

112TH CONGRESS
2D SESSION

H. R. 6400

To amend the Public Health Service Act to authorize grants to States for the purpose of assisting the States in operating an RDOCS program in order to provide for the increased availability of primary health care services in health professional shortage areas.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 13, 2012

Mr. McDERMOTT introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize grants to States for the purpose of assisting the States in operating an RDOCS program in order to provide for the increased availability of primary health care services in health professional shortage areas.

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 “Restoring the Doctors
5 of Our Country through Scholarships Act of 2012” or the
6 “RDOCS Act of 2012”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds the following:

3 (1) Due to an aging population, the retirement
4 of a generation of physicians, and 30,000,000 newly
5 insured under the Patient Protection and Affordable
6 Care Act (Public Law 110–148), the United States
7 is expected to experience an acute physician work-
8 force shortage in the coming decades, particularly in
9 primary care. If unaddressed, this shortage will com-
10 promise the health of the population as well as the
11 ability of the United States to remain competitive in
12 the world.

13 (2) By 2020, the shortage of primary care doc-
14 tors is expected to reach 45,000.

15 (3) The shortage will disproportionately impact
16 rural communities and underserved urban commu-
17 nities.

18 (4) The Reserve Officers’ Training Corps
19 (ROTC) model of education and training is a re-
20 spected and effective way of meeting the Nation’s
21 need for educated and trained officers in the United
22 States Armed Forces, and can be applied to solving
23 the Nation’s primary care shortage.

24 (5) There are 10 applicants for each National
25 Health Service Corps scholarship awarded, indi-
26 cating the unmet demand for medical scholarships.

1 **SEC. 3. GRANTS TO STATES FOR RESTORING THE DOCTORS**
 2 **OF OUR COUNTRY THROUGH SCHOLARSHIPS**
 3 **(RDOCS) PROGRAMS.**

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

7 **“SEC. 338N. GRANTS TO STATES FOR SCHOLARSHIP PRO-**
 8 **GRAMS.**

9 “(a) GRANTS TO STATES.—

10 “(1) IN GENERAL.—The Secretary, acting
 11 through the Administrator of the Health Resources
 12 and Services Administration, shall make grants to
 13 States for the purpose of assisting the States in op-
 14 erating a program described in paragraph (2) (re-
 15 ferred to in this section as an ‘RDOCS program’) in
 16 order to provide for the increased availability of pri-
 17 mary health care services in health professional
 18 shortage areas.

19 “(2) APPLICATIONS.—To seek a grant under
 20 this section, a State shall submit an application in
 21 such form, in such manner, and containing such
 22 agreements, assurances, and information as the Sec-
 23 retary determines to be necessary to carry out this
 24 section.

25 “(b) SCHOLARSHIP PROGRAM DESCRIBED.—An
 26 RDOCS program is a program of entering into contracts

1 between the State involved and an RDOCS scholar under
2 which—

3 “(1) the State involved agrees—

4 “(A) to pay all tuition and costs for the
5 RDOCS scholar’s undergraduate medical edu-
6 cation, to the participating undergraduate med-
7 ical program, for a period of study not exceed-
8 ing 48 consecutive months; and

9 “(B) to pay, during such period, a cost-of-
10 living stipend, in an amount to be determined
11 by the Secretary, to the RDOCS scholar; and

12 “(2) the RDOCS scholar agrees—

13 “(A) to be admitted into and maintain en-
14 rollment in a participating undergraduate med-
15 ical program in the RDOCS scholar’s State of
16 residence (or if such State of residence operates
17 no such program, in a participating under-
18 graduate medical program in a State within an
19 associated region);

20 “(B) when enrolled in such program, to
21 maintain a minimum level (to be determined by
22 the Secretary) of academic standing;

23 “(C) to complete an accredited residency
24 training program in a primary care specialty;

1 “(D) to become licensed to practice medi-
2 cine in the applicant’s State of residence;

3 “(E) to receive and maintain board certifi-
4 cation in a primary care speciality; and

5 “(F) to complete a 5-year post-graduate
6 period of service in a health professional short-
7 age area.

8 “(c) PRIORITY IN AWARDING SCHOLARSHIPS.—In se-
9 lecting RDOCS scholars and awarding scholarship con-
10 tracts described in subsection (b), the State involved shall
11 give preference to applicants who are enrolled in—

12 “(1) an accelerated track family-medicine pro-
13 gram; or

14 “(2) a program that includes clinical training in
15 rural or underserved urban communities.

