

116TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To amend the Public Health Service Act to provide for the establishment of a virtual health pilot program to facilitate utilization of remote patient monitoring technology to maintain or expand access to health care services for individuals in rural areas during the COVID–19 emergency period, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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Ms. MCSALLY introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend the Public Health Service Act to provide for the establishment of a virtual health pilot program to facilitate utilization of remote patient monitoring technology to maintain or expand access to health care services for individuals in rural areas during the COVID–19 emergency period, 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 “Increasing Rural  
5       Health Access During the COVID–19 Public Health  
6       Emergency Act of 2020”.

1 **SEC. 2. INCREASING RURAL HEALTH ACCESS DURING THE**  
2 **COVID-19 PUBLIC HEALTH EMERGENCY.**

3 (a) DEFINITIONS.—Subsection (a) of section 330I of  
4 the Public Health Service Act (42 U.S.C. 254c-14) is  
5 amended—

6 (1) by redesignating paragraphs (1) through  
7 (7) as paragraphs (2), (3), (4), (5), (6), (8), and  
8 (9), respectively;

9 (2) by inserting before paragraph (2), as redes-  
10 ignated, the following new paragraph:

11 “(1) COVID-19 EMERGENCY PERIOD.—The  
12 term ‘COVID-19 emergency period’ means the pe-  
13 riod beginning on the date of enactment of the In-  
14 creasing Rural Health Access During the COVID-  
15 19 Public Health Emergency Act of 2020 and end-  
16 ing on the date on which the national emergency de-  
17 clared by the President under the National Emer-  
18 gencies Act with respect to the COVID-19 outbreak  
19 in the United States expires.”; and

20 (3) by inserting before paragraph (8), as redes-  
21 ignated, the following:

22 “(7) REMOTE PATIENT MONITORING TECH-  
23 NOLOGY.—The term ‘remote patient monitoring  
24 technology’ means digital technologies used to collect  
25 medical and other forms of health data from individ-  
26 uals in one location and electronically transmit such

1 data securely to health care providers in a different  
2 location for assessment, recommendations, and inter-  
3 ventions.”.

4 (b) PROGRAMS.—Subsection (b) of section 330I of  
5 the Public Health Service Act (42 U.S.C. 254c–14) is  
6 amended—

7 (1) by striking “The Secretary shall establish,  
8 under section 301” and inserting the following:

9 “(1) IN GENERAL.—The Secretary shall estab-  
10 lish, under section 301”; and

11 (2) by adding at the end the following new  
12 paragraph:

13 “(2) VIRTUAL HEALTH PILOT PROGRAM.—The  
14 Secretary shall establish a virtual health pilot pro-  
15 gram to facilitate utilization of remote patient moni-  
16 toring technology to maintain or expand access to  
17 health care services for individuals in rural areas  
18 during the COVID–19 emergency period.”.

19 (c) GRANTS.—Subsection (d) of section 330I of the  
20 Public Health Service Act (42 U.S.C. 254c–14) is amend-  
21 ed by adding at the end the following new paragraph:

22 “(3) VIRTUAL HEALTH NETWORK PILOT PRO-  
23 GRAM GRANTS.—The Director shall, in carrying out  
24 the virtual health pilot program referred to in sub-  
25 section (b)(2), award grants to eligible entities to fa-

1 cilitate utilization of remote patient monitoring tech-  
2 nology in rural areas to—

3 “(A) maintain or expand access to, and co-  
4 ordinate health care services for, individuals  
5 with chronic conditions;

6 “(B) improve and expand the training of  
7 health care providers using remote patient mon-  
8 itoring technology; and

9 “(C) minimize challenges facing health  
10 care providers and health care facilities, includ-  
11 ing rural health clinics, community health cen-  
12 ters, community behavioral health centers, long-  
13 term care facilities, and rural hospitals, as such  
14 providers and facilities serve their communities  
15 especially during the COVID–19 emergency pe-  
16 riod.”.

