

118TH CONGRESS  
1ST SESSION

# H. R. 6534

To establish a home-based telemental health care demonstration program for purposes of increasing mental health and substance use services in rural medically underserved populations and for individuals in farming, fishing, and forestry occupations.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 30, 2023

Ms. SALINAS (for herself and Mrs. HARSHBARGER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To establish a home-based telemental health care demonstration program for purposes of increasing mental health and substance use services in rural medically underserved populations and for individuals in farming, fishing, and forestry occupations.

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 “Home-Based Tele-  
5 mental Health Care Act of 2023”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1           (1) According to a 2020 report by the Centers  
2 for Disease Control and Prevention, titled “Mental  
3 Health, Substance Use and Suicidal Ideation during  
4 the COVID–19 Pandemic” (referred to in this sec-  
5 tion as the “CDC report”), elevated levels of adverse  
6 mental health conditions, substance use, and suicidal  
7 ideation were reported by adults in the United  
8 States in June 2020, after the onset of the COVID–  
9 19 pandemic. The prevalence of symptoms of anxiety  
10 disorder was 25.5 percent, compared to 8.1 percent  
11 in the second quarter of 2019. Additionally, 24.3  
12 percent of adults experienced depressive symptoms  
13 in June 2020, 4 times the 6.5 percent reported in  
14 the second quarter of 2019.

15           (2) According to the CDC report, approximately  
16 30 percent of rural adults who responded to a survey  
17 of the Centers for Disease Control and Prevention  
18 suffered from symptoms of anxiety or depression,  
19 and approximately 10 percent of rural adults seri-  
20 ously considered suicide in the past 30 days.

21           (3) A 2020 study by the Centers for Disease  
22 Control and Prevention suggests that people in  
23 farming, fishing, and forestry occupations (referred  
24 to in this section as the “Triple–F” industry) in the

1 United States experienced rates of 31.4 suicides per  
2 100,000 people in 2016.

3 (4) Such 2020 study by the Centers for Disease  
4 Control and Prevention indicates that suicide rates  
5 for farmers, ranchers, and other agricultural man-  
6 agers were 58 percent higher than the rate for the  
7 general population in 2016.

8 (5) According to a 2019 report of the National  
9 Survey on Drug Use and Health, 22.4 percent of  
10 residents in rural communities aged 18 or older who  
11 experienced mental illness perceived an unmet need  
12 for mental health services. Of these individuals, 17.9  
13 percent did not receive any mental health services in  
14 the prior year.

15 (6) The COVID–19 pandemic put additional  
16 stress on people in the Triple–F population. In the  
17 early stages, the pandemic caused instability in the  
18 markets, especially as the virus caused a downturn  
19 in food service sales and closed meat processing  
20 plants across the Nation. Farmers were left with low  
21 commodity prices and loss of revenue. This commu-  
22 nity has spent the last 2 years attempting to re-  
23 bound from the effects of the pandemic. Additional  
24 resources are needed to support the mental health  
25 needs of this population.

1           (7) While the prevalence of mental illness is  
2 similar among rural and urban residents, the serv-  
3 ices available to each population are very different.  
4 Mental health care needs are not met in rural com-  
5 munities due to many challenges, including accessi-  
6 bility issues due to transportation and geographic  
7 isolation, the stigma of needing or receiving mental  
8 health care, a lack of anonymity when seeking treat-  
9 ment, shortages of mental health workforce profes-  
10 sionals, and affordability due to a high rate of unin-  
11 sured residents.

12           (8) Telemental health, which is the delivery of  
13 mental health services using remote technologies  
14 when the patient and provider are separated by dis-  
15 tance, shows promise in helping to alleviate the lack  
16 of mental health services in rural areas. Traditional  
17 telemental health models involve care delivered to a  
18 patient at an originating clinical site from a spe-  
19 cialist working at a distant site. Having the ability  
20 to reach mental health professionals from a place of  
21 comfort, such as home, from a personal device may  
22 reduce challenges faced in rural areas and amongst  
23 Triple-F workers.

