

110TH CONGRESS
1ST SESSION

H. R. 4205

To reauthorize and improve programs of the National Health Service Corps.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 15, 2007

Mr. ALLEN introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reauthorize and improve programs of the National Health Service Corps.

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 “National Health Serv-
5 ices Corps and Loan Repayment Programs Renewal Act
6 of 2007”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) The National Health Service Corps is a
10 vital resource for underserved communities experi-
11 encing shortages of health professionals.

1 (2) For over 35 years, National Health Service
2 Corps clinicians have expanded access to primary
3 and preventive health care, dental care, mental
4 health, and behavioral health services in underserved
5 areas of the United States and have improved health
6 outcomes among underserved populations.

7 (3) The National Health Service Corps Scholar-
8 ship Program provides a predictable supply of clini-
9 cians who will pursue employment in primary care
10 for underserved communities. Upon completion of
11 their training, National Health Service Corps schol-
12 ars become salaried employees of organized systems
13 of care in such underserved communities.

14 (4) The National Health Service Corps Loan
15 Repayment Program helps communities meet their
16 immediate needs for health professionals by offering
17 to pay off qualifying educational loans in exchange
18 for 2 years of service in an underserved community.

19 (5) A recent report in the Journal of the Amer-
20 ican Medical Association found that community
21 health centers are facing 13 percent vacancies for
22 family physician positions and 20.8 percent vacan-
23 cies for OB–GYN positions. The study cited heavy
24 reliance on the National Health Service Corps and

1 recommended expanding the program in order to ad-
2 dress those needs.

3 (6) Critical to the growth of new and existing
4 health centers is having a sufficient supply of pri-
5 mary care health professionals to staff them. Cur-
6 rently, health centers rely on the National Health
7 Service Corps for over 20 percent of their physician
8 workforce. Yet, just over half of all Corps place-
9 ments are made to health centers, even though they
10 are one of the strongest cords in the health care
11 safety net.

12 (7) Health facilities in rural areas, including
13 community health centers and rural health clinics,
14 face primary care vacancy rates higher than the na-
15 tional average, and are more heavily reliant on the
16 National Health Service Corps to address those
17 needs.

18 (8) The number of new medical residents choos-
19 ing a primary care discipline as a medical specialty
20 is declining, and the National Health Service Corps
21 Scholarship Program and the National Health Serv-
22 ice Corps Loan Repayment Program provide an im-
23 portant incentive for students to choose to pursue a
24 career in primary care.

1 **SEC. 3. NATIONAL HEALTH SERVICE CORPS.**

2 (a) FUNDING.—To carry out the programs author-
3 ized under sections 331 through 338G of the Public
4 Health Service Act (42 U.S.C. 254d–254p), there are au-
5 thorized to be appropriated, and there are appropriated—

6 (1) for fiscal year 2008, \$131,500,000;

7 (2) for fiscal year 2009, \$175,000,000;

8 (3) for fiscal year 2010, \$200,000,000;

9 (4) for fiscal year 2011, \$225,000,000; and

10 (5) for fiscal year 2012, \$250,000,000.

11 (b) ASSIGNMENT OF PERSONNEL.—

12 (1) IN GENERAL.—Section 333(a)(3) of the
13 Public Health Service Act (42 U.S.C. 254f(a)(3)) is
14 amended to read as follows:

15 “(3)(A) In approving applications for assign-
16 ment of members of the Corps, the Secretary shall
17 not discriminate against applications from entities
18 that are not receiving Federal financial assistance
19 under this Act.

20 “(B) In approving the applications described in
21 subparagraph (A), the Secretary shall—

22 “(i) give preference to applications in
23 which a nonprofit entity or public entity shall
24 provide a site to which Corps members may be
25 assigned; and

1 “(ii) give the highest preference to applica-
2 tions—

3 “(I) for entities described in clause (i)
4 that are federally-qualified health centers
5 as defined in section 1905(l)(2)(B) of the
6 Social Security Act (42 U.S.C.
7 1396d(l)(2)(B));

8 “(II) or entities described in clause (i)
9 that are rural health clinics; and

10 “(III) for entities described in clause
11 (i) that primarily serve health disparity
12 populations or medically underserved popu-
13 lations.”.

14 (2) PRIORITIES IN ASSIGNMENT OF CORPS PER-
15 SONNEL.—Section 333A of the Public Health Serv-
16 ice Act (42 U.S.C. 254f–1) is amended—

17 (A) in subsection (a)—

18 (i) by redesignating paragraphs (1),
19 (2), and (3) as paragraphs (2), (3), and
20 (4), respectively; and

21 (ii) by inserting before paragraph (2)
22 (as so redesignated) the following:

23 “(1) give preference to applications as set forth
24 in subsection (a)(3) of such section;”;

1 (B) by striking “subsection (a)(1)” each
2 place such appears and inserting “subsection
3 (a)(2)”.

4 (3) CONFORMING AMENDMENT.—Section
5 338I(c)(3)(B)(ii) of the Public Health Service Act
6 (42 U.S.C. 254q–1(c)(3)(B)(ii)) is amended by
7 striking “section 333A(a)(1)” and inserting “section
8 333A(a)(2)”.

9 (c) ELIMINATION OF 6-YEAR DEMONSTRATION RE-
10 QUIREMENT.—Section 332(a)(1) of the Public Health
11 Service Act (42 U.S.C. 254e(a)(1)) is amended by striking
12 “Not earlier than 6 years” and all that follows through
13 “purposes of this section”.

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