of a grant under subsection (d)(2) may use funds received through such grant for salaries, equipment, and operating or other costs for—

(A) providing technical assistance, training, and support, and providing for travel expenses, for health care providers and a range of health care entities that provide or will provide telehealth services;

(B) disseminating information and research findings related to telehealth services;

(C) promoting effective collaboration among telehealth resource centers and the Office;

(D) conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs;

(E) promoting the integration of the technologies used in clinical information systems with other telehealth technologies;

(F) fostering the use of telehealth technologies to provide health care information and education for consumers in a more effective manner; and

(G) implementing special projects or studies under the direction of the Office.

**(k) Prohibited uses of funds**

An entity that receives a grant under this section may not use funds made available through the grant—

(1) to acquire real property;

(2) for expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 20 percent of the total grant funds;

(3) in the case of a project involving a telehealth network, to purchase or install transmission equipment;

(4) to pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded;

(5) to purchase or install general purpose voice telephone systems;

(6) for construction; or

(7) for expenditures for indirect costs (as determined by the Secretary), to the extent that the expenditures would exceed 15 percent of the total grant funds.

**(l) Collaboration**

In providing services under this section, an eligible entity shall collaborate, if feasible, with entities that—

(1)(A) are private or public organizations, that receive Federal or State assistance; or

(B) are public or private entities that operate centers, or carry out programs, that receive Federal or State assistance; and

(2) provide telehealth services or related activities.

**(m) Coordination with other agencies**

The Secretary shall coordinate activities carried out under grant programs described in subsection (b), to the extent practicable, with Federal and State agencies and nonprofit organizations that are operating similar programs, to maximize the effect of public dollars in funding meritorious proposals.

**(n) Outreach activities**

The Secretary shall establish and implement procedures to carry out outreach activities to advise potential end users of telehealth services in rural areas, frontier communities, medically underserved areas, and medically underserved populations in each State about the grant programs described in subsection (b).

**(o) Telehealth**

It is the sense of Congress that, for purposes of this section, States should develop reciprocity agreements so that a provider of services under this section who is a licensed or otherwise authorized health care provider under the law of 1 or more States, and who, through telehealth technology, consults with a licensed or otherwise authorized health care provider in another State, is exempt, with respect to such consulta-

tion, from any State law of the other State that prohibits such consultation on the basis that the first health care provider is not a licensed or authorized health care provider under the law of that State.

**(p) Report**

Not later than 4 years after March 27, 2020, and every 5 years thereafter, the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the activities and outcomes of the grant programs under subsection (b).

**(q) Authorization of appropriations**

There are authorized to be appropriated to carry out this section \$29,000,000 for each of fiscal years 2021 through 2025.

(July 1, 1944, ch. 373, title III, §330I, as added Pub. L. 107-251, title II, §212, Oct. 26, 2002, 116 Stat. 1632; amended Pub. L. 108-163, §2(c), Dec. 6, 2003, 117 Stat. 2021; Pub. L. 113-55, title I, §103(a), Nov. 27, 2013, 127 Stat. 642; Pub. L. 116-136, div. A, title III, §3212, Mar. 27, 2020, 134 Stat. 368; Pub. L. 117-103, div. P, title I, §143, Mar. 15, 2022, 136 Stat. 799.)

**Editorial Notes**

AMENDMENTS

2022—Subsec. (f)(3)(M). Pub. L. 117-103, §143(1), added subpar. (M).

Subsec. (h)(1)(B). Pub. L. 117-103, §143(2), substituted “prenatal care, labor care, birthing care, or postpartum care” for “or prenatal care for high-risk pregnancies”.

2020—Subsec. (d)(1). Pub. L. 116-136, §3212(1)(A)(i), substituted “evidence-based projects that utilize health technologies through telehealth networks” for “projects to demonstrate how telehealth technologies can be used through telehealth networks” in introductory provisions.

Subsec. (d)(1)(A). Pub. L. 116-136, §3212(1)(A)(ii), substituted “access to, and the quality of,” for “the quality of” and inserted “and” after semicolon.

