

113TH CONGRESS
2D SESSION

S. 2229

To expand primary care access.

IN THE SENATE OF THE UNITED STATES

APRIL 9, 2014

Mr. SANDERS introduced the following bill; which was read twice and referred
to the Committee on Health, Education, Labor, and Pensions

A BILL

To expand primary care access.

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 “Expanding Primary
5 Care Access and Workforce Act”.

6 **SEC. 2. SCHOLARSHIPS AND LOAN REPAYMENT OPPORTU-**
7 **NITIES FOR PRIMARY CARE PROVIDERS.**

8 (a) FUNDING FOR THE NATIONAL HEALTH SERVICE
9 CORPS.—Section 338 of the Public Health Service Act (42
10 U.S.C. 254k) is amended by adding at the end the fol-
11 lowing:

1 “(c) SCHOLARSHIP AND LOAN REPAYMENT OPPOR-
2 TUNITIES FOR PRIMARY CARE PROVIDERS.—

3 “(1) IN GENERAL.—There is authorized to be
4 appropriated, and there is appropriated, out of any
5 amounts in the Treasury not otherwise appropriated,
6 \$4,900,000,000 for the period of fiscal years 2015
7 through 2020, to provide for a continuation and ex-
8 pansion of the program with respect to required pri-
9 mary health services, as defined in section 330(b),
10 under this subpart.

11 “(2) SUPPLEMENTAL FUNDING.—Amounts ap-
12 propriated under this subsection shall be used to
13 supplement and not supplant other amounts appro-
14 priated to carry out programs under this subpart.”.

15 (b) SCHOLARSHIP PROGRAM AND STUDENT LOAN
16 REPAYMENT PROGRAM.—Section 338H of the Public
17 Health Service Act (42 U.S.C. 254q) is amended by add-
18 ing at the end the following:

19 “(d) DISTRIBUTION OF FUNDS.—In allocating funds
20 made available to the Health Resources and Services Ad-
21 ministration for the National Health Service Corps, the
22 Secretary shall provide loan repayment awards to at least
23 6 individuals in each State and scholarships to at least
24 3 individuals in each State.”.

1 (c) PUBLIC INFORMATION PROGRAMS IN DES-
 2 IGNATED AREAS.—Section 332(h) of the Public Health
 3 Service Act (42 U.S.C. 254e(h)) is amended by inserting
 4 “(directly, or by grant, contract, or cooperative agree-
 5 ment)” after “conduct”.

6 (d) PROFESSIONAL DEVELOPMENT.—Section
 7 336(d)(1) of the Public Health Service Act (42 U.S.C.
 8 254h–1(d)(1)) is amended by inserting “(directly, or by
 9 grant, contract, or cooperative agreement)” after “shall
 10 assist”.

11 **SEC. 3. FUNDING FOR HEALTH CENTERS.**

12 Section 10503(b)(1) of the Patient Protection and
 13 Affordable Care Act of 2010 (42 U.S.C. 254b–2) is
 14 amended—

15 (1) in subparagraph (D), by striking “and” at
 16 the end;

17 (2) in subparagraph (E), by striking “and” at
 18 the end; and

19 (3) by inserting after subparagraph (E) the fol-
 20 lowing:

21 “(F) \$3,800,000,000 for fiscal year 2016;

22 “(G) \$4,300,000,000 for fiscal year 2017;

23 “(H) \$4,900,000,000 for fiscal year 2018;

24 “(I) \$5,600,000,000 for fiscal year 2019;

25 and

1 “(J) \$6,400,000,000 for fiscal year 2020;
2 and”.

3 **SEC. 4. INCREASING THE PRIMARY CARE PROVIDER WORK-**
4 **FORCE.**

5 (a) REAUTHORIZATION OF THE TEACHING HEALTH
6 CENTERS PROGRAM.—Section 340H of the Public Health
7 Service Act (42 U.S.C. 256h) is amended—

8 (1) in subsection (a), by striking “subsection
9 (h)(2)” and inserting “subsection (i)(2)”;

10 (2) in subsection (g)—

11 (A) by striking “such sums” and all that
12 follows through the period at the end and in-
13 serting “\$800,000,000 for the period of fiscal
14 years 2016 through 2020.”; and

