

113TH CONGRESS
2D SESSION

H. R. 5498

To establish a demonstration program to facilitate physician reentry into clinical practice to provide primary health services.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 16, 2014

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

A BILL

To establish a demonstration program to facilitate physician reentry into clinical practice to provide primary health services.

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 “Primary Care Physi-
5 cian Reentry Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) According to the Association of American
9 Medical Colleges—

1 (A) the shortage of primary care physi-
2 cians will reach 45,000 by the year 2020, as
3 fewer than 20 percent of medical students
4 choose to enter primary care medicine; and

5 (B) the overall shortage of physicians in
6 the United States is expected to surpass
7 130,000 by 2025.

8 (2) Medical schools in the United States train
9 only approximately 16,000 new physicians every
10 year.

11 (3) The Department of Health and Human
12 Services estimates that the United States needs at
13 least 16,000 more primary care physicians.

14 (4) According to a survey of 1,600 pediatricians
15 over the age of 50 conducted by the Association of
16 American Medical Colleges and the American Acad-
17 emy of Pediatrics, 22 percent of female pediatricians
18 took extended leave (6 months or more) from medi-
19 cine, compared to only 6.5 percent of male pediatri-
20 cians. Seventy-one percent of the female pediatri-
21 cians who took extended leave did so to care for a
22 child or family member.

23 **SEC. 3. REENTRY PROGRAM FOR PHYSICIANS.**

24 (a) ACTIVITIES OF THE SECRETARY.—

1 (1) ESTABLISHMENT OF DEMONSTRATION PRO-
2 GRAM.—The Secretary of Health and Human Serv-
3 ices (referred to in this section as the “Secretary”)
4 shall establish a demonstration program to assist the
5 development of innovative programs that facilitate
6 physician reentry into clinical practice to provide pri-
7 mary health services. Under such demonstration pro-
8 gram, the Secretary shall—

9 (A) award one grant, on a competitive
10 basis, to an eligible entity described in sub-
11 section (b) in each of the 10 regions served by
12 a regional office of the Department of Health
13 and Human Services to carry out physician re-
14 entry projects to assist reentering physicians
15 participating in such projects through any of
16 the activities described in subsection (d); and

17 (B) in consultation with key stakeholders
18 and subject to paragraph (2)(B), carry out the
19 administrative activities described in paragraph
20 (2)(A).

21 (2) ADMINISTRATIVE ACTIVITIES.—

22 (A) IN GENERAL.—For purposes of para-
23 graph (1)(B), the administrative activities de-
24 scribed in this subparagraph are the following:

1 (i) Conduct a national needs assess-
2 ment with regard to the supply of physi-
3 cians who provide primary health services,
4 using, to the extent feasible, information
5 collected for use in other similar completed
6 or forthcoming studies, such as studies
7 conducted by the Agency for Healthcare
8 Research and Quality and the Health Re-
9 sources and Services Administration.

10 (ii) Develop a database that contains
11 a directory of programs that help physi-
12 cians reenter clinical practice.

13 (iii) Disseminate evidence-based as-
14 sessments and evaluation tools as such as-
15 sessments and tools become available to
16 measure the basic core competencies of
17 physicians reentering clinical practice that
18 are consistent with the guidelines pub-
19 lished by the Federation of State Medical
20 Boards for such physicians.

21 (iv) Assist State regulatory authorities
22 and hospital credentialing committees to
23 structure requirements for physicians to
24 return to clinical practice in a manner that

1 ensures patient safety while addressing the
2 burdens on such reentering physicians.

3 (B) LIMITATION.—The Secretary shall use
4 not more than 15 percent of the funds appro-
5 priated to carry out this section to carry out
6 the activities described in subparagraph (A).

7 (b) ELIGIBLE ENTITIES.—Entities eligible to receive
8 a grant under this section are the following:

9 (1) A State.

10 (2) A hospital.

11 (3) An academic medical center.

12 (4) A medical school.

13 (5) A health center (as defined in section
14 330(a) of the Public Health Service Act (42 U.S.C.
15 254b(a))).

16 (6) A teaching health center.

17 (7) A non-profit organization with a dem-
18 onstrated history or expertise in providing physician
19 education and with the ability to offer programs spe-
20 cifically targeted at reentering physicians.

21 (c) APPLICATION.—In order to receive a grant under
22 this section, an eligible entity shall submit to the Secretary
23 an application at such time, in such manner, and con-
24 taining such information as the Secretary may require.

1 (d) USES OF FUNDS.—An eligible entity that receives
2 funds under this section shall use such funds to carry out
3 a physician reentry project to assist reentering physicians
4 participating in the project through any of the following
5 activities:

6 (1) Training such reentering physicians to reen-
7 ter clinical practice.

