

111TH CONGRESS
1ST SESSION

H. R. 2930

To enhance the primary care workforce through modifications to the medical residency training programs and use of qualified teaching health centers and through State primary care scholarship and loan repayment programs.

IN THE HOUSE OF REPRESENTATIVES

JUNE 17, 2009

Mr. SARBANES (for himself and Mr. BRALEY of Iowa) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To enhance the primary care workforce through modifications to the medical residency training programs and use of qualified teaching health centers and through State primary care scholarship and loan repayment programs.

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 “Primary Care Training
5 Enhancement Act”.

1 **TITLE I—MEDICAL RESIDENCY**
2 **TRAINING PROGRAMS IN**
3 **QUALIFIED TEACHING**
4 **HEALTH CENTERS**

5 **SEC. 101. AUTHORIZING PAYMENTS FOR GRADUATE MED-**
6 **ICAL EDUCATION COSTS TO QUALIFIED**
7 **TEACHING HEALTH CENTERS.**

8 (a) PAYMENTS FOR DIRECT GRADUATE MEDICAL
9 EDUCATION COSTS.—Section 1886(h) of the Social Secu-
10 rity Act (42 U.S.C. 1395ww(h)) is amended by adding at
11 the end the following new paragraphs:

12 “(8) QUALIFIED TEACHING HEALTH CEN-
13 TERS.—

14 “(A) IN GENERAL.—The Secretary may
15 approve qualified teaching health centers to re-
16 ceive payments as determined under subpara-
17 graph (C).

18 “(B) REDISTRIBUTION OF UNUSED RESI-
19 DENCY POSITIONS.—

20 “(i) REDUCTION IN LIMIT BASED ON
21 UNUSED POSITIONS.—

22 “(I) IN GENERAL.—Except as
23 provided in subclause (II), the Sec-
24 retary shall reduce the otherwise ap-
25 plicable resident limit (as defined in

1 paragraph (7)(C)(ii)) for a hospital
2 that the Secretary determines had
3 residency positions that were unused
4 for all 3 of the most recent cost re-
5 porting periods of such hospital end-
6 ing prior to the date of enactment of
7 this paragraph by an amount that is
8 equal to the number of such unused
9 residency positions.

10 “(II) EXCEPTION FOR RURAL
11 HOSPITALS AND CERTAIN OTHER HOS-
12 PITALS.—Subclause (I) shall not
13 apply to a hospital—

14 “(aa) located in a rural area
15 (as defined in subsection
16 (d)(2)(D) in the matter following
17 clause (ii));

18 “(bb) that has participated
19 in a voluntary reduction plan
20 under paragraph (6); or

21 “(cc) that has participated
22 in a demonstration project ap-
23 proved as of October 31, 2003,
24 under the authority of section
25 402 of Public Law 90–248.

1 “(ii) REDISTRIBUTION.—The Sec-
2 retary shall redistribute the unused resi-
3 dency positions as determined under clause
4 (i) to qualified teaching health centers.

5 “(C) DETERMINING RESIDENT PAYMENT
6 AMOUNT.—The resident payment amount for
7 each teaching health center shall be determined
8 according to paragraph (3) except that—

9 “(i) the resident payment amount
10 shall not be set lower than the national av-
11 erage per resident amount adjusting for lo-
12 cality as determined in paragraph (2)(E);
13 and

14 “(ii) the resident payment amount
15 shall be determined using the medicare pa-
16 tient load (as defined in paragraph (3)(C))
17 of the hospital with which the teaching
18 health center has contracted, and the resi-
19 dent payment amount of a teaching health
20 center that has contracted with more than
21 one hospital shall be determined based on
22 the medicare patient load of the hospital in
23 which residents spend the greatest propor-
24 tion of their training.