Subsec. (d)(1)(B), (C). Pub. L. 116-136, §3212(1)(A)(iii)-(v), redesignated subpar. (C) as (B), substituted “, patients, and their families” for “and patients and their families, for decisionmaking”, and struck out former subpar. (B) which read as follows: “improve and expand the training of health care providers; and”.

Subsec. (d)(2). Pub. L. 116-136, §3212(1)(B), substituted “support initiatives that utilize telehealth technologies” for “demonstrate how telehealth technologies can be used” and struck out “, to establish telehealth resource centers” before period at end.

Subsec. (e). Pub. L. 116-136, §3212(2), substituted “5 years” for “4 years”.

Subsec. (f). Pub. L. 116-136, §3212(3)(B), redesignated cls. (i) to (iii) of par. (1)(B) as pars. (1) to (3), respectively, and realigned margins; in par. (3), redesignated subcls. (I) to (XII) as subpars. (A) to (L), respectively, and realigned margins; and struck out heading of former par. (1), headings of former subpars. (A) and (B) of former par. (1), and text of former subpar. (A) which read as follows: “To be eligible to receive a grant under subsection (d)(1), an entity shall be a nonprofit entity.”

Subsec. (f)(2). Pub. L. 116-136, §3212(3)(A), struck out par. (2). Text read as follows: “To be eligible to receive a grant under subsection (d)(2), an entity shall be a nonprofit entity.”

Subsec. (f)(3)(I). Pub. L. 116-136, §3212(3)(C), inserted “and substance use disorder” after “mental health” in two places.

Subsec. (g)(2). Pub. L. 116-136, §3212(4), substituted “and improve” for “or improve”.

Subsec. (h). Pub. L. 116-136, §3212(5), (6), redesignated subsec. (i) as (h) and struck out former subsec. (h). Prior to amendment, text of subsec. (h) read as follows: “The Secretary shall establish the terms and conditions of each grant program described in subsection (b) and the maximum amount of a grant to be awarded to an individual recipient for each fiscal year under this section. The Secretary shall publish, in a publication of the Health Resources and Services Administration, notice of the application requirements for each grant program described in subsection (b) for each fiscal year.”

Subsec. (h)(1)(B). Pub. L. 116-136, §3212(7)(A)(i), substituted “mental health care, public health services, long-term care, home care, preventive care” for “mental health, public health, long-term care, home care, preventive”.

Subsec. (h)(1)(E). Pub. L. 116-136, §3212(7)(A)(ii), inserted “and regional” after “local”.

Subsec. (h)(1)(F). Pub. L. 116-136, §3212(7)(A)(iii), struck out subpar. (F). Text read as follows: “The eligible entity demonstrates that health care information has been integrated into the project.”

Subsec. (h)(2)(A). Pub. L. 116-136, §3212(7)(B), substituted “rural areas, medically underserved areas, or” for “medically underserved areas or”.

Subsec. (i). Pub. L. 116-136, §3212(6), redesignated subsec. (j) as (i). Former subsec. (i) redesignated (h).

Subsec. (i)(2). Pub. L. 116-136, §3212(8), substituted “ensure that not less than 50 percent of the funds awarded shall be awarded for projects in rural areas.” for “ensure that—

“(A) not less than 50 percent of the funds awarded shall be awarded for projects in rural areas; and

“(B) the total amount of funds awarded for such projects for that fiscal year shall be not less than the total amount of funds awarded for such projects for fiscal year 2001 under section 254c of this title (as in effect on the day before October 26, 2002).”

Subsec. (j). Pub. L. 116-136, §3212(6), redesignated subsec. (k) as (j). Former subsec. (j) redesignated (i).

Subsec. (j)(1)(B). Pub. L. 116-136, §3212(9)(A), struck out “computer hardware and software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other” before “equipment that furthers the objectives”.

Subsec. (j)(2)(F). Pub. L. 116-136, §3212(9)(B), struck out “health care providers and” before “consumers”.

Subsec. (k). Pub. L. 116-136, §3212(6), redesignated subsec. (l) as (k). Former subsec. (k) redesignated (j).

