

117TH CONGRESS
2D SESSION

S. 4330

To amend the Public Health Service Act to authorize a loan repayment program to encourage specialty medicine physicians to serve in rural communities experiencing a shortage of specialty medicine physicians, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 26, 2022

Ms. ROSEN (for herself and Mr. WICKER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to authorize a loan repayment program to encourage specialty medicine physicians to serve in rural communities experiencing a shortage of specialty medicine physicians, 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 “Specialty Physicians
5 Advancing Rural Care Act” or the “SPARC Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) According to a June 2021 study by the As-
2 sociation of American Medical Colleges, titled “The
3 Complexities of Physician Supply and Demand: Pro-
4 jections From 2019 to 2034”, the projected demand
5 for physicians continues to exceed projected supply,
6 with a projected shortage of between 37,800 and
7 124,000 physicians by 2034. Further, the study
8 projects a shortage of between 21,000 and 77,100
9 nonprimary care physicians by 2034.

10 (2) A July 25, 2019, article, titled “Implica-
11 tions of an Aging Rural Physician Workforce”, pub-
12 lished in the New England Journal of Medicine, esti-
13 mates that the size of the workforce held relatively
14 steady at about 12 physicians per 10,000 population
15 in rural areas from 2000 to 2017, but such work-
16 force is forecast to decrease by 23 percent by 2030.

17 (3) According to the report by the Association
18 of American Medical Colleges, titled “Medical Stu-
19 dent Education: Debt, Costs, and Loan Repayment
20 Fact Card for the Class of 2020”, the percentage of
21 medical school graduates with education debt is 73
22 percent and the average education debt amount for
23 a medical school graduate is \$207,003. Medical
24 school debt accounts for 70 percent of overall stu-
25 dent loan debt, and the median stipend for a medical

1 graduate's first year after earning a medical degree
2 is \$58,305.

3 **SEC. 3. SPECIALTY MEDICAL PRACTITIONERS WORKFORCE**
4 **IN RURAL COMMUNITIES.**

5 Title VII of the Public Health Service Act (42 U.S.C.
6 292 et seq.) is amended—

7 (1) by redesignating part G (42 U.S.C. 795j et
8 seq.) as part H; and

9 (2) by inserting after part F (42 U.S.C. 295h)
10 the following new part:

11 **“PART G—SPECIALTY MEDICINE WORKFORCE IN**
12 **RURAL COMMUNITIES**

13 **“SEC. 782. LOAN REPAYMENT PROGRAM.**

14 “(a) IN GENERAL.—

15 “(1) PROGRAM FOR SPECIALTY MEDICINE PHY-
16 SICIANS.—The Secretary, acting through the Admin-
17 istrator of the Health Resources and Services Ad-
18 ministration, shall carry out a program under
19 which—

20 “(A) the Secretary enters into agreements
21 with specialty medicine physicians to make pay-
22 ments in accordance with subsection (b) on the
23 principal of and interest on any eligible loans
24 described in subsection (c); and

1 “(B) the specialty medicine physicians
2 each agree to complete a period of obligated
3 service described in subsection (d) as a specialty
4 medicine physician in the United States in a
5 rural community experiencing a shortage of
6 specialty medicine physicians.

7 “(2) PROGRAM FOR NON-PHYSICIAN SPECIALTY
8 HEALTH CARE PROVIDERS.—The Secretary, acting
9 through the Administrator of the Health Resources
10 and Services Administration, may carry out a pro-
11 gram under which—

12 “(A) the Secretary enters into agreements
13 with non-physician specialty health care pro-
14 viders to make payments in accordance with
15 subsection (b) on the principal of and interest
16 on any eligible loans described in subsection (c);
17 and

18 “(B) the non-physician specialty health
19 care providers each agree to complete a period
20 of obligated service described in subsection (d)
21 as a non-physician specialty health care pro-
22 vider in the United States in a rural community
23 experiencing a shortage of such providers.

24 “(b) PAYMENTS.—For each year of obligated service
25 by a specialty medicine physician pursuant to an agree-

1 ment under subsection (a)(1) or by a non-physician spe-
2 cialty health care provider pursuant to an agreement
3 under subsection (a)(2), the Secretary shall make a pay-
4 ment to such physician or provider as follows:

5 “(1) SERVICE IN SHORTAGE AREA.—The Sec-
6 retary shall pay—

7 “(A) for each year of obligated service by
8 a specialty medicine physician or non-physician
9 specialty health care provider pursuant to an
10 agreement under paragraph (1) or (2) of sub-
11 section (a), $\frac{1}{6}$ of the principal of and interest
12 on each eligible loan of the physician or pro-
13 vider which is outstanding on the date the phy-
14 sician or provider began service pursuant to the
15 agreement; and

16 “(B) for completion of the sixth and final
17 year of such service, the remainder of such
18 principal and interest.