8 (2) Paying credentialing fees and other fees
9 that are necessary for such reentering physicians to
10 reenter clinical practice.

11 (3) Paying the salaries of such reentering phy-
12 sicians who are so eligible to reenter clinical practice
13 during the period for which such physicians provide
14 primary health services at a center described in sub-
15 section (e)(1).

16 (4) Providing loan repayment assistance and
17 other financial assistance, including scholarships and
18 grants for education and training, to such reentering
19 physicians.

20 (e) REQUIREMENTS OF REENTRY PHYSICIANS TO
21 PARTICIPATE IN PROJECTS.—To be eligible to participate
22 in a physician reentry project carried out by an eligible
23 entity under this section, a reentering physician shall pro-
24 vide assurances satisfactory to the Secretary that the phy-
25 sician will comply with the following:

1 (1) SERVICE LOCATIONS.—The reentering phy-
2 sician shall provide primary health services at—

3 (A) a health center (as defined in section
4 330(a) of the Public Health Service Act (42
5 U.S.C. 254b(a)));

6 (B) a Veterans Administration Medical
7 Center if the Secretary of Veterans Affairs cer-
8 tifies that there is a shortage of physicians at
9 such medical center; or

10 (C) a school-based health center (as de-
11 fined in section 2110(c)(9) of the Social Secu-
12 rity Act (42 U.S.C. 1397jj(c)(9))).

13 (2) LENGTH OF SERVICE.—The reentering phy-
14 sician shall provide such services at such a center,
15 consistent with paragraph (1), for not less than 2
16 years.

17 (f) LIABILITY PROTECTIONS.—For purposes of sec-
18 tion 224 of the Public Health Service Act (42 U.S.C. 233),
19 a reentering physician participating in a physician reentry
20 project under this section shall be deemed to be an em-
21 ployee of the Public Health Service working within the
22 scope of such employment with respect to primary health
23 services provided by such reentering physician at a center
24 described in subsection (e)(1) under the terms of such par-
25 ticipation in such project. The remedy against the United

1 States for a physician described in paragraph (2) who is
2 deemed to be an employee of the Public Health Service
3 pursuant to the previous sentence shall be exclusive of any
4 other civil action or proceeding to the same extent as the
5 remedy against the United States is exclusive pursuant to
6 subsection (a) of such section.

7 (g) ANNUAL REVIEW AND REPORT.—For any year
8 during which the demonstration program under this sec-
9 tion is carried out, the Secretary shall conduct a review
10 and comprehensive evaluation of such program and shall
11 prepare and submit to Congress a report assessing such
12 program, including an assessment of the performance of
13 the reentering physicians who participate in physician re-
14 entry projects under such program.

15 (h) REENTERING PHYSICIANS.—

16 (1) DEFINITION.—Subject to paragraph (2), for
17 purposes of this section, the term “reentering physi-
18 cian” means an individual—

19 (A) who is a doctor of medicine;

20 (B) who received training in primary care
21 or primary health services, including family
22 medicine, internal medicine, pediatrics, obstet-
23 rics and gynecology, dentistry, and mental
24 health.

1 (C) who was previously (and may currently
2 be) legally authorized to practice medicine and
3 surgery by a State;

4 (D) who previously engaged in the clinical
5 practice of medicine, but who is not currently
6 engaged in the clinical practice of medicine and
7 has not been engaged in such practice for a pe-
8 riod of 2 years or such longer period deter-
9 mined to be sufficient by the Secretary; and

10 (E) who provides assurances satisfactory
11 to the Secretary and the respective State licens-
12 ing board that the individual will return to clin-
13 ical practice in the discipline in which such indi-
14 vidual was trained or certified, including, if ap-
15 plicable, by regaining necessary training and
16 certification for legal authorization to practice
17 medicine and surgery by a State.

18 (2) EXCLUSIONS.—For purposes of this section,
19 the term “reentering physician” does not include an
20 individual if—

21 (A) such individual has failed to complete
22 an obligation to provide health care services
23 under a Federal, State, or local program (in-
24 cluding any period of obligated service under

1 subpart III of part D of title III of the Public
2 Health Service Act (42 U.S.C. 254*l* et seq.));

3 (B) a final adverse action regarding such
4 individual has been reported to the data collec-
5 tion program under section 1128E of the Social
6 Security Act (42 U.S.C. 1320a–7e); or

7 (C) the individual has a debt due to the
8 United States.

9 (i) PRIMARY HEALTH SERVICES DEFINED.—For
10 purposes of this section, the term “primary health serv-
11 ices” has the meaning given such term in section
12 331(a)(3) of the Public Health Service Act (42 U.S.C.
13 254d(a)(3)).

14 (j) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 such sums as may be necessary for fiscal year 2015.

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