

117TH CONGRESS  
2D SESSION

# H. R. 7383

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 HOUSE OF REPRESENTATIVES

APRIL 4, 2022

Mrs. LEE of Nevada (for herself, Mr. JOYCE of Ohio, Mr. O'HALLERAN, and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

## 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. 3300. 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); and

21 “(D) may involve specialists and faculty  
22 who participate in the program via telemedicine,  
23 as the program determines appropriate.

24 “(2) TRAINING.—Accredited continuing medical  
25 education programs offered under this section may

1 provide training to primary and behavioral care phy-  
2 sicians and health care providers on—

3 “(A) endocrinology (including diabetes  
4 care);

5 “(B) palliative care and pain management;

6 “(C) dermatology;

7 “(D) obstetrics and gynecology;

8 “(E) pediatric primary care and pediatric  
9 subspecialties;

10 “(F) gastroenterology;

11 “(G) mental and behavioral health, and  
12 substance use treatment;

13 “(H) preventive care and nutrition;

14 “(I) geriatric medicine;

15 “(J) infectious disease;

16 “(K) cardiology;

17 “(L) rural health and training to improve  
18 outcomes for populations experiencing health  
19 disparities;

20 “(M) wound care;

21 “(N) disease management for patients with  
22 multiple comorbidities;

23 “(O) health information technology; and

24 “(P) other topics, as the Secretary deter-  
25 mines appropriate.

1 “(3) PARTICIPATING CENTERS OR CLINICS.—

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

7 “(i) submit an application to the Sec-  
8 retary at such time, in such manner, and  
9 containing such information as the Sec-  
10 retary may require;

11 “(ii) ensure that training under the  
12 program under the grant is provided to the  
13 physicians and primary care providers em-  
14 ployed by such center or clinic, as well as  
15 peer-to-peer training;

16 “(iii) include in the application a  
17 needs assessment describing how participa-  
18 tion in the program under the grant will  
19 meet both patient needs and skills training  
20 needs for their primary care providers; and

21 “(iv) include in the application a de-  
22 scription of the expected patient target for  
23 how many patients would be directly  
24 served by activities under the grant and an  
25 assurance that data and reports will be

1 provided annually on the number of pa-  
2 tients served and the accrediting entity  
3 used for purposes of subsection (c)(2)(B).

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

8 “(i) compensation for medical pro-  
9 viders participating in teaching at program  
10 sessions;

11 “(ii) part-time administration support  
12 for the program;

13 “(iii) compensation for the center for  
14 the nonclinical training time of the center’s  
15 primary care or behavioral health care pro-  
16 viders;

17 “(iv) technology and equipment need-  
18 ed to facilitate clinical visits for the pro-  
19 gram;

20 “(v) transportation costs for medical  
21 providers participating in teaching under  
22 the program to travel to center sites if  
23 such sites are located more than 35 miles  
24 from their primary residences and their  
25 participation is in-person; and

1           “(vi) other purposes related to ex-  
2           penses incurred in the planning and deliv-  
3           ery of the educational program and associ-  
4           ated clinical visits, as the Secretary deter-  
5           mines appropriate.

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

8           “(D) RURAL AREAS.—The Secretary shall  
9           ensure that at least half of the recipients of a  
10          grant under this section are eligible Federally-  
11          qualified health centers located in a rural area  
12          or rural health clinics, or affiliated organiza-  
13          tions acting on behalf of such centers.

14          “(c) PHYSICIAN PARTICIPATION IN PROGRAM.—

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

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

21                         “(B) who serves patients in a medically  
22                         underserved population (as defined in section  
23                         330(b)(3)).

24                 “(2) CME CREDIT.—

1           “(A) IN GENERAL.—The Secretary shall  
2           require a grantee under this section to identify  
3           an accrediting body that the grantee will work  
4           with to certify the program under the grant in  
5           a manner that provides continuing medical edu-  
6           cation credits to providers participating in the  
7           program. Such certification shall include mate-  
8           rial with respect to specific skills development.

9           “(B) REPORTING.—As part of the annual  
10          reporting under subsection (b)(3)(A)(iv) a  
11          grantee shall provide to the Secretary informa-  
12          tion to confirm the accredited continuing med-  
13          ical education entity used by the grantee.

14          “(C) SUSPENSION OF FUNDING FOR NON-  
15          COMPLIANCE.—The Secretary may suspend  
16          grant funding if the grantee fails to provide for  
17          accredited continuing medical education within  
18          the first year of the grant. Such grant funding  
19          may be reinstated by the Secretary once the  
20          grantee certifies that accredited continuing  
21          medical education is provided.

22          “(d) ANNUAL REPORTING.—Beginning 1 year after  
23          the date of enactment of the Improving Access to Health  
24          Care in Rural and Underserved Areas Act, and every year



1 thereafter, the Secretary shall submit to Congress a report  
2 on the program under this section, including—

3           “(1) the number of physicians who participate  
4           in the program each year and the specialties of such  
5           physicians;

6           “(2) a breakdown of specialist time spent di-  
7           rectly with patients, with patients through telemedi-  
8           cine, and with primary care providers in classroom  
9           or other non-clinical setting during the program ses-  
10          sions;

11          “(3) a comparison of measures under the Uni-  
12          form Data System of the Health Resources and  
13          Services Administration, or similar program, rel-  
14          evant to patient care improvements, between the  
15          year prior to the implementation of the program  
16          under this section and the most recent year in the  
17          program;

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

20          “(5) patient referrals from health centers that  
21          participate in the program to outside specialist care,  
22          and any patient care provided at the health center  
23          that, prior to the program, would have been referred  
24          to outside specialists;

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

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

5           “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
6           carry out this section, there are authorized to be appro-  
7           priated \$20,000,000 for each of fiscal years 2021 through  
8           2025.”.

○