16 “(d) DIRECT ADMINISTRATION BY STATE AGENCY.—
17 The RDOCS program of any State receiving a grant under
18 this section shall be administered directly by a State agen-
19 cy.

20 “(e) REQUIREMENT OF MATCHING FUNDS.—

21 “(1) IN GENERAL.—Any State receiving a grant
22 under this section shall, with respect to the costs of
23 making payments on behalf of individuals under
24 scholarship contracts described in subsection (b),
25 make available (directly or through donations from

1 public or private entities) non-Federal contributions
2 in cash toward such costs in an amount equal to not
3 less than \$1 for each \$9 of Federal funds provided
4 through the grant.

5 “(2) DETERMINATION OF AMOUNT OF NON-
6 FEDERAL CONTRIBUTION.—In determining the
7 amount of non-Federal contributions in cash that a
8 State has provided pursuant to paragraph (1)—

9 “(A) any amounts provided to the State by
10 the Federal Government shall not be included;
11 and

12 “(B) any amounts expended by the State
13 as administrative funds to operate its RDOCS
14 program may, at the State’s discretion, be in-
15 cluded.

16 “(f) COORDINATION WITH FEDERAL PROGRAM.—

17 “(1) ASSIGNMENTS FOR HEALTH PROFES-
18 SIONAL SHORTAGE AREAS UNDER FEDERAL PRO-
19 GRAM.—Any State receiving a grant under this sec-
20 tion shall, in carrying out its RDOCS program, as-
21 sign RDOCS officers participating in the program
22 only to public and nonprofit private entities located
23 in and providing health services in health profes-
24 sional shortage areas.

1 “(2) REMEDIES FOR BREACH OF CONTRACTS.—

2 The Secretary may not make a grant under sub-
3 section (a) unless the State involved agrees that the
4 scholarship contracts provided by the State pursuant
5 to subsection (b) will provide remedies for any
6 breach of the contracts by the RDOCS scholars and
7 RDOCS officers involved.

8 “(3) LIMITATION REGARDING CONTRACT IN-

9 DUCEMENTS.—Any State receiving a grant under
10 this section shall ensure that contracts between the
11 State and RDOCS scholars under this section do not
12 include any terms more favorable to the RDOCS
13 scholars than the most favorable terms which the
14 Secretary is authorized to provide in contracts under
15 the National Health Service Corps Scholarship Pro-
16 gram under section 338A, including terms regarding
17 the availability of remedies for any breach of the
18 contracts by the health professionals involved.

19 “(g) RESTRICTIONS ON USE OF FUNDS.—Any State
20 receiving a grant under this section shall not expend the
21 grant funds for any purpose other than making payments
22 on behalf of or to RDOCS scholars under contracts en-
23 tered into pursuant to this section.

24 “(h) REPORTS BY STATES.—Any State receiving a
25 grant under this section shall submit to the Secretary—

1 “(1) a report on the State’s RDOCS program
2 not later than January 10 of each fiscal year imme-
3 diately following any fiscal year for which the State
4 has received such a grant; and

5 “(2) such other reports regarding the State’s
6 RDOCS program, as are determined to be appro-
7 priate by the Secretary.

8 “(i) REPORTS BY SECRETARY.—The Secretary shall
9 report annually to the relevant committees on the physi-
10 cian workforce in the United States, and shall include in
11 each such report—

12 “(1) data on the physician shortage, if any,
13 disaggregated by State and region; and

14 “(2) a gap analysis of the primary care practi-
15 tioners needed in each State and region, and 5- and
16 10-year estimates of the funding needed to close the
17 gap through the RDOCS program.

18 “(j) NONCOMPLIANCE.—

19 “(1) IN GENERAL.—The Secretary may not
20 make payments under this section to a State for any
21 fiscal year subsequent to the first fiscal year of such
22 payments unless the Secretary determines that, for
23 the immediately preceding fiscal year, the State has
24 complied with each of the agreements made by the
25 State under this section.

