

115TH CONGRESS  
1ST SESSION

# S. 1351

To amend the Public Health Service Act with respect to the designation of general surgery shortage areas, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JUNE 14, 2017

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

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## A BILL

To amend the Public Health Service Act with respect to the designation of general surgery shortage areas, 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 “Ensuring Access to  
5 General Surgery Act of 2017”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

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

4           (2) A 2016 study entitled “Supply and Demand  
5           of General Surgeons: Projections From 2014–2030”,  
6           prepared by the University of North Carolina at  
7           Chapel Hill for the American College of Surgeons,  
8           found that the supply of general surgeons will grow  
9           slightly by 2030 but will not keep up with overall  
10          growth in the United States population or demand  
11          for surgical services.

12          (3) A 2017 report released by the Association  
13          of American Medical Colleges projects shortages of  
14          between 19,800 and 29,000 surgeons by 2030.

15          (4) In order to accurately prepare for future  
16          physician workforce demands, comprehensive, impar-  
17          tial research and high-quality data are needed to in-  
18          form dynamic projections of physician workforce  
19          needs.

20          (5) A variety of factors, including health out-  
21          comes, utilization trends, growing and aging popu-  
22          lations, and delivery system changes, influence work-  
23          force needs and should be considered as part of  
24          flexible projections of workforce needs.

1           (6) Given the particularly acute needs in many  
 2           rural and other surgical workforce shortage areas,  
 3           additional efforts to assess the adequacy of the cur-  
 4           rent general surgeon workforce are necessary.

5 **SEC. 3. STUDY ON DESIGNATION OF GENERAL SURGICAL**  
 6 **HEALTH PROFESSIONAL SHORTAGE AREAS.**

7           Part D of title III of the Public Health Service Act  
 8 (42 U.S.C. 254b et seq.) is amended by adding at the end  
 9 the following:

10           **“Subpart XIII—General Surgery Shortage Areas**

11 **“SEC. 340J. DESIGNATION OF GENERAL SURGERY SHORT-**  
 12 **AGE AREAS.**

13           “(a) GENERAL SURGERY SHORTAGE AREA DE-  
 14 FINED.—For purposes of this section, the term ‘general  
 15 surgery shortage area’ means, with respect to an urban,  
 16 suburban or rural area in the United States, an area that  
 17 has a population that is underserved by general surgeons.

18           “(b) STUDY AND REPORT.—

19           “(1) STUDY.—The Secretary, acting through  
 20 the Administrator of the Health Resources and Serv-  
 21 ices Administration, shall conduct a study on the fol-  
 22 lowing matters relating to access by underserved  
 23 populations to general surgeons:

24           “(A) Whether current shortage designa-  
 25 tions, such as the designation of health profes-

1           sional shortage areas under section 332, results  
2           in accurate assessments of the adequacy of local  
3           general surgeons to address the needs of under-  
4           served populations in urban, suburban, or rural  
5           areas.

6           “(B) Whether another measure of access  
7           to general surgeons by underserved populations,  
8           such as one based on general surgeons prac-  
9           ticing within hospital service areas, would pro-  
10          vide more accurate assessments of shortages in  
11          the availability of local general surgeons to  
12          meets the needs of those populations.

13          “(C) Potential methodologies for the des-  
14          ignation of general surgery shortage areas, in-  
15          cluding the methodology described in paragraph  
16          (2).

17          “(2) METHODOLOGY FOR THE DESIGNATION OF  
18          AREAS.—Among the methodologies considered under  
19          paragraph (1)(C) for the designation of general sur-  
20          gery shortage areas, the Secretary shall analyze the  
21          effectiveness and accuracy of the following method-  
22          ology:

23                 “(A) DEVELOPMENT OF SURGERY SERVICE  
24                 AREAS.—Development of surgery service areas  
25                 through the identification of hospitals with sur-

1 gery services and the identification of popu-  
2 lations by zip code areas using Medicare patient  
3 origin data.

4 “(B) IDENTIFICATION OF SURGEONS.—  
5 Identification of all actively practicing general  
6 surgeons.

7 “(C) SURGEON TO POPULATION RATIOS.—  
8 Development of general surgeon-to-population  
9 ratios for each surgery service area.

10 “(D) THRESHOLDS.—Determination of  
11 threshold general surgeon-to-population ratios  
12 for the number of general surgeons necessary to  
13 treat a population for each of the following lev-  
14 els:

15 “(i) Optimal supply of general sur-  
16 geons.

17 “(ii) Adequate supply of general sur-  
18 geons.

19 “(iii) Shortage of general surgeons.

20 “(iv) Critical shortage of general sur-  
21 geons.

22 “(3) REPORT.—Not later than one year after  
23 the date of the enactment of this subpart, the Sec-  
24 retary shall submit to Congress a report on the  
25 study conducted under this subsection.

1           “(4) CONSULTATION.—In conducting the study  
2 under paragraph (1), the Secretary shall consult  
3 with relevant stakeholders, including medical soci-  
4 eties, organizations representing surgical facilities,  
5 organizations with expertise in general surgery, and  
6 organizations representing patients.

7           “(5) PUBLICATION OF DATA.—The Secretary  
8 shall periodically collect and publish in the Federal  
9 Register—

10                   “(A) data comparing the availability and  
11 need of general surgery services in urban, sub-  
12 urban or rural areas in the United States; and

13                   “(B) if the Secretary designates one or  
14 more general surgery shortage areas under sub-  
15 section (c), a list of the areas so designated.

16           “(c) DESIGNATION OF GENERAL SURGERY SHORT-  
17 AGE AREAS.—

18                   “(1) METHODOLOGY DEVELOPED THROUGH  
19 REGULATION.—Not later than 12 months after the  
20 date of the submission of the report under sub-  
21 section (b)(3), the Secretary may establish, through  
22 notice and comment rulemaking, a methodology for  
23 the designation of general surgery shortage areas  
24 under this section.

1           “(2) REQUIREMENTS.—If the Secretary elects  
2           to develop methodology under paragraph (1), the fol-  
3           lowing shall apply:

4                   “(A) Using the methodology established  
5                   under paragraph (1) and taking into consider-  
6                   ation the data referred to in subsection (b)(5),  
7                   the Secretary shall—

8                           “(i) designate general surgery short-  
9                           age areas in the United States;

10                           “(ii) publish a descriptive list of the  
11                           areas; and

12                           “(iii) review annually, and, as nec-  
13                           essary, revise such designations.

14                   “(B) The Secretary shall follow similar  
15                   procedures with respect to notice to appropriate  
16                   parties, opportunities for comment, dissemina-  
17                   tion of information, and reports to Congress in  
18                   designating general surgery shortage areas  
19                   under this section as those that apply to the  
20                   designation of health professional shortage  
21                   areas under section 332.

22                   “(C) In designating general surgery short-  
23                   age areas under this subsection, the Secretary  
24                   shall consult with relevant stakeholders, includ-  
25                   ing medical societies, organizations representing

1 surgical facilities, organizations with expertise  
2 in general surgery, and organizations rep-  
3 resenting patients.”.

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