

116TH CONGRESS
1ST SESSION

H. R. 5190

To amend the Public Health Service Act to provide assistance for health centers and rural health clinics to implement electronic provider consultation and related telemedicine services.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 20, 2019

Mr. HARDER of California (for himself, Mr. YOUNG, Mr. FORTENBERRY, Ms. TORRES SMALL of New Mexico, and Mr. STEUBE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide assistance for health centers and rural health clinics to implement electronic provider consultation and related telemedicine services.

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 “Specialty Treatment
5 to Access and Referrals Act of 2019” or the “STAR Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Telemedicine involving the delivery of safe,
2 effective, quality health care services by a health
3 care provider using electronic information technology
4 as the mode of care delivery is a clinically appro-
5 priate and efficient method of furnishing many
6 health care services.

7 (2) Consultations between health care providers
8 utilizing electronic information technology (in this
9 section referred to as “E-Consult services”) are fea-
10 sible in a variety of settings, flexible in their applica-
11 tion, and particularly useful in facilitating the timely
12 provision of information from a clinician with spe-
13 cialized knowledge of a relevant medical subject mat-
14 ter to a treating clinician in order to improve care
15 quality.

16 (3) E-Consult services formalize the role of
17 medical specialists, can be undertaken entirely with-
18 in electronic exchange platforms that are private and
19 secure, and do not require synchronous communica-
20 tion between providers.

21 (4) E-Consult services conducted in advance of
22 a telemedicine service can improve the effectiveness
23 of the subsequent telemedicine service.

24 (5) E-Consult services are being utilized exten-
25 sively by the Veterans Health Administration and by

1 a growing number of academic medical centers and
2 other public and private health care settings both in
3 the United States and internationally.

4 (6) There is a need for additional extensive and
5 rigorous research studies to determine best practices
6 and processes for E-Consult services and to validate
7 the impact on access to specialty medical care, costs,
8 and clinical outcomes.

9 (7) Providing the expertise and technical assist-
10 ance necessary to implement E-Consult services in
11 primary care settings could improve access to spe-
12 cialty care at relatively low cost while simultaneously
13 providing a testbed to evaluate the merits of varying
14 approaches to E-Consult services, ascertain the
15 value of such programs, and experiment with service
16 reimbursement strategies in fee-for-service environ-
17 ments, including value-based care delivery arrange-
18 ments such as through accountable care organiza-
19 tions.

20 **SEC. 3. E-CONSULT SERVICES AND RELATED TELEHEALTH**
21 **ASSISTANCE PILOT PROGRAM.**

22 Title III of the Public Health Service Act is amended
23 by inserting after section 330M (42 U.S.C. 254c-19) the
24 following new section:

1 **“SEC. 330N. E-CONSULT SERVICES AND RELATED TELE-**
2 **HEALTH ASSISTANCE PILOT PROGRAM.**

3 “(a) IN GENERAL.—The Secretary may award grants
4 to eligible health center controlled networks, health cen-
5 ters, and rural health clinics described in subsection (e)
6 to conduct pilot projects to implement and test the effec-
7 tiveness of E-Consult services and related telehealth serv-
8 ices furnished at such networks, centers, and clinics for
9 purposes of addressing the goals described in subsection
10 (b).

11 “(b) OBJECTIVES.—A pilot project conducted pursu-
12 ant to a grant awarded under subsection (a) shall address
13 the following goals:

14 “(1) Improvement in patient access to specialty
15 care.

16 “(2) Reduction in specialty care patient wait
17 times.

18 “(3) Reduction in patient specialty referrals.

19 “(4) Reduction in patient miles traveled for
20 specialty care consultations.

21 “(5) Increased support for primary care pro-
22 viders as demonstrated by job satisfaction measures.

23 “(6) Increased patient satisfaction as dem-
24 onstrated by quality surveys.

25 “(7) Health care cost savings.

1 “(8) Such other goals as the Secretary may
2 identify.

3 “(c) DURATION; AMOUNT.—

4 “(1) DURATION.—A grant awarded under sub-
5 section (a) shall be for a term of no more than 5
6 years.

7 “(2) AMOUNT.—In the case of a grant made
8 under subsection (a) directly to an eligible health
9 center or rural health clinic, the amount provided
10 may not exceed \$200,000 for each center or clinic
11 facility location. In the case of an award to an eligi-
12 ble health center controlled network, the amount
13 provided may not exceed \$5,000,000, and the value
14 of the amount of assistance provided by such net-
15 work to any individual participating health center or
16 rural clinic facility location may not exceed
17 \$200,000.