1 “(D) QUALIFIED TEACHING HEALTH CEN-
2 TER DEFINED.—In this paragraph, the term
3 ‘qualified teaching health center’ means a com-
4 munity-based, ambulatory care patient care cen-
5 ter that—

6 “(i) operates an approved medical
7 residency training program; and

8 “(ii) contracts with at least one hos-
9 pital for residency training purposes with
10 the following conditions:

11 “(I) The teaching health center
12 shall incur the cost of the resident’s
13 salary and fringe benefits while the
14 resident is training at the hospital
15 site.

16 “(II) The teaching health center
17 shall compensate the hospital for su-
18 pervisory teaching activities and indi-
19 rect costs as determined appropriate
20 by the two contracting bodies.

21 “(III) The FTE resident amount
22 of the teaching health center shall not
23 affect the FTE resident amount or
24 resident limit of the contracting hos-
25 pital.

1 “(9) PRIMARY CARE MAINTENANCE LEVEL.—

2 “(A) IN GENERAL.—A hospital receiving
3 payments for graduate medical education under
4 this subsection must maintain the number of
5 primary care residents that is equal to the aver-
6 age number of primary care residents for the 3
7 most recent 12-month cost reporting periods of
8 such hospital ending prior to the date of enact-
9 ment of this paragraph, except that—

10 “(i) in the case of a hospital unable to
11 fill its primary care resident positions,
12 such positions shall not be converted to
13 non-primary care positions; and

14 “(ii) in the case of a hospital awarded
15 additional primary care resident positions,
16 such hospital must maintain the number of
17 primary care residents that is equal to the
18 average number of primary care residents
19 for the 3 most recent 12-month cost re-
20 porting periods of such hospital plus the
21 number of newly awarded positions.

22 “(B) PRIMARY CARE RESIDENT DE-
23 FINED.—In this paragraph, the term ‘primary
24 care resident’ has the meaning given the term
25 in paragraph (5)(H).”.

1 (b) PAYMENTS FOR INDIRECT GRADUATE MEDICAL
2 EDUCATION COSTS.—Section 1886(d)(5)(B) of the Social
3 Security Act (42 U.S.C. 1395ww(d)(5)(B)) is amended by
4 adding at the end the following new clauses:

5 “(x) PAYMENTS TO QUALIFIED
6 TEACHING HEALTH CENTERS.—For quali-
7 fied teaching health centers (as defined in
8 subsection (h)(8)(D)), indirect costs of
9 medical education shall be determined ac-
10 cording to clause (i), except that—

11 “(I) payments shall be distrib-
12 uted directly to teaching health cen-
13 ters on a quarterly basis; and

14 “(II) payments shall be deter-
15 mined based on the average ratio in
16 the contracting hospital (as described
17 in subsection (h)(8)(D)(ii)) of full-
18 time equivalent interns and residents
19 to beds in the 3-month cost reporting
20 period immediately preceding the
21 payment date.

22 “(xi) PRIMARY CARE MAINTENANCE
23 LEVEL.—

24 “(I) IN GENERAL.—A hospital
25 receiving additional payments under

1 this subparagraph shall maintain the
2 number of primary care residents that
3 is equal to the average number of pri-
4 mary care residents for the 3 most re-
5 cent 12-month cost reporting periods
6 of such hospital ending prior to the
7 date of enactment of this paragraph,
8 except that—

9 “(aa) in the case of a hos-
10 pital unable to fill its primary
11 care resident positions, those po-
12 sitions shall not be converted to
13 non-primary care positions; and

14 “(bb) in the case of a hos-
15 pital awarded additional primary
16 care resident positions, that hos-
17 pital shall maintain the number
18 of primary care residents that is
19 equal to the average number of
20 primary care residents for the 3
21 most recent 12-month cost re-
22 porting periods of such hospital
23 plus the number of newly award-
24 ed positions.

1 “(II) PRIMARY CARE RESIDENT
2 DEFINED.—In this clause, the term
3 ‘primary care resident’ has the mean-
4 ing given the term in subsection
5 (h)(5)(H).”.

