

108TH CONGRESS
2D SESSION

S. 2739

To improve the training and retention of health professionals under titles VII and VIII of the Public Health Service Act, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 22, 2004

Mr. BINGAMAN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To improve the training and retention of health professionals under titles VII and VIII of the Public Health Service Act, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Investing in America’s Future Act of 2004”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—ALLIED HEALTH

Sec. 101. Findings.

Sec. 102. Purposes.

Sec. 103. Amendments to Public Health Service Act.

TITLE II—HEALTH WORKFORCE ADVISORY COMMISSION

Sec. 201. Health Workforce Advisory Commission.

TITLE III—PHYSICIAN DEMONSTRATION PROJECTS IN RURAL STATES

Sec. 301. Definitions.

Sec. 302. Rural States physician recruitment and retention demonstration program.

Sec. 303. Establishment of the health professions database.

Sec. 304. Evaluation and reports.

Sec. 305. Contracting flexibility.

TITLE IV—HEALTH CAREERS OPPORTUNITY PROGRAM

Sec. 401. Purpose.

Sec. 402. Authorization of appropriations.

TITLE V—PROGRAM OF EXCELLENCE IN HEALTH PROFESSIONS EDUCATION FOR UNDERREPRESENTED MINORITIES

Sec. 501. Purpose.

Sec. 502. Authorization of appropriation.

TITLE VI—HEALTH PROFESSIONS STUDENT LOAN FUND; AUTHORIZATIONS OF APPROPRIATIONS REGARDING STUDENTS FROM DISADVANTAGED BACKGROUNDS

Sec. 601. Student loans.

Sec. 602. National Health Service Corps; recruitment and fellowships for individuals from disadvantaged backgrounds.

TITLE VII—MISCELLANEOUS PROVISIONS

Sec. 703. Study by the Institute of Medicine.

1 **TITLE I—ALLIED HEALTH**

2 **SEC. 101. FINDINGS.**

3 Congress makes the following findings:

4 (1) The Bureau of the Census and other re-
5 ports highlight the increased demand for acute and
6 chronic health care services among both the general
7 population and a rapidly growing aging portion of
8 the population.

1 (2) The calls for reduction in medical errors, in-
2 creased patient safety, and increased quality of care
3 have resulted in an amplified call for allied health
4 professionals to provide health care services.

5 (3) Several allied health professions are charac-
6 terized by workforce shortages, declining enrollments
7 in allied health education programs, or a combina-
8 tion of both factors, and hospital officials have re-
9 ported vacancy rates in positions occupied by allied
10 health professionals.

11 (4) Many allied health education programs are
12 facing significant economic pressure that could force
13 their closure due to an insufficient number of stu-
14 dents.

15 **SEC. 102. PURPOSES.**

16 The purpose of this title is to ensure that the United
17 States health care industry will have a supply of allied
18 health professionals needed to support the Nation's health
19 care system in this decade and beyond by—

20 (1) providing incentives for members of the
21 United States population to seek and complete high-
22 quality allied health education and training; and

23 (2) providing additional funding to ensure that
24 such education and training can be provided to allied
25 health students.

1 **SEC. 103. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.**

2 (a) IN GENERAL.—Part E of title VII of the Public
3 Health Service Act (42 U.S.C. 294n et seq.) is amended
4 by adding at the end the following:

5 **“Subpart 3—Allied Health**
6 **Professionals**

7 **“SEC. 775. DEFINITIONS.**

8 “In this subpart:

9 “(1) ALLIED HEALTH EDUCATION PROGRAM.—
10 The term ‘allied health education program’ means
11 any education program at an accredited institution
12 of higher education leading to a certificate, an asso-
13 ciate’s degree, a bachelor’s degree, or a post bacca-
14 laurate degree in an allied health profession.

15 “(2) ALLIED HEALTH PROFESSION.—The term
16 ‘allied health profession’ means any profession prac-
17 ticed by an individual in his or her capacity as an
18 allied health professional.

19 “(3) ELEMENTARY SCHOOL; SECONDARY
20 SCHOOL.—The terms ‘elementary school’ and ‘sec-
21 ondary school’ have the meanings give to those
22 terms in section 9101 of the Elementary and Sec-
23 ondary Education Act of 1965 (20 U.S.C. 7801).

24 “(4) INSTITUTION OF HIGHER EDUCATION.—
25 The term ‘institution of higher education’ has the

1 meaning given to that term in section 101 of the
2 Higher Education Act of 1965 (20 U.S.C. 1001).

3 **“SEC. 775A. PUBLIC SERVICE ANNOUNCEMENTS.**

4 “The Secretary shall develop and issue public service
5 announcements that advertise and promote the allied
6 health professions, highlight the advantages and rewards
7 of the allied health professions, and encourage individuals
8 from disadvantaged communities and backgrounds to
9 enter the allied health professions.

10 **“SEC. 775B. STATE AND LOCAL PUBLIC SERVICE AN-**
11 **NOUNCEMENTS.**

12 “(a) IN GENERAL.—The Secretary shall award
13 grants to eligible entities to support State and local adver-
14 tising campaigns through appropriate media outlets to
15 promote the allied health professions, highlight the advan-
16 tages and rewards of the allied health professions, and en-
17 courage individuals from disadvantaged communities and
18 backgrounds to enter the allied health professions.

19 “(b) ELIGIBLE ENTITY.—In this section, the term
20 ‘eligible entity’ means an entity that is—

21 “(1) a professional, national, or State allied
22 health association;

23 “(2) a State health care provider; or

24 “(3) an association of entities that are each a
25 health care facility, an allied health education pro-

1 gram, or an entity that provides similar services or
2 serves a like function.

3 **“SEC. 775C. ALLIED HEALTH RECRUITMENT GRANT PRO-**
4 **GRAM.**

5 “(a) PROGRAM AUTHORIZED.—The Secretary shall
6 award grants to eligible entities to increase allied health
7 professions education opportunities.

8 “(b) ELIGIBLE ENTITY.—In this section, the term
9 ‘eligible entity’ means an entity that is—

10 “(1) a professional, national, or State allied
11 health association;

12 “(2) a State health care provider; or

13 “(3) an association of entities that are each a
14 health care facility, an allied health education pro-
15 gram, or an entity that provides similar services or
16 serves a like function.

17 “(c) USE OF FUNDS.—An eligible entity that receives
18 a grant under this section shall use funds received under
19 such grant to—

20 “(1) support outreach programs at elementary
21 schools and secondary schools that inform guidance
22 counselors and students of education opportunities
23 regarding the allied health professions;

24 “(2) carry out special projects to increase allied
25 health professions education opportunities for indi-

1 individuals who are from disadvantaged backgrounds
2 (including racial and ethnic minorities underrep-
3 resented in the allied health professions) by pro-
4 viding student scholarships or stipends, pre-entry
5 preparation, and retention activities;

6 “(3) provide assistance to public and nonprofit
7 private educational institutions to support remedial
8 education programs for allied health professions stu-
9 dents who require assistance with math, science,
10 English, and medical terminology;

11 “(4) meet the costs of child care and transpor-
12 tation for individuals who are taking part in an al-
13 lied health education program; or

14 “(5) support community-based partnerships
15 seeking to recruit allied health professionals in rural
16 communities, urban medically underserved commu-
17 nities, and other communities experiencing an allied
18 health professions shortage.

