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2^D SESSION

S. 2748

To authorize the formation of State and regional emergency telehealth network testbeds and, within the Department of Defense, a telehealth task force.

IN THE SENATE OF THE UNITED STATES

JULY 17, 2002

Mr. CONRAD (for himself and Mrs. HUTCHISON) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To authorize the formation of State and regional emergency telehealth network testbeds and, within the Department of Defense, a telehealth task force.

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 “National Emergency
5 Telemedical Communications Act of 2002”.

6 **SEC. 2. PURPOSES.**

7 The purposes of this Act are as follows:

8 (1) To form a task force and create testing net-
9 works to facilitate the development of a National

1 Telemedical Network by integrating the peer-to-peer,
2 specialist-to-patient, or disaster expert-to-scene real
3 time interaction of telehealth, information tech-
4 nology, and disease surveillance systems in order to
5 monitor, respond to, and manage the events of a bio-
6 logical or chemical terrorist attack and other public
7 health emergencies.

8 (2) To take advantage of the existing telehealth
9 infrastructure in the United States, and add surge
10 capacity for disasters and provide knowledge on de-
11 mand to support community readiness at a local
12 level.

13 (3) To expand integrated telehealth models that
14 have demonstrated progress in promoting disaster
15 preparedness, telemedicine, helicopter rescue,
16 informatics, and public health, and that have a
17 record of teamwork among defense, emergency man-
18 agement, public health, and law enforcement agen-
19 cies.

20 **SEC. 3. ESTABLISHMENT OF STATE AND REGIONAL TELE-**
21 **HEALTH NETWORKS.**

22 (a) PROGRAM AUTHORIZED.—

23 (1) IN GENERAL.—The Secretary of Defense
24 (referred to in this Act as the “Secretary”), in con-
25 sultation with the Secretary of Health and Human

1 Services shall carry out a pilot program for the de-
2 velopment of statewide and regional telehealth net-
3 work testbeds that securely link existing State and
4 local telehealth initiatives to each of the following:

5 (A) States within a regional consortium of
6 States in the Southeast Region of the United
7 States as such region is determined by the Sec-
8 retary.

9 (B) States within a regional consortium of
10 States in the North Central Region of the
11 United States as such region is determined by
12 the Secretary.

13 (2) CONTRACTS.—The Secretary shall enter
14 into contracts to carry out the program authorized
15 under paragraph (1).

16 (3) DURATION.—The Secretary shall enter into
17 contracts under this section for a period not to ex-
18 ceed 3 years. Such contracts may be renewed.

19 (b) STATEWIDE NETWORKS.—A State awarded a
20 contract under subsection (a) shall develop a statewide
21 telehealth network that links established telehealth initia-
22 tives within the State to provide medical services in co-
23 operation with and in support of—

24 (1) the State health department;

25 (2) local health departments;

- 1 (3) public health clinics;
- 2 (4) medical centers of the Department of De-
- 3 fense and the Department of Veterans' Affairs;
- 4 (5) community health clinics;
- 5 (6) rural health clinics;
- 6 (7) private clinics;
- 7 (8) hospitals;
- 8 (9) academic health centers;
- 9 (10) offices of rural health;
- 10 (11) home health care organizations;
- 11 (12) Indian Health Service clinics;
- 12 (13) veterinary clinics and hospitals;
- 13 (14) agrimedical centers; and
- 14 (15) Federal agencies.

15 (c) FUNCTIONS OF THE NETWORKS.—A statewide
16 telehealth network established under this section shall test
17 the feasibility of recommendations (including the guide-
18 lines, guidance, and blueprint) described in paragraphs (5)
19 through (9) of section 4(b), and provide reports to the task
20 force established under section 4, on such network's abil-
21 ity, in preparation of and in response to a biological ter-
22 rorist attack and related medical disasters, to support
23 each of the following functions:

- 24 (1) Rapid emergency response.

1 (2) Real-time data collection for information
2 dissemination.

3 (3) Epidemiological surveillance.

4 (4) Situationally relevant expert consultative
5 services.

6 (5) Training of responders.

7 (6) Development of an advanced distributive
8 learning network.

9 (7) Distance learning for the purposes of med-
10 ical and clinical education, and simulation scenarios
11 for on-going training.

12 (d) REQUIREMENTS.—In entering into contracts
13 under subsection (a), the Secretary shall—

14 (1) require that each statewide telehealth net-
15 work be standardized in order to connect existing
16 telehealth activities within the State as well as make
17 connections to other statewide telehealth networks to
18 form interoperable regional telehealth networks;

19 (2) encourage States to establish at the local
20 level interoperable and overlapping information and
21 operational capability response grids;

22 (3) require that each statewide network adopt
23 common administrative, physical, and technical ap-
24 proaches to protecting the network's confidentiality,
25 integrity, and availability following guidelines devel-

1 oped by the task force established under section 4
2 and approved by the Secretary; and

3 (4) require that each statewide network inven-
4 tory and report to the task force established under
5 section 4, the technology and technical infrastruc-
6 ture available to such network and any changes to
7 such technology and technical infrastructure.

8 (e) RECOMMENDATIONS RELATING TO STAND-
9 ARDS.—In order to achieve national telehealth network
10 interoperability, the statewide and regional networks shall
11 test and provide feedback on recommendations relating to
12 the standard clinical information, operational capability
13 and associated technology and information standards cre-
14 ated or recognized by the task force established under sec-
15 tion 4.

