

117TH CONGRESS  
1ST SESSION

# H. R. 5248

To amend the Public Health Service Act to authorize the Provider Bridge Program, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 14, 2021

Mr. CROW (for himself and Mr. WALTZ) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to authorize the Provider Bridge Program, and for other purposes.

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 “Temporary Responders  
5 for Immediate Aid in Grave Emergencies Act of 2021”  
6 or the “TRIAGE Act of 2021”.

7 **SEC. 2. PROVIDER BRIDGE PROGRAM.**

8 Title III of the Public Health Service Act is amended  
9 by inserting after section 330L of such Act (42 U.S.C.  
10 254c–18) the following:

1 **“SEC. 330L-1. PROVIDER BRIDGE PROGRAM.**

2 “(a) IN GENERAL.—The Secretary, acting through  
3 the Administrator of the Health Resources and Services  
4 Administration, shall maintain a program, to be known  
5 as the Provider Bridge Program—

6 “(1) to streamline the process for mobilizing  
7 health care professionals during the COVID-19 pan-  
8 demic and future public health emergencies, includ-  
9 ing by utilizing communications pathways and new  
10 technology; and

11 “(2) to connect health care professionals with  
12 State agencies and health care entities in order to  
13 quickly increase access to care for patients by means  
14 of telehealth.

15 “(b) PROGRAM REQUIREMENTS.—The Provider  
16 Bridge Program shall be designed—

17 “(1) to ease the burden on health care profes-  
18 sionals and support license portability by—

19 “(A) providing a directory of State and  
20 Federal COVID-19 resources;

21 “(B) offering a dedicated customer service  
22 hub to help clinicians navigate State licensure  
23 requirements, including those specific to tele-  
24 health, during states of emergency;

25 “(C) utilizing a technology platform to  
26 allow health care professionals to register and

1 voluntarily submit their credentials and profes-  
2 sional background information that can be used  
3 to identify such professionals as willing to treat  
4 patients by means of telehealth in highly im-  
5 pacted areas; and

6 “(D) producing official, digital documents  
7 of licensure information for clinicians that are  
8 recognized and accepted by licensing entities  
9 and other State agencies during states of emer-  
10 gency; and

11 “(2) to make it easier for State agencies and  
12 health care entities to connect with registered health  
13 care professionals to expand workforce needs by pro-  
14 viding access to a database of information for  
15 verified, volunteer clinicians willing to provide tele-  
16 health services during emergencies.

17 “(c) REPORTING.—The Secretary shall submit re-  
18 ports to the Congress on the implementation of this sec-  
19 tion not later than the end of each of fiscal years 2023  
20 and 2025.

21 “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
22 carry out this section, there is authorized to be appro-  
23 priated \$1,250,000 for each of fiscal years 2022 through  
24 2026.”.

1 **SEC. 3. GRANT PROGRAM TO EXPEDITE REACTIVATION OF**  
2 **AN EXPIRED LICENSE OR ISSUANCE OF A**  
3 **TEMPORARY AUTHORITY TO PROVIDE**  
4 **HEALTH CARE SERVICES.**

5 (a) IN GENERAL.—The Secretary may award grants  
6 to States for reactivating the expired licenses of, or issuing  
7 temporary authorization to, health care professionals to  
8 the extent necessary to allow such professionals to volun-  
9 teer, and to assign such professionals as volunteers, pursu-  
10 ant to the Provider Bridge Program under section 330L—  
11 1 of the Public Health Service Act, as added by section  
12 2, during the public health emergency.

13 (b) USE OF FUNDS.—

14 (1) PUBLIC HEALTH EMERGENCY.—During the  
15 public health emergency, a State receiving a grant  
16 under this section may use such funds to—

17 (A) expedite the reactivation of a health  
18 care professional’s license, or issuance of a tem-  
19 porary authorization, including—

20 (i) a criminal record history check and  
21 similar vetting as required under State law  
22 for each volunteer;

23 (ii) covering the cost of reactivation of  
24 the license or issuance of a temporary au-  
25 thorization;

26 (iii) hiring additional staff;

1 (iv) providing appropriate refresher  
2 training; and

3 (v) any other logistical, administra-  
4 tive, or material costs that may arise; and

5 (B) implement a process to assign a health  
6 care professional to a hospital, a health care  
7 clinic, or any other health care facility within  
8 the State.