19 **“SEC. 775D. GRANTS FOR HEALTH CAREER ACADEMIES.**

20 “(a) IN GENERAL.—The Secretary shall award
21 grants to eligible entities for the purpose of assisting such
22 entities in collaborating to carry out programs that form
23 education pipelines to facilitate the entry of students of
24 secondary schools, especially underrepresented racial and

1 ethnic minorities, into careers in the allied health profes-
2 sions.

3 “(b) **ELIGIBLE ENTITY.**—In this section, the term
4 ‘eligible entity’ means an institution that offers an allied
5 health education program, a health care facility, or a sec-
6 ondary school.

7 **“SEC. 775E. ALLIED HEALTH PROFESSION, PRACTICE, AND**
8 **RETENTION GRANTS.**

9 “(a) **EDUCATION PRIORITY AREAS.**—The Secretary
10 may award grants to or enter into contracts with eligible
11 entities for—

12 “(1) expanding the enrollment in allied health
13 profession education programs, especially by under-
14 represented racial and ethnic minority students; and

15 “(2) providing allied health education through
16 new technologies and methods, including distance
17 learning methodologies.

18 “(b) **PRACTICE PRIORITY AREAS.**—The Secretary
19 may award grants to or enter into contracts with eligible
20 entities for—

21 “(1) establishing or expanding allied health pro-
22 fessions practice arrangements in noninstitutional
23 settings to demonstrate methods to improve access
24 to primary health care in rural areas and other
25 medically underserved communities;

1 “(2) providing care for underserved populations
2 and other high-risk groups such as the elderly, indi-
3 viduals with HIV/AIDS, substance abusers, the
4 homeless, and victims of domestic violence;

5 “(3) providing managed care, information man-
6 agement, quality improvement, and other skills need-
7 ed to practice in existing and emerging organized
8 health care systems; or

9 “(4) developing generational and cultural com-
10 petencies among allied health professionals.

11 “(c) RETENTION PRIORITY AREAS.—

12 “(1) IN GENERAL.—The Secretary may award
13 grants to and enter into contracts with eligible enti-
14 ties to enhance the allied health professions work-
15 force by initiating and maintaining allied health re-
16 tention programs pursuant to paragraph (2) or (3).

17 “(2) GRANTS FOR CAREER LADDER PROGRAMS.—The
18 Secretary may award grants to and enter into contracts
19 with eligible entities for programs—

20 “(A) to promote career advancement for
21 allied health professionals in a variety of train-
22 ing settings, cross training or specialty training
23 among diverse population groups, and the ad-
24 vancement of individuals; and

1 “(B) to assist individuals in obtaining edu-
2 cation and training required to enter the allied
3 health professions and advance within such pro-
4 fessions, such as by providing career counseling
5 and mentoring.

6 “(3) ENHANCING PATIENT CARE DELIVERY
7 SYSTEMS.—

8 “(A) GRANTS.—The Secretary may award
9 grants to eligible entities to improve the reten-
10 tion of allied health professionals and enhance
11 patient care that is directly related to allied
12 health activities by enhancing collaboration and
13 communication among allied health profes-
14 sionals and other health care professionals, and
15 by promoting the involvement of allied health
16 professionals in the organizational and clinical
17 decisionmaking processes of a health care facil-
18 ity.

19 “(B) PREFERENCE.—In making awards of
20 grants under this paragraph, the Secretary
21 shall give preference to applicants that have not
22 previously received an award under this para-
23 graph and to applicants from rural, under-
24 served areas.

1 and suburban areas and a variety of geographic re-
2 gions.

3 “(3) USE OF FUND.—The Secretary may not
4 make a grant to an eligible entity under this sub-
5 section unless the entity agrees to use funds received
6 under the grant to carry out demonstrations of mod-
7 els and best practices in allied health for the purpose
8 of—

9 “(A) promoting retention and satisfaction
10 of allied health professionals;

11 “(B) promoting opportunities for allied
12 health professionals to pursue education, career
13 advancement, and organizational recognition;
14 and

15 “(C) developing continuing education pro-
16 grams that instruct allied health professionals
17 on how to use emerging medical technologies
18 and how to address current and future health
19 care needs.

20 “(b) MODELS OF EXCELLENCE.—The Secretary shall
21 award grants to area health education centers to enable
22 such centers to enter into contracts with allied health edu-
23 cation programs—

24 “(1) to expand the operation of area health
25 education centers to work in communities to develop

1 models of excellence for allied health professionals;
2 or

3 “(2) to expand any junior or senior secondary
4 school mentoring programs to include an allied
5 health professions mentoring program.

6 “(c) DEFINITION.—In this section the term ‘eligible
7 entity’ means a health care facility, or any partnership or
8 coalition containing a health care facility and an allied
9 health education program.

10 **“SEC. 775G. ALLIED HEALTH FACULTY LOAN PROGRAM.**

11 “(a) ESTABLISHMENT.—The Secretary, acting
12 through the Administrator of the Health Resources and
13 Services Administration, may enter into an agreement
14 with any institution of higher education offering an allied
15 health education program for the establishment and oper-
16 ation of a faculty loan fund in accordance with this sec-
17 tion, to increase the number of qualified allied health fac-
18 ulty.

19 “(b) AGREEMENTS.—Each agreement entered into
20 under this section shall—

21 “(1) provide for the establishment of a loan
22 fund by the institution involved;

23 “(2) provide for deposit in the fund of—

24 “(A) the Federal capital contributions to
25 the fund;

1 “(B) an amount equal to not less than
2 one-ninth of such Federal capital contributions,
3 contributed by such institution;

4 “(C) collections of principal and interest
5 on loans made from the fund; and

6 “(D) any other earnings of the fund;

7 “(3) provide that the fund will be used only for
8 loans to faculty of allied health education programs
9 in accordance with subsection (c) and for the costs
10 of collection of such loans and interest thereon;

11 “(4) provide that loans may be made from such
12 fund only to faculty pursuing a full-time course of
13 study or, at the discretion of the Secretary, a part-
14 time course of study in an advanced degree program;
15 and

16 “(5) contain such other provisions as are nec-
17 essary to protect the financial interests of the
18 United States.

