119TH CONGRESS
1st Session
HOUSE OF REPRESENTATIVES
REPORT
119–322

TO AMEND THE PUBLIC HEALTH SERVICE ACT TO REAUTHORIZE THE TELEHEALTH NETWORK AND TELEHEALTH RESOURCE CENTERS GRANT PROGRAMS

OCTOBER 3, 2025.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. GUTHRIE, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 3419]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3419) to amend the Public Health Service Act to reauthorize the telehealth network and telehealth resource centers grant programs, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

CONTENTS

	Page
Purpose and Summary	2
Background and Need for Legislation	2
Committee Action	2
Committee Votes	3
Oversight Findings and Recommendations	5
New Budget Authority, Entitlement Authority, and Tax Expenditures	5
Congressional Budget Office Estimate	5
Federal Mandates Statement	5
Statement of General Performance Goals and Objectives	5
Duplication of Federal Programs	5
Related Committee and Subcommittee Hearings	5
Committee Cost Estimate	6
Earmark, Limited Tax Benefits, and Limited Tariff Benefits	6
Advisory Committee Statement	6
Applicability to Legislative Branch	6
Section-by-Section Analysis of the Legislation	6
Changes in Existing Law Made by the Bill, as Reported	6

PURPOSE AND SUMMARY

H.R. 3419 would reauthorize the telehealth network and telehealth resource centers grant programs at the Health Resources and Services Administration (HRSA) through Fiscal Year 2030.

BACKGROUND AND NEED FOR LEGISLATION

Telehealth, or the use of electronic and telecommunication technology to utilize clinical health care services, has become a vital resource for many patients seeking health care services by helping them overcome various physical, geographical, and logistical barriers to accessing health care in the United States.[1] In 2021, 37 percent of adults utilized telehealth.[2] Telehealth services have been an effective and efficient mode to deliver health care services in hard-to-reach areas.[3]

According to HRSA, a nonprofit or for-profit entity may be awarded funding under the Telehealth Network Grant Program (TNGP) if it demonstrates that it provides health services via a telehealth network to improve access to health care services in rural and underserved communities.[4] Alternatively, Telehealth Resource Centers (TRCs) provide telehealth technical assistance both regionally and nationally through various outreach events, which may take the form of consultations, trainings, and webinars.[5]

Reauthorizing the telehealth network and telehealth resource center grant programs would continue to offer vital support at the last enacted appropriated level, with the goal of improving health care outcomes for patients, especially those in rural and medically underserved areas.

COMMITTEE ACTION

On July 16, 2025, the Subcommittee on Health held a legislative hearing on H.R. 3419. The title of the hearing was "Legislative Proposals to Maintain and Improve the Public Health Workforce, Rural Health, and Over-the-Counter Medicines." The Subcommittee received testimony from:

- Dr. Jacqueline Corrigan-Curay, JD, MD, Acting Director for Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration;
- Dr. Candice Chen, MD, MPH, Acting Associate Administrator for Health Workforce, U.S. Health Resources and Services Administration; and
- Tom Morris, MPA, Associate Administrator for Rural Health Policy, U.S. Health Resources and Services Administration.

---

[1] HEALTH RESOURCES AND SERV. ADMIN. (HRSA), *What is Telehealth?* (Mar. 2022), https://www.hrsa.gov/telehealth/what-is-telehealth; *see also* HRSA, *Telehealth Research Recap: Economic Impact* (Sept. 30, 2024), https://telehealth.hhs.gov/documents/ResearchRecap-Telehealth_and_Economic_Impact_09-30-24.pdf.

[2] CTRS. FOR DISEASE CONTROL AND PREVENTION (CDC), National Health Statistics Data Brief, *Telemedicine Use Among Adults: United States, 2021* (Oct. 2022), https://www.cdc.gov/nchs/data/databriefs/db445.pdf.

[3] Gajarawala & Pelkowski, *Telehealth Benefits and Barriers*, THE JOURNAL FOR NURSE PRACTITIONERS (Oct. 21, 2020), https://www.npjournal.org/article/S1555-4155(20)30515-8/fulltext.

