118TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
118–621

SUPPORTING PATIENT EDUCATION AND KNOWLEDGE ACT OF 2024

JULY 30, 2024.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mrs. RODGERS of Washington, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 6033]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 6033) to require the Secretary of Health and Human Services to establish a task force to improve access to health care information technology for non-English speakers, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Supporting Patient Education And Knowledge Act of 2024" or the "SPEAK Act of 2024".

SEC. 2. GUIDANCE ON FURNISHING SERVICES VIA TELEHEALTH TO INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY.

(a) IN GENERAL.—Not later than 1 year after the date of the enactment of this section, the Secretary of Health and Human Services, in consultation with 1 or more entities from each of the categories described in paragraphs (1) through (7) of subsection (b), shall issue and disseminate, or update and revise as applicable, guidance for the entities described in such subsection on the following:

(1) Best practices on facilitating and integrating use of interpreters during a telemedicine appointment.

(2) Best practices on providing accessible instructions on how to access telecommunications systems (as such term is used for purposes of section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) for individuals with limited English proficiency.

(3) Best practices on improving access to digital patient portals for individuals with limited English proficiency.

(4) Best practices on integrating the use of video platforms that enable multi-person video calls furnished via a telecommunications system for purposes of providing interpretation during a telemedicine appointment for an individual with limited English proficiency.

(5) Best practices for providing patient materials, communications, and instructions in multiple languages, including text message appointment reminders and prescription information.

(b) ENTITIES DESCRIBED.—For purposes of subsection (a), an entity described in this subsection is an entity in 1 or more of the following categories:

(1) Health information technology service providers, including—
  (A) electronic medical record companies;
  (B) remote patient monitoring companies; and
  (C) telehealth or mobile health vendors and companies.

(2) Health care providers, including—
  (A) physicians; and
  (B) hospitals.

(3) Health insurers.

(4) Language service companies.

(5) Interpreter or translator professional associations.

(6) Health and language services quality certification organizations.

(7) Patient and consumer advocates, including such advocates that work with individuals with limited English proficiency.

PURPOSE AND SUMMARY

H.R. 6033 requires the Secretary of Health and Human Services to, in consultation with stakeholders, to issue and disseminate best practices for delivering quality care via telehealth to beneficiaries with limited English language proficiency.

BACKGROUND AND NEED FOR LEGISLATION

Congress greatly expanded Medicare's coverage of telehealth during the COVID–19 Public Health Emergency (PHE). As many as 1 in 4 beneficiaries utilized telehealth during the PHE.[1] Congress further extended these telehealth expansions in the Consolidated Appropriations Act of 2022 beyond the PHE through the end of 2024. As Congress considers further extensions of telehealth flexibilities, this bill will ensure more beneficiaries benefit from quality telehealth access by improving the delivery of telehealth services to patients with limited English language proficiency.

[1] Koma, Wyatt, Juliette Cubanski, Tricia Neuman, "Medicare and Telehealth: Coverage and Use During the COVID–19 Pandemic and Options for the Future", *KFF*, 2021, https://www.kff.org/medicare/issue-brief/medicare-and-telehealth-coverage-and-use-during-the-covid-19-pandemic-and-options-for-the-future/.

COMMITTEE ACTION

On April 10, 2024, the Subcommittee on Health held a hearing on H.R. 6033. The title of the hearing was "Legislative Proposals to Support Patient Access to Telehealth Services." The Subcommittee received testimony from:

- Jeanette Ashlock, Patient Advocate, National Multiple Sclerosis Society;
- Fred Riccardi, President, Medicare Rights Center;
- Lee Schwamm, MD, Volunteer, American Health Association; Senior Vice President and Chief Digital Health Officer, Yale New Haven Health System;
- Eve Cunningham, MD, MBA, Group Vice President and Chief of Virtual Care and Digital Health, Providence; and,
- Ateev Mehrotra, MD, MPH, Professor of Health Care Policy and Medicine, Harvard Medical School; Hospitalist, Beth Israel Deaconess Medical Center.

