

116TH CONGRESS
2D SESSION

S. 3194

To establish a program ensuring access to accredited continuing medical education for primary care physicians and other health care providers at Federally-qualified health centers and rural health clinics, to provide training and clinical support for primary care providers to practice at their full scope and improve access to care for patients in underserved areas.

IN THE SENATE OF THE UNITED STATES

JANUARY 15, 2020

Ms. ROSEN (for herself and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a program ensuring access to accredited continuing medical education for primary care physicians and other health care providers at Federally-qualified health centers and rural health clinics, to provide training and clinical support for primary care providers to practice at their full scope and improve access to care for patients in underserved areas.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Improving Access to
3 Health Care in Rural and Underserved Areas Act”.

4 **SEC. 2. PRIMARY CARE ACCREDITED CONTINUING MED-**
5 **ICAL EDUCATION PROGRAM.**

6 Subpart 1 of part D of title III of the Public Health
7 Service Act (42 U.S.C. 254b et seq.) is amended by adding
8 at the end the following:

9 **“SEC. 330N. PRIMARY CARE ACCREDITED CONTINUING**
10 **MEDICAL EDUCATION PROGRAM.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Administrator of the Health Resources and Services
13 Administration, shall establish a program to award not
14 more than 100 grants to Federally-qualified health centers
15 or rural health clinics, or organizations affiliated with such
16 clinics, for the purpose of ensuring access to accredited
17 continuing medical education by board-certified specialist
18 physicians, including family and internal medicine physi-
19 cians, with teaching or high-volume patient experience,
20 and other licensed medical providers who have clinical ex-
21 perience and are certified in accordance with regulations
22 issued by the Secretary, to primary care physicians and
23 medical providers employed by Federally-qualified health
24 centers or rural health clinics, to increase the primary care
25 providers’ knowledge and capacity to practice within their

1 full scope and increase access to care for patients in rural
2 and underserved areas.

3 “(b) SCOPE OF TRAINING.—

4 “(1) IN GENERAL.—Accredited continuing med-
5 ical education programs offered under this section—

6 “(A) shall be designed to be flexible to
7 meet the needs of the patients and providers
8 served and offer a variety of schedules, with a
9 minimum of 1-day training per month, per spe-
10 cialty area;

11 “(B) shall involve clinical practice for at
12 least 50 percent of the training (based on a 3-
13 month average), involving direct care for pa-
14 tients with a scheduled visit with the primary
15 care provider, and who could benefit from a
16 concurrent visit with both the primary care pro-
17 vider and a specialist;

18 “(C) shall not impose additional cost-shar-
19 ing with respect to the concurrent visits de-
20 scribed in subparagraph (B);

21 “(D) may involve specialists and faculty
22 who participate in the program via telemedicine
23 for up to 50 percent of the clinical time, not to
24 exceed 75 percent of the total program time
25 over a 3-month average; and

1 “(E) with respect to rural and frontier
2 Federally-qualified health centers or rural
3 health clinics, may permit a waiver of subpara-
4 graph (D) (upon request to the Health Re-
5 sources and Services Administration) to permit
6 100 percent telemedicine participation.

7 “(2) TRAINING.—Accredited continuing medical
8 education programs offered under this section may
9 provide training to primary and behavioral care phy-
10 sicians and health care providers on—

11 “(A) endocrinology (including diabetes
12 care);

13 “(B) palliative care and pain management;

14 “(C) dermatology;

15 “(D) obstetrics and gynecology;

16 “(E) pediatric primary care and pediatric
17 subspecialties;

18 “(F) gastroenterology;

19 “(G) mental and behavioral health, and
20 substance use treatment;

21 “(H) preventive care and nutrition;

22 “(I) geriatric medicine;

23 “(J) infectious disease;

24 “(K) cardiology;

1 “(L) rural health and training to improve
2 outcomes for populations experiencing health
3 disparities;

4 “(M) wound care;

5 “(N) disease management for patients with
6 multiple comorbidities;

7 “(O) health information technology; and

8 “(P) other topics, as the Secretary deter-
9 mines appropriate.