9 (2) TERMINATION OF PUBLIC HEALTH EMER-  
10 GENCY.—If a State receiving a grant under this sec-  
11 tion has grant funds remaining at the end of the  
12 public health emergency, the State may use such  
13 funds, during the 6-month period following such  
14 emergency, for restoring health care system readi-  
15 ness and procuring infectious disease personal pro-  
16 tective equipment.

17 (c) REACTIVATED LICENSE.—

18 (1) IN GENERAL.—As a condition on receipt of  
19 a grant under this section, a State shall require a  
20 health care professional whose license is reactivated  
21 pursuant to the grant to perform health care serv-  
22 ices under the guidance of a health care professional  
23 with an active license and in good standing on the  
24 date of the enactment of this Act.

1           (2) RESTRICTION.—As a condition on receipt of  
2           a grant under this section, a State may not use a  
3           grant under this section to reactivate a license of an  
4           unlicensed health care professional if—

5                   (A) the unlicensed health care professional  
6                   was not in good standing with a State licensing  
7                   board when the license expired; or

8                   (B) the unlicensed health care professional  
9                   has been convicted of a crime that would limit  
10                  their ability to provide health care services.

11          (d) GRANT AMOUNT.—The amount of a grant under  
12          this section shall be proportionate to the population of the  
13          State receiving the grant relative to the total population  
14          of all States receiving grants under this section.

15          (e) PERIOD OF THE GRANT.—The period of a grant  
16          under this section shall end at the end of the public health  
17          emergency.

18          (f) APPLICATION.—To be eligible to receive a grant  
19          under this section, a State shall submit to the Secretary  
20          an application in such form, and containing such informa-  
21          tion, as the Secretary may require.

22          (g) RULE OF CONSTRUCTION.—Nothing in this Act  
23          may be construed to require a State to continue in effect  
24          a license or temporary authorization beyond the public  
25          health emergency.

1 (h) DEFINITIONS.—In this section:

2 (1) The term “health care professional” means  
3 an individual who is licensed, registered, or certified  
4 under Federal or State law to provide health care  
5 services and is not affirmatively excluded from prac-  
6 tice in the licensing, registering, or certifying juris-  
7 diction or in another jurisdiction.

8 (2) The term “health care services” means any  
9 services provided by a health care professional, or by  
10 any individual working under the supervision of a  
11 health care professional, that relate to the assess-  
12 ment or care of the health of a human being, includ-  
13 ing the diagnosis, prevention, or treatment of  
14 COVID–19.

15 (3) The term “license” includes a license, reg-  
16 istration, or certification, as defined by the State of  
17 licensure, registration, or certification to provide  
18 health care services.

19 (4) The term “public health emergency” means  
20 the public health emergency declared by the Sec-  
21 retary pursuant to section 319 of the Public Health  
22 Service Act (42 U.S.C. 247d) on January 31, 2020,  
23 with respect to COVID–19, including extensions  
24 thereof.

1           (5) The term “Secretary” means the Secretary  
2 of Health and Human Services.

3           (6) The term “State” has the meaning given  
4 the term in section 311 of title 5, United States  
5 Code.

6           (7) The term “temporary authorization” means  
7 a temporary license, permit, or other mechanism to  
8 provide health care services as defined by the State  
9 issuing such authorization.

10          (8) The term “unlicensed health care profes-  
11 sional” means a health care professional with an ex-  
12 pired license.

13          (9)(A) The term “volunteer” means a health  
14 care professional who, with respect to the health  
15 care services rendered, does not receive compensa-  
16 tion or any other thing of value in lieu of compensa-  
17 tion.

18          (B) In this paragraph the term “compensa-  
19 tion”—

20               (i) includes a payment under any insur-  
21 ance policy or health plan, or under any Fed-  
22 eral or State health benefits program; and

23               (ii) excludes—



1 (I) receipt of items to be used exclu-  
2 sively for rendering health care services;  
3 and

4 (II) excludes any direct payment or  
5 something of value from a State, hospital,  
6 or any other donation, including reim-  
7 bursement for travel, lodging, and per  
8 diem in lieu of subsistence.

9 (i) AUTHORIZATION OF APPROPRIATION.—There is  
10 authorized to be appropriated \$10,000,000 to carry out  
11 this section.

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