

117TH CONGRESS  
2D SESSION

# S. 3497

To amend the Public Health Service Act to establish a grant program to award grants to public institutions of higher education located in a covered State, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JANUARY 13 (legislative day, JANUARY 10), 2022

Mr. INHOFE (for himself and Ms. ROSEN) 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 to establish a grant program to award grants to public institutions of higher education located in a covered State, 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 “Medical Student Edu-  
5 cation Authorization Act of 2022”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1           (1) Access to high quality primary care is asso-  
2           ciated with improved health outcomes and lower  
3           health care costs.

4           (2) Substantial disparities exist in the distribu-  
5           tion of primary care providers.

6           (3) Shortages of health care providers affect  
7           Tribal, rural, and medically underserved commu-  
8           nities more than the populations of more densely  
9           populated areas, resulting in such communities expe-  
10          riencing significant health challenges and disparities.

11          (4) American Indian, Alaskan Natives, and Na-  
12          tive Hawaiians tend to have lower health status,  
13          lower life expectancy, and disproportionate disease  
14          burden when compared to other Americans.

15          (5) Having training experiences in, living  
16          among, and being a member of Tribal, rural, and  
17          medically underserved communities increases cul-  
18          tural awareness and can influence career choice for  
19          physicians to better serve such populations.

20          (6) Research shows there is a relationship be-  
21          tween the characteristics of a physician and the  
22          eventual practice location, including being part of an  
23          underrepresented minority or growing up in a rural  
24          area.

1 **SEC. 3. EDUCATION PROGRAM TO SUPPORT PRIMARY**  
2 **HEALTH SERVICE FOR UNDERSERVED POPU-**  
3 **LATIONS.**

4 Part B of title VII of the Public Health Service Act  
5 (42 U.S.C. 293 et seq.) is amended by adding at the end  
6 the following:

7 **“SEC. 742. EDUCATION PROGRAM TO SUPPORT PRIMARY**  
8 **HEALTH SERVICE FOR UNDERSERVED POPU-**  
9 **LATIONS.**

10 “(a) **ESTABLISHMENT.**—The Secretary, acting  
11 through the Administrator of the Health Resources and  
12 Services Administration, shall establish a grant program  
13 to award grants to public institutions of higher education  
14 located in a covered State to carry out the activities de-  
15 scribed in subsection (d) for the purposes of—

16 “(1) expanding and supporting education for  
17 medical students who are preparing to become physi-  
18 cians in a covered State; and

19 “(2) preparing and encouraging each such stu-  
20 dent training in a covered State to serve Tribal,  
21 rural, or medically underserved communities as a  
22 primary care physician after completing such train-  
23 ing.

24 “(b) **ELIGIBILITY.**—In order to be eligible to receive  
25 a grant under this section, a public institution of higher

1 education shall submit an application to the Secretary that  
2 includes—

3 “(1) a certification that such institution will use  
4 amounts provided to the institution to carry out the  
5 activities described in subsection (d); and

6 “(2) a description of how such institution will  
7 carry out such activities.

8 “(c) PRIORITY.—In awarding grants under this sec-  
9 tion, the Secretary shall give priority to public institutions  
10 of higher education that—

11 “(1) are located in a State with not fewer than  
12 2 federally recognized Tribes; and

13 “(2) demonstrate a public-private partnership.

14 “(d) AUTHORIZED ACTIVITIES.—An eligible entity  
15 that receives a grant under this section shall use the funds  
16 made available under such grant to carry out the following  
17 activities:

18 “(1) Support or expand community-based expe-  
19 riential training for medical students who will prac-  
20 tice in or serve Tribal, rural, and medically under-  
21 served communities.

22 “(2) Develop and operate programs to train  
23 medical students in primary care services.

24 “(3) Develop and implement curricula that—

1           “(A) includes a defined set of clinical and  
2           community-based training activities that em-  
3           phasize care for Tribal, rural, or medically un-  
4           derserved communities;

5           “(B) is applicable to primary care practice  
6           with respect to individuals from Tribal, rural,  
7           or medically underserved communities;

8           “(C) identifies and addresses challenges to  
9           health equity, including the needs of Tribal,  
10          rural, and medically underserved communities;

11          “(D) supports the use of telehealth tech-  
12          nologies and practices;

13          “(E) considers social determinants of  
14          health in care plan development;

15          “(F) integrates behavioral health care into  
16          primary care practice, including prevention and  
17          treatment of opioid disorders and other sub-  
18          stance use disorders;

19          “(G) promotes interprofessional training  
20          that supports a patient-centered model of care;  
21          and

22          “(H) builds cultural and linguistic com-  
23          petency.