[4] HRSA, Report to Congress, *Telehealth Network and Telehealth Resource Centers Grant Programs 2023* (2023), https://www.govinfo.gov/content/pkg/CMR-HE20_9000-00185926/pdf/CMR-HE20_9000-00185926.pdf#:~:text=This%20is%20the%202023%20report%20to%20Congress%20on,Public%20Health%20Service%20Act%20%2842%20U.S.C.%20%C2%A7%20254c-14%29.

[5] *Id*.

On September 10, 2025, the Subcommittee on Health met in open markup session and forwarded H.R. 3419, without amendment, to the full Committee by a voice vote.

On September 17, 2025, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 3419, without amendment, favorably reported to the House by a record vote of 48 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:

As of 02/24/2025

COMMITTEE ON ENERGY AND COMMERCE
119TH CONGRESS
ROLL CALL VOTE # 2

BILL: H.R. 3419, To amend the Public Health Service Act to reauthorize the telehealth network and telehealth resource centers grant programs.

AMENDMENT: Final Passage

DISPOSITION: Agreed to, by a roll call vote of 48 ayes and 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Guthrie	X			Mr. Pallone	X		
Mr. Latta	X			Ms. DeGette	X		
Mr. Griffith	X			Ms. Schakowsky	X		
Mr. Bilirakis				Ms. Matsui	X		
Mr. Hudson	X			Ms. Castor	X		
Mr. Carter (GA)	X			Mr. Tonko	X		
Mr. Palmer				Ms. Clarke	X		
Mr. Dunn	X			Mr. Ruiz	X		
Mr. Crenshaw	X			Mr. Peters	X		
Mr. Joyce	X			Mrs. Dingell	X		
Mr. Weber	X			Mr. Veasey	X		
Mr. Allen	X			Ms. Kelly			
Mr. Balderson	X			Ms. Barragán	X		
Mr. Fulcher	X			Mr. Soto	X		
Mr. Pfluger	X			Ms. Schrier	X		
Mrs. Harshbarger	X			Ms. Trahan	X		
Mrs. Miller-Meeks	X			Ms. Fletcher	X		
Mrs. Cammack	X			Ms. Ocasio-Cortez	X		
Mr. Obernolte	X			Mr. Auchincloss	X		
Mr. James				Mr. Carter (LA)	X		
Mr. Bentz	X			Mr. Menendez	X		
Mrs. Houchin	X			Mr. Mullin	X		
Mr. Fry				Mr. Landsman	X		
Ms. Lee				Ms. McClellan	X		
Mr. Langworthy	X						
Mr. Kean	X						
Mr. Rulli	X						
Mr. Evans	X						
Mr. Goldman	X						
Mrs. Fedorchak	X						

09/17/2025

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee 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. 3419 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 reauthorize the telehealth network and telehealth resource centers grant programs through Fiscal Year 2030.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3419 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. 3419:

- On July 16, 2025, the Subcommittee on Health held a legislative hearing on H.R. 3419. The title of the hearing was "Legislative Proposals to Maintain and Improve the Public Health Workforce, Rural Health, and Over-the-Counter Medicines." The Subcommittee received testimony from:
  - Dr. Jacqueline Corrigan-Curay, JD, MD, Acting Director for Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration;
  - Dr. Candice Chen, MD, MPH, Acting Associate Administrator for Health Workforce, U.S. Health Resources and Services Administration; and
  - Tom Morris, MPA, Associate Administrator for Rural Health Policy, U.S. Health Resources and Services Administration.

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. 2493 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. Reauthorization of telehealth network and telehealth resource centers grant programs

Section 1 reauthorizes the telehealth network and telehealth resource centers grant programs through Fiscal Year 2030.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * * * *

PART D—PRIMARY HEALTH CARE

Subpart I—Health Centers

* * * * * * *

SEC. 330I. 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 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)).

(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 799B(6).

(5) MEDICALLY UNDERSERVED POPULATION.—The term "medically underserved population" has the meaning given the term in section 330(b)(3).

(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 301, 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 301 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,, 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 disorder services and entities operating outpatient mental health and substance 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, telehealth 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 consultation, 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 the date of enactment of the Coronavirus Aid, Relief, and Economic Security Act, 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**]** *section*—

(1) $29,000,000 for each of fiscal years 2021 through 2025**[**.**]***; and*

(2) $42,050,000 for each of fiscal years 2026 through 2030.

* * * * * * *

○