To amend title 38, United States Code, to improve the ability of health care professionals to treat veterans through the use of telemedicine, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 25, 2017

Mrs. Ernst (for herself and Ms. Hirono) introduced the following bill; which was read twice and referred to the Committee on Veterans’ Affairs

A BILL

To amend title 38, United States Code, to improve the ability of health care professionals to treat veterans through the use of telemedicine, and for other purposes.

Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans E-Health and Telemedicine Support Act of 2017” or the “VETS Act of 2017”.

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SEC. 2. LICENSURE OF HEALTH CARE PROFESSIONALS OF
THE DEPARTMENT OF VETERANS AFFAIRS
PROVIDING TREATMENT VIA TELEMEDICINE.

(a) In General.—Chapter 17 of title 38, United
States Code, is amended by inserting after section 1730A
the following new section:

"§ 1730B. Licensure of health care professionals pro-
viding treatment via telemedicine

“(a) In General.—Notwithstanding any provision
of law regarding the licensure of health care professionals,
a covered health care professional may practice the health
care profession of the health care professional at any loca-
tion in any State, regardless of where the covered health
care professional or the patient is located, if the covered
health care professional is using telemedicine to provide
treatment to an individual under this chapter.

“(b) Property of Federal Government.—Sub-
section (a) shall apply to a covered health care professional
providing treatment to a patient regardless of whether the
covered health care professional or patient is located in
a facility owned by the Federal Government during such
treatment.

“(c) Construction.—Nothing in this section may
be construed to remove, limit, or otherwise affect any obli-
gation of a covered health care professional under the Con-
trolled Substances Act (21 U.S.C. 801 et seq.).
“(d) Covered Health Care Professional Defined.—In this section, the term ‘covered health care professional’ means a health care professional who—

“(1) is an employee of the Department appointed under the authority under section 7306, 7401, 7405, 7406, or 7408 of this title or title 5;

“(2) is authorized by the Secretary to provide health care under this chapter;

“(3) is required to adhere to all quality standards relating to the provision of telemedicine in accordance with applicable policies of the Department; and

“(4) has an active, current, full, and unrestricted license, registration, or certification in a State to practice the health care profession of the health care professional.”.

(b) Clerical Amendment.—The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1730A the following new item:

“1730B. Licensure of health care professionals providing treatment via telemedicine.”.

(c) Report on Telemedicine.—

(1) In General.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Com-
mittee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the effectiveness of the use of telemedicine by the Department of Veterans Affairs.

(2) ELEMENTS.—The report required by paragraph (1) shall include an assessment of the following:

(A) The satisfaction of veterans with telemedicine furnished by the Department.

(B) The satisfaction of health care providers in providing telemedicine furnished by the Department.

(C) The effect of telemedicine furnished by the Department on the following:

(i) The ability of veterans to access health care, whether from the Department or from non-Department health care providers.

(ii) The frequency of use by veterans of telemedicine.

(iii) The productivity of health care providers.
(iv) Wait times for an appointment for the receipt of health care from the Department.

(v) The reduction, if any, in the use by veterans of in-person services at Department facilities and non-Department facilities.

(D) The types of appointments for the receipt of telemedicine furnished by the Department that were provided during the one-year period preceding the submittal of the report.

(E) The number of appointments for the receipt of telemedicine furnished by the Department that were requested during such period, disaggregated by Veterans Integrated Service Network.

(F) Savings by the Department, if any, including travel costs, of furnishing health care through the use of telemedicine during such period.