

111TH CONGRESS  
1ST SESSION

# H. R. 3648

To amend title VII of the Public Health Service Act to increase the number of physicians who practice in underserved rural communities.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 24, 2009

Mr. SALAZAR (for himself and Ms. MARKEY of Colorado) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend title VII of the Public Health Service Act to increase the number of physicians who practice in underserved rural communities.

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 “Rural Physician Pipe-  
5 line Act of 2009”.

6 **SEC. 2. RURAL PHYSICIAN TRAINING GRANTS.**

7 Part C of title VII of the Public Health Service Act  
8 (42 U.S.C. 293k et seq.) is amended—

9 (1) after the part heading, by inserting the fol-  
10 lowing:

1           **“Subpart I—Medical Training Generally”;**

2           and

3           (2) by inserting at the end the following:

4           **“Subpart II—Training in Underserved Communities**

5           **“SEC. 749. RURAL PHYSICIAN TRAINING GRANTS.**

6           “(a) IN GENERAL.—The Secretary, acting through  
7 the Administrator of the Health Resources and Services  
8 Administration, shall establish a program to make grants  
9 to eligible entities for the purposes of—

10           “(1) assisting eligible entities in recruiting stu-  
11 dents most likely to practice medicine in underserved  
12 rural communities;

13           “(2) providing rural-focused training and expe-  
14 rience; and

15           “(3) increasing the number of recent allopathic  
16 and osteopathic medical school graduates who prac-  
17 tice in underserved rural communities.

18           “(b) ELIGIBLE ENTITIES.—In order to be eligible to  
19 receive a grant under this section, an entity shall—

20           “(1) be a school of allopathic or osteopathic  
21 medicine accredited by a nationally recognized ac-  
22 crediting agency or association approved by the Sec-  
23 retary for this purpose, or any combination or con-  
24 sortium of such schools; and

25           “(2) submit an application to the Secretary at  
26 such time, in such form, and containing such infor-

1 mation as the Secretary may require, including a  
2 certification that such entity—

3 “(A) will use amounts provided to the in-  
4 stitution to—

5 “(i) establish and carry out a Rural  
6 Physician Training Program described in  
7 subsection (d);

8 “(ii) improve an existing rural-focused  
9 training program to meet the requirements  
10 described in subsection (d) and carry out  
11 such program; or

12 “(iii) expand and carry out an exist-  
13 ing rural-focused training program that  
14 meets the requirements described in sub-  
15 section (d); and

16 “(B) employs, or will employ within a  
17 timeframe sufficient to implement the Program  
18 (as described by a timetable and supporting  
19 documentation in the application of the eligible  
20 entity), faculty with experience or training in  
21 rural medicine or with experience in training  
22 rural physicians.

23 “(c) PRIORITY.—In awarding grant funds under this  
24 section, the Secretary shall give priority to eligible entities  
25 that—

1           “(1) demonstrate a record of successfully train-  
2           ing students, as determined by the Secretary, who  
3           practice medicine in underserved rural communities;

4           “(2) demonstrate that an existing academic  
5           program of the eligible entity produces a high per-  
6           centage, as determined by the Secretary, of grad-  
7           uates from such program who practice medicine in  
8           underserved rural communities;

9           “(3) demonstrate rural community institutional  
10          partnerships, though such mechanisms as matching  
11          or contributory funding, documented in-kind services  
12          for implementation, or existence of training partners  
13          with interprofessional expertise (such as dental, vi-  
14          sion, or mental health services) in community health  
15          center training locations or other similar facilities; or

16          “(4) submit, as part of the application of the  
17          entity under subsection (b), a plan for the long-term  
18          tracking of where the graduates of such entity are  
19          practicing medicine.

20          “(d) USE OF FUNDS.—

21                 “(1) ESTABLISHMENT.—An eligible entity re-  
22                 ceiving a grant under this section shall use the funds  
23                 made available under such grant to—

1           “(A) establish and carry out a ‘Rural Phy-  
2           sician Training Program’ (referred to in this  
3           section as the ‘Program’);

4           “(B) improve an existing rural-focused  
5           training program to meet the Program require-  
6           ments described in this subsection and carry  
7           out such program; or

8           “(C) expand and carry out an existing  
9           rural-focused training program that meets the  
10          Program requirements described in this sub-  
11          section.

12          “(2) STRUCTURE OF PROGRAM.—An eligible en-  
13          tity shall—

14                 “(A) enroll no fewer than 10 students per  
15                 class year into the Program; and

16                 “(B) develop criteria for admission to the  
17                 Program that gives priority to students—

18                         “(i) who have originated from or lived  
19                         for a period of 2 or more years in an un-  
20                         derserved rural community; and

21                         “(ii) who express a commitment to  
22                         practice medicine in an underserved rural  
23                         community.