19 “(c) LOAN PROVISIONS.—Loans from any faculty
20 loan fund established by an institution pursuant to an
21 agreement under this section shall be made to an indi-
22 vidual on such terms and conditions as the institution may
23 determine, except that—

1 “(1) such terms and conditions are subject to
2 any conditions, limitations, and requirements pre-
3 scribed by the Secretary;

4 “(2) in the case of any individual, the total of
5 the loans for any academic year made by an institu-
6 tion from loan funds established pursuant to agree-
7 ments under this section may not exceed \$30,000,
8 plus any amount determined by the Secretary on an
9 annual basis to reflect inflation;

10 “(3) an amount up to 85 percent of any such
11 loan (plus interest thereon) shall be canceled by the
12 institution as follows—

13 “(A) upon completion by the individual of
14 each of the first, second, and third year of full-
15 time employment required by the loan agree-
16 ment entered into under this section, as a fac-
17 ulty member in an allied health education pro-
18 gram, the institution shall cancel ____ percent
19 of the principal of, and the interest on, the
20 amount of such loan unpaid on the first day of
21 such employment; and

22 “(B) upon completion by the individual of
23 the fourth year of full-time employment, re-
24 quired by the loan agreement entered into
25 under this section, as a faculty member in an

1 allied health education program, the school
2 shall cancel 25 percent of the principal of, and
3 the interest on, the amount of such loan unpaid
4 on the first day of such employment;

5 “(4) such a loan may be used to pay the cost
6 of tuition, fees, books, laboratory expenses, and
7 other reasonable education expenses;

8 “(5) such a loan shall be repayable in equal or
9 graduated periodic installments (with the right of
10 the borrower to accelerate repayment) over the 10-
11 year period that begins 9 months after the individual
12 ceases to pursue a course of study in an allied health
13 education program; and

14 “(6) such a loan shall—

15 “(A) beginning on the date that is 3
16 months after the individual ceases to pursue a
17 course of study in an allied health education
18 program, bear interest on the unpaid balance of
19 the loan at the rate of 3 percent per annum; or

20 “(B) subject to subsection (e), if the insti-
21 tution determines that the individual will not
22 complete such course of study or serve as a fac-
23 ulty member as required under the loan agree-
24 ment under this subsection, bear interest on the

1 unpaid balance of the loan at the prevailing
2 market rate.

3 “(d) PAYMENT OF PROPORTIONATE SHARE.—Where
4 all or any part of a loan, or interest, is canceled under
5 this section, the Secretary shall pay to the institution and
6 amount equal to the school’s proportionate share of the
7 canceled portion, as determined by the Secretary.

8 “(e) REVIEW BY SECRETARY.—At the request of the
9 individual involved, the Secretary may review any deter-
10 mination by an institution under this section.

11 **“SEC. 775H. SCHOLARSHIP PROGRAM FOR SERVICE IN**
12 **RURAL AND OTHER MEDICALLY UNDER-**
13 **SERVED AREAS.**

14 “(a) SCHOLARSHIP PROGRAM.—

15 “(1) IN GENERAL.—The Secretary shall carry
16 out a program of entering into contracts with eligi-
17 ble individuals under which such individuals agree to
18 serve as allied health professionals for a period of
19 not less than 2 years at a health care facility with
20 a critical shortage of allied health professionals in
21 consideration of the Federal Government agreeing to
22 provide to the individuals scholarships for attend-
23 ance in an allied health education program.

24 “(2) ELIGIBLE INDIVIDUALS.—In this sub-
25 section, the term ‘eligible individual’ means an indi-

1 vidual who is enrolled or accepted for enrollment as
2 a full-time or part-time student in an allied health
3 education program.

4 “(3) SERVICE REQUIREMENT.—

5 “(A) IN GENERAL.—The Secretary may
6 not enter into a contract with an eligible indi-
7 vidual under this section unless the individual
8 agrees to serve as an allied health professional
9 at a health care facility with a critical shortage
10 of allied health professionals for a period of
11 full-time service of not less than 2 years, or for
12 a period of part-time service in accordance with
13 subparagraph (B).

14 “(B) PART-TIME SERVICE.—An individual
15 may complete the period of service described in
16 subparagraph (A) on a part-time basis if the in-
17 dividual has a written agreement that—

18 “(i) is entered into by the health care
19 facility involved and the individual and is
20 approved by the Secretary; and

21 “(ii) provides that the period of obli-
22 gated service will be extended so that the
23 aggregate amount of service performed will
24 equal the amount of service that would be

1 performed through a period of full-time
2 service of not less than 2 years.

3 “(4) PREFERENCE.—In awarding scholarships
4 under this section, the Secretary shall give a pref-
5 erence to applicants with the greatest financial need,
6 applicants currently working in a health care facility
7 who agree to serve the period of obligated service at
8 such facility, minority allied health applicants, and
9 applicants with an interest in a practice area of al-
10 lied health that has unmet needs.

11 “(b) REPORTS.—Not later than 18 months after the
12 date of enactment of this subpart and annually thereafter,
13 the Secretary shall prepare and submit to Congress a re-
14 port describing the programs carried out under this sec-
15 tion, including statements regarding—

16 “(1) the number of enrollees by specialty or dis-
17 cipline, scholarships, and grant recipients;

18 “(2) the number of graduates;

19 “(3) the amount of scholarship payments made;

20 “(4) which educational institutions the recipi-
21 ents attended;

22 “(5) the number and placement location of the
23 scholarship recipients at health care facilities with a
24 critical shortage of allied health professionals;

25 “(6) the default rate and actions required;

1 “(7) the amount of outstanding default funds of
2 the scholarship program;

3 “(8) to the extent that it can be determined,
4 the reason for the default;

5 “(9) the demographics of the individuals par-
6 ticipating in the scholarship program; and

7 “(10) an evaluation of the overall costs and
8 benefits of the program.

9 **“SEC. 775I. GRANTS FOR CLINICAL EDUCATION, INTERN-**
10 **SHIP, RESIDENCY PROGRAMS, AND CON-**
11 **TINUING EDUCATION.**

12 “(a) PROGRAM AUTHORIZED.—The Secretary shall
13 award grants to eligible entities to develop allied health
14 clinical education, internship, residency, and continuing
15 education programs described in subsection (b).

16 “(b) USE OF FUNDS.—The Secretary may not award
17 a grant to an eligible entity under this section unless the
18 entity agrees to use the grant to develop clinical education,
19 internship, residency, and continuing education programs
20 for graduates of allied health education programs. Each
21 such clinical education, internship, residency, or con-
22 tinuing education program shall—

23 “(1) provide support for allied health education
24 program faculty and mentors;

1 “(2) provide support for allied health profes-
2 sionals participating on a full-time or a part-time
3 basis; and

4 “(3) encourage the development of specialties.

5 “(c) ELIGIBLE ENTITY.—In this section, the term
6 ‘eligible entity’ means a partnership of an allied health
7 education program and a health care facility.

8 **“SEC. 775J. GRANTS FOR PARTNERSHIPS.**

9 “(a) IN GENERAL.—The Secretary shall award
10 grants to eligible entities to enable such entities to form
11 partnerships to carry out the activities described in this
12 section.

