

119TH CONGRESS
1ST SESSION

S. 632

To amend the Indian Health Care Improvement Act to allow Indian Health Service scholarship and loan recipients to fulfill service obligations through half-time clinical practice, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 19, 2025

Ms. CORTEZ MASTO (for herself and Mr. MULLIN) introduced the following bill; which was read twice and referred to the Committee on Indian Affairs

A BILL

To amend the Indian Health Care Improvement Act to allow Indian Health Service scholarship and loan recipients to fulfill service obligations through half-time clinical practice, 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 “IHS Workforce Parity
5 Act of 2025”.

1 **SEC. 2. INDIAN HEALTH SERVICE SCHOLARSHIP AND LOAN**
 2 **RECIPIENTS.**

3 (a) INDIAN HEALTH PROFESSIONS SCHOLAR-
 4 SHIPS.—Section 104(b)(3) of the Indian Health Care Im-
 5 provement Act (25 U.S.C. 1613a(b)(3)) is amended by
 6 striking the paragraph designation and all that follows
 7 through the end of subparagraph (A) and inserting the
 8 following:

9 “(3)(A) The active duty service obligation under a
 10 written contract with the Secretary under section 338A
 11 of the Public Health Service Act (42 U.S.C. 254l) that
 12 an individual has entered into under that section shall,
 13 if that individual is a recipient of an Indian Health Schol-
 14 arship—

15 “(i) be met by full-time (as defined in section
 16 331(j) of the Public Health Service Act (42 U.S.C.
 17 254d(j))) practice—

18 “(I) in the Service;

19 “(II) in a program conducted under a con-
 20 tract entered into under the Indian Self-Deter-
 21 mination and Education Assistance Act (25
 22 U.S.C. 5301 et seq.);

23 “(III) in a program assisted under title V;
 24 or

25 “(IV) in the private practice of the applica-
 26 ble profession if, as determined by the Sec-

1 retary, in accordance with guidelines issued by
2 the Secretary, the practice—

3 “(aa) is situated in a physician or
4 other health professional shortage area;
5 and

6 “(bb) addresses the health care needs
7 of a substantial number of Indians; or

8 “(ii) be met by half-time (as defined in section
9 331(j) of the Public Health Service Act (42 U.S.C.
10 254d(j))) practice in a program described in any of
11 subclauses (I) through (IV) of clause (i) if the indi-
12 vidual agrees, in writing—

13 “(I) to double the period of obligated serv-
14 ice that would otherwise be required if the indi-
15 vidual were satisfying the period of obligated
16 service through full-time (as so defined) prac-
17 tice; and

18 “(II) that if the individual fails to begin or
19 complete the period of obligated service de-
20 scribed in subclause (I), the procedures de-
21 scribed in section 108(l)(2) for determining
22 damages for breach of contract will be used
23 after converting that period of obligated service
24 or service performed into its full-time equiva-
25 lent.”.

1 (b) INDIAN HEALTH SERVICE LOAN REPAYMENT
 2 PROGRAM.—Section 108 of the Indian Health Care Im-
 3 provement Act (25 U.S.C. 1616a) is amended—

4 (1) in subsection (f)(1)(B), by striking clause
 5 (iii) and inserting the following:

6 “(iii) to serve for a period of time (re-
 7 ferred to in this section as the ‘period of
 8 obligated service’) equal to—

9 “(I) 2 years, or a longer period
 10 of time as the individual may agree to
 11 serve, in the full-time (as defined in
 12 section 331(j) of the Public Health
 13 Service Act (42 U.S.C. 254d(j))) clin-
 14 ical practice of the profession of the
 15 individual in an Indian health pro-
 16 gram to which the individual may be
 17 assigned by the Secretary;

18 “(II) 4 years, or a longer period
 19 of time as the individual may agree to
 20 serve, in the half-time (as defined in
 21 that section) clinical practice of the
 22 profession of the individual in an In-
 23 dian health program to which the in-
 24 dividual may be assigned by the Sec-
 25 retary, subject to the condition that if

1 the individual has agreed to serve for
2 a period longer than 2 years of full-
3 time (as so defined) service, as de-
4 scribed in subclause (I), the half-time
5 (as so defined) service obligation shall
6 be the amount of time required for
7 the individual to complete an equiva-
8 lent amount of service on a half-time
9 (as so defined) basis; or

10 “(III) 2 years in the half-time
11 (as so defined) clinical practice of the
12 profession of the individual in an In-
13 dian health program to which the in-
14 dividual may be assigned by the Sec-
15 retary with a loan payment amount
16 equal to 50 percent of the amount
17 that would otherwise be payable for
18 full-time (as so defined) service for
19 that same period of obligated service;
20 and

21 “(iv) in the case of an individual com-
22 pleting a period of obligated service
23 through half-time (as so defined) clinical
24 practice, that if the individual fails to
25 begin or complete that period of obligated

1 service, the procedures described in sub-
2 section (1)(2) for determining damages for
3 breach of contract under this section will
4 be used after converting the period of obli-
5 gated service or service performed into its
6 full-time (as so defined) equivalent;” and
7 (2) in subsection (1)(2), in the undesignated
8 matter following subparagraph (D), by inserting the
9 following before “Amounts”: “Periods of obligated
10 service completed in half-time (as defined in section
11 331(j) of the Public Health Service Act (42 U.S.C.
12 254d(j))) clinical practice shall be converted to their
13 full-time (as defined in that section) equivalents for
14 purposes of determining damages for breach of con-
15 tract under this paragraph.”.

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