

114TH CONGRESS
2D SESSION

S. 3166

To direct the Secretary of Health and Human Services to conduct a study on the designation of surgical health professional shortage areas.

IN THE SENATE OF THE UNITED STATES

JULY 12, 2016

Mr. GRASSLEY (for himself and Mr. SCHATZ) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To direct the Secretary of Health and Human Services to conduct a study on the designation of surgical health professional shortage areas.

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 “Ensuring Access to
5 General Surgery Act of 2016”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) According to the Bureau of Health Work-
2 force, the United States faces a shortage of physi-
3 cians.

4 (2) In order to accurately prepare for future
5 physician workforce demands, comprehensive, impar-
6 tial research and high quality data is needed to in-
7 form dynamic projections of physician workforce
8 needs.

9 (3) A variety of factors, including health out-
10 comes, utilization trends, growing and aging popu-
11 lations, and delivery system changes, influence work-
12 force needs and should be considered as part of
13 flexible projections of workforce needs.

14 (4) Given the particularly acute needs for sur-
15 geons in many rural areas, additional efforts to as-
16 sess adequacy of the current surgeon workforce are
17 necessary.

18 **SEC. 3. STUDY ON DESIGNATION OF SURGICAL HEALTH**
19 **PROFESSIONAL SHORTAGE AREAS.**

20 (a) STUDY.—The Secretary of Health and Human
21 Services (in this section referred to as the “Secretary”)
22 shall conduct a study on the following matters relating to
23 access by underserved populations to general surgeons:

24 (1) Whether the designation of health profes-
25 sional shortage areas under section 332 of the Pub-

1 lic Health Service Act (42 U.S.C. 254e) results in
2 accurate assessments of the adequacy of local gen-
3 eral surgeons to address the needs of underserved
4 populations in urban, suburban, or rural areas.

5 (2) Whether another measure of access to gen-
6 eral surgeons by underserved populations, such as
7 hospital service areas, would provide more accurate
8 assessments of shortages in the availability of local
9 general surgeons to meets the needs of those popu-
10 lations.

11 (3) The appropriateness of establishing the des-
12 ignation under such section 332 of surgical health
13 professional shortage areas (as defined in subsection
14 (b)).

15 (b) SURGICAL HEALTH PROFESSIONAL SHORTAGE
16 AREA DEFINED.—For purposes of this section, the term
17 “surgical health professional shortage area” means, with
18 respect to an urban, suburban or rural area in the United
19 States, an area with a population that is underserved by
20 general surgeons.

21 (c) DESIGNATION OF SURGICAL HEALTH PROFES-
22 SIONAL SHORTAGE AREA (SHPSA).—

23 (1) IN GENERAL.—In carrying out the study
24 under this section, the Secretary shall consider po-

1 tential methodologies for the designation of surgical
2 health professional shortage areas, including—

3 (A) the criteria under which areas are des-
4 igned as health professional shortage areas
5 under section 332 of the Public Health Service
6 Act (42 U.S.C. 254e); and

7 (B) the methodology described in para-
8 graph (2).

9 (2) METHODOLOGY FOR THE DESIGNATION OF
10 A SHPSA.—Among the methodologies considered
11 under paragraph (1), the Secretary shall analyze the
12 potential effectiveness and accuracy of the following
13 methodology:

14 (A) DEVELOPMENT OF SURGERY SERVICE
15 AREAS.—Development of surgery service areas
16 through the identification of hospitals with sur-
17 gery services and the identification of popu-
18 lations by zip code areas using Medicare patient
19 origin data.

20 (B) IDENTIFICATION OF SURGEONS.—
21 Identification of all actively practicing general
22 surgeons.

23 (C) SURGEON TO POPULATION RATIOS.—
24 Development of general surgeon-to-population
25 ratios for each surgery service area.

1 (D) THRESHOLDS.—Determination of
2 threshold general surgeon-to-population ratios
3 for the number of general surgeons necessary to
4 treat a population for each of the following lev-
5 els:

6 (i) Optimal supply of general sur-
7 geons.

8 (ii) Adequate supply of general sur-
9 geons.

10 (iii) Shortage of general surgeons.

11 (iv) Critical shortage of general sur-
12 geons.

13 (d) CONSULTATION.—In conducting the study under
14 this section, the Secretary shall consult with relevant
15 stakeholders with appropriate expertise, including rep-
16 resentatives of organizations representing surgeons and
17 patients.

18 (e) REPORT.—Not later than one year after the date
19 of the enactment of this Act, the Secretary shall submit
20 to Congress a report on the study conducted under this
21 section, including such recommendations for legislation or
22 administrative action as the Secretary determines appro-
23 priate.

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