6 **SEC. 102. GRANT PROGRAM FOR MEDICAL RESIDENCY**
7 **TRAINING PROGRAMS IN QUALIFIED TEACH-**
8 **ING HEALTH CENTERS.**

9 Part C of title VII of the Public Health Service Act
10 (42 U.S.C. 293k et seq.) is amended by adding after sec-
11 tion 748 the following:

12 **“SEC. 749. GRANT PROGRAM FOR MEDICAL RESIDENCY**
13 **TRAINING PROGRAMS IN QUALIFIED TEACH-**
14 **ING HEALTH CENTERS.**

15 “(a) ESTABLISHMENT.—The Secretary shall make
16 grants—

17 “(1) to qualified teaching health centers to es-
18 tablish new accredited medical residency training
19 programs or to expand existing medical residency
20 training programs; and

21 “(2) to public or private nonprofit organizations
22 to provide technical support to qualified teaching
23 health centers to establish medical residency training
24 programs.

25 “(b) USE OF FUNDS.—

1 “(1) A grant received under subsection (a)(1)
2 shall be used for the following:

3 “(A) Curriculum development.

4 “(B) Facilities expansion.

5 “(C) Equipment acquisition.

6 “(D) Recruitment, training, and retention
7 of residents and faculty.

8 “(E) Accreditation by the Accreditation
9 Council for Graduate Medical Education
10 (ACGME) or the American Osteopathic Asso-
11 ciation (AOA).

12 “(F) Faculty and resident salaries.

13 “(2) A grant received under subsection (a)(2)
14 shall be used for the following:

15 “(A) Materials development.

16 “(B) Staff salaries.

17 “(C) Travel expenses.

18 “(D) Administrative costs.

19 “(c) LIMITATION.—Not more than 25 percent of
20 funds made available to carry out this section shall be used
21 for technical support grants under subsection (a)(2).

22 “(d) QUALIFIED TEACHING HEALTH CENTER DE-
23 FINED.—In this section, the term ‘qualified teaching
24 health center’ has the meaning given the term in section

1 1886(h)(8)(D) of the Social Security Act (42 U.S.C.
2 1395ww(h)(8)(D)).

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 such sums as may be necessary.”.

6 **SEC. 103. EXPANDING THE NATIONAL HEALTH SERVICE**
7 **CORPS TO ALLOW SERVICE IN A TEACHING**
8 **CAPACITY.**

9 Section 338C(a) of the Public Health Service Act (42
10 U.S.C. 254m(a)) is amended to read as follows:

11 “(a) SERVICE IN FULL-TIME CLINICAL PRACTICE.—
12 Except as provided in section 338D (42 U.S.C. 254n),
13 each individual who has entered into a written contract
14 with the Secretary under section 338A or 338B (42
15 U.S.C. 254l or 254l–1) shall provide service in the full-
16 time clinical practice of such individual’s profession as a
17 member of the Corps for the period of obligated service
18 provided in such contract. For the purpose of calculating
19 time spent in full-time clinical practice under this subpara-
20 graph, up to 30 percent of time spent teaching by a mem-
21 ber of the Corps may be counted toward his or her service
22 obligation.”.

1 **TITLE II—STATE PRIMARY CARE**
2 **SCHOLARSHIP AND LOAN RE-**
3 **PAYMENT PROGRAMS**

4 **SEC. 201. ESTABLISHMENT.**

5 (a) ESTABLISHMENT.—State Primary Care Scholar-
6 ship and Loan Repayment Program; Part C of title VII
7 (42 U.S.C. 293k et seq.) should be amended to do the
8 following:

9 (1) SUPPORT AND DEVELOPMENT OF STATE
10 PRIMARY CARE SCHOLARSHIP AND REPAYMENT PRO-
11 GRAMS.—

12 (A) GENERAL.—Secretary to make grants
13 to states for the purpose of—

14 (i) entering into contracts with ac-
15 credited public or nonprofit private hos-
16 pitals, schools of medicine or osteopathic
17 medicine, academically affiliated physician
18 assistant training program, academically
19 affiliate nursing program, or a public or
20 private nonprofit entity which the States
21 have determined are capable of carrying
22 out such grants or contracts;