15 (B) by adding at the end the following:
16 “Any amounts appropriated under this sub-
17 section for any of fiscal years 2011 through
18 2020 and remaining unexpended at the end of
19 the fiscal year involved may be used in subse-
20 quent fiscal years to carry out this section.”;

21 (3) in subsection (h)(2)—

22 (A) in the paragraph heading, by adding at
23 the end the following: “; SUBMISSION TO CON-
24 GRESS”; and

25 (B) by adding at the end the following:

1 “(C) SUBMISSION TO CONGRESS.—The
 2 Secretary shall annually submit to Congress a
 3 report that contains a compilation of the data
 4 submitted to the Secretary under paragraph (1)
 5 for the year involved.”;

6 (4) by redesignating subsections (h) through (j)
 7 as subsections (i) through (k), respectively; and

8 (5) by inserting after subsection (g), the fol-
 9 lowing:

10 “(h) LIMITATION.—The Secretary shall establish a
 11 minimum per resident per year payment amount for fund-
 12 ing of all approved teaching health center graduate med-
 13 ical education positions under this section that shall be
 14 not less than the per resident per year payment amount
 15 as of January 1, 2013, and ensure that not less than such
 16 amount is provided to all teaching health center graduate
 17 medical education programs for all approved positions.”.

18 (b) TEACHING HEALTH CENTERS DEVELOPMENT
 19 GRANTS.—Section 749A(g) of the Public Health Service
 20 Act (42 U.S.C. 293l–1(g)) is amended by striking “each
 21 fiscal year thereafter” and inserting “each of fiscal years
 22 2013 through 2020 and each fiscal year thereafter”.

23 (c) NATIONAL HEALTH CARE WORKFORCE COMMIS-
 24 SION.—Section 5101 of the Patient Protection and Afford-
 25 able Care Act (42 U.S.C. 294q) is amended—

1 (1) in subsection (h)—

2 (A) by striking paragraphs (1) and (2) and
3 inserting the following:

4 “(1) APPROPRIATIONS.—There are authorized
5 to be appropriated, and there are appropriated, out
6 of any monies in the Treasury not otherwise appro-
7 priated, \$10,000,000 for each fiscal year to carry
8 out this section.”; and

9 (B) by redesignating paragraph (3) as
10 paragraph (2); and

11 (2) in subsection (d)—

12 (A) in paragraph (7), by adding at the end
13 “Whenever feasible, Congress and the Depart-
14 ment of Health and Human Services shall rec-
15 ognize and implement such recommendations.”;
16 and

17 (B) by adding at the end the following:

18 “(9) DATA TRACKING.—

19 “(A) DATA TRACKING MECHANISM.—The
20 Commission shall develop, or enter into a con-
21 tract with another entity to develop, a mecha-
22 nism for tracking information on the career
23 paths of graduates of medical schools and resi-
24 dency programs, as described in subparagraph

1 (B), and shall make such information publicly
2 available.

3 “(B) RECORDKEEPING.—The Commission
4 shall collect or ensure the collection of data,
5 using the mechanism developed under subpara-
6 graph (A), concerning—

7 “(i) the specialty and subspecialty
8 training of all graduates of medical schools
9 receiving Federal funding; and

10 “(ii) the professional trajectory of all
11 graduates of medical schools receiving Fed-
12 eral funding for not less than 15 years
13 after each individual graduates from med-
14 ical school, including data concerning grad-
15 uates who practice medicine—

16 “(I) in underserved areas such as
17 health professional shortage areas (as
18 defined by the National Health Serv-
19 ice Corps under section 332 of the
20 Public Health Service Act (42 U.S.C.
21 254e));

22 “(II) with medically underserved
23 populations (as defined in section
24 330(b)(3) of the Public Health Serv-
25 ice Act (42 U.S.C. 254b(b)(3)));

1 “(III) in Federally qualified
 2 health centers (as defined in section
 3 1905(l)(2)(B) of the Social Security
 4 Act (42 U.S.C. 1396d(l)(2)(B)));

5 “(IV) rural health clinics (under
 6 title XVIII of the Social Security Act
 7 (42 U.S.C. 1395 et seq.));

8 “(V) the health care system of
 9 the Department of Veterans Affairs;
 10 and

11 “(VI) clinics of the Indian Health
 12 Services.”.

