

110TH CONGRESS
1ST SESSION

S. 1120

To amend the Public Health Service Act to provide grants for the training of graduate medical residents in preventive medicine and public health.

IN THE SENATE OF THE UNITED STATES

APRIL 17, 2007

Mr. HARKIN (for himself, Mr. ISAKSON, Mr. BINGAMAN, and Mr. LIEBERMAN) 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 grants for the training of graduate medical residents in preventive medicine and public health.

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 “Preventive Medicine
5 and Public Health Training Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) The American Board of Preventive medicine
9 defines preventive medicine as “that specialty of

1 medical practice which focuses on the health of indi-
2 viduals and defined populations in order to protect,
3 promote and maintain health and well-being and
4 prevent disease, disability and premature death”.

5 (2) Specialists in preventive medicines are
6 uniquely trained in both clinical medicine and public
7 health. They have the skills needed to understand
8 and reduce the risks of disease, disability and death
9 in individuals and in population groups.

10 (3) Preventive medicine includes both clinical
11 and non-clinical aspects. Clinicians see patients on a
12 daily basis and provide services in screening, health
13 counseling, and immunization to diabetics, cardiac
14 patients, and others who can benefit from prevention
15 and lifestyle modification. Non-clinical preventive
16 medicine includes health policy, social and behavioral
17 aspects of health and disease, epidemiology, or other
18 areas in which populations, not individual patients
19 are not the primary focus. Many preventive medicine
20 physicians practice both clinical and non-clinical
21 medicine.

22 (4) Of the 24 medical specialties recognized by
23 the American Board of Medical Specialties, preven-
24 tive medicine is the only specialty that requires
25 training in both clinical medicine and public health.

1 (5) While preventive medicine doctors are em-
2 ployed in all health sectors, they often serve in lead
3 roles within the public health force, working in State
4 and local health departments, as well as Federal
5 Government agencies, such as the Centers for Dis-
6 ease Control and Prevention and the National Insti-
7 tutes of Health.

8 (6) In the workplace, preventive medicine doc-
9 tors in occupational medicine parallel the general
10 public health system in dealing with illnesses and in-
11 juries in workplace populations through worker pro-
12 tection, personal health promotion, hazard control,
13 business continuity and effective medical manage-
14 ment.

15 (7) There is an extreme shortage of doctors in
16 the public health field. For example, only 23 percent
17 of local health agencies are directed by physicians
18 and 8 percent are directed by physicians who have
19 masters of public health degrees or are fellows in the
20 American College of Preventive Medicine.

21 (8) Many of these physicians are nearing retire-
22 ment, and the average age of a public health doctor
23 today is 58 years.

24 (9) The Health Resources and Services Admin-
25 istration reports that the demand for public health

1 professionals will grow at twice the rate of all occu-
2 pations between 2000 and 2010.

3 (10) In addition, as the body of evidence sup-
4 porting the effectiveness of clinical and population-
5 based interventions to prevent and control diseases
6 continues to expand, so does the need for specialists
7 trained in preventive medicine.

8 (11) The Health Resources and Services Ad-
9 ministration reported that in 2000, there were 7,011
10 preventive medicine specialists. This was a decrease
11 from 7,734 in 1970.

12 (12) The number of preventive medicine resi-
13 dency programs has decreased from 90 in 1998–
14 1999 to 76 programs today. Over this same period,
15 the number of preventive medicine residents declined
16 from 420 to 364.

17 (13) In 2000, less than 3 percent of all medical
18 school faculty also held masters degrees in public
19 health. An even smaller number had completed pre-
20 ventive medicine training or were board certified in
21 preventive medicine.

22 (14) Preventive medicine trained physicians are
23 an essential part of the public health workforce and
24 are critical to the Nation's ability to protect its citi-

1 zens from biological threats, including avian influ-
 2 enza and emerging threats from bioterrorism.

3 **SEC. 3. PREVENTIVE MEDICINE AND PUBLIC HEALTH**
 4 **TRAINING GRANT PROGRAM.**

5 Part D of title III of the Public Health Service Act
 6 (42 U.S.C. 254b et seq.) is amended by adding at the end
 7 the following:

8 **“Subpart XI—Preventive Medicine Training**

9 **“SEC. 340H. PREVENTIVE MEDICINE AND PUBLIC HEALTH**
 10 **TRAINING GRANT PROGRAM.**

11 “(a) GRANTS.—The Secretary, acting through the
 12 Director of the Centers for Disease Control and Preven-
 13 tion, may award grants to, or enter into contracts with,
 14 eligible entities to provide training to graduate medical
 15 residents in preventive medicine specialties.

16 “(b) ELIGIBILITY.—To be eligible to receive a grant
 17 or contract under subsection (a), an entity shall—

18 “(1) be a school of public health, public health
 19 department, school of medicine or osteopathic medi-
 20 cine, public or private hospital, or public or private
 21 non-profit entity;

22 “(2) submit to the Secretary an application at
 23 such time, in such manner, and containing such in-
 24 formation as the Secretary may require; and

1 “(3) maintain and adhere to a Letter of Agree-
 2 ment with a local community health center (if avail-
 3 able in the local area involved) that supports
 4 practicum training of preventive medicine residents,
 5 if practicable.

6 “(c) USE OF FUNDS.—Amounts received under a
 7 grant or contract under this section shall be used to—

8 “(1) to plan, develop, and operate residency
 9 programs for preventive medicine or public health;

10 “(2) provide financial assistance, including tui-
 11 tion and stipends, to resident physicians (MD or
 12 DO) who plan to specialize in preventive medicine or
 13 public health;

14 “(3) defray the costs associated with the plan-
 15 ning, development, and operation of preventive medi-
 16 cine or public health programs, including the devel-
 17 opment of curriculum to be used in such programs,
 18 and the costs of practicum experiences; and

19 “(4) provide for the improvement of academic
 20 administrative units.

21 “(d) DURATION OF AWARD.—A grant or contract
 22 under this section shall be for a term not to exceed 5
 23 years.

24 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
 25 is authorized to be appropriated to carry out this section,

- 1 \$43,000,000 for fiscal year 2008, and such sums as may
- 2 be necessary for each succeeding fiscal year.”.

