

114TH CONGRESS
2D SESSION

S. _____

To improve access to health care in rural areas, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. FRANKEN introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To improve access to health care in rural areas, and for other purposes.

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 “Connecting Rural
5 Americans to Care Act of 2016”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—TRANSPORTATION

Sec. 101. Reimbursement for no-load travel costs incurred by volunteers providing non-emergency medical transportation to Medicaid beneficiaries.

Sec. 102. Pilot program for innovative coordinated access and mobility.

Sec. 103. Prioritization of projects that increase access to transportation for medical purposes in rural areas.

TITLE II—HEALTH INFORMATION TECHNOLOGY IN RURAL
AREAS

Sec. 201. Interagency task force on rural health information technology.

Sec. 202. Rural health care program of the FCC.

1 **TITLE I—TRANSPORTATION**

2 **SEC. 101. REIMBURSEMENT FOR NO-LOAD TRAVEL COSTS**

3 **INCURRED BY VOLUNTEERS PROVIDING**

4 **NON-EMERGENCY MEDICAL TRANSPOR-**

5 **TATION TO MEDICAID BENEFICIARIES.**

6 (a) IN GENERAL.—Not later than 90 days after the
7 date of enactment of this Act, the Secretary of Health and
8 Human Services shall publish an interim final rule to re-
9 vise the Medicaid transportation regulations at sections
10 431.53 and 440.170 of title 42, Code of Federal Regula-
11 tions, as necessary, to—

12 (1) allow a State plan for medical assistance
13 under title XIX of the Social Security Act to pro-
14 vide, at the option of the State, reimbursement for
15 costs attributable to providing no-load volunteer
16 travel services to individuals eligible for medical as-
17 sistance under the State plan who require transpor-
18 tation to receive non-emergency medical treatment;
19 and

20 (2) require any State plan that opts to provide
21 reimbursement for the costs described in paragraph
22 (1) to establish oversight procedures to monitor—

1 (A) access to no-load volunteer travel serv-
2 ices for individuals eligible for medical assist-
3 ance under the State plan;

4 (B) complaints relating to no-load volun-
5 teer travel services by individuals eligible for
6 medical assistance under the State plan; and

7 (C) the timeliness of such travel services.

8 (b) NO-LOAD VOLUNTEER TRAVEL SERVICE.—For
9 purposes of subsection (a), the term “no-load volunteer
10 travel service” means travel services that—

11 (1) are provided by a person who, as deter-
12 mined by a State, local, or tribal government, pro-
13 vides such services on a volunteer basis (referred to
14 in this subsection as a “volunteer”); and

15 (2) are necessary for the volunteer to—

16 (A) travel from the originating location of
17 the volunteer to the location of an individual
18 who is eligible for medical assistance under the
19 State Medicaid plan and requires transportation
20 to receive non-emergency medical treatment (in-
21 cluding, for purposes of an individual who re-
22 quested transportation to receive non-emer-
23 gency medical treatment and subsequently re-
24 fused such transportation or was not present at
25 the requested pick-up location, any travel that

1 is necessary for the volunteer to return to their
2 originating location);

3 (B) for purposes of an individual who has
4 been provided transportation by the volunteer
5 to receive non-emergency medical treatment and
6 is required to remain at the treatment location
7 overnight or for an extended period of time (as
8 determined appropriate by a State, local, or
9 tribal government), return to the originating lo-
10 cation of the volunteer and, following the com-
11 pletion of such treatment, travel back to the
12 treatment location; and

13 (C) following any transportation that is
14 necessary to return an individual who has re-
15 ceived non-emergency medical treatment to
16 their pick-up location, return to the originating
17 location of the volunteer.

18 **SEC. 102. PILOT PROGRAM FOR INNOVATIVE COORDI-**
19 **NATED ACCESS AND MOBILITY.**

20 (a) REMOVAL OF FUNDING FROM HIGHWAY TRUST
21 FUND.—Section 5338 of title 49, United States Code, is
22 amended—

23 (1) in subsection (a)—

24 (A) in paragraph (1)—

1 (i) in the matter preceding subpara-
2 graph (A), by striking “sections 3006(b)”
3 and inserting “, for fiscal year 2016, sec-
4 tion 3006(b)”;

5 (ii) in subparagraph (B), by striking
6 “\$9,534,706,043” and inserting
7 “\$9,531,706,403”;

8 (iii) in subparagraph (C), by striking
9 “\$9,733,353,407” and inserting
10 “\$9,730,103,407”;