24          “(3) CURRICULA.—The Program shall require  
25          students to enroll in didactic coursework and clinical

1 experience particularly applicable to medical practice  
2 in underserved rural communities, including—

3 “(A) clinical rotations in underserved rural  
4 communities, and in specialties including family  
5 medicine, internal medicine, pediatrics, surgery,  
6 psychiatry, and emergency medicine;

7 “(B) in addition to core school curricula,  
8 additional coursework or training experiences  
9 focused on medical issues prevalent in under-  
10 served rural communities, including in areas  
11 such as trauma, obstetrics, ultrasound, oral  
12 health, and behavioral health; and

13 “(C) any coursework or clinical experience  
14 that—

15 “(i) may be developed as a result of  
16 the Symposium described in subsection (f);

17 or

18 “(ii) the Secretary finds appropriate.

19 “(4) RESIDENCY PLACEMENT ASSISTANCE.—

20 Where available, the Program shall assist all stu-  
21 dents of the Program in obtaining clinical training  
22 experiences in locations with postgraduate programs  
23 offering residency training opportunities in under-  
24 served rural communities, or in local residency train-  
25 ing programs that support and train physicians to

1 practice in underserved rural communities, as well  
2 as assist all students of the Program in obtaining  
3 postgraduate residency training in such programs.

4 “(5) PROGRAM STUDENT COHORT SUPPORT.—  
5 The Program shall provide and require all students  
6 of the Program to participate in social, educational,  
7 and other group activities designed to further de-  
8 velop, maintain, and reinforce the original commit-  
9 ment of such students to practice in an underserved  
10 rural community.

11 “(e) ANNUAL REPORTING REQUIREMENT.—On an  
12 annual basis, an eligible entity receiving a grant under this  
13 section shall submit a report to the Secretary on—

14 “(1) the overall success of the Program estab-  
15 lished by the entity, based on criteria the Secretary  
16 determines appropriate;

17 “(2) the number of students participating in  
18 the Program;

19 “(3) the number of graduating students who  
20 participated in the Program;

21 “(4) the residency program selection of grad-  
22 uating students who participated in the Program;

23 “(5) the number of graduates who participated  
24 in the Program who are practicing in underserved

1 rural communities not less than one year after com-  
2 pleting residency training; and

3 “(6) the number of graduates who participated  
4 in the Program who are not practicing in under-  
5 served rural communities not less than one year  
6 after completing residency training.

7 “(f) RURAL TRAINING PROGRAM SYMPOSIUM.—

8 “(1) PURPOSES OF SYMPOSIUM.—To assist the  
9 Secretary in carrying out the Program and making  
10 grant determinations under this section, the Sec-  
11 retary shall convene a Rural Training Program  
12 Symposium (referred to in this section as the ‘Sym-  
13 posium’) to—

14 “(A) develop best practices that may be in-  
15 corporated into consideration of applications  
16 under subsection (b); and

17 “(B) establish a network of allopathic and  
18 osteopathic medical schools that have developed  
19 or will develop rural training programs in ac-  
20 cordance with subsection (d).

21 “(2) COMPOSITION.—The Symposium shall in-  
22 clude—

23 “(A) representatives from eligible entities  
24 with existing rural training programs;



1           “(B) representatives from all eligible enti-  
2           ties interested in developing the Program;

3           “(C) representatives from area health edu-  
4           cation centers;

5           “(D) representatives from the Health Re-  
6           sources and Services Administration; and

7           “(E) any other experts or individuals with  
8           experience in practicing medicine in under-  
9           served rural communities the Secretary deter-  
10          mines appropriate.

11          “(g) REGULATIONS.—Not later than 60 days after  
12          the date of enactment of this section, the Secretary shall  
13          by regulation define ‘underserved rural community’ for  
14          purposes of this section.

15          “(h) SUPPLEMENT NOT SUPPLANT.—Any eligible en-  
16          tity receiving funds under this section shall use such funds  
17          to supplement, not supplant, any other Federal, State, and  
18          local funds that would otherwise be expended by such enti-  
19          ty to carry out the activities described in this section.

20          “(i) MAINTENANCE OF EFFORT.—With respect to ac-  
21          tivities for which funds awarded under this section are to  
22          be expended, the entity shall agree to maintain expendi-  
23          tures of non-Federal amounts for such activities at a level  
24          that is not less than the level of such expenditures main-  
25          tained by the entity for the fiscal year preceding the fiscal

1 year for which the entity receives a grant under this sec-  
2 tion.

3 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
4 are authorized to be appropriated—

5 “(1) to carry out this section (other than sub-  
6 section (f))—

7 “(A) \$4,000,000 for fiscal year 2010;

8 “(B) \$8,000,000 for fiscal year 2011;

9 “(C) \$12,000,000 for fiscal year 2012; and

10 “(D) \$16,000,000 for fiscal year 2013;

11 and

12 “(2) to carry out subsection (f), such sums as  
13 may be necessary.”.

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