17 (d) GRANT PERIODS.—Subsection (e) of section 330I  
18 of the Public Health Service Act (42 U.S.C. 254c–14) is  
19 amended—

20 (1) by striking “The Director may award  
21 grants under this section” and inserting the fol-  
22 lowing:

23 “(1) TELEHEALTH NETWORK AND TELE-  
24 HEALTH RESEARCH CENTER GRANTS.—The Director

1       may award grants under paragraphs (1) and (2) of  
2       subsection (d)”; and

3               (2) by adding at the end the following new  
4       paragraph:

5               “(2) VIRTUAL HEALTH NETWORK PILOT PRO-  
6       GRAM GRANTS.—The Director shall—

7                       “(A) not later than 30 days after the date  
8                       of enactment of Increasing Rural Health Access  
9                       During the COVID–19 Public Health Emer-  
10                      gency Act of 2020, issue a notice of the avail-  
11                      ability of funding through grants under sub-  
12                      section (d)(3); and

13                     “(B) not later than 90 days after the date  
14                     of issuance of the notice required by subpara-  
15                     graph (A), award all grants under subsection  
16                     (d)(3).”.

17       (e) ELIGIBLE ENTITIES.—Subsection (f) of section  
18       330I of the Public Health Service Act (42 U.S.C. 254c–  
19       14) is amended by adding at the end the following:

20               “(4) VIRTUAL HEALTH NETWORK PILOT PRO-  
21       GRAM GRANTS.—To be eligible to receive a grant  
22       under subsection (d)(3), an entity shall—

23                     “(A) meet the requirements of paragraphs  
24                     (1), (2), and (3) of this subsection that apply

1 to an entity seeking a grant under subsection  
2 (d)(1);

3 “(B) be located in a rural area; and

4 “(C) demonstrate that the entity will pro-  
5 vide services using remote patient monitoring  
6 technology that is—

7 “(i) cellular enabled;

8 “(ii) approved, cleared, or authorized  
9 by the Food and Drug Administration; and

10 “(iii) operable using cellular stand-  
11 ards, including 2G and 3G, that offer  
12 broad network coverage in rural areas  
13 without broadband access, as determined  
14 by the Secretary.”.

15 (f) APPLICATIONS.—Subsection (g) of section 330I of  
16 the Public Health Service Act (42 U.S.C. 254c–14) is  
17 amended—

18 (1) by redesignating paragraphs (1) through  
19 (8) as subparagraphs (A) through (H), respectively,  
20 and moving the margin of each such redesignated  
21 subparagraph 2 ems to the right;

22 (2) by striking “To be eligible to receive a grant  
23 under subsection (d)” and inserting the following:

24 “(1) TELEHEALTH NETWORK AND TELE-  
25 HEALTH RESEARCH CENTER GRANTS.—To be eligi-

1 ble to receive a grant under paragraph (1) or (2) of  
2 subsection (d)”; and

3 (3) by adding at the end the following new  
4 paragraph:

5 “(2) VIRTUAL HEALTH NETWORK PILOT PRO-  
6 GRAM GRANTS.—To be eligible to receive a grant  
7 under subsection (d)(3), an eligible entity shall pre-  
8 pare and submit to the Secretary an application at  
9 such time, in such manner, and containing such in-  
10 formation as the Secretary may require and include  
11 in such application—

12 “(A) a description of the project that the  
13 eligible entity will carry out using the funds  
14 provided under the grant;

15 “(B) a description of the manner in which  
16 the project funded under the grant will meet  
17 the health care needs of rural or other popu-  
18 lations to be served through the project, or  
19 maintain or improve access to services of, and  
20 the quality of the services received by, those  
21 populations;

22 “(C) information on the source and  
23 amount of non-Federal funds that the entity  
24 will provide for the project; and

1                   “(D) evidence of intent to provide services  
2                   using remote patient monitoring technology as  
3                   described in subsection (f)(4)(C).”.

