

118TH CONGRESS
2D SESSION

H. R. 7258

To amend the Public Health Service Act to provide community-based training opportunities for medical students in rural areas and medically underserved communities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 6, 2024

Mrs. MILLER of West Virginia (for herself and Ms. KUSTER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide community-based training opportunities for medical students in rural areas and medically underserved communities, 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 “Community Training,
5 Education, and Access for Medical Students Act of 2024”
6 or the “Community TEAMS Act of 2024”.

1 **SEC. 2. GRANTS FOR COMMUNITY-BASED TRAINING FOR**
2 **MEDICAL STUDENTS IN RURAL AREAS AND**
3 **MEDICALLY UNDERSERVED COMMUNITIES.**

4 (a) IN GENERAL.—Section 330A of the Public
5 Health Service Act (42 U.S.C. 254c) is amended—

6 (1) by redesignating subsections (h), (i), and (j)
7 as subsections (i), (j), and (k), respectively; and

8 (2) by inserting after subsection (g) the fol-
9 lowing:

10 “(h) GRANTS FOR COMMUNITY-BASED TRAINING
11 FOR MEDICAL STUDENTS IN RURAL AREAS AND MEDI-
12 CALLY UNDERSERVED COMMUNITIES.—

13 “(1) GRANTS.—The Director may award grants
14 to eligible entities to expand the availability of com-
15 munity-based training for medical students in rural
16 areas and medically underserved communities to fa-
17 cilitate long-term, sustainable physician practice in
18 high-need communities by supporting medical stu-
19 dent clinical rotations in health care facilities in
20 such areas and communities, including in outpatient
21 settings.

22 “(2) PERIOD OF GRANTS.—A grant under this
23 subsection shall be for a period of 1 to 5 years, as
24 determined by the Director.

1 “(3) ELIGIBILITY.—To be eligible for a grant
2 under this subsection, an entity shall be a consor-
3 tium of—

4 “(A) one or more osteopathic or allopathic
5 medical schools; and

6 “(B) one or more of the following:

7 “(i) A rural health clinic.

8 “(ii) A Federally qualified health cen-
9 ter (as defined in section 1861(aa) of the
10 Social Security Act).

11 “(iii) A health care facility located in
12 a medically underserved community.

13 “(4) APPLICATIONS.—To seek a grant under
14 this subsection, an eligible entity, in consultation
15 with the appropriate State office of rural health or
16 another appropriate State entity, shall prepare and
17 submit to the Director an application at such time,
18 in such manner, and containing such information as
19 the Director may require, including—

20 “(A) a description of the project that the
21 eligible entity will carry out using the funds
22 provided through the grant;

23 “(B) an explanation of the reasons why
24 Federal assistance is required to carry out the
25 project;

1 “(C) a description of the manner in which
2 the project funded through the grant will assure
3 continuous quality improvement in the provision
4 of services by the entity;

5 “(D) a description of how the populations
6 in the rural area or medically underserved com-
7 munity to be served through the grant will ex-
8 perience increased access to quality health care
9 services across the continuum of care as a re-
10 sult of the activities carried out by the entity;

11 “(E) a plan for sustaining the project after
12 Federal support for the project has ended;

13 “(F) a description of how the project will
14 be evaluated; and

15 “(G) such other information as the Direc-
16 tor determines to be appropriate.”.

17 (b) CONFORMING CHANGES.—Section 330A of the
18 Public Health Service Act (42 U.S.C. 254e) is amended—

19 (1) in subsection (a), by striking “and for the
20 planning and implementation of small health care
21 provider quality improvement activities” and insert-
22 ing “for the planning and implementation of small
23 health care provider quality improvement activities,
24 and for expanding the availability of community-

1 based training for medical students in rural areas
2 and medically underserved communities”;

3 (2) in subsection (d)(2)—

4 (A) in subparagraph (A), by striking “sub-
5 sections (e), (f), and (g)” and inserting “sub-
6 sections (e), (f), (g), and (h)”;

7 (B) in subparagraph (B)—

8 (i) in clause (ii), by striking “and” at
9 the end;

10 (ii) in clause (iii), by striking the pe-
11 riod at the end and inserting “; and”;

12 (iii) by adding at the end the fol-
13 lowing:

14 “(iv) expand the availability of com-
15 munity-based training for medical students
16 in rural areas and medically underserved
17 communities under subsection (h).”; and

18 (3) in subsection (j), as redesignated, by strik-
19 ing “subsections (e), (f), and (g)” and inserting
20 “subsections (e), (f), (g), and (h)”.

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