13 (d) REAUTHORIZATION OF FAMILY NURSE PRACTI-
 14 TIONER RESIDENCY TRAINING PROGRAM.—Section
 15 5316(i) of the Patient Protection and Affordable Care Act
 16 (42 U.S.C. 296j–1(i)) is amended by striking “such sums”
 17 and all that follows through the period at the end and
 18 inserting “\$75,000,000 for the period of fiscal years 2015
 19 through 2019.”.

20 (e) REAUTHORIZATION OF NURSE FACULTY LOAN
 21 PROGRAM.—Section 846A(f) of the Public Health Service
 22 Act (42 U.S.C. 297n–1(f)) is amended by striking “2014”
 23 and inserting “2019”.

24 (f) REAUTHORIZATION OF PRIMARY CARE RESI-
 25 DENCY EXPANSION PROGRAM.—Section 747(c)(1) of the

1 Public Health Service Act (42 U.S.C. 293k(e)(1)) is
 2 amended by striking “\$125,000,000” and all that follows
 3 through the period at the end and inserting
 4 “\$168,000,000 for the period of fiscal years 2015 through
 5 2019.”.

6 (g) REAUTHORIZATION OF THE AREA HEALTH EDU-
 7 CATION CENTERS.—Section 751(j)(1) of the Public
 8 Health Service Act (42 U.S.C. 294a(j)(1)) is amended by
 9 striking “2010 through 2014” and inserting “2015
 10 through 2019”.

11 **SEC. 5. INCREASING PAYMENT FOR PRIMARY CARE.**

12 (a) REQUIREMENT CONCERNING CONSULTATION
 13 WITH ORGANIZATIONS OR OTHER ENTITIES.—In deter-
 14 mining physician fees for the purpose of payments under
 15 the Medicare program under title XVIII of the Social Se-
 16 curity Act (42 U.S.C. 1395 et seq.), the Secretary of
 17 Health and Human Services shall not consult with an or-
 18 ganization or other entity representing physicians unless
 19 at least 50 percent of the members of such organization
 20 or entity, at the time of such consultation, are primary
 21 care physicians.

22 (b) INCENTIVE PAYMENT PROGRAM FOR PRIMARY
 23 CARE SERVICES.—Section 1833(x)(1) of the Social Secu-
 24 rity Act (42 U.S.C. 1395l(x)(1)) is amended by striking
 25 “2016” and inserting “2020”.

1 (c) PERMANENT APPLICATION OF MEDICARE PAY-
 2 MENT RATE FLOOR TO PRIMARY CARE SERVICES FUR-
 3 NISHED UNDER MEDICAID.—

4 (1) IN GENERAL.—Section 1902(a)(13)(C) of
 5 the Social Security Act (42 U.S.C. 1396a(a)(13)(C))
 6 is amended by striking “and 2014” and inserting
 7 “or any year thereafter”.

8 (2) INCREASED FMAP.—Section 1905(dd) of
 9 the Social Security Act (42 U.S.C. 1396d(dd)) is
 10 amended by striking “and before January 1, 2015,”.

11 (3) EFFECTIVE DATE.—The amendments made
 12 by this subsection take effect on January 1, 2015.

13 **SEC. 6. ACCOUNTABILITY FOR FEDERAL FUNDS AT MED-**
 14 **ICAL SCHOOLS.**

15 (a) FAMILY MEDICINE OR PRIMARY CARE DEPART-
 16 MENT.—A medical school that receives Federal funds for
 17 any purpose shall—

18 (1) maintain in such medical school a family
 19 medicine or primary care department; and

20 (2) require for all students at least 8 weeks of
 21 rotations in family medicine or community-oriented
 22 primary care during the third year of training.

23 (b) REPORTING ON MEETING HEALTH CARE WORK-
 24 FORCE NEEDS.—A medical school that receives Federal
 25 funds for any purpose shall—

1 (1) prepare an annual report—

2 (A) responding to the data with respect to
 3 such medical school that is collected under sec-
 4 tion 5101(d)(9) of the Patient Protection and
 5 Affordable Care Act (as added by section
 6 4(c)(2)(B)); and

7 (B) detailing the actions the medical school
 8 is taking to meet the health care workforce
 9 needs in the school’s community and across the
 10 Nation; and

11 (2) submit such report to the Secretary of
 12 Health and Human Services and the National
 13 Health Care Workforce Commission.