19 “(2) MAXIMUM AMOUNT.—The total amount of
20 payments under this section to any specialty medi-
21 cine physician or non-physician specialty health care
22 provider shall not exceed \$250,000.

23 “(c) ELIGIBLE LOANS.—The loans eligible for repay-
24 ment under this section are each of the following:

1 “(1) Any loan for education in specialty medi-
2 cine or specialty health care.

3 “(2) Any Federal Direct Stafford Loan, Fed-
4 eral Direct PLUS Loan, Federal Direct Unsub-
5 sidized Stafford Loan, or Federal Direct Consolida-
6 tion Loan (as such terms are used in section 455 of
7 the Higher Education Act of 1965).

8 “(3) Any Federal Perkins Loan under part E
9 of title I of the Higher Education Act of 1965.

10 “(4) Any other Federal loan as determined ap-
11 propriate by the Secretary.

12 “(d) PERIOD OF OBLIGATED SERVICE.—Any spe-
13 cialty medicine physician or non-physician specialty health
14 care provider receiving payments under this section as re-
15 quired by an agreement under paragraph (1) or (2) of sub-
16 section (a) shall agree to a 6-year commitment to full-time
17 employment, with no more than 1 year passing between
18 any 2 years of covered employment, as a specialty medi-
19 cine physician or non-physician specialty health care pro-
20 vider, as applicable, in the United States in a rural com-
21 munity experiencing a shortage of specialty medicine phy-
22 sicians or non-physician specialty health care providers, as
23 applicable.

1 “(e) INELIGIBILITY FOR DOUBLE BENEFITS.—No
2 borrower may, for the same service, receive a reduction
3 of loan obligations or a loan repayment under both—

4 “(1) this section; and

5 “(2) any federally supported loan forgiveness
6 program, including under section 338B, 338I, or
7 846 of this Act, or section 428J, 428L, 455(m), or
8 460 of the Higher Education Act of 1965.

9 “(f) BREACH.—

10 “(1) LIQUIDATED DAMAGES FORMULA.—The
11 Secretary may establish a liquidated damages for-
12 mula to be used in the event of a breach of an
13 agreement entered into under paragraph (1) or (2)
14 of subsection (a).

15 “(2) LIMITATION.—The failure by a specialty
16 medicine physician or a non-physician specialty
17 health care provider to complete the full period of
18 service obligated pursuant to such an agreement,
19 taken alone, shall not constitute a breach of the
20 agreement, so long as the physician or provider com-
21 pleted in good faith the years of service for which
22 payments were made to the physician or provider
23 under this section.

24 “(g) SPECIAL RULES FOR NON-PHYSICIAN SPE-
25 CIALTY HEALTH CARE PROVIDERS.—Non-physician spe-

1 cialty health care providers participating in the program
2 under this section are not eligible for other Federal loan
3 forgiveness programs specific to health care providers. Not
4 more than 15 percent of amounts made available to carry
5 out this section for a fiscal year may be allocated to
6 awards to non-physician specialty health care providers.

7 “(h) REPORTS TO CONGRESS.—Not later than 5
8 years after the date of enactment of this section, and not
9 less than every other year thereafter through fiscal year
10 2030, the Secretary shall report to Congress on—

11 “(1) the practice location of special medicine
12 physicians and non-physician specialty health care
13 providers participating, or who have participated, in
14 the loan repayment program under this section; and

15 “(2) the impact of the loan repayment program
16 under this section on the availability of specialty
17 medicine or specialty health care services in the
18 United States in rural communities experiencing a
19 shortage of specialty medicine physicians or non-
20 physician specialty health care providers.

21 “(i) DATA UPDATES.—The Administrator of the
22 Health Resources and Services Administration shall up-
23 date publicly available data on the supply of specialty med-
24 icine physicians and non-physician specialty health care
25 providers, as appropriate.

1 “(j) DEFINITIONS.—In this section:

2 “(1) NON-PHYSICIAN SPECIALTY HEALTH CARE
3 PROVIDER.—The term ‘non-physician specialty
4 health care provider’ means a health professional
5 other than a physician who is licensed to provide pa-
6 tient care other than primary care services.

7 “(2) SPECIALTY MEDICINE PHYSICIAN.—The
8 term ‘specialty medicine physician’ means a physi-
9 cian practicing in—

10 “(A) a specialty identified in the report of
11 the Health Resources and Services Administra-
12 tion, titled ‘Projecting the Supply of Non-Pri-
13 mary Care Specialty and Subspecialty Clini-
14 cians: 2010–2025’;

15 “(B) hospice and palliative medicine;

16 “(C) geriatric medicine; or

17 “(D) another medical specialty, if the Sec-
18 retary determines that there is evidence dem-
19 onstrating a significant shortage of providers in
20 the medical specialty and limited patient access
21 to care.

22 “(k) AUTHORIZATION OF APPROPRIATIONS.—To
23 carry out this section, there are authorized to be appro-

- 1 priated such sums as may be necessary for fiscal years
- 2 2022 through 2031.”.

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