

110TH CONGRESS
1ST SESSION

H. R. 410

To amend the Public Health Service Act to increase the number of primary care physicians serving health professional shortage areas, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 11, 2007

Mr. CONYERS (for himself, Mrs. CHRISTENSEN, Mr. DAVIS of Illinois, Mr. BISHOP of Georgia, Ms. JACKSON-LEE of Texas, and Mr. JACKSON of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to increase the number of primary care physicians serving health professional shortage areas, 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 “United States Physi-
5 cian Shortage Elimination Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) The average life expectancy in the United
2 States has increased to 80 years of age, causing an
3 ever-increasing demand for medical care.

4 (2) In 1975, United States medical schools
5 graduated approximately 12,716 physicians. Half of
6 these physicians entered programs of medical studies
7 as graduates of United States colleges and univer-
8 sities. The other half consisted of graduates of for-
9 eign institutions admitted to United States medical
10 schools under the J-1 Visa Program.

11 (3) Presently, the number of applicants, foreign
12 and domestic, seeking admission to United States
13 medical schools has decreased to approximately
14 39,109.

15 (4) During the last 20 years, median tuition
16 and fees at medical schools have increased by 229
17 percent (122 percent adjusted for inflation) in pri-
18 vate schools and by 479 percent (256 percent ad-
19 justed for inflation) in public schools.

20 (5) The Association of American Medical Col-
21 leges, in its Statement on the Physician Workforce,
22 dated June, 2006, called for an increase of 1,500
23 National Health Service Corps program awards per
24 year to help meet the need for physicians caring for

1 underserved populations and to help address rising
2 medical student indebtedness.

3 (6) The National Health Service Corps program
4 has a proven record of supplying physicians to un-
5 derserved areas, and has played an important role in
6 expanding access for underserved populations in
7 rural and inner city communities.

8 (7) Continued expansion of the National Health
9 Service Corps program is strongly recommended.

10 (8) The growing debt incurred by graduating
11 medical students is likely to increase the interest
12 and willingness of graduates of United States med-
13 ical schools to apply for National Health Service
14 Corps program funding and awards.

15 (9) One third (250,000) of active physicians are
16 over the age of 55 and are likely to retire in the next
17 ten years, while the population will have increased
18 by 24 percent. These demographic changes will
19 cause the population-to-physician ratio to peak by
20 the year 2020.

21 (10) The Indiana State Medical Licensing
22 Board has estimated that in 20 years there will be
23 200,000 fewer physicians available to deliver medical
24 services.

1 (11) In 2005, the Council on Graduate Medical
2 Education stated in a report to Congress that there
3 will be a shortage of not fewer than 90,000 full-time
4 physicians by 2020.

5 (12) A decrease in Federal spending to carry
6 out programs authorized by title VII of the Public
7 Health Service Act threatens the viability of pro-
8 grams used to solve the problem of inadequate ac-
9 cess to health care.

10 (13) A continuing decline in the number of
11 family physicians may lead to renewed shortages of
12 safety net and rural physicians.

13 (14) There is a declining ability to recruit
14 qualified medical students from rural and under-
15 served areas, coupled with greater difficulty on the
16 part of community health centers and other clinics
17 to attract adequate personnel.

18 **SEC. 3. REAUTHORIZATION OF NATIONAL HEALTH SERVICE**
19 **CORPS SCHOLARSHIP PROGRAM AND LOAN**
20 **REPAYMENT PROGRAM.**

21 (a) REAUTHORIZATION OF APPROPRIATIONS.—Sec-
22 tion 338H(a) of the Public Health Service Act (42 U.S.C.
23 254q(a)) is amended by striking “\$146,250,000” and all
24 that follows through the period and inserting

1 “\$300,000,000 for each of fiscal years 2007 through
2 2011.”.

3 (b) SCHOLARSHIPS FOR MEDICAL STUDENTS.—Sec-
4 tion 338H of such Act is further amended by adding at
5 the end the following:

6 “(d) SCHOLARSHIPS FOR MEDICAL STUDENTS.—Of
7 the amounts appropriated under subsection (a) for a fiscal
8 year, the Secretary shall obligate \$30,000,000 for con-
9 tracts for scholarships under this subpart to individuals
10 who are accepted for enrollment, or enrolled, in a course
11 of study or program described in section 338A(b)(1)(B)
12 that leads to a degree in medicine or osteopathic medi-
13 cine.”.

14 **SEC. 4. REAUTHORIZATION OF CERTAIN PROGRAMS PRO-**
15 **VIDING GRANTS FOR HEALTH PROFESSIONS**
16 **TRAINING FOR DIVERSITY.**

17 (a) GRANTS FOR CENTERS OF EXCELLENCE.—Sec-
18 tion 736(h)(1) of the Public Health Service Act (42 U.S.C.
19 293(h)(1)) is amended by striking “\$26,000,000” and all
20 that follows through “2002” and inserting “\$33,610,000
21 for each of fiscal years 2007 through 2011”.

22 (b) EDUCATIONAL ASSISTANCE FOR INDIVIDUALS
23 FROM DISADVANTAGED BACKGROUNDS.—Section 740(c)
24 of such Act (42 U.S.C. 293d(c)) is amended by striking
25 “\$29,400,000” and all that follows through the period and

1 inserting “\$35,650,000 for each of fiscal years 2007
2 through 2011.” .