On May 16, 2024, the Subcommittee on Health met in open markup session and forwarded H.R. 6033, as amended, to the full Committee by a recorded vote of 23 yeas and 0 nays.

On June 12, 2024, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 6033, without amendment, favorably reported to the House by a recorded vote of 40 yeas and 0 nays.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. The following reflects the record votes taken during the Committee consideration:

COMMITTEE ON ENERGY AND COMMERCE
118TH CONGRESS
ROLL CALL VOTE # 12

BILL: H.R. 6033, Supporting Patient Education And Knowledge (SPEAK) Act of 2024

AMENDMENT: A motion by Chair Rodgers to order H.R. 6033 favorably reported to the House, as amended (Final Passage).

DISPOSITION: AGREED TO, by a recorded vote of 40 Yeas to 0 Nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Rep. Rodgers	X			Rep. Pallone	X		
Rep. Burgess				Rep. Eshoo	X		
Rep. Latta	X			Rep. DeGette			
Rep. Guthrie	X			Rep. Schakowsky	X		
Rep. Griffith	X			Rep. Matsui	X		
Rep. Bilirakis				Rep. Castor	X		
Rep. Bucshon	X			Rep. Sarbanes			
Rep. Hudson	X			Rep. Tonko	X		
Rep. Walberg	X			Rep. Clarke			
Rep. Carter	X			Rep. Cárdenas	X		
Rep. Duncan	X			Rep. Ruiz	X		
Rep. Palmer	X			Rep. Peters	X		
Rep. Dunn	X			Rep. Dingell	X		
Rep. Curtis				Rep. Veasey	X		
Rep. Lesko	X			Rep. Kuster	X		
Rep. Pence	X			Rep. Kelly	X		
Rep. Crenshaw	X			Rep. Barragán			
Rep. Joyce	X			Rep. Blunt Rochester			
Rep. Armstrong				Rep. Soto	X		
Rep. Weber	X			Rep. Craig	X		
Rep. Allen	X			Rep. Schrier	X		
Rep. Balderson	X			Rep. Trahan			
Rep. Fulcher	X			Rep. Fletcher	X		
Rep. Pfluger							
Rep. Harshbarger	X						
Rep. Miller-Meeks	X						
Rep. Cammack							
Rep. Obernolte	X						
Rep. James	X						

06/12/2024

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee has held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 6033 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, at the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to improve Medicare's delivery of telehealth to patients with limited English language proficiency.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 6033 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

RELATED COMMITTEE AND SUBCOMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII, the following related hearing was used to develop or consider H.R. 6033:

- On April 10, 2024, the Subcommittee on Health held a hearing on H.R. 6033. The title of the hearing was "Legislative Proposals to Support Patient Access to Telehealth Services." The Subcommittee received testimony from:
  - Jeanette Ashlock, Patient Advocate, National Multiple Sclerosis Society;
  - Fred Riccardi, President, Medicare Rights Center;
  - Lee Schwamm, MD, Volunteer, American Health Association; Senior Vice President and Chief Digital Health Officer, Yale New Haven Health System;
  - Eve Cunningham, MD, MBA, Group Vice President and Chief of Virtual Care and Digital Health, Providence; and,
  - Ateev Mehrotra, MD, MPH, Professor of Health Care Policy and Medicine, Harvard Medical School; Hospitalist, Beth Israel Deaconess Medical Center.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 6033 contains no earmarks, limited tax benefits, or limited tariff benefits.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides a short title of "Supporting Patient Education And Knowledge Act of 2024" or the "SPEAK Act of 2024".

Section 2. Guidance on furnishing services via telehealth to individuals with limited English proficiency

Section 2 directs the Secretary, in consultation with stakeholders, to issue and disseminate, or update and revise as applicable, guidance for telehealth providers on the best practices improving telehealth accessibility for patients with limited English language proficiency.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

This legislation does not amend any existing Federal statute.

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