16 (f) TESTING.—The task force established under sec-
17 tion 4 shall work with the States to test the statewide and
18 regional telehealth networks for such networks' ability to
19 provide support for the existing and planned efforts of
20 State and local law enforcement, fire departments, health
21 facilities, and Federal and State health agencies, to re-
22 spond rapidly in times of crisis in each of the following
23 areas:

24 (1) Prevention and surveillance.

25 (2) Early detection.

1 (3) Crisis responses.

2 (4) Treatment.

3 (g) REPORT.—Not later than 1 year after the date
4 of enactment of this Act and annually thereafter during
5 the period in which contracts are awarded under this sec-
6 tion, the Secretary shall prepare and submit to the appro-
7 priate committees of Congress a report—

8 (1) describing the progress made in imple-
9 menting the statewide and regional telehealth net-
10 works; and

11 (2) specifying the extent to which recommenda-
12 tions made by the task force established under sec-
13 tion 4 contributed to the implementation of the
14 statewide and regional telehealth networks.

15 **SEC. 4. TELEHEALTH TASK FORCE.**

16 (a) ESTABLISHMENT.—The Secretary, in consulta-
17 tion with the Secretary of Health and Human Services,
18 shall establish a task force to be known as the “National
19 Emergency Telehealth Network Task Force” (referred to
20 in this section as the “Task Force”) to inventory and im-
21 prove telehealth networks.

22 (b) FUNCTIONS.—The Task Force shall—

23 (1) conduct an inventory of existing telehealth
24 initiatives, including—

1 (A) the specific location of network compo-
2 nents;

3 (B) the medical, technological, and commu-
4 nications capabilities of such components; and

5 (C) the functionality of such components;

6 (2) recommend to the Secretary acceptable
7 standard clinical information that could be uniformly
8 applied and available throughout the National Tele-
9 medical Network;

10 (3) make recommendations for use by the Sec-
11 retary in establishing regional interoperating and
12 overlapping information and operational capability
13 response grids in order to achieve coordinated capa-
14 bilities based responses among local, county, State,
15 military, Department of Veterans' Affairs, and other
16 Federal responders;

17 (4) recommend any changes necessary to inte-
18 grate technology and clinical practices;

19 (5) test the regional telehealth networks for the
20 ability described in section 3(f) and, if the regional
21 telehealth networks lack that ability, recommend to
22 the Secretary ways to improve these networks;

23 (6) study recommendations made during the
24 telehealth networking project described in section 3;

1 (7) research, develop, test, and evaluate admin-
2 istrative, physical, and technical guidelines for pro-
3 tecting the confidentiality, integrity, and availability
4 of statewide networks and all associated information;

5 (8) provide overall guidance for the formation
6 of a National Telemedical Network for the earliest
7 identification of, and response to, a physical, chem-
8 ical, radiological, or biological threat to or attack on
9 the United States, as well as natural disasters;

10 (9) create a telehealth blueprint that makes rec-
11 ommendations for the interconnecting and interoper-
12 ability of all individual telehealth networks resulting
13 in a National Telemedical Network;

14 (10) develop policies for provisioning and
15 prioritizing the use of a National Telemedical Net-
16 work for bioterrorism and disaster response;

17 (11) make recommendations to the Secretary
18 regarding technical assistance and program content
19 for use in the national coordination of the regional
20 networks described in section 3(d)(1);

21 (12) provide management for the development
22 of training programs for responders and a mecha-
23 nism for training via enhanced advanced distributive
24 learning;

1 (13) provide project evaluation framework and
2 recommend tools for assessing—

3 (A) the selection and interaction of project
4 participants;

5 (B) educational training needs for an oper-
6 ational testbed;

7 (C) effectiveness of the project; and

8 (D) economic impact estimates; and

9 (14) advise the Secretary on issues of patient
10 data security, and compliance with all applicable reg-
11 ulations.

12 (c) MEMBERSHIP.—The Task Force established pur-
13 suant to subsection (a) shall include representation
14 from—

15 (1) relevant Federal agencies;

16 (2) relevant State and local government agen-
17 cies;

18 (3) professional associations specializing in
19 health care and veterinary medicine; and

20 (4) other relevant private sector organizations,
21 including public health and national telehealth orga-
22 nizations and representatives of academic and cor-
23 porate information management and information
24 technology organizations.

25 (d) MEETINGS AND REPORTS.—

1 (1) MEETINGS.—The Task Force shall meet as
2 the Secretary may direct.

3 (2) REPORTS.—Not later than 120 days after
4 the date of enactment of this Act the Task Force
5 shall prepare a report and annually for each of the
6 3 years thereafter, the Task Force shall prepare and
7 submit a report to Congress regarding the Task
8 Force’s activities.

9 (3) INITIAL REPORT.—In addition to the infor-
10 mation required under paragraph (2), the initial re-
11 port required under such paragraph shall specify the
12 information to be gathered from the statewide tele-
13 health networks established under section 3, and the
14 form of such information.

15 (e) IMPLEMENTATION.—The Task Force may carry
16 out activities under this section in cooperation with other
17 entities, including national telehealth organizations.

18 (f) TERMINATION.—The Task Force shall terminate
19 upon submission of the final report required under sub-
20 section (d)(2).

21 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

22 (a) IN GENERAL.—There are authorized to be appro-
23 priated to carry out this Act \$275,000,000, such sums to
24 remain available until expended.

1 (b) LIMIT ON ADMINISTRATIVE EXPENSES.—Not
2 more than 5 percent of the amount appropriated for each
3 fiscal year under subsection (a) shall be used for Task
4 Force administrative costs.

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