13 “(b) USE OF FUNDS.—An eligible entity that receives
14 a grant under this section shall use amounts received
15 under the grant to—

16 “(1) provide employees of the health care facil-
17 ity involved advanced training and education in an
18 allied health education program;

19 “(2) establish or expand allied health practice
20 arrangements in noninstitutional settings to dem-
21 onstrate methods to improve access to health care in
22 rural and other medically underserved communities;

23 “(3) purchase distance learning technology to
24 extend general education and training programs to

1 rural areas, and to extend specialty education and
2 training programs to all areas; and

3 “(4) establish or expand mentoring, clinical
4 education, and internship programs for training in
5 specialty care areas.

6 “(c) ELIGIBLE ENTITY.—In this section, the term
7 ‘eligible entity’ means a partnership of an allied health
8 education program and a health care facility formed to
9 carry out the activities described in this section.

10 **“SEC. 775K. ALLIED HEALTH WORKFORCE DATA COLLEC-**
11 **TION AND ANALYSIS.**

12 “The Secretary, in conjunction with allied health pro-
13 fessional associations, shall develop a system for collecting
14 and analyzing allied health workforce data gathered by the
15 Bureau of Labor Statistics, the Health Resources and
16 Services Administration, the Department of Health and
17 Human Services, the Department of Veterans Affairs, the
18 Center for Medicare & Medicaid Services, the Department
19 of Defense, allied health professional associations, and re-
20 gional centers for health workforce studies for the purpose
21 of—

22 “(1) determining educational pipeline and prac-
23 titioner shortages; and

24 “(2) projecting future needs for such a work-
25 force.

1 **“SEC. 775L. REPORTS BY GOVERNMENT ACCOUNTABILITY**
 2 **OFFICE.**

3 “The Comptroller General of the United States shall
 4 conduct an evaluation of whether the activities carried out
 5 under this subpart have demonstrably increased the num-
 6 ber of applicants to allied health education programs. Not
 7 later than 4 years after the date of the enactment of this
 8 subpart, the Comptroller General shall submit a report to
 9 the Congress on the results of such evaluation.

10 **“SEC. 775M. AUTHORIZATION OF APPROPRIATIONS.**

11 “There are authorized to be appropriated to carry out
 12 this subpart, such sums as may be necessary for fiscal
 13 years 2005 through 2009.”.

14 (b) **CENTERS OF EXCELLENCE.**—Subparagraph (A)
 15 of section 736(g)(1) of the Public Health Service Act (42
 16 U.S.C. 293(g)(1)) is amended by inserting “a school of
 17 allied health,” after “a school of pharmacy,”.

18 **TITLE II—HEALTH WORKFORCE**
 19 **ADVISORY COMMISSION**

20 **SEC. 201. HEALTH WORKFORCE ADVISORY COMMISSION.**

21 (a) **ESTABLISHMENT.**—The Comptroller General of
 22 the United States (referred to in this title as the “Comp-
 23 troller General”) shall establish a commission to be known
 24 as the Health Workforce Advisory Commission (referred
 25 to in this title as the “Commission”).

26 (b) **MEMBERSHIP.**—

1 (1) IN GENERAL.—The Commission shall be
2 composed of 18 members to be appointed by the
3 Comptroller General not later than 90 days after the
4 date of enactment of this Act, and an ex-officio
5 member who shall serve as the Director of the Com-
6 mission.

7 (2) QUALIFICATIONS.—In appointing members
8 to the Commission under paragraph (1), the Comp-
9 troller General shall ensure that—

10 (A) the Commission includes individuals
11 with national recognition for their expertise in
12 health care workforce issues, including work-
13 force forecasting, undergraduate and graduate
14 training, economics, health care and health care
15 systems financing, public health policy, and
16 other fields;

17 (B) the members are geographically rep-
18 resentative of the United States and maintain a
19 balance between urban and rural representa-
20 tives;

21 (C) the members include a representative
22 from the commissioned corps of the Public
23 Health Service;

24 (D) the members represent the spectrum
25 of professions in the current and future

1 healthcare workforce, including physicians,
2 nurses, and other health professionals and per-
3 sonnel, and are skilled in the conduct and inter-
4 pretation of health workforce measurement,
5 monitoring and analysis, health services, eco-
6 nomics, and other workforce related research
7 and technology assessment;

8 (E) at least 25 percent of the members
9 who are health care providers are from rural
10 areas; and

11 (F) a majority of the members are individ-
12 uals who are not currently primarily involved in
13 the provision or management of health profes-
14 sions education and training programs.

15 (3) TERMS AND VACANCIES.—

16 (A) TERMS.—The term of service of the
17 members of the Commission shall be for 3
18 years, except that the Comptroller General shall
19 designate staggered terms for members initially
20 appointed under paragraph (1).

21 (B) VACANCIES.—Any member of the
22 Commission who is appointed to fill a vacancy
23 on the Commission that occurs before the expi-
24 ration of the term for which the member's pred-

1 cessor was appointed shall be appointed only
2 for the remainder of that term.

3 (4) CHAIRPERSON.—

4 (A) DESIGNATION.—The Comptroller Gen-
5 eral shall designate a member of the Commis-
6 sion, at the time of the appointment of such
7 member—

8 (i) to serve as the Chairperson of the
9 Commission; and

10 (ii) to serve as the Vice Chairperson
11 of the Commission.

12 (B) TERM.—A member of the Commission
13 shall serve as the Chairperson or Vice Chair-
14 person of the Commission under subparagraph
15 (A) for the term of such member.

16 (C) VACANCY.—In the case of a vacancy in
17 the Chairpersonship or Vice Chairpersonship,
18 the Comptroller General shall designate another
19 member to serve for the remainder of the va-
20 cant member's term.

21 (e) DUTIES.—The Commission shall—

22 (1) review the health workforce policies imple-
23 mented—

1 (A) under titles XVIII and XIX of the So-
2 cial Security Act (42 U.S.C. 1395, 1396 et
3 seq.);

4 (B) under titles VII and VIII of the Public
5 Health Service Act (42 U.S.C. 292, 296 et
6 seq.);

7 (C) by the National Institutes of Health;

8 (D) by the Department of Health and
9 Human Services;

10 (E) by the Department of Veterans Af-
11 fairs; and

12 (F) by other departments and agencies as
13 appropriate;

14 (2) analyze and make recommendations to im-
15 prove the methods used to measure and monitor the
16 health workforce and the relationship between the
17 number and make up of such personnel and the ac-
18 cess of individuals to appropriate health care;

19 (3) review the impact of health workforce poli-
20 cies and other factors on the ability of the health
21 care system to provide optimal medical and health
22 care services;

23 (4) analyze and make recommendations per-
24 taining to Federal incentives (financial, regulatory,
25 and otherwise) and Federal programs that are in

1 place to promote the education of an appropriate
2 number and mix of health professionals to provide
3 access to appropriate health care in the United
4 States;

5 (5) analyze and make recommendations about
6 the appropriate supply and distribution of physi-
7 cians, nurses, and other health professionals and
8 personnel to achieve a health care system that is
9 safe, effective, patient centered, timely, equitable,
10 and efficient;

11 (6) analyze the role and global implications of
12 internationally trained physicians, nurses, and other
13 health professionals and personnel in the United
14 States health workforce;

15 (7) analyze and make recommendations about
16 achieving appropriate diversity in the United States
17 health workforce;

18 (8) conduct public meetings to discuss health
19 workforce policy issues and help formulate rec-
20 ommendations for Congress and the Secretary of
21 Health and Human Services;

22 (9) in the course of meetings conducted under
23 paragraph (8), consider the results of staff research,
24 presentations by policy experts, and comments from
25 interested parties;

1 (10) make recommendations to Congress con-
2 cerning health workforce policy issues;

3 (11) not later than April 15, 2005, and each
4 April 15 thereafter, submit a report to Congress
5 containing the results of the reviews conducted
6 under this subsection and the recommendations de-
7 veloped under this subsection;

8 (12) periodically, as determined appropriate by
9 the Commission, submit reports to Congress con-
10 cerning specific issues that the Commission deter-
11 mines are of high importance; and

12 (13) carry out any other activities determined
13 appropriate by the Secretary of Health and Human
14 Services.