Subsec. (k)(2). Pub. L. 116-136, §3212(10)(A), substituted “20 percent” for “40 percent”.

Subsec. (k)(3). Pub. L. 116-136, §3212(10)(B), struck out “(such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment)” before semicolon at end.

Subsecs. (l) to (o). Pub. L. 116-136, §3212(6), redesignated subsecs. (m) to (p) as (l) to (o), respectively. Former subsec. (l) redesignated (k).

Subsec. (p). Pub. L. 116-136, §3212(11), added subsec. (p).

Subsec. (q). Pub. L. 116-136, §3212(13), substituted “this section \$29,000,000 for each of fiscal years 2021 through 2025.” for “this section—

“(1) for grants under subsection (d)(1), \$40,000,000 for fiscal year 2002, and such sums as may be necessary for each of fiscal years 2003 through 2006; and

“(2) for grants under subsection (d)(2), \$20,000,000 for fiscal year 2002, and such sums as may be necessary for each of fiscal years 2003 through 2006.”

Pub. L. 116-136, §3212(11), (12), redesignated subsec. (s) as (q) and struck out former subsec. (q). Prior to amendment, text of subsec. (q) read as follows: “Not later than September 30, 2005, the Secretary shall prepare and submit to the appropriate committees of Congress a report on the progress and accomplishments of the grant programs described in subsection (b).”

Subsec. (r). Pub. L. 116-136, §3212(11), struck out subsec. (r). Text read as follows: “The Secretary shall issue

regulations specifying, for purposes of this section, a definition of the term “frontier area”. The definition shall be based on factors that include population density, travel distance in miles to the nearest medical facility, travel time in minutes to the nearest medical facility, and such other factors as the Secretary determines to be appropriate. The Secretary shall develop the definition in consultation with the Director of the Bureau of the Census and the Administrator of the Economic Research Service of the Department of Agriculture.”

Subsec. (s). Pub. L. 116-136, §3212(12), redesignated subsec. (s) as (q).

2013—Subsec. (i)(1)(B). Pub. L. 113-55 substituted “case management services, or prenatal care for high-risk pregnancies” for “or case management services”.

2003—Subsec. (a)(4). Pub. L. 108-163, §2(c)(1), substituted “section 295p(6)” for “section 295p”.

Subsec. (c)(1). Pub. L. 108-163, §2(c)(2), substituted “Health Resources and Services Administration” for “Health and Resources and Services Administration”.

## Statutory Notes and Related Subsidiaries

### EFFECTIVE DATE OF 2003 AMENDMENT

Amendments by Pub. L. 108-163 deemed to have taken effect immediately after the enactment of Pub. L. 107-251, see section 3 of Pub. L. 108-163, set out as a note under section 233 of this title.

## § 254c-15. Transferred

### Editorial Notes

#### CODIFICATION

Section, act July 1, 1944, ch. 373, title III, §330J, as added Pub. L. 107-251, title II, §221, Oct. 26, 2002, 116 Stat. 1638; amended Pub. L. 115-334, title XII, §12608, Dec. 20, 2018, 132 Stat. 5008; Pub. L. 118-84, §2(1)-(5), Sept. 26, 2024, 138 Stat. 1544, which related to rural emergency medical service training and equipment assistance program, was renumbered section 553 of title V of act July 1, 1944, by Pub. L. 118-84, §2(6), (7), Sept. 26, 2024, 138 Stat. 1544, 1545, and transferred to section 290ee-10 of this title.

## § 254c-16. Mental health services delivered via telehealth

### (a) Definitions

In this section:

#### (1) Eligible entity

The term “eligible entity” means a public or nonprofit private telehealth provider network that offers services that include mental health services provided by qualified mental health providers.

#### (2) Qualified mental health professionals

The term “qualified mental health professionals” refers to providers of mental health services reimbursed under the medicare program carried out under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) who have additional training in the treatment of mental illness in children and adolescents or who have additional training in the treatment of mental illness in the elderly.

#### (3) Special populations

The term “special populations” refers to the following 2 distinct groups:

(A) Children and adolescents in mental health underserved rural areas or in mental health underserved urban areas.