10 “(3) PARTICIPATING CENTERS OR CLINICS.—

11 “(A) IN GENERAL.—To be eligible for a
12 grant under this section a Federally-qualified
13 health center or rural health clinic, or an orga-
14 nization affiliated with any such health clinic
15 acting on behalf of multiple such clinics, shall—

16 “(i) submit an application to the Sec-
17 retary at such time, in such manner, and
18 containing such information as the Sec-
19 retary may require;

20 “(ii) ensure that training under the
21 program under the grant is provided to the
22 physicians and primary care providers em-
23 ployed by such center or clinic, as well as
24 peer-to-peer training;

1 “(iii) include in the application a
2 needs assessment describing how participa-
3 tion in the program under the grant will
4 meet both patient needs and skills training
5 needs for their primary care providers; and

6 “(iv) include in the application a de-
7 scription of the expected patient target for
8 how many patients would be directly
9 served by activities under the grant and an
10 assurance that data and reports will be
11 provided on the number of patients served
12 and the accrediting entity used for pur-
13 poses of subsection (c).

14 “(B) USE OF GRANT.—A Federally-quali-
15 fied health center, rural health clinic, or affili-
16 ated organization receiving a grant under this
17 section may use grant funds for—

18 “(i) compensation for medical pro-
19 viders participating in teaching at program
20 sessions;

21 “(ii) part-time administration support
22 for the program;

23 “(iii) compensation for the center for
24 the nonclinical training time of the center’s

1 primary care or behavioral health care pro-
2 viders;

3 “(iv) technology and equipment need-
4 ed to facilitate clinical visits for the pro-
5 gram;

6 “(v) transportation costs for medical
7 providers participating in teaching under
8 the program to travel to center sites if
9 such sites are located more than 35 miles
10 from their primary residences; and

11 “(vi) other purposes related to ex-
12 penses incurred in the planning and deliv-
13 ery of the educational program and associ-
14 ated clinical visits, as the Secretary deter-
15 mines appropriate.

16 “(C) TERM.—A grant under this section
17 shall be for a period of 5-years.

18 “(D) RURAL AREAS.—The Secretary shall
19 ensure that at least half of the recipients of a
20 grant under this section are eligible Federally-
21 qualified health centers located in a rural area
22 or rural health clinics, or affiliated organiza-
23 tions acting on behalf of such centers.

24 “(c) PHYSICIAN PARTICIPATION IN PROGRAM.—

1 “(1) ELIGIBILITY.—To be eligible to participate
2 in an accredited continuing medical education pro-
3 gram offered under this section, a physician or other
4 primary care or behavioral health care provider shall
5 be a primary care provider—

6 “(A) who is employed by the grantee; and

7 “(B) who serves patients in a medically
8 underserved population (as defined in section
9 330(b)(3)).

10 “(2) CME CREDIT.—

11 “(A) IN GENERAL.—The Secretary shall
12 require a grantee under this section to identify
13 an accrediting body that the grantee will work
14 with to certify the program under the grant in
15 a manner that provides continuing medical edu-
16 cation credits to providers participating in the
17 program. Such certification shall include mate-
18 rial with respect to specific skills development.

19 “(B) REPORTING.—As part of the annual
20 reporting provided under subsection
21 (b)(3)(A)(iv) a grantee shall provide informa-
22 tion to confirm the accredited continuing med-
23 ical education entity used by the grantee. The
24 Secretary may suspend grant funding if the
25 grantee fails to provide for accredited con-

1 continuing medical education within the first year
2 of the grant. Such grant funding may be rein-
3 stated by the Secretary once the grantee cer-
4 tifies that accredited continuing medical edu-
5 cation is provided.

6 “(d) ANNUAL REPORTING.—Beginning 1 year after
7 the date of enactment of the Improving Access to Health
8 Care in Rural and Underserved Areas Act, and every year
9 thereafter, the Secretary shall submit to Congress a report
10 on the program under this section, including—

11 “(1) the number of physicians who participate
12 in the program each year and the specialties of such
13 physicians;

14 “(2) a breakdown of specialist time spent di-
15 rectly with patients, with patients through telemedi-
16 cine, and with primary care providers in classroom
17 or other non-clinical setting during the program ses-
18 sions;

19 “(3) a comparison of measures under the Uni-
20 form Data System of the Health Resources and
21 Services Administration, or similar program, rel-
22 evant to patient care improvements, between the
23 year prior to the implementation of the program
24 under this section and the most recent year in the
25 program;

1 “(4) a summary of any clinical practice changes
2 or notable improvements in patient care;

3 “(5) patient referrals from health centers that
4 participate in the program to outside specialist care,
5 and any patient care provided at the health center
6 that, prior to the program, would have been referred
7 to outside specialists;

8 “(6) retention rates of physicians at partici-
9 pating health centers; and

10 “(7) satisfaction rates of physicians with the
11 education program at participating health centers.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
13 carry out this section, there are authorized to be appro-
14 priated \$20,000,000 for each of fiscal years 2020 through
15 2024.”.

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