18 “(d) USE OF FUNDS.—Funds provided under a grant
19 pursuant to this section may only be used for the fol-
20 lowing, with respect to a pilot project conducted by a
21 health center controlled network, health center, or rural
22 health clinic:

23 “(1) Conducting assessments of a participating
24 facility’s infrastructure (such as broadband, equip-

1 ment, and software), clinical objectives, and staffing
2 plans.

3 “(2) Based on assessment findings, developing
4 and assisting in the execution of equipment and soft-
5 ware procurement, defining clinical objectives, devel-
6 oping adequate staffing plans, and implementing E-
7 Consult services and related telehealth services pro-
8 gram plan.

9 “(3) Training participating facility staff to
10 properly utilize technology and implement programs.

11 “(4) Providing clinical workflow training to
12 support program implementation.

13 “(5) Providing integrated certified EHR tech-
14 nology capabilities to support live video (where appli-
15 cable) and E-Consult services.

16 “(6) Integrating the facility with live E-Consult
17 service support providers and networks that meet
18 the patient goals of the network, center, or clinic.

19 “(7) Procuring appropriate information tech-
20 nology and undertaking minor alterations of physical
21 space.

22 “(8) Otherwise carrying out the pilot project to
23 address the objectives described in subsection (b).

24 “(e) PARTICIPATING FACILITIES; ELIGIBLE ENTI-
25 TIES.—

1 “(1) PARTICIPATING FACILITIES.—A location of
2 a health center or rural health clinic shall qualify to
3 participate in a pilot program established pursuant
4 to this section if the center or clinic demonstrates in
5 a manner determined by the Secretary that such lo-
6 cation—

7 “(A) lacks sufficient access to care pro-
8 vided by medical specialists, as determined by
9 the Secretary; and

10 “(B) has not already implemented a pro-
11 gram of E-Consult services and related tele-
12 health services similar to that described in this
13 section.

14 “(2) REQUIREMENTS TO BE ELIGIBLE TO RE-
15 CEIVE A GRANT.—To be eligible to receive a grant
16 under subsection (a), an entity must—

17 “(A) be—

18 “(i) a health center controlled network
19 that demonstrates to the satisfaction of the
20 Secretary—

21 “(I) sufficient expertise and expe-
22 rience in the successful provision of
23 the technical and other assistance re-
24 quired under for health centers and
25 rural health clinics to conduct a pilot

1 project in accordance with this sec-
2 tion;

3 “(II) evidence of sufficient bind-
4 ing participation commitments re-
5 ceived from eligible health centers and
6 rural health clinics;

7 “(III) the ability to assist eligible
8 health centers and rural health clinics
9 to conduct E-Consult services with
10 medical specialists and related tele-
11 health services; and

12 “(IV) a likelihood of successfully
13 accomplishing the program objectives
14 as identified in subsection (b); or

15 “(ii) a qualifying health center or
16 rural health clinic that demonstrates to the
17 satisfaction of the Secretary—

18 “(I) sufficient expertise and abil-
19 ity to implement on its own behalf the
20 technical and other assistance de-
21 scribed in subparagraph (A)(i);

22 “(II) a likelihood of successfully
23 implementing a program of E-Consult
24 services with medical specialists and
25 related telehealth services; and

1 “(III) a likelihood of successfully
2 accomplishing the program objectives
3 as identified in subsection (b); and

4 “(B) submit an application described in
5 paragraph (3) to the Secretary in such form
6 and manner, and in accordance with such tim-
7 ing, as specified by the Secretary.

8 “(3) APPLICATION.—For purposes of para-
9 graph (2)(B), an application described in this para-
10 graph, with respect to an applicant, is an application
11 that demonstrates to the satisfaction of the Sec-
12 retary—

13 “(A) in the case of an applicant that is a
14 health center controlled network, the intention
15 of a sufficient minimum number of eligible
16 health centers to participate in the program
17 through the network and a plan for recruiting
18 additional centers to participate;

19 “(B) the qualification of proposed facility
20 locations to participate in the program;

21 “(C) requisite experience, expertise, and
22 capacity;

23 “(D) likelihood of meeting program objec-
24 tives described in subsection (b); and

1 “(E) internal program metrics that will be
2 employed to demonstrate satisfaction of pro-
3 gram objectives and information to be collected
4 and provided to the Secretary as necessary to
5 conduct program evaluation.