3 **SEC. 5. EXPANSION OF RESIDENCY TRAINING PROGRAMS**
4 **AND PRIMARY CARE SERVICES OFFERED BY**
5 **COMMUNITY HEALTH CENTERS.**

6 Part C of title VII of the Public Health Service Act
7 (42 U.S.C. 293k et seq.) is amended—

8 (1) by adding before section 747 the following:

9 **“Subpart I—In General”; and**

10 (2) by adding after section 748 the following:

11 **“Subpart II—Additional Programs**

12 **“SEC. 749. GRANTS TO EXPAND MEDICAL RESIDENCY**
13 **TRAINING PROGRAMS AT COMMUNITY**
14 **HEALTH CENTERS.**

15 “(a) PROGRAM AUTHORIZED.—The Secretary may
16 make grants to community health centers—

17 “(1) to establish, at the centers, new or alter-
18 native-campus accredited medical residency training
19 programs affiliated with a hospital or other health
20 care facility; or

21 “(2) to fund new residency positions within ex-
22 isting accredited medical residency training pro-
23 grams at the centers and their affiliated partners.

24 “(b) USE OF FUNDS.—Amounts from a grant under
25 this section shall be used to cover the costs of establishing

1 or expanding a medical residency training program de-
2 scribed in subsection (a), including costs associated with—

3 “(1) curriculum development;

4 “(2) equipment acquisition;

5 “(3) recruitment, training, and retention of
6 residents and faculty; and

7 “(4) residency stipends.

8 “(c) APPLICATIONS.—A community health center
9 seeking a grant under this section shall submit an applica-
10 tion to the Secretary at such time, in such manner, and
11 containing such information as the Secretary may require.

12 “(d) PREFERENCE.—In selecting recipients for a
13 grant under this section, the Secretary shall give pref-
14 erence to funding medical residency training programs fo-
15 cusing on primary health care.

16 “(e) DEFINITION.—In this section:

17 “(1) The term ‘accredited’, as applied to a new
18 or alternative-campus medical residency training
19 program, means a program that is accredited by a
20 recognized body or bodies approved for such purpose
21 by the Accreditation Council for Graduate Medical
22 Education, except that a new medical residency
23 training program that, by reason of an insufficient
24 period of operation, is not eligible for accreditation
25 on or before the date of submission of an application

1 under subsection (c) shall be deemed accredited if
2 the Accreditation Council for Graduate Medical
3 Education finds, after consultation with the appro-
4 priate accreditation body or bodies, that there is rea-
5 sonable assurance that the program will meet the ac-
6 creditation standards of such body or bodies prior to
7 the date of graduation of the first entering class in
8 that program.

9 “(2) The term ‘community health center’ means
10 a health center as defined in section 330.

11 **“SEC. 749A. GRANTS TO IMPROVE DELIVERY OF PRIMARY**
12 **CARE SERVICES IN COMMUNITY HEALTH**
13 **CENTERS.**

14 “(a) PRIMARY CARE ACCESS GRANTS.—

15 “(1) PROGRAM AUTHORIZED.—The Secretary,
16 acting through the Administrator of the Health Re-
17 sources and Services Administration, may make
18 grants to community health centers for the purpose
19 of increasing the number of medical service pro-
20 viders associated with such centers.

21 “(2) GRANTS.—A recipient of a grant under
22 this subsection shall be eligible to receive such
23 grants for a total of 5 fiscal years.

1 “(3) USE OF FUNDS.—A recipient of a grant
2 under this subsection shall use amounts from the
3 grant for one or more of the following activities:

4 “(A) To recruit residents for medical resi-
5 dency training programs at the community
6 health center.

7 “(B) To establish a multi-community phy-
8 sician mentoring program to encourage upper
9 level residents to remain in the State in which
10 the community health center and medical resi-
11 dency training program are located.

12 “(C) To enter into contracts for technical
13 assistance for the purpose of recruiting or re-
14 taining primary health care staff.

15 “(D) To enter into contracts for technical
16 assistance in preparing contracts with local pro-
17 viders of primary health care to provide services
18 for medically underserved communities.

19 “(4) APPLICATION.—A community health cen-
20 ter seeking a grant under this subsection shall sub-
21 mit an application to the Secretary at such time, in
22 such manner, and containing such information as
23 the Secretary may require.

24 “(b) GRANTS FOR PRIMARY CARE FACILITY CAPITAL
25 EXPENDITURES.—

1 “(1) PROGRAM AUTHORIZED.—The Secretary,
2 acting through the Administrator of the Health Re-
3 sources and Services Administration, may make
4 grants to community health centers for the purpose
5 of increasing primary health care capabilities
6 through the construction, expansion, or renovation
7 of facilities.

8 “(2) GRANTS.—A recipient of a grant under
9 this subsection shall be eligible to receive such
10 grants for a total of 5 fiscal years.

11 “(3) USE OF FUNDS.—A recipient of a grant
12 under this subsection shall use amounts from the
13 grant for one or more of the following activities:

14 “(A) To acquire or lease facilities.

15 “(B) To construct new facilities.

16 “(C) To repair or modernize existing facili-
17 ties.

18 “(D) To purchase or lease medical equip-
19 ment.

20 “(c) DEFINITION.—The term ‘community health cen-
21 ter’ means a health center as defined in section 330.

22 **“SEC. 749B. AUTHORIZATION OF APPROPRIATIONS.**

23 “There is authorized to be appropriated
24 \$200,000,000 for fiscal year 2007 and such sums as may

- 1 be necessary for each fiscal year thereafter to carry out
- 2 this subpart.”.

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