11 (iv) in subparagraph (D), by striking
12 “9,939,380,030” and inserting
13 “\$9,935,880,030”; and

14 (v) in subparagraph (E), by striking
15 “10,150,348,462” and inserting
16 “\$10,146,848,462”; and

17 (B) in paragraph (2)(E), by striking “,
18 \$3,000,000 for fiscal year 2017, \$3,250,000 for
19 fiscal year 2018, \$3,500,000 for fiscal year
20 2019 and \$3,500,000 for fiscal year 2020”;

21 (2) by redesignating subsections (e) through (h)
22 as subsections (f) through (i), respectively; and

23 (3) by inserting after subsection (d) the fol-
24 lowing:

1 “(e) ACCESS AND MOBILITY GRANTS.—There are au-
2 thORIZED to be appropriated to carry out the pilot program
3 for innovative coordinated access and mobility under sec-
4 tion 3006(b) of the Federal Public Transportation Act of
5 2015—

6 “(1) \$6,000,000 for fiscal year 2017;

7 “(2) \$6,500,000 for fiscal year 2018;

8 “(3) \$7,000,000 for fiscal year 2019; and

9 “(4) \$7,000,000 for fiscal year 2020.”.

10 (b) APPLICATION PRIORITY.—Section 3006(b) of the
11 Federal Public Transportation Act of 2015 (49 U.S.C.
12 5310 note; Public Law 112–141) is amended by adding
13 at the end the following:

14 “(7) PRIORITY FOR ELIGIBLE PROJECTS IN
15 RURAL AREAS.—In selecting eligible recipients to
16 participate in the pilot program under this sub-
17 section, the Secretary shall give priority to applica-
18 tions submitted by eligible recipients to carry out eli-
19 gible projects that serve individuals living in rural
20 areas.”.

21 **SEC. 103. PRIORITIZATION OF PROJECTS THAT INCREASE**
22 **ACCESS TO TRANSPORTATION FOR MEDICAL**
23 **PURPOSES IN RURAL AREAS.**

24 Section 5311(b)(3) of title 49, United States Code,
25 is amended by adding at the end the following:

1 “(D) PROJECTS FOR MEDICAL TRANSPOR-
2 TATION.—The Secretary may, when appro-
3 priate, use amounts made available under sub-
4 paragraph (B) to prioritize and carry out
5 projects that increase access to transportation
6 for medical purposes in rural areas.”.

7 **TITLE II—HEALTH INFORMA-**
8 **TION TECHNOLOGY IN RURAL**
9 **AREAS**

10 **SEC. 201. INTERAGENCY TASK FORCE ON RURAL HEALTH**
11 **INFORMATION TECHNOLOGY.**

12 Title XXX of the Public Health Service Act (42
13 U.S.C. 300jj et seq.) is amended by adding at the end
14 the following:

15 **“SEC. 3022. INTERAGENCY TASK FORCE ON RURAL HEALTH**
16 **INFORMATION TECHNOLOGY.**

17 “(a) ESTABLISHMENT.—The President shall estab-
18 lish an Interagency Task Force on Rural Health Informa-
19 tion Technology (referred to in this section as the ‘Task
20 Force’).

21 “(b) MEMBERSHIP.—

22 “(1) COMPOSITION.—The President shall ap-
23 point members of the Task Force, which shall in-
24 clude—

1 “(A) a representative from the Office of
2 Rural Development of the Department of Agri-
3 culture;

4 “(B) representatives from the Department
5 of Health and Human Services, including—

6 “(i) a representative from the Office
7 of the National Coordinator for Health In-
8 formation Technology established under
9 section 3001(a);

10 “(ii) a representative from the Office
11 of Rural Health Policy of the Health Re-
12 sources and Services Administration;

13 “(iii) a representative from the Indian
14 Health Service;

15 “(iv) a representative from the Sub-
16 stance Abuse and Mental Health Services
17 Administration;

18 “(v) a representative from the Centers
19 for Disease Control and Prevention;

20 “(vi) a representative from the Cen-
21 ters for Medicare & Medicaid Services; and

22 “(vii) a representative from the Agen-
23 cy for Healthcare Research and Quality;

24 “(C) representatives from other Federal
25 agencies, including—

1 “(i) a representative from the Depart-
2 ment of Veterans Affairs;

3 “(ii) a representative from the De-
4 partment of Labor;

5 “(iii) a representative from the De-
6 partment of Education;

7 “(iv) a representative from the Fed-
8 eral Communications Commission;

9 “(v) a representative from the Depart-
10 ment of Transportation; and

11 “(vi) a representative from the De-
12 partment of Commerce; and

13 “(D) any other representatives from Fed-
14 eral, State, or private sector entities as deter-
15 mined appropriate by the President, including
16 the Appalachian Regional Commission, the
17 Delta Regional Authority, the National Rural
18 Health Association, the National Governors As-
19 sociation, and the National Rural Economic De-
20 velopers Association.