1 “(2) REDUCTION IN GRANT RELATIVE TO NUM-
2 BER OF BREACHED CONTRACTS.—

3 “(A) DETERMINATION OF NUMBER OF
4 BREACHED CONTRACTS.—Before making a
5 grant under this section to a State for a fiscal
6 year, the Secretary shall determine the number
7 of contracts provided pursuant to the State’s
8 RDOCS program with respect to which there
9 has been an initial breach by the RDOCS schol-
10 ars or officers involved during the fiscal year
11 preceding the fiscal year for which the State is
12 applying to receive the grant.

13 “(B) REDUCTION OF GRANTS.—Subject to
14 paragraph (3), in the case of a State with 1 or
15 more initial breaches for purposes of subpara-
16 graph (A), the Secretary shall reduce the
17 amount of a grant under this section to the
18 State for the fiscal year involved by an amount
19 equal to the sum of—

20 “(i) the expenditures of Federal funds
21 made regarding the contracts involved; and

22 “(ii) an amount representing interest
23 on the amount of such expenditures, deter-
24 mined with respect to each contract on the
25 basis of the maximum legal rate prevailing

1 for loans made during the time amounts
2 were paid under the contract, as deter-
3 mined by the Treasurer of the United
4 States.

5 “(3) WAIVER REGARDING REDUCTION IN
6 GRANT.—The Secretary may waive the requirement
7 of paragraph (2)(B) with respect to the initial
8 breach of a contract if the Secretary determines that
9 such breach by the RDOCS scholar or officer in-
10 volved was attributable solely to the professional
11 having a serious illness.

12 “(k) DEFINITIONS.—For the purposes of this section:

13 “(1) ACCELERATED TRACK FAMILY-MEDICINE
14 PROGRAM.—The term ‘accelerated track family-med-
15 icine program’ refers to an appropriately accredited,
16 integrated course of study in which a candidate can
17 complete undergraduate medical education and grad-
18 uate medical education in 6 years.

19 “(2) ASSOCIATED REGION.—The term ‘associ-
20 ated region’ refers to—

21 “(A) the area encompassing the boundaries
22 of Washington, Wyoming, Alaska, Montana,
23 and Idaho;

1 “(B) the area encompassing the bound-
2 aries of Maine, New Hampshire, Massachusetts,
3 Rhode Island, Connecticut, and Vermont;

4 “(C) the area encompassing the boundaries
5 of Delaware and Pennsylvania; or

6 “(D) the area encompassing the bound-
7 aries of Maryland, the District of Columbia,
8 and Virginia.

9 “(3) BOARD CERTIFICATION.—The term ‘board
10 certification’ means a certification to practice medi-
11 cine in a specialty, by an appropriate medical spe-
12 cialty board.

13 “(4) HEALTH PROFESSIONAL SHORTAGE
14 AREA.—The term ‘health professional shortage area’
15 means a health professional shortage area des-
16 ignated under section 332.

17 “(5) PARTICIPATING UNDERGRADUATE MED-
18 ICAL PROGRAM.—The term ‘participating under-
19 graduate medical program’ means an allopathic or
20 osteopathic undergraduate medical program oper-
21 ated by a State.

22 “(6) PRIMARY CARE SPECIALTY.—The term
23 ‘primary care specialty’ means pediatrics, family
24 medicine, or general internal medicine.

1 “(7) RDOCS OFFICER.—The term ‘RDOCS of-
2 ficer’ means an RDOCS program participant who
3 has completed undergraduate medical training, but
4 has not yet fulfilled the remaining requirements of
5 his or her scholarship contract under subsection (b).

6 “(8) RDOCS SCHOLAR.—The term ‘RDOCS
7 scholar’ means an individual participating in an
8 RDOCS program pursuant to a scholarship contract
9 under subsection (b), who has not yet completed un-
10 dergraduate medical education.

11 “(9) RELEVANT COMMITTEES.—The term ‘rel-
12 evant committees’ means the Committee on Health,
13 Education, Labor, and Pensions of the Senate and
14 the Committee on Energy and Commerce of the
15 House of Representatives.

16 “(10) STATE.—The term ‘State’ means each of
17 the 50 States and the District of Columbia.

18 “(1) AUTHORIZATION OF APPROPRIATIONS.—

19 “(1) IN GENERAL.—For carrying out this sec-
20 tion, there is authorized to be appropriated
21 \$200,000,000 for each of fiscal year 2013 through
22 2016.

1 “(2) AVAILABILITY.—Amounts appropriated
2 under paragraph (1) shall remain available until ex-
3 pended.”.

○