14 **SEC. 7. INCREASING OPPORTUNITIES AND ACCOUNT-**
 15 **ABILITY FOR PRIMARY CARE RESIDENCY**
 16 **TRAINING.**

17 (a) ADDITIONAL RESIDENCY POSITIONS FOR TRAIN-
 18 ING IN FAMILY MEDICINE.—

19 (1) IN GENERAL.—Section 1886(h) of the So-
 20 cial Security Act (42 U.S.C. 1395ww(h)) is amend-
 21 ed—

22 (A) in paragraph (4)(F)(i), by striking
 23 “paragraphs (7) and (8)” and inserting “para-
 24 graphs (7), (8), and (9)”;

1 (B) in paragraph (4)(H)(i), by striking
2 “paragraphs (7) and (8)” and inserting “para-
3 graphs (7), (8), and (9)”;

4 (C) in paragraph (7)(E), by inserting
5 “paragraph (9),” after “paragraph (8),”; and

6 (D) by adding at the end the following new
7 paragraph:

8 “(9) ADDITIONAL RESIDENCY POSITIONS FOR
9 TRAINING IN FAMILY MEDICINE.—

10 “(A) IN GENERAL.—

11 “(i) DISTRIBUTION.—For fiscal year
12 2014 (and succeeding fiscal years if the
13 Secretary determines that there are addi-
14 tional residency positions available to dis-
15 tribute under subparagraph (D)), the Sec-
16 retary shall increase the otherwise applica-
17 ble resident limit for each qualifying hos-
18 pital that submits a timely application
19 under this subparagraph by such number
20 as the Secretary may approve for portions
21 of cost reporting periods occurring on or
22 after July 1 of the fiscal year of the in-
23 crease. Such additional residency positions
24 shall be for approved medical residency

1 training programs (as defined in para-
2 graph (5)(A)) in family medicine.

3 “(ii) REQUIREMENTS.—Subject to
4 clause (iii), a hospital that receives an in-
5 crease in the otherwise applicable resident
6 limit under this paragraph shall ensure,
7 during the 5-year period beginning on the
8 date of such increase, that—

9 “(I) the number of full-time
10 equivalent residents in family medi-
11 cine (as determined by the Secretary),
12 excluding any additional positions
13 under subclause (II), is not less than
14 the average number of full-time equiv-
15 alent residents in family medicine (as
16 so determined) during the 3 most re-
17 cent cost reporting periods ending
18 prior to the date of enactment of this
19 paragraph; and

20 “(II) 100 percent of the positions
21 attributable to such increase are in an
22 approved medical residency training
23 program in family medicine (as deter-
24 mined by the Secretary).

1 “(iii) REDISTRIBUTION OF POSITIONS
 2 IF HOSPITAL NO LONGER MEETS CERTAIN
 3 REQUIREMENTS.—In the case where the
 4 Secretary determines that a hospital de-
 5 scribed in clause (ii) does not meet either
 6 of the requirements under subclause (I) or
 7 (II) of such clause, the Secretary shall—

8 “(I) reduce the otherwise applica-
 9 ble resident limit of the hospital by
 10 the amount by which such limit was
 11 increased under this paragraph; and

12 “(II) provide for the distribution
 13 of positions attributable to such re-
 14 duction in accordance with the re-
 15 quirements of this paragraph.

16 “(B) AGGREGATE NUMBER OF IN-
 17 CREASES.—The aggregate number of increases
 18 in the otherwise applicable resident limit under
 19 this paragraph shall be equal to 2,000.

20 “(C) TIMING.—The Secretary shall notify
 21 hospitals of the number of positions distributed
 22 to the hospital under this paragraph as result
 23 of an increase in the otherwise applicable resi-
 24 dent limit by January 1 of the fiscal year of the
 25 increase. Such increase shall be effective for

1 portions of cost reporting periods beginning on
2 or after July 1 of that fiscal year.