15 (d) ONGOING DUTIES CONCERNING REPORTS AND
16 REVIEWS.—

17 (1) COMMENTING ON REPORTS.—

18 (A) SUBMISSION TO COMMISSION.—The
19 Secretary of Health and Human Services shall
20 transmit to the Commission a copy of each re-
21 port that is submitted by the Secretary to Con-
22 gress if such report is required by law and re-
23 lates to health workforce policy.

24 (B) REVIEW.—The Commission shall re-
25 view a report transmitted under subparagraph

1 (A) and, not later than 6 months after the date
2 on which the report is transmitted, submit to
3 the appropriate committees of Congress written
4 comments concerning such report. Such com-
5 ments may include such recommendations as
6 the Commission determines appropriate.

7 (2) AGENDA AND ADDITIONAL REVIEWS.—

8 (A) IN GENERAL.—The Commission shall
9 consult periodically with the chairman and
10 ranking members of the appropriate committees
11 of Congress concerning the agenda and
12 progress of the Commission.

13 (B) ADDITIONAL REVIEWS.—The Commis-
14 sion may from time to time conduct additional
15 reviews and submit additional reports to the ap-
16 propriate committees of Congress on topics re-
17 lating to Federal health workforce-related pro-
18 grams and as may be requested by the chair-
19 man and ranking members of such committees.

20 (3) AVAILABILITY OF REPORTS.—The Commis-
21 sion shall transmit to the Secretary of Health and
22 Human Services a copy of each report submitted by
23 the Commission under this section and shall make
24 such reports available to the public.

25 (e) POWERS OF THE COMMISSION.—

1 (1) GENERAL POWERS.—Subject to such review
2 as the Comptroller General determines to be nec-
3 essary to ensure the efficient administration of the
4 Commission, the Commission may—

5 (A) employ and fix the compensation of the
6 Executive Director and such other personnel as
7 may be necessary to carry out its duties;

8 (B) seek such assistance and support as
9 may be required in the performance of its du-
10 ties from appropriate Federal departments and
11 agencies;

12 (C) enter into contracts or make other ar-
13 rangements as may be necessary for the con-
14 duct of the work of the Commission;

15 (D) make advance, progress, and other
16 payments that relate to the work of the Com-
17 mission;

18 (E) provide transportation and subsistence
19 for personnel who are serving without com-
20 pensation; and

21 (F) prescribe such rules and regulations as
22 the Commission determines necessary with re-
23 spect to the internal organization and operation
24 of the Commission.

1 (2) INFORMATION.—To carry out its duties
2 under this section, the Commission—

3 (A) shall have unrestricted access to all de-
4 liberations, records, and nonproprietary data
5 maintained by the Government Accountability
6 Office;

7 (B) may secure directly from any depart-
8 ment or agency of the United States informa-
9 tion necessary to enable the Commission to
10 carry out its duties under this section, on a
11 schedule that is agreed upon between the Chair-
12 person and the head of the department or agen-
13 cy involved;

14 (C) shall utilize existing information (pub-
15 lished and unpublished) collected and assessed
16 either by the staff of the Commission or under
17 other arrangements;

18 (D) may conduct, or award grants or con-
19 tracts for the conduct of, original research and
20 experimentation where information available
21 under subparagraphs (A) and (B) is inad-
22 equate;

23 (E) may adopt procedures to permit any
24 interested party to submit information to be

1 used by the Commission in making reports and
2 recommendations under this section; and

3 (F) may carry out other activities deter-
4 mined appropriate by the Commission.

5 (f) ADMINISTRATIVE PROVISIONS.—

6 (1) COMPENSATION.—While serving on the
7 business of the Commission a member of the Com-
8 mission shall be entitled to compensation at the per
9 diem equivalent of the rate provided for under level
10 IV of the Executive Schedule under title 5, United
11 States Code.

12 (2) MEETINGS.—The Commission shall meet at
13 the call of the Chairperson.

14 (3) EXECUTIVE DIRECTOR AND STAFF.—The
15 Comptroller General shall appoint an individual to
16 serve as the interim Executive Director of the Com-
17 mission until the members of the Commission are
18 able to select a permanent Executive Director under
19 subsection (e)(1)(A).

20 (4) ETHICAL DISCLOSURE.—The Comptroller
21 General shall establish a system for public disclosure
22 by members of the Commission of financial and
23 other potential conflicts of interest relating to such
24 members.

1 (5) AUDITS.—The Commission shall be subject
2 to periodic audit by the Comptroller General.

3 (g) FUNDING.—

4 (1) REQUESTS.—The Commission shall submit
5 requests for appropriations in the same manner as
6 the Comptroller General submits such requests.
7 Amounts appropriated for the Commission shall be
8 separate from amounts appropriated for the Com-
9 troller General.

10 (2) AUTHORIZATION OF APPROPRIATIONS.—
11 There are authorized to be appropriated to carry out
12 this section, \$6,000,000 for fiscal year 2005, and
13 such sums as may be necessary for each subsequent
14 fiscal year, of which—

15 (A) 80 percent of such appropriated
16 amount shall be made available from the Fed-
17 eral Hospital Insurance Trust Fund under sec-
18 tion 1817 of the Social Security Act (42 U.S.C.
19 1395i); and

20 (B) 20 percent of such appropriated
21 amount shall be made available from amounts
22 appropriated to carry out title XIX of such Act
23 (42 U.S.C. 1396 et seq.).

24 (h) DEFINITION.—In this title, the term “appropriate
25 committees of Congress” means the Committee on Fi-

1 nance of the Senate and the Committee on Ways and
2 Means of the House of Representatives.

3 **TITLE III—PHYSICIAN DEM-**
4 **ONSTRATION PROJECTS IN**
5 **RURAL STATES**

6 **SEC. 301. DEFINITIONS.**

7 In this title:

8 (1) COGME.—The term “COGME” means the
9 Council on Graduate Medical Education established
10 under section 762 of the Public Health Service Act
11 (42 U.S.C. 294o).

