

117TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To permit a licensed health care provider to provide health care services to individuals in one or more States in which the provider is not licensed.

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IN THE SENATE OF THE UNITED STATES

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\_\_\_\_\_ introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To permit a licensed health care provider to provide health care services to individuals in one or more States in which the provider is not licensed.

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 “Equal Access to Care  
5 Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) In public health emergencies, such as the  
9 Coronavirus Disease 2019 pandemic, it is of para-

1 mount importance to deliver medical resources to  
2 impacted areas where the need is greatest.

3 (2) Technologies that allow health care pro-  
4 viders to deliver care across great distances can de-  
5 liver medical care into impacted areas, including  
6 mental health services and maintenance care for  
7 chronic illnesses.

8 (3) Technologies that allow health care pro-  
9 viders to deliver care across great distances can  
10 thereby free local providers to address community  
11 needs that providers can only address in person.

12 (4) Under the Constitution, the Commerce  
13 Clause grants Congress the authority to regulate  
14 commerce among the States.

15 **SEC. 3. INTERSTATE TELEMEDICINE.**

16 (a) IN GENERAL.—Notwithstanding any other provi-  
17 sion of law, during the period described in subsection (b),  
18 in the case of a physician, practitioner, or other health  
19 care provider who is licensed or otherwise legally author-  
20 ized to provide health care services in a primary State,  
21 and who provides such health care services in interstate  
22 commerce through electronic information or telecommuni-  
23 cation technologies to an individual in a secondary State,  
24 the location of the provision of such services shall be  
25 deemed to be the primary State and any requirement that

1 such physician, practitioner, or other provider obtain a  
2 comparable license or other comparable legal authorization  
3 from the secondary State with respect to the provision of  
4 such services (including requirements relating to the pre-  
5 scribing of drugs in such secondary State) shall not apply.

6 (b) PERIOD DESCRIBED.—The period described in  
7 this subsection is the period beginning on the date of en-  
8 actment of this Act and ending on the date that is 180  
9 days after the date on which the national emergency de-  
10 clared by the President under the National Emergencies  
11 Act (50 U.S.C. 1601 et seq.) with respect to the  
12 Coronavirus Disease 2019 (COVID–19) ends.

13 (c) REVIEW OF REGULATIONS.—The head of each  
14 Federal agency shall review existing guidance and regula-  
15 tions to identify any such guidance or regulations that  
16 may conflict with the provisions of this section. If the head  
17 of an agency finds any such conflict, notwithstanding any  
18 other provision of law, such agency head shall, not later  
19 than 30 days after the date of enactment of this Act, issue  
20 revised guidance or regulations to ensure compliance with  
21 the provisions of this section.

22 (d) DEFINITIONS.—In this section:

23 (1) HEALTH CARE SERVICES.—The term  
24 “health care services” shall not include services of  
25 the type for which funding is prohibited under the

1 requirements contained in Public Law 116–94 as re-  
2 lating to funds for programs authorized under sec-  
3 tions 330 through 340 of the Public Health Service  
4 Act (42 U.S.C. 254 through 256).

5 (2) PRIMARY STATE.—The term “primary  
6 State” means, with respect to the provision of health  
7 care services by a physician, practitioner, or other  
8 health care provider in interstate commerce through  
9 electronic information or telecommunication tech-  
10 nologies, the State in which such physician, practi-  
11 tioner, or provider is physically located and licensed.

12 (3) SECONDARY STATE.—The term “secondary  
13 State” means, with respect to the provision of health  
14 care services by a physician, practitioner, or other  
15 health care provider in interstate commerce through  
16 electronic information or telecommunication tech-  
17 nologies, a State in which such physician, practi-  
18 tioner, or other provider is not physically located or  
19 licensed.