24           (9) A clinical trial of 241 depressed elderly vet-  
25 erans, which was conducted by the Medical Univer-

1       sity of South Carolina and the Ralph H. Johnson  
2       Veterans Affairs Medical Center and reported in the  
3       Journal of Clinical Psychiatry, found that home-  
4       based telemental health for depression is well re-  
5       ceived by patients and delivers as good a quality of  
6       life as in-person visits.

7       **SEC. 3. MENTAL HEALTH AND SUBSTANCE USE SERVICES**  
8                   **DELIVERED TO RURAL UNDERSERVED POPU-**  
9                   **LATIONS VIA TELEMENTAL HEALTH CARE.**

10       Title III of the Public Health Service Act is amended  
11       by inserting after section 330K (42 U.S.C. 254c-16) the  
12       following:

13       **“SEC. 330K-1. MENTAL HEALTH AND SUBSTANCE USE SERV-**  
14                   **ICES DELIVERED TO RURAL UNDERSERVED**  
15                   **POPULATIONS VIA TELEMENTAL HEALTH**  
16                   **CARE.**

17       “(a) DEFINITIONS.—In this section—

18               “(1) the term ‘covered populations’ means—

19                   “(A) health professional shortage areas (as  
20               defined in section 332(a)(1)) in rural areas; or

21                   “(B) populations engaged in a farming,  
22               fishing, or forestry industry;

23               “(2) the term ‘eligible entity’ means a public or  
24               nonprofit private telemental health provider network  
25               that offers services that include mental health and

1 substance use services provided by professionals  
2 trained in mental health and substance use;

3 “(3) the term ‘farming, fishing, or forestry in-  
4 dustry’ means an occupation defined as a farming,  
5 fishing, or forestry occupation by the Department of  
6 Labor in accordance with the Standard Occupational  
7 Classification System;

8 “(4) the term ‘home-based telemental’ means  
9 the use of telemental health services where the pa-  
10 tient is in his or her own home or other place of  
11 comfort;

12 “(5) the term ‘professional trained in mental  
13 health’ means a psychiatrist, a qualified mental  
14 health professional (as defined in section 330K), or  
15 another mental health professional acting under the  
16 direction of a psychiatrist;

17 “(6) the term ‘rural’ has the meaning given  
18 such term by the Office of Rural Health Policy of  
19 the Health Resources and Services Administration;  
20 and

21 “(7) the term ‘telemental health’ means the use  
22 of electronic information and telecommunications  
23 technologies to support long distance clinical health  
24 care, patient and professional health-related edu-  
25 cation, public health, and health administration.

1       “(b) PROGRAM AUTHORIZED.—The Secretary, in  
2 consultation with the Rural Health Liaison of the Depart-  
3 ment of Agriculture, shall award grants to eligible entities  
4 to establish demonstration projects for the provision of  
5 mental health and substance use services to covered popu-  
6 lations in their homes, as delivered remotely by profes-  
7 sionals trained in mental health and substance use using  
8 telemental health care.

9       “(c) USE OF FUNDS.—Recipients of a grant under  
10 this section shall use the grant funds to—

11               “(1) deliver home-based telemental health serv-  
12 ices to covered populations; and

13               “(2) develop comprehensive metrics to measure  
14 the quality and impact of home-based telemental  
15 health services compared to traditional in-person  
16 mental health and substance use care.

17       “(d) REPORT.—The Secretary, in consultation with  
18 the Secretary of Agriculture, not later than 3 years after  
19 the date on which the program under this section com-  
20 mences, and 2 years thereafter, shall submit to the appro-  
21 priate congressional committees reports on the impact and  
22 quality of care of home-based telemental health care serv-  
23 ices for covered populations.

24       “(e) AUTHORIZED USE OF FUNDS.—Out of any  
25 amounts made available to the Secretary, up to

1 \$10,000,000 for each of fiscal years 2024 through 2028  
2 may be allocated to carrying out the program under this  
3 section.”.

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