12 (2) DEMONSTRATION PROGRAM.—The term
13 “demonstration program” means the Rural States
14 Physician Recruitment and Retention Demonstration
15 Program established by the Secretary under section
16 302(a).

17 (3) DEMONSTRATION STATES.—The term
18 “demonstration States” means each State identified
19 by the Secretary, based upon data from the most re-
20 cent year for which data are available—

21 (A) that has an uninsured population
22 above 16 percent (as determined by the Bureau
23 of the Census);

24 (B) for which the sum of the number of in-
25 dividuals who are entitled to benefits under the

1 medicare program under title XVIII of the So-
2 cial Security Act (42 U.S.C. 1395 et seq.) and
3 the number of individuals who are eligible for
4 medical assistance under the medicaid program
5 under title XIX of such Act (42 U.S.C. 1396 et
6 seq.) equals or exceeds 20 percent of the total
7 population of the State (as determined by the
8 Centers for Medicare & Medicaid Services); and

9 (C) that has an estimated number of indi-
10 viduals in the State without access to a primary
11 care provider of at least 17 percent (as pub-
12 lished in “HRSA’s Bureau of Primary Health
13 Care: BPHC State Profiles”).

14 (4) ELIGIBLE RESIDENCY OR FELLOWSHIP
15 GRADUATE.—The term “eligible residency or fellow-
16 ship graduate” means a graduate of an approved
17 medical residency training program (as defined in
18 section 1886(h)(5)(A) of the Social Security Act (42
19 U.S.C. 1395ww(h)(5)(A))) in a shortage physician
20 specialty.

21 (5) HEALTH PROFESSIONS DATABASE.—The
22 term “Health Professions Database” means the
23 database established under section 303(a).

24 (6) MEDICARE PROGRAM.—The term “medicare
25 program” means the health benefits program under

1 title XVIII of the Social Security Act (42 U.S.C.
2 1395 et seq.).

3 (7) MEDPAC.—The term “MedPAC” means
4 the Medicare Payment Advisory Commission estab-
5 lished under section 1805 of the Social Security Act
6 (42 U.S.C. 1395b–6).

7 (8) SECRETARY.—The term “Secretary” means
8 the Secretary of Health and Human Services.

9 (9) SHORTAGE PHYSICIAN SPECIALTY.—The
10 term “shortage physician specialty” means a medical
11 or surgical specialty identified in a demonstration
12 State by the Secretary based on—

13 (A) an analysis and comparison of national
14 data and demonstration State data; and

15 (B) recommendations from appropriate
16 Federal, State, and private commissions, cen-
17 ters, councils, medical and surgical physician
18 specialty boards, and medical societies or asso-
19 ciations involved in physician workforce, edu-
20 cation and training, and payment issues.

21 **SEC. 302. RURAL STATES PHYSICIAN RECRUITMENT AND**
22 **RETENTION DEMONSTRATION PROGRAM.**

23 (a) ESTABLISHMENT.—

24 (1) IN GENERAL.—The Secretary shall establish
25 a Rural States Physician Recruitment and Retention

1 Demonstration Program for the purpose of amelio-
2 rating physician shortage, recruitment, and retention
3 problems in rural States in accordance with the re-
4 quirements of this section.

5 (2) CONSULTATION.—For purposes of estab-
6 lishing the demonstration program, the Secretary
7 shall consult with—

8 (A) COGME;

9 (B) MedPAC;

10 (C) a representative of each demonstration
11 State medical society or association;

12 (D) the health workforce planning and
13 physician training authority of each demonstra-
14 tion State; and

15 (E) any other entity described in section
16 301(9)(B).

17 (b) DURATION.—The Secretary shall conduct the
18 demonstration program for a period of 10 years.

19 (c) CONDUCT OF PROGRAM.—

20 (1) FUNDING OF ADDITIONAL RESIDENCY AND
21 FELLOWSHIP POSITIONS.—

22 (A) IN GENERAL.—As part of the dem-
23 onstration program, the Secretary (acting
24 through the Administrator of the Centers for
25 Medicare & Medicaid Services) shall—

1 (i) notwithstanding section
2 1886(h)(4)(F) of the Social Security Act
3 (42 U.S.C. 1395ww(h)(4)(F)) increase, by
4 up to 50 percent of the total number of
5 residency and fellowship positions approved
6 at each medical residency training program
7 in each demonstration State, the number
8 of residency and fellowship positions in
9 each shortage physician specialty; and

10 (ii) subject to subparagraph (C), pro-
11 vide funding under subsections (d)(5)(B)
12 and (h) of section 1886 of the Social Secu-
13 rity Act (42 U.S.C. 1395ww) for each posi-
14 tion added under clause (i).

15 (B) ESTABLISHMENT OF ADDITIONAL PO-
16 SITIONS.—

17 (i) IDENTIFICATION.—The Secretary
18 shall identify each additional residency and
19 fellowship position created as a result of
20 the application of subparagraph (A).

21 (ii) NEGOTIATION AND CONSULTA-
22 TION.—The Secretary shall negotiate and
23 consult with representatives of each ap-
24 proved medical residency training program
25 in a demonstration State at which a posi-

1 tion identified under clause (i) is created
2 for purposes of supporting such position.

3 (C) CONTRACTS WITH SPONSORING INSTI-
4 TUTIONS.—

5 (i) IN GENERAL.—The Secretary shall
6 condition the availability of funding for
7 each residency and fellowship position
8 identified under subparagraph (B)(i) on
9 the execution of a contract containing such
10 provisions as the Secretary determines are
11 appropriate, including the provision de-
12 scribed in clause (ii) by each sponsoring in-
13 stitution.

14 (ii) PROVISION DESCRIBED.—

15 (I) IN GENERAL.—Except as pro-
16 vided in subclause (II), the provision
17 described in this clause is a provision
18 that provides that, during the resi-
19 dency or fellowship, the resident or
20 fellow shall spend not less than 10
21 percent of the training time providing
22 specialty services to underserved and
23 rural community populations other
24 than an underserved population of the
25 sponsoring institution.

1 (II) EXCEPTIONS.—The Sec-
2 retary, in consultation with COGME,
3 shall identify shortage physician spe-
4 cialties and subspecialties for which
5 the application of the provision de-
6 scribed in subclause (I) would be in-
7 appropriate and the Secretary may
8 waive the requirement under clause (i)
9 that such provision be included in the
10 contract of a resident or fellow with
11 such a specialty or subspecialty.

12 (D) LIMITATIONS.—

13 (i) PERIOD OF PAYMENT.—The Sec-
14 retary may not fund any residency or fel-
15 lowship position identified under subpara-
16 graph (B)(i) for a period of more than 5
17 years.

18 (ii) REASSESSMENT OF NEED.—The
19 Secretary shall reassess the status of the
20 shortage physician specialty in the dem-
21 onstration State prior to entering into any
22 contract under subparagraph (C) after the
23 date that is 5 years after the date on
24 which the Secretary establishes the dem-
25 onstration program.