21 “(2) CHAIRPERSON.—The Secretary shall serve
22 as the chairperson of the Task Force.

23 “(3) APPOINTMENT.—

24 “(A) DEADLINE.—All initial members of
25 the Task Force shall be appointed not later

1 than 1 year after the date of enactment of the
2 Connecting Rural Americans to Care Act of
3 2016.

4 “(B) PERIOD OF APPOINTMENT; VACAN-
5 CIES.—Each member of the Task Force shall
6 be appointed for a term of 4 years with the op-
7 portunity for reappointment. Any vacancy in
8 the Task Force shall not affect its powers, but
9 shall be filled in the same manner in which the
10 original appointment was made.

11 “(c) ACTIVITIES.—

12 “(1) IN GENERAL.—The Task Force shall carry
13 out each of the following activities:

14 “(A) Measure and evaluate progress in
15 Federal, State, local, and tribal efforts to ex-
16 pand health information technology infrastruc-
17 ture in rural areas.

18 “(B) Collaborate with the Broadband Op-
19 portunity Council, or any other successor, simi-
20 lar, or relevant Federal interagency entity that
21 addresses delivery of financial and technical as-
22 sistance to rural health care providers for the
23 implementation of broadband technology and
24 development of health information technology
25 infrastructure.

1 “(C) Provide recommendations on best
2 practices to increase internet access in rural
3 areas for the purpose of improving the delivery
4 of health care services.

5 “(D) Align, across Federal agencies and
6 departments, evaluation metrics for measures to
7 expedite the development and implementation of
8 health information technologies in rural areas
9 in accordance with paragraph (2).

10 “(2) ALIGNING METRICS.—In carrying out the
11 activity described in paragraph (1)(D), the Task
12 Force shall, to the extent practicable, consider how
13 evaluation metrics for Federal measures described in
14 such paragraph align with the evaluation metrics for
15 State and local measures to reduce administrative
16 burden.

17 “(d) REPORTING.—Not later than 2 years after the
18 date of enactment of the Connecting Rural Americans to
19 Care Act of 2016, and every 3 years thereafter, the Task
20 Force shall publish a report (to be known as the ‘Health
21 Care Information Technology Infrastructure Status Re-
22 port’) that—

23 “(1) describes the current state of the
24 connectivity gap in the United States, with a special
25 emphasis on rural areas, to inform the use of Fed-

1 eral programs providing support for the implementa-
2 tion of broadband technology and the development
3 and adoption of health information technology infra-
4 structure, particularly in rural areas; and

5 “(2) includes recommendations on ways to in-
6 crease access to health information technology in
7 rural areas, especially areas that are designated as—

8 “(A) a health professional shortage area by
9 the Secretary under section 332; and

10 “(B) an area without access to advanced
11 telecommunications capability, as identified by
12 the Federal Communications Commission in the
13 county-based appendix to the most recent
14 Broadband Progress Report adopted by the
15 Federal Communications Commission as re-
16 quired under section 706 of the Telecommuni-
17 cations Act of 1996 (47 U.S.C. 1302).

18 “(e) MEETINGS.—The Task Force shall meet at the
19 call of the chairperson, not less than 2 times each year.

20 “(f) POWERS OF THE TASK FORCE.—

21 “(1) HEARINGS.—The Task Force may, for the
22 purpose of carrying out this section, hold hearings,
23 sit and act at times and places, take testimony, and
24 receive evidence as the Task Force considers appro-
25 priate.

1 “(2) INFORMATION FROM FEDERAL AGEN-
2 CIES.—The Task Force may secure directly from
3 any department or agency of the United States in-
4 formation necessary to enable it to carry out its du-
5 ties under this section. Upon request of the chair-
6 person of the Task Force, the head of that depart-
7 ment or agency shall furnish that information to the
8 Task Force.

9 “(g) TASK FORCE PERSONNEL MATTERS.—

10 “(1) TRAVEL EXPENSES.—A member of the
11 Task Force shall be allowed reasonable travel ex-
12 penses, including per diem in lieu of subsistence, at
13 rates for employees of agencies under subchapter I
14 of chapter 57 of title 5, United States Code, while
15 away from the member’s home or regular place of
16 business in the performance of services for the Task
17 Force.