4           (g) PREFERENCES.—Subsection (h) of section 330I  
5 of the Public Health Service Act (42 U.S.C. 254c–14) is  
6 amended by adding at the end the following new para-  
7 graph:

8                   “(3) VIRTUAL HEALTH NETWORK PILOT PRO-  
9           GRAM GRANTS.—In awarding grants under sub-  
10           section (d)(3), the Secretary shall give preference to  
11           any eligible entity that—

12                   “(A) is able to establish a virtual health  
13           program using remote patient monitoring tech-  
14           nology within 60 days of receipt of the award;  
15           and

16                   “(B) proposes to use Federal funds made  
17           available through such a grant to establish and  
18           furnish services using remote patient moni-  
19           toring technology that provides real time, con-  
20           tinuous coaching services.”.

21           (h) USE OF FUNDS.—Subsection (j) of section 330I  
22 of the Public Health Service Act (42 U.S.C. 254c–14) is  
23 amended by adding at the end the following new para-  
24 graph:



1           “(3) VIRTUAL HEALTH NETWORK PILOT PRO-  
2           GRAM GRANTS.—The recipient of a grant under sub-  
3           section (d)(3) may use funds received through such  
4           grant for salaries, equipment, and operating or other  
5           costs for—

6                   “(A) developing and delivering services  
7                   using remote patient monitoring technology  
8                   that enhance access to community-based health  
9                   care services in rural areas;

10                   “(B) developing and acquiring, through  
11                   lease or purchase, computer hardware and soft-  
12                   ware, audio and video equipment, computer net-  
13                   work equipment, interactive equipment, data  
14                   terminal equipment, and other equipment that  
15                   furtheres the objectives of the virtual health pilot  
16                   program;

17                   “(C)(i) providing for transmission of med-  
18                   ical data, and maintenance of equipment; and

19                   “(ii) providing for compensation (including  
20                   travel expenses) of specialists, and referring  
21                   health care providers, who are providing virtual  
22                   health services through remote patient moni-  
23                   toring technology if no third-party payment is  
24                   available; and

1                   “(D) collecting and analyzing usage statis-  
2                   tics and data to document the cost-effectiveness  
3                   of services using remote patient monitoring  
4                   technology; and

5                   “(E) carrying out such other activities as  
6                   are consistent with achieving the objectives of  
7                   the virtual health pilot program, as determined  
8                   by the Secretary.”.

9           (i) FUNDING.—Subsection (q) of section 330I of the  
10 Public Health Service Act (42 U.S.C. 254c–14) is amend-  
11 ed—

12           (1) in the subsection heading, by striking “AU-  
13 THORIZATION OF APPROPRIATIONS” and inserting  
14 “FUNDING”;

15           (2) by striking “There are authorized to be ap-  
16 propriated to carry out this section” and inserting  
17 the following:

18           “(1) TELEHEALTH NETWORK AND TELE-  
19 HEALTH RESEARCH CENTER GRANTS.—To carry out  
20 this section with respect to grants under paragraphs  
21 (1) and (2) of subsection (d), there is authorized to  
22 be appropriated”; and

23           (3) by adding at the end the following new  
24 paragraph:

1           “(2) VIRTUAL HEALTH NETWORK PILOT PRO-  
2           GRAM GRANTS.—To carry out this section with re-  
3           spect to the virtual health pilot program under sub-  
4           section (b)(2), including grants under subsection  
5           (d)(3), there is authorized to be appropriated  
6           \$50,000,000, to remain available through the end of  
7           the COVID–19 emergency period.”.

8           (j) REPORT.—Not later than two years after award-  
9           ing all grants under subsection (d)(3) of section 330I of  
10          the Public Health Service Act, as added by this section,  
11          the Secretary of Health and Human Services shall prepare  
12          and submit to the Committee on Energy and Commerce  
13          of the House of Representatives and the Committee on  
14          Health, Education, Labor, and Pensions of the Senate a  
15          report on the activities and outcomes of the pilot program  
16          under subsection (b)(2) of section 330I of such Act, as  
17          added by this section.