

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.

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

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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