



H.R. 1152 - CARE VETERANS DESERVE ACT OF 2017

Rep. Hudson (NC); Ruppertsberger (MD)

AUTHOR INTENT:

To eliminate the sunset date for the Veterans Choice Program of the Department of Veterans Affairs, to expand eligibility for such program, and to extend certain operating hours for pharmacies and medical facilities of the Department, and for other purposes.

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

DRAFT BILL	CURRENT LAW
<p>Allows a VA-employed or contracted health care professional to practice at any location in any State, regardless of patient or health professional location, if telemedicine is used.</p> <p>This shall apply regardless of whether or not the patient or health care professional is located in a facility owned by the federal government.</p> <p>The section does not alter any obligations of a covered health care professional under the Controlled Substances Act (21 USC 801 et seq.)</p>	<p>State licensing laws prevent healthcare professionals from practicing outside of a federal facility in a state where they are not licensed.</p>
<p>Defines Telemedicine as: “the use of telecommunication technology and information technology to provide health care or support the provision of health care in situations in which the patient and health care professional are separated by geographic distance.”</p>	<p>Telemedicine is defined in Public Law 112-154 (Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012) as follows: “Telemedicine means the use by a health care provider of telecommunications to assist in the diagnosis or treatment of a patient’s medical condition.”</p>

REPORT ON TELEMEDICINE

No later than a year after the effective date, the Secretary of Veterans Affairs must submit a report to the Committee on Veterans’ Affairs of the Senate and House of Representatives on the effectiveness of the use of telemedicine by the Department of Veterans Affairs. The report must include:

- Satisfaction of veterans with telemedicine furnished by Department;

- Satisfaction of health care providers furnishing services through telemedicine;
- The effect of telemedicine furnished by the Department (in terms of access, frequency of use, productivity, wait times, and reduction in the use of Department and non-Department facilities);
- The types and amount of appointments where telemedicine was used; and
- Savings to the Department

** For sections that do not relate to telemedicine, see the full text of HR 1152.*

ANALYSIS

If passed, this bill would allow health care professionals who are employed by, or have contracts with, the Department of Veterans Affairs (VA) to be able to treat VA patients in any state using telemedicine, even if neither the provider nor the patient is physically located in a facility owned by the federal government. Healthcare professionals are currently restricted from doing this because state licensing laws prevent them from practicing outside of a federal facility in a state where they are not licensed. If passed, HR 1152 would create an exception when telemedicine is used to deliver services.

Additionally, the bill requires the Secretary to enter a contract with a national chain of walk-in clinics to provide hospital care and medical services to veterans enrolled in a system of annual patient enrollment. Depending on the national chain selected, this could conceivably increase the use of telehealth if that chain utilizes such technology.

This will only impact the VA, and in no way affects licensure requirements for health care professionals not employed or contracting with the VA, or for any non-VA patients that they may have.

This bill also uses a new definition of telemedicine which is inclusive of both “telecommunication and information technology.”

Prepared by:



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