23 (ii) planning, developing, operating, or
24 participating in an accredited professional
25 training program, including an accredited

1 residency or internship program in the
2 field of family medicine, general internal
3 medicine, general pediatrics, or geriatrics
4 for medical students, interns, residents, or
5 practicing physicians as defined by the
6 Secretary;

7 (iii) creating scholarship programs for
8 Matching Federal funds to states to estab-
9 lish or expand current Primary Care
10 Scholarship and Loan Repayment Pro-
11 grams, allowing states to target scholar-
12 ships to medical schools and loan repay-
13 ments to training institutions which adopt
14 pro-primary care policies (admission poli-
15 cies or curriculums) and require subse-
16 quent service within the State; and

17 (iv) to empower states with the ability
18 to provide need-based financial assistance
19 in the form of scholarships, traineeships
20 and fellowships to medical students, in-
21 terns, residents, practicing physicians, or
22 other medical personnel, who are partici-
23 pants in any such program, and who plan
24 to specialize or work in the practice of

1 family medicine, general internal medicine,
2 general pediatrics, or geriatrics.

3 **SEC. 202. INNOVATIVE PRIMARY CARE TRAINING MODELS/
4 INSTITUTES.**

5 (a) PRIMARY CARE TRAINING INSTITUTES.—

6 (1) PURPOSE.—The purpose of the Primary
7 Care Training Institute program is to—

8 (A) prepare and train primary care pro-
9 viders by enhancing and coordinating multiple
10 aims within academic health centers in order to
11 lead to improving patient care delivered to
12 health disparity populations and reduce health
13 disparities;

14 (B) enhance the status of primary care
15 within undergraduate and graduate medical
16 education through influencing priorities in prac-
17 tice, education, and research;

18 (C) develop innovative approaches to pri-
19 mary care education and scholarship by trans-
20 forming and integrating health care systems
21 through interdisciplinary, team-based, and col-
22 laborative models, such as teaching health cen-
23 ters, that may demonstrate improved quality or
24 lower costs;

1 (D) create economies of scale through aca-
2 demic and community collaborations by ena-
3 bling academic infrastructure support for mul-
4 tiple community programs; and

5 (E) support innovative quality primary
6 care workforce development models including
7 those geared towards removing barriers to mili-
8 tary health personnel entry into the healthcare
9 workforce, particularly for service in identifiable
10 health shortage areas.

11 (2) ESTABLISHMENT.—Grants or contracts
12 awarded under this subsection shall establish new
13 centers for primary care education and research
14 within academic units of family medicine, general in-
15 ternal medicine, general pediatrics, or geriatrics
16 within academic health centers. Such new centers
17 shall be known as Primary Care Training Institutes
18 (referred to in this section as “PCTIs”).

19 (3) AUTHORITY TO AWARD GRANTS.—The Sec-
20 retary may make grants to or enter into contracts
21 with eligible entities to develop and implement
22 PCTIs in accordance with this subsection.

23 (A) In all cases, priority will be given to
24 grant applicants within high-need geographic
25 areas, as determined by State Workforce Coun-

1 cils and the National Workforce Advisory
2 Board, and to applications demonstrating
3 multi-disciplinary partnerships.

4 (B) Priority will be given to grant appli-
5 cants within high-need geographic areas, as de-
6 termined by the relevant Federal agency or pro-
7 gram.

8 (b) SISTER SCHOOL PROGRAM.—Grants to promote
9 pairing health professions schools with undergraduate or
10 primary/secondary schools to establish pipeline health pro-
11 fessions programs. Part C of title VII (42 U.S.C. 293k
12 et seq.) should be amended to do the following:

13 (1) Direct the Secretary to provide grants to
14 promote the pairing of accredited health professions
15 schools with undergraduate or secondary schools to
16 establish a pipeline to health professions program.
17 (Area to address minority health workforce edu-
18 cation; health disparities; research shows that where
19 partnerships developed—with local high schools,
20 etc.)

○