18 “(2) STAFF.—

19 “(A) IN GENERAL.—The chairperson of
20 the Task Force may, without regard to the civil
21 service laws (including regulations), appoint
22 and terminate an executive director and such
23 other additional personnel as may be necessary
24 to enable the Task Force to perform the duties
25 of the Task Force, except that the employment

1 of an executive director shall be subject to con-
2 firmation by the Task Force.

3 “(B) COMPENSATION.—The chairperson of
4 the Task Force may fix the compensation of the
5 executive director and other personnel without
6 regard to chapter 51 and subchapter III of
7 chapter 53 of title 5, United States Code, relat-
8 ing to classification of positions and General
9 Schedule pay rates, except that the rate of pay
10 for the executive director and other personnel
11 may not exceed the rate payable for level V of
12 the Executive Schedule under section 5316 of
13 that title.

14 “(3) DETAIL OF GOVERNMENT EMPLOYEES.—
15 Any Federal Government employee may be detailed
16 to the Task Force without reimbursement, and such
17 detail shall be without interruption or loss of civil
18 service status or privilege.

19 “(4) PROCUREMENT.—The chairperson of the
20 Task Force may procure temporary and intermittent
21 services under section 3109(b) of title 5, United
22 States Code, at rates for individuals which do not
23 exceed the daily equivalent of the annual rate of
24 basic pay prescribed for level V of the Executive
25 Schedule under section 5316 of that title.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated such sums as may be
3 necessary to carry out this section.”.

4 **SEC. 202. RURAL HEALTH CARE PROGRAM OF THE FCC.**

5 (a) DEFINITIONS.—In this section—

6 (1) the term “Commission” means the Federal
7 Communications Commission; and

8 (2) the term “Healthcare Connect Fund”
9 means the Healthcare Connect Fund of the Commis-
10 sion under subpart G of part 54 of title 47, Code
11 of Federal Regulations.

12 (b) SIMPLIFYING THE APPLICATION PROCESS OF
13 THE HEALTHCARE CONNECT FUND.—

14 (1) IN GENERAL.—Not later than 1 year after
15 the date of enactment of this Act, the Commission
16 shall institute and refer to a Federal-State Joint
17 Board under section 410(e) of the Communications
18 Act of 1934 (47 U.S.C. 410(e)) a proceeding to—

19 (A) review the process for submitting a re-
20 quest for services under the Healthcare Connect
21 Fund; and

22 (B) make recommendations to the Com-
23 mission on ways that the Commission can sim-
24 plify the process described in subparagraph (A).

1 (2) IMPLEMENTATION OF RECOMMENDA-
2 TIONS.—Not later than 1 year after the date on
3 which the Federal-State Joint Board makes rec-
4 ommendations to the Commission under paragraph
5 (1)(B), the Commission shall implement those rec-
6 ommendations.

7 (c) HEALTH CARE PROVIDER.—Section
8 254(h)(7)(B) of the Communications Act of 1934 (47
9 U.S.C. 254(h)(7)(B)) is amended—

10 (1) in clause (vii), by striking “and” at the end;

11 (2) by redesignating clause (viii) as clause (ix);

12 (3) by inserting after clause (vii) the following:

13 “(viii) any other entities that provide
14 health care and remote patient manage-
15 ment, as determined by the Secretary of
16 Health and Human Services; and”;

17 (4) in clause (ix), as so redesignated, by strik-
18 ing “through (vii)” and inserting “through (viii)”.

19 (d) CODE OF FEDERAL REGULATIONS.—The Com-
20 mission shall amend section 54.633(a) of title 47, Code
21 of Federal Regulations—

22 (1) by striking “All health care providers” and
23 inserting the following:

24 “(1) IN GENERAL.—Except as provided in para-
25 graph (2), all health care providers”;

1 (2) in paragraph (1), as so designated—

2 (A) by striking “a 65 percent” and insert-
3 ing “not less than an 85 percent”; and

4 (B) by striking “35 percent” and inserting
5 “not more than 15 percent”; and

6 (3) by adding at the end the following:

7 “(2) TRIBAL LANDS.—The Federal Commu-
8 nications Commission may decrease the percentage
9 of the total cost of eligible expenses that a health
10 care provider is required to contribute under para-
11 graph (1), including by eliminating the requirement
12 that the health care provider contribute any percent-
13 age of that cost, if the health care provider is lo-
14 cated on Tribal lands, as defined in section 54.400,
15 or any successor regulation.”.