

116TH CONGRESS
1ST SESSION

S. 2443

To amend the Public Health Service Act to provide for investment in tomorrow's pediatric health care workforce.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 9, 2019

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

A BILL

To amend the Public Health Service Act to provide for investment in tomorrow's pediatric health care workforce.

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 "Investment in Tomor-
5 row's Pediatric Health Care Workforce Act".

6 **SEC. 2. INVESTMENT IN TOMORROW'S PEDIATRIC HEALTH**
7 **CARE WORKFORCE.**

8 Section 775 of the Public Health Service Act (42
9 U.S.C. 295f) is amended to read as follows:

1 **“SEC. 775. INVESTMENT IN TOMORROW’S PEDIATRIC**
2 **HEALTH CARE WORKFORCE.**

3 “(a) IN GENERAL.—The Secretary shall establish
4 and carry out a program of entering into pediatric spe-
5 cialty loan repayment agreements with qualified health
6 professionals under which—

7 “(1) the qualified health professional agrees to
8 a period of not less than 2 years of obligated service
9 during which the professional will—

10 “(A) participate in an accredited pediatric
11 medical subspecialty, pediatric surgical spe-
12 cialty, child and adolescent psychiatry sub-
13 specialty, or child and adolescent mental and
14 behavioral health residency or fellowship; or

15 “(B) be employed full-time in providing pe-
16 diatric medical subspecialty care, pediatric sur-
17 gical specialty care, child and adolescent psychi-
18 atry subspecialty care, or child and adolescent
19 mental and behavioral health care, including
20 substance use disorder prevention and treat-
21 ment services, in an area with—

22 “(i) a shortage of health care profes-
23 sionals practicing in the pediatric medical
24 subspecialty, the pediatric surgical spe-
25 cialty, the child and adolescent psychiatry
26 subspecialty, or child and adolescent men-

1 tal and behavioral health, as applicable;
2 and

3 “(ii) a sufficient pediatric population,
4 as determined by the Secretary, to support
5 the addition of a practitioner in the pedi-
6 atric medical subspecialty, the pediatric
7 surgical specialty, the child and adolescent
8 psychiatry subspecialty, or child and ado-
9 lescent mental and behavioral health, as
10 applicable; and

11 “(2) the Secretary agrees to make payments on
12 the principal and interest of undergraduate, grad-
13 uate, or graduate medical education loans of the
14 qualified health professional of not more than
15 \$35,000 a year for each year of agreed upon service
16 under paragraph (1) for a period of not more than
17 3 years.

18 “(b) ELIGIBILITY REQUIREMENTS.—

19 “(1) PEDIATRIC MEDICAL SPECIALISTS AND PE-
20 DIATRIC SURGICAL SPECIALISTS.—For purposes of
21 loan repayment agreements under this section with
22 respect to pediatric medical subspecialty and pedi-
23 atric surgical specialty practitioners, the term ‘quali-
24 fied health professional’ means a licensed physician
25 who—

1 “(A) is entering or receiving training in an
2 accredited pediatric medical subspecialty or pe-
3 diatric surgical subspecialty residency or fellow-
4 ship; or

5 “(B) has completed (but not prior to the
6 end of the calendar year in which the Invest-
7 ment in Tomorrow’s Pediatric Health Care
8 Workforce Act is enacted) the training de-
9 scribed in subparagraph (A).

10 “(2) CHILD AND ADOLESCENT PSYCHIATRY
11 AND MENTAL AND BEHAVIORAL HEALTH.—For pur-
12 poses of loan repayment agreements under this sec-
13 tion with respect to child and adolescent mental and
14 behavioral health care, the term ‘qualified health
15 professional’ means a health care professional who—

16 “(A) has received specialized training or
17 clinical experience in child and adolescent men-
18 tal health in psychiatry, psychology, school psy-
19 chology, or psychiatric nursing;

20 “(B) has a license or certification in a
21 State to practice allopathic medicine, osteo-
22 pathic medicine, psychology, school psychology,
23 or psychiatric nursing; or

24 “(C) is a mental health service professional
25 who has completed (but not before the end of

1 the calendar year in which the Investment in
2 Tomorrow's Pediatric Health Care Workforce
3 Act is enacted) specialized training or clinical
4 experience in child and adolescent mental health
5 described in subparagraph (A).

6 “(3) ADDITIONAL ELIGIBILITY REQUIRE-
7 MENTS.—The Secretary may not enter into a loan
8 repayment agreement under this section with a
9 qualified health professional unless—

10 “(A) the professional agrees to work in, or
11 for a provider serving, an area or community
12 with a shortage of eligible qualified health pro-
13 fessionals (as defined in paragraphs (1) and
14 (2));

15 “(B) the professional is a United States
16 citizen, a permanent legal United States resi-
17 dent, or lawfully present in the United States;
18 and

19 “(C) if the professional is enrolled in a
20 graduate program, the program is accredited,
21 and the professional has an acceptable level of
22 academic standing (as determined by the Sec-
23 retary).

1 “(c) PRIORITY.—In entering into loan repayment
2 agreements under this section, the Secretary shall give pri-
3 ority to applicants who—

4 “(1) have familiarity with evidence-based meth-
5 ods and cultural and linguistic competence in health
6 care services; and

7 “(2) demonstrate financial need.

8 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated for each of fiscal years
10 2020 through 2024—

11 “(1) \$30,000,000 to carry out this section with
12 respect to loan repayment agreements with qualified
13 health professionals described in subsection (b)(1);
14 and

15 “(2) \$20,000,000 to carry out this section with
16 respect to loan repayment agreements with respect
17 to qualified health professionals described in sub-
18 section (b)(2).”.

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