

111TH CONGRESS  
1ST SESSION

# S. 1628

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 SENATE OF THE UNITED STATES

AUGUST 6, 2009

Mr. UDALL of Colorado (for himself and Mrs. HAGAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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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—

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

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

4 and

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

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

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

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

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

15 “(2) providing rural-focused training and expe-  
16 rience; and

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

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

22 “(1) be a school of allopathic or osteopathic  
23 medicine accredited by a nationally recognized ac-  
24 crediting agency or association approved by the Sec-

1       retary for this purpose, or any combination or con-  
2       sortium of such schools; and

3               “(2) submit an application to the Secretary at  
4       such time, in such form, and containing such infor-  
5       mation as the Secretary may require, including a  
6       certification that such entity—

7               “(A) will use amounts provided to the in-  
8       stitution to—

9               “(i) establish and carry out a Rural  
10       Physician Training Program described in  
11       subsection (d);

12              “(ii) improve an existing rural-focused  
13       training program to meet the requirements  
14       described in subsection (d) and carry out  
15       such program; or

16              “(iii) expand and carry out an exist-  
17       ing rural-focused training program that  
18       meets the requirements described in sub-  
19       section (d); and

20              “(B) employs, or will employ within a  
21       timeframe sufficient to implement the Program  
22       (as described by a timetable and supporting  
23       documentation in the application of the eligible  
24       entity), faculty with experience or training in

1 rural medicine or with experience in training  
2 rural physicians.

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

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

9 “(2) demonstrate that an existing academic  
10 program of the eligible entity produces a high per-  
11 centage, as determined by the Secretary, of grad-  
12 uates from such program who practice medicine in  
13 underserved rural communities;

14 “(3) demonstrate rural community institutional  
15 partnerships, through such mechanisms as matching  
16 or contributory funding, documented in-kind services  
17 for implementation, or existence of training partners  
18 with interprofessional expertise (such as dental, vi-  
19 sion, or mental health services) in community health  
20 center training locations or other similar facilities; or

21 “(4) submit, as part of the application of the  
22 entity under subsection (b), a plan for the long-term  
23 tracking of where the graduates of such entity are  
24 practicing medicine.

25 “(d) USE OF FUNDS.—

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

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

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

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

15           “(2) STRUCTURE OF PROGRAM.—An eligible en-  
16           tity shall—

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

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

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

1                   “(ii) who express a commitment to  
2                   practice medicine in an underserved rural  
3                   community.

4                   “(3) CURRICULA.—The Program shall require  
5                   students to enroll in didactic coursework and clinical  
6                   experience particularly applicable to medical practice  
7                   in underserved rural communities, including—

8                   “(A) clinical rotations in underserved rural  
9                   communities, and in specialties including family  
10                  medicine, internal medicine, pediatrics, surgery,  
11                  psychiatry, and emergency medicine;

12                  “(B) in addition to core school curricula,  
13                  additional coursework or training experiences  
14                  focused on medical issues prevalent in under-  
15                  served rural communities, including in areas  
16                  such as trauma, obstetrics, ultrasound, oral  
17                  health, and behavioral health; and

18                  “(C) any coursework or clinical experience  
19                  that—

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

22                         or

23                         “(ii) the Secretary finds appropriate.

24                   “(4) RESIDENCY PLACEMENT ASSISTANCE.—

25                   Where available, the Program shall assist all stu-

1 dents of the Program in obtaining clinical training  
2 experiences in locations with postgraduate programs  
3 offering residency training opportunities in under-  
4 served rural communities, or in local residency train-  
5 ing programs that support and train physicians to  
6 practice in underserved rural communities, as well  
7 as assist all students of the Program in obtaining  
8 postgraduate residency training in such programs.

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

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

19 “(1) the overall success of the Program estab-  
20 lished by the entity, based on criteria the Secretary  
21 determines appropriate;

22 “(2) the number of students participating in  
23 the Program;

24 “(3) the number of graduating students who  
25 participated in the Program;

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

3           “(5) the number of graduates who participated  
4 in the Program who are practicing in underserved  
5 rural communities not less than one year after com-  
6 pleting residency training; and

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

11       “(f) RURAL TRAINING PROGRAM SYMPOSIUM.—

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

18           “(A) develop best practices that may be in-  
19 corporated into consideration of applications  
20 under subsection (b); and

21           “(B) establish a network of allopathic and  
22 osteopathic medical schools that have developed  
23 or will develop rural training programs in ac-  
24 cordance with subsection (d).



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

3           “(A) representatives from eligible entities  
4       with existing rural training programs;

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

7           “(C) representatives from area health edu-  
8       cation centers;

9           “(D) representatives from the Health Re-  
10      sources and Services Administration; and

11          “(E) any other experts or individuals with  
12      experience in practicing medicine in under-  
13      served rural communities the Secretary deter-  
14      mines appropriate.

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

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

24          “(i) MAINTENANCE OF EFFORT.—With respect to ac-  
25      tivities for which funds awarded under this section are to

1 be expended, the entity shall agree to maintain expendi-  
2 tures of non-Federal amounts for such activities at a level  
3 that is not less than the level of such expenditures main-  
4 tained by the entity for the fiscal year preceding the fiscal  
5 year for which the entity receives a grant under this sec-  
6 tion.

7 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
8 are authorized to be appropriated—

9 “(1) to carry out this section (other than sub-  
10 section (f))—

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

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

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

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

15 and

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

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