1 (2) LOAN REPAYMENT AND FORGIVENESS PRO-
2 GRAM.—

3 (A) IN GENERAL.—As part of the dem-
4 onstration program, the Secretary (acting
5 through the Administrator of the Health Re-
6 sources and Services Administration) shall es-
7 tablish a loan repayment and forgiveness pro-
8 gram, through the holder of the loan, under
9 which the Secretary assumes the obligation to
10 repay a qualified loan amount for an edu-
11 cational loan of an eligible residency or fellow-
12 ship graduate—

13 (i) for whom the Secretary has ap-
14 proved an application submitted under
15 subparagraph (D); and

16 (ii) with whom the Secretary has en-
17 tered into a contract under subparagraph
18 (C).

19 (B) QUALIFIED LOAN AMOUNT.—

20 (i) IN GENERAL.—Subject to clause
21 (ii), the Secretary shall repay the lesser
22 of—

23 (I) 25 percent of the loan obliga-
24 tion of a graduate on a loan that is
25 outstanding during the period that the

1 eligible residency or fellowship grad-
2 uate practices in the area designated
3 by the contract entered into under
4 subparagraph (C); or

5 (II) \$25,000 per graduate per
6 year of such obligation during such
7 period.

8 (ii) LIMITATION.—The aggregate
9 amount under this subparagraph may not
10 exceed \$125,000 for any graduate and the
11 Secretary may not repay or forgive more
12 than 30 loans per year in each demonstra-
13 tion State under this paragraph.

14 (C) CONTRACTS WITH RESIDENTS AND
15 FELLOWS.—

16 (i) IN GENERAL.—Each eligible resi-
17 dency or fellowship graduate desiring re-
18 payment of a loan under this paragraph
19 shall execute a contract containing the pro-
20 visions described in clause (ii).

21 (ii) PROVISIONS.—The provisions de-
22 scribed in this clause are provisions that
23 require the eligible residency or fellowship
24 graduate—

1 (I) to practice in a health profes-
2 sional shortage area of a demonstra-
3 tion State during the period in which
4 a loan is being repaid or forgiven
5 under this section; and

6 (II) to provide health services re-
7 lating to the shortage physician spe-
8 cialty of the graduate that was funded
9 with the loan being repaid or forgiven
10 under this section during such period.

11 (D) APPLICATION.—

12 (i) IN GENERAL.—Each eligible resi-
13 dency or fellowship graduate desiring re-
14 payment of a loan under this paragraph
15 shall submit an application to the Sec-
16 retary at such time, in such manner, and
17 accompanied by such information as the
18 Secretary may reasonably require.

19 (ii) REASSESSMENT OF NEED.—The
20 Secretary shall reassess the shortage physi-
21 cian specialty in the demonstration State
22 prior to accepting an application for repay-
23 ment of any loan under this paragraph
24 after the date that is 5 years after the date

1 on which the demonstration program is es-
2 tablished.

3 (E) CONSTRUCTION.—Nothing in the sec-
4 tion shall be construed to authorize any refund-
5 ing of any repayment of a loan.

6 (F) PREVENTION OF DOUBLE BENE-
7 FITS.—No borrower may, for the same service,
8 receive a benefit under both this paragraph and
9 any loan repayment or forgiveness program
10 under title VII of the Public Health Service Act
11 (42 U.S.C. 292 et seq.).

12 (d) WAIVER OF MEDICARE REQUIREMENTS.—The
13 Secretary is authorized to waive any requirement of the
14 medicare program, or approve equivalent or alternative
15 ways of meeting such a requirement, if such waiver is nec-
16 essary to carry out the demonstration program, including
17 the waiver of any limitation on the amount of payment
18 or number of residents under section 1886 of the Social
19 Security Act (42 U.S.C. 1395ww).

20 (e) APPROPRIATIONS.—

21 (1) FUNDING OF ADDITIONAL RESIDENCY AND
22 FELLOWSHIP POSITIONS.—Any expenditures result-
23 ing from the establishment of the funding of addi-
24 tional residency and fellowship positions under sub-
25 section (c)(1) shall be made from the Federal Hos-

1 pital Insurance Trust Fund under section 1817 of
2 the Social Security Act (42 U.S.C. 1395i).

3 (2) LOAN REPAYMENT AND FORGIVENESS PRO-
4 GRAM.—There are authorized to be appropriated
5 such sums as may be necessary to carry out the loan
6 repayment and forgiveness program established
7 under subsection (c)(2).

8 **SEC. 303. ESTABLISHMENT OF THE HEALTH PROFESSIONS**
9 **DATABASE.**

10 (a) ESTABLISHMENT OF THE HEALTH PROFESSIONS
11 DATABASE.—

12 (1) IN GENERAL.—Not later than 7 months
13 after the date of enactment of this Act, the Sec-
14 retary (acting through the Administrator of the
15 Health Resources and Services Administration) shall
16 establish a State-specific health professions database
17 to track health professionals in each demonstration
18 State with respect to specialty certifications, practice
19 characteristics, professional licensure, practice types,
20 locations, education, and training, as well as obliga-
21 tions under the demonstration program as a result
22 of the execution of a contract under paragraph
23 (1)(C) or (2)(C) of section 302(c).

24 (2) DATA SOURCES.—In establishing the
25 Health Professions Database, the Secretary shall use

1 the latest available data from existing health work-
2 force files, including the American Medical Associa-
3 tion Master File, State databases, specialty medical
4 society data sources and information, and such other
5 data points as may be recommended by COGME,
6 MedPAC, the National Center for Workforce Infor-
7 mation and Analysis, or the medical society of the
8 respective demonstration State.

9 (b) AVAILABILITY.—

10 (1) DURING THE PROGRAM.—During the dem-
11 onstration program, data from the Health Profes-
12 sions Database shall be made available to the Sec-
13 retary, each demonstration State, and the public for
14 the purposes of—

15 (A) developing a baseline with respect to a
16 State's health professions workforce and to
17 track changes in a demonstration State's health
18 professions workforce;

19 (B) tracking direct and indirect graduate
20 medical education payments to hospitals;

21 (C) tracking the forgiveness and repay-
22 ment of loans for educating physicians; and

23 (D) tracking commitments by physicians
24 under the demonstration program.

1 (2) FOLLOWING THE PROGRAM.—Following the
2 termination of the demonstration program, a dem-
3 onstration State may elect to maintain the Health
4 Professions Database for such State at its expense.

5 (c) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated such sums as may be
7 necessary for the purpose of carrying out this section.

8 **SEC. 304. EVALUATION AND REPORTS.**

9 (a) EVALUATION.—

10 (1) IN GENERAL.—COGME and MedPAC shall
11 jointly conduct a comprehensive evaluation of the
12 demonstration program.

13 (2) MATTERS EVALUATED.—The evaluation
14 conducted under paragraph (1) shall include an
15 analysis of the effectiveness of the funding of addi-
16 tional residency and fellowship positions and the
17 loan repayment and forgiveness program on physi-
18 cian recruitment, retention, and specialty mix in
19 each demonstration State.

