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119TH CONGRESS
2D SESSION

H. R. 7198

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

IN THE HOUSE OF REPRESENTATIVES

JANUARY 22, 2026

Mr. BERA (for himself, Mr. BACON, Mr. PETERS, and Mr. JOYCE of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce

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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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Ensuring Access to General Surgery Act of 2026''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) According to the Bureau of Health Workforce, the United States faces a shortage of physicians.

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

(3) A 2021 report released by the Association of American Medical Colleges projects shortages in all surgical specialties of between 15,800 and 30,200 surgeons by 2034.

(4) A 2020 report prepared by the Health Resources and Services Administration for the Committee on Appropriations of the Senate found a maldistribution of general surgeons nationwide, with rural areas having only 69 percent of the general surgeons needed to meet demand for care.

(5) In order to accurately prepare for future physician workforce demands, comprehensive, impartial research and high-quality data are needed to in-

form dynamic projections of physician workforce needs.

(6) A variety of factors, including health outcomes, utilization trends, growing and aging populations, and delivery system changes, influence workforce needs and should be considered as part of flexible projections of workforce needs.

(7) Given the particularly acute needs in many rural and other surgical workforce shortage areas, additional efforts to assess the adequacy of the current general surgeon workforce are necessary.

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

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

"Subpart XIII—General Surgery Shortage Areas

"SEC. 340J. DESIGNATION OF GENERAL SURGERY SHORTAGE AREAS.

''(a) GENERAL SURGERY SHORTAGE AREA DEFINED.—For purposes of this section, the term 'general surgery shortage area' means, with respect to an urban, suburban, or rural area in the United States, an area that has a population that is underserved by general surgeons.

''(b) STUDY AND REPORT.—

''(1) STUDY.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall conduct a study on the following matters relating to access by underserved populations to general surgeons:

''(A) Whether current shortage designations, such as the designation of health professional shortage areas under section 332, results in accurate assessments of the adequacy of local general surgeons to address the needs of underserved populations in urban, suburban, or rural areas.

''(B) Whether another measure of access to general surgeons by underserved populations, such as one based on general surgeons practicing within hospital service areas, would provide more accurate assessments of shortages in the availability of local general surgeons to meets the needs of those populations.

''(C) Potential methodologies for the designation of general surgery shortage areas, including the methodology described in paragraph (2).

''(2) METHODOLOGY FOR THE DESIGNATION OF AREAS.—Among the methodologies considered under

paragraph (1)(C) for the designation of general surgery shortage areas, the Secretary shall analyze the effectiveness and accuracy of the following methodology:

"(A) DEVELOPMENT OF SURGERY SERVICE AREAS.—Development of surgery service areas through the identification of hospitals with surgery services and the identification of populations by ZIP Code areas using Medicare patient origin data.

"(B) IDENTIFICATION OF SURGEONS.—Identification of all actively practicing general surgeons.

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

"(D) THRESHOLDS.—

"(i) IN GENERAL.—Determination of threshold general surgeon-to-population ratios for the number of general surgeons necessary to treat a population for each of the following levels:

"(I) Optimal supply of general surgeons.

''(II) Adequate supply of general surgeons.

''(III) Shortage of general surgeons.

''(IV) Critical shortage of general surgeons.

''(ii) CONSIDERATIONS.—In determining the thresholds under clause (i), the Secretary shall not assume that the current supply of general surgeons nationwide is the optimal or adequate level and shall consider additional factors such as wait times, health outcomes, ground transportation time to the nearest health care center with a general surgeon, critical access hospitals with surgical capabilities but lacking a general surgeon, and patient experience.

''(3) REPORT.—Not later than 1 year after the date of the enactment of this subpart, the Secretary shall submit to Congress a report on the study conducted under this subsection.

''(4) CONSULTATION.—In conducting the study under paragraph (1), the Secretary shall consult with relevant stakeholders, including medical soci-

eties, organizations representing surgical facilities, organizations with expertise in general surgery, and organizations representing patients.

''(5) PUBLICATION OF DATA.—The Secretary shall periodically collect and publish in the Federal Register—

''(A) data comparing the availability and need of general surgery services in urban, suburban, or rural areas in the United States; and

''(B) if the Secretary designates one or more general surgery shortage areas under subsection (c), a list of the areas so designated.

''(c) DESIGNATION OF GENERAL SURGERY SHORTAGE AREAS.—

''(1) METHODOLOGY DEVELOPED THROUGH REGULATION.—Based on the findings of the report under subsection (b)(3), the Secretary may establish, through notice and comment rulemaking, a methodology for the designation of general surgery shortage areas under this section.

''(2) REQUIREMENTS.—If the Secretary elects to develop methodology under paragraph (1), the following shall apply:

''(A) Using the methodology established under paragraph (1) and taking into consider-

ation the data referred to in subsection (b)(5), the Secretary shall—

"(i) designate general surgery shortage areas in the United States;

"(ii) publish a descriptive list of the areas; and

"(iii) review annually, and, as necessary, revise such designations.

"(B) The Secretary shall follow similar procedures with respect to notice to appropriate parties, opportunities for comment, dissemination of information, and reports to Congress in designating general surgery shortage areas under this section as those that apply to the designation of health professional shortage areas under section 332.

"(C) In designating general surgery shortage areas under this subsection, the Secretary shall consult with relevant stakeholders, including medical societies, organizations representing surgical facilities, organizations with expertise in general surgery, and organizations representing patients.".

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