6 “(f) EVALUATION; REPORT.—Not later than 180
7 days after the date of the completion of the last pilot
8 projects funded under this section, the Secretary shall sub-
9 mit to Congress a report, including an evaluation, on the
10 projects that addresses the following:

11 “(1) An overview of supported projects and
12 identification of areas of success and failure.

13 “(2) Policies, practices, and organizational ap-
14 proaches that either facilitate or impede the effective
15 use of E–Consult services (including personnel train-
16 ing and support, technology usability, workflow, and
17 provider communication).

18 “(3) Relative effectiveness of consultations pro-
19 vided by Medical Specialists in improving outcomes,
20 quality of care and efficiency with respect to dif-
21 ferent specialties, clinical conditions, complexity, pa-
22 tient types, or other issues.

23 “(4) The extent to which information shared in
24 the E–Consult services process is sufficient, accu-
25 rate, and actionable in order to effectively facilitate

1 care improvement, and whether such bi-directional
2 information flows can be standardized.

3 “(5) The extent to which E-Consults facilitate
4 continuity of care.

5 “(6) Any issues arising related to maintaining
6 the privacy of personal health information, ensuring
7 cybersecurity, and other information security issues.

8 “(7) The extent to which E-Consult services
9 contribute to improved health outcomes and metrics
10 that can facilitate such evaluation.

11 “(8) Any unintended or adverse results from
12 utilizing E-Consult services.

13 “(g) DEFINITIONS.—For purposes of this section:

14 “(1) CERTIFIED EHR TECHNOLOGY.—The term
15 ‘certified EHR technology’ has the meaning given
16 such term in section 3000(1).

17 “(2) E-CONSULT SERVICE.—The term ‘E-Con-
18 sult service’ means synchronous or asynchronous,
19 consultative, health-care-provider-to-health-care-pro-
20 vider communications that occur within a shared
21 certified EHR technology or secure internet-based
22 platform and are primarily intended to provide spe-
23 cialty expertise to treating clinicians (who are often
24 primary care providers) without requiring a direct
25 interaction between the patient and the medical spe-

1 cialist. Such consultation ordinarily involves a treat-
2 ing clinician sending information regarding the pa-
3 tient and a consultation request to a medical spe-
4 cialist who may then respond in any of a number of
5 ways, including providing requested feedback, asking
6 for additional information, recommending certain
7 studies or examinations, or initiating the scheduling
8 of an appointment.

9 “(3) HEALTH CENTER.—The term ‘health cen-
10 ter’ has the meaning given such term in section
11 330(a).

12 “(4) HEALTH CENTER CONTROLLED NET-
13 WORK.—The term ‘health center controlled network’
14 means a network that is owned and controlled by
15 constituent health centers as described in section
16 330(e)(1)(C).

17 “(5) PRIMARY CARE PROVIDER.—The term ‘pri-
18 mary care provider’ means a licensed health profes-
19 sional (as defined in section 1819(b)(5)(G) of the
20 Social Security Act) or a licensed provider of behav-
21 ioral health services who customarily provides serv-
22 ices described in paragraph (1) or (2) of section
23 330(b) to patients.

24 “(6) MEDICAL SPECIALIST.—The term ‘medical
25 specialist’ means a licensed physician or a nurse

1 practitioner who has completed advanced education
2 and clinical training in a one or more specific areas
3 of medicine and focuses their medical practice on
4 such area or areas. Such term may, if specified by
5 the Secretary, include a licensed provider of behav-
6 ioral health services.

7 “(7) RELATED TELEHEALTH SERVICES.—The
8 term ‘related telehealth services’ means telehealth
9 services arising out of or incident to an E-Consult
10 service, such as laboratory tests, diagnostic imaging,
11 or a subsequent interaction between a medical spe-
12 cialist and a patient.

13 “(8) RURAL HEALTH CLINIC.—The term ‘rural
14 health clinic’ has the meaning give such term in sec-
15 tion 1861(aa)(2) of the Social Security Act.

16 “(9) TELEHEALTH.—The term ‘telehealth’
17 means the use of electronic information and tele-
18 communications technologies (including videoconfer-
19 encing, the internet, store-and-forward imaging,
20 streaming media, and terrestrial and wireless com-
21 munications) to support and promote long-distance
22 clinical health care, patient and professional health-
23 related education, public health, and health adminis-
24 tration.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$12,000,000 for each of fiscal years 2021 through 2025.”.

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