20 (b) PROGRESS REPORTS.—

21 (1) COGME.—Not later than 1 year after the
22 date on which the Secretary establishes the dem-
23 onstration program, 5 years after such date, and 10
24 years after such date, COGME shall submit a report

1 on the progress of the demonstration program to the
2 Secretary and Congress.

3 (2) MEDPAC.—MedPAC shall submit biennial
4 reports on the progress of the demonstration pro-
5 gram to the Secretary and Congress.

6 (c) FINAL REPORT.—Not later than 1 year after the
7 date on which the demonstration program terminates,
8 COGME and MedPAC shall submit a final report to the
9 President, Congress, and the Secretary which shall contain
10 a detailed statement of the findings and conclusions of
11 COGME and MedPAC, together with such recommenda-
12 tions for legislation and administrative actions as COGME
13 and MedPAC consider appropriate.

14 (d) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to COGME such sums
16 as may be necessary for the purpose of carrying out this
17 section.

18 **SEC. 305. CONTRACTING FLEXIBILITY.**

19 For purposes of conducting the demonstration pro-
20 gram and establishing and administering the Health Pro-
21 fessions Database, the Secretary may procure temporary
22 and intermittent services under section 3109(b) of title 5,
23 United States Code.

1 **TITLE IV—HEALTH CAREERS**
 2 **OPPORTUNITY PROGRAM**

3 **SEC. 401. PURPOSE.**

4 It is the purpose of this title to diversify the
 5 healthcare workforce by increasing the number of individ-
 6 uals from disadvantaged backgrounds in the health and
 7 allied health professions by enhancing the academic skills
 8 of students from disadvantaged backgrounds and sup-
 9 porting them in successfully completing, entering, and
 10 graduating from health professions training programs.

11 **SEC. 402. AUTHORIZATION OF APPROPRIATIONS.**

12 Section 740(c) of the Public Health Service Act (42
 13 U.S.C. 293d(c)) is amended by striking “\$29,400,000”
 14 and all that follows through “2002” and inserting
 15 “\$50,000,000 for fiscal year 2005, and such sums as may
 16 be necessary for each of fiscal years 2006 through 2010”.

17 **TITLE V—PROGRAM OF EXCEL-**
 18 **LENCE IN HEALTH PROFES-**
 19 **SIONS EDUCATION FOR**
 20 **UNDERREPRESENTED MI-**
 21 **NORITIES**

22 **SEC. 501. PURPOSE.**

23 It is the purpose of this title to diversify the
 24 healthcare workforce by supporting programs of excellence
 25 in designated health professions schools that demonstrate

1 a commitment to underrepresented minority populations
 2 with a focus on minority health issues, cultural and lin-
 3 guistic competence, and eliminating health disparities.

4 **SEC. 502. AUTHORIZATION OF APPROPRIATION.**

5 Section 736(h)(1) of the Public Health Service Act
 6 (42 U.S.C. 293(h)(1)) is amended to read as follows:

7 “(1) AUTHORIZATION OF APPROPRIATIONS.—
 8 For the purpose of making grants under subsection
 9 (a), there are authorized to be appropriated
 10 \$50,000,000 for fiscal year 2005, and such sums as
 11 may be necessary for each of the fiscal years 2006
 12 through 2010.”.

13 **TITLE VI—HEALTH PROFES-**
 14 **SIONS STUDENT LOAN FUND;**
 15 **AUTHORIZATIONS OF APPRO-**
 16 **PRIATIONS REGARDING STU-**
 17 **DENTS FROM DISADVAN-**
 18 **TAGED BACKGROUNDS**

19 **SEC. 601. STUDENT LOANS.**

20 Section 724(f) of the Public Health Service Act (42
 21 U.S.C. 292t(f)) is amended by inserting before paragraph
 22 (2), the following:

23 “(1) IN GENERAL.—With respect to making
 24 Federal capital contributions to student loan funds
 25 for purposes of subsection (a), there are authorized

1 to be appropriated \$35,000,000 for fiscal year 2005,
2 and such sums as may be necessary for each of the
3 fiscal years 2006 through 2010.”.

4 **SEC. 602. NATIONAL HEALTH SERVICE CORPS; RECRUIT-**
5 **MENT AND FELLOWSHIPS FOR INDIVIDUALS**
6 **FROM DISADVANTAGED BACKGROUNDS.**

7 (a) IN GENERAL.—Section 331(b) of the Public
8 Health Service Act (42 U.S.C. 254d(b)) is amended by
9 adding at the end the following:

10 “(3) The Secretary shall ensure that the individuals
11 with respect to whom activities under paragraphs (1) and
12 (2) are carried out include individuals from disadvantaged
13 backgrounds, including activities carried out to provide
14 health professions students with information on the Schol-
15 arship and Repayment Programs.”.

16 (b) ASSIGNMENT OF CORPS PERSONNEL.—Section
17 333(a) of the Public Health Service Act (42 U.S.C.
18 254f(a)) is amended by adding at the end the following:

19 “(4) In assigning Corps personnel under this section,
20 the Secretary shall give preference to applicants who re-
21 quest assignment to a federally qualified health center (as
22 defined in section 1905(1)(2)(B) of the Social Security
23 Act) or to a provider organization that has a majority of
24 patients who are minorities or individuals from low-income

1 families (families with a family income that is less than
2 200 percent of the Official Poverty Line).”.

3 **TITLE VII—MISCELLANEOUS**
4 **PROVISIONS**

5 **SEC. 703. STUDY BY THE INSTITUTE OF MEDICINE.**

6 (a) CONTRACT.—Not later than 90 days after the
7 date of enactment of this Act, the Secretary of Health and
8 Human Services shall enter into a contract with the Insti-
9 tute of Medicine for the conduct of a study and the prepa-
10 ration of a report on the role of United States medical
11 schools in meeting the physician needs of the United
12 States.

13 (b) REQUIREMENTS.—In conducting the study under
14 the contract under subsection (a), the Institute of Medi-
15 cine shall—

16 (1) examine the supply structure of United
17 States undergraduate medical education and make
18 recommendations concerning the advisability of ex-
19 panding, enhancing, or modifying such structure to
20 achieve a higher degree of self-sufficiency and equity
21 in such medical education and to position medical
22 schools for the future demands generated by the
23 growing population of the United States; and

24 (2) examine the role of United States medical
25 schools in reducing racial and ethnic disparities in

1 medical education opportunities and in population
2 health outcomes as well as in reducing the drain on
3 the medical education systems of other countries.

4 (c) REPORT.—The contract under subsection (a)
5 shall require the Institute of Medicine to submit a report
6 to the Secretary of Health and Human Services on the
7 results of the study not later than 12 months after the
8 date on which the contract is entered into. The Secretary
9 shall submit such report to the Committee on Health,
10 Education, Labor, and Pensions of the Senate and the
11 Committee on Commerce of the House of Representatives.

○