24          “(4) Increase the capacity of faculty to imple-  
25          ment the curricula described in paragraph (3).

1           “(5) Develop or expand strategic partnerships  
2 to improve health outcomes for individuals from  
3 Tribal, rural, and medically underserved commu-  
4 nities, including with—

5                   “(A) federally recognized Tribes, Tribal  
6 colleges, and Tribal organizations;

7                   “(B) Federally-qualified health centers;

8                   “(C) rural health clinics;

9                   “(D) Indian health programs;

10                   “(E) primary care delivery sites and sys-  
11 tems; and

12                   “(F) other community-based organizations.

13           “(6) Develop a plan to track graduates’ chosen  
14 specialties for residency and the States in which  
15 such residency programs are located.

16           “(7) Develop, implement, and evaluate methods  
17 to improve recruitment and retention of medical stu-  
18 dents from Tribal, rural, and medically underserved  
19 communities.

20           “(8) Train and support instructors to serve  
21 Tribal, rural, and medically underserved commu-  
22 nities.

23           “(9) Prepare medical students for transition  
24 into primary care residency training and future  
25 practice.

1           “(10) Provide scholarships to medical students.

2           “(e) GRANT PERIOD.—A grant under this section  
3 shall be awarded for a period of not more than 5 years.

4           “(f) GRANT AMOUNT.—Each fiscal year, the amount  
5 of a grant made to a public institution of higher education  
6 under this section shall be in amount that is not less than  
7 \$1,000,000.

8           “(g) MATCHING REQUIREMENT.—Each public insti-  
9 tution of higher education that receives a grant under this  
10 section shall provide, from non-Federal sources, an  
11 amount equal to or greater than 10 percent of the total  
12 amount of Federal funds provided to the institution each  
13 fiscal year during the period of the grant (which may be  
14 provided in cash or in kind).

15           “(h) DEFINITIONS.—In this section:

16           “(1) COVERED STATE.—The term ‘covered  
17 State’ means a State that is in the top quartile of  
18 States by projected unmet demand for primary care  
19 providers, as determined by the Secretary.

20           “(2) FEDERALLY-QUALIFIED HEALTH CEN-  
21 TER.—The term ‘Federally-qualified health center’  
22 has the meaning given such term in section  
23 1905(l)(2)(B) of the Social Security Act.

24           “(3) INDIAN HEALTH PROGRAM.—The term  
25 ‘Indian health program’ has the meaning given such

1 term in section 4 of the Indian Health Care Im-  
2 provement Act.

3 “(4) INSTITUTION OF HIGHER EDUCATION.—

4 The term ‘institution of higher education’ has the  
5 meaning given such term in section 101 of the High-  
6 er Education Act of 1965, provided that such insti-  
7 tution is public in nature.

8 “(5) MEDICALLY UNDERSERVED COMMUNITY.—

9 The term ‘medically underserved community’ has the  
10 meaning given such term in section 799B.

11 “(6) RURAL HEALTH CLINIC.—The term ‘rural

12 health clinic’ has the meaning given such term in  
13 section 1861(aa) of the Social Security Act.

14 “(7) RURAL POPULATION.—The term ‘rural

15 population’ means the population of a geographical  
16 area located—

17 “(A) in a non-metropolitan county; or

18 “(B) in a metropolitan county designated  
19 as rural by the Administrator of the Health Re-  
20 sources and Services Administration.

21 “(8) TRIBAL POPULATION.—The term ‘Tribal

22 population’ means the population of any Indian  
23 Tribe recognized by the Secretary of the Interior  
24 pursuant to section 104 of the Federally Recognized  
25 Indian Tribe List Act of 1994.



1       “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to carry out this section  
3 \$150,000,000 for each of fiscal years 2023 through  
4 2027.”.

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