3 “(D) POSITIONS NOT DISTRIBUTED DUR-
4 ING FISCAL YEAR 2014.—If the number of resi-
5 dent full-time equivalent positions distributed
6 under this paragraph in fiscal year 2014 is less
7 than the aggregate number of positions avail-
8 able for distribution in the fiscal year under
9 subparagraph (B), the Secretary shall conduct
10 an application and distribution process in sub-
11 sequent fiscal years until such time as the ag-
12 gregate number of positions distributed under
13 this paragraph is equal to the aggregate num-
14 ber under subparagraph (B).

15 “(E) CONSIDERATION IN DISTRIBUTION.—
16 In determining for which hospitals the increase
17 in the otherwise applicable resident limit is pro-
18 vided under this paragraph, the Secretary shall
19 prioritize training programs with an emphasis
20 on community-based training, and shall
21 prioritize hospitals with a demonstrated likeli-
22 hood of filling the positions with residents who
23 will practice in health professional shortage
24 areas (as defined by the National Health Serv-
25 ice Corps under section 332 of the Public

1 Health Service Act (42 U.S.C. 254e)) or with
 2 medically underserved populations (as defined
 3 in section 330(b)(3) of the Public Health Serv-
 4 ice Act (42 U.S.C. 254b(b)(3))), as determined
 5 by the Secretary.

6 “(F) DEFINITION OF OTHERWISE APPLICA-
 7 BLE RESIDENT LIMIT.—In this paragraph, the
 8 term ‘otherwise applicable resident limit’
 9 means, with respect to a hospital, the limit oth-
 10 erwise applicable under subparagraphs (F)(i)
 11 and (H) of paragraph (4) on the resident level
 12 (as defined in paragraph (7)(C)(i)) for the hos-
 13 pital determined without regard to this para-
 14 graph but taking into account paragraphs
 15 (7)(A), (7)(B), (8)(A), and (8)(B).”.

16 (2) IME.—

17 (A) IN GENERAL.—Section
 18 1886(d)(5)(B)(v) of the Social Security Act (42
 19 U.S.C. 1395ww(d)(5)(B)(v)), in the second sen-
 20 tence, is amended by striking “subsections
 21 (h)(7) and (h)(8)” and inserting “subsections
 22 (h)(7), (h)(8), and (h)(9)”.

23 (B) CONFORMING PROVISION.—Section
 24 1886(d)(5)(B) of the Social Security Act (42
 25 U.S.C. 1395ww(d)(5)(B)) is amended—

1 (i) by redesignating clause (x), as
 2 added by section 5505(b) of the Patient
 3 Protection and Affordable Care Act (Public
 4 Law 111–148), as clause (xi) and moving
 5 such clause 4 ems to the left; and

6 (ii) by adding after clause (xi), as re-
 7 designated by subparagraph (A), the fol-
 8 lowing clause:

9 “(xii) For discharges occurring on or after July
 10 1, 2014, insofar as an additional payment amount
 11 under this subparagraph is attributable to resident
 12 positions distributed to a hospital under subsection
 13 (h)(9), the indirect teaching adjustment factor shall
 14 be computed in the same manner as provided under
 15 clause (ii) with respect to such resident positions.”.

16 (b) REQUIREMENTS TO IMPROVE TRANSPARENCY.—

17 (1) IN GENERAL.—Section 1886(h) of the So-
 18 cial Security Act (42 U.S.C. 1395ww(h)), as amend-
 19 ed by subsection (a)(1), is amended by adding at the
 20 end the following new paragraph:

21 “(10) REQUIREMENTS.—

22 “(A) IN GENERAL.—Notwithstanding the
 23 preceding provisions of this subsection, for fis-
 24 cal year 2014 and subsequent fiscal years, a
 25 hospital shall not receive any payments under

1 this subsection or subsection (d)(5)(B) (or any
2 other payments under this title for graduate
3 medical education costs) in a fiscal year unless
4 the hospital complies with the following require-
5 ments, as determined by the Secretary:

6 “(i) The hospital has an approved
7 medical residency program in—

8 “(I) family medicine; or

9 “(II) adult or all-age primary
10 care.

11 “(ii) Each fiscal year (beginning with
12 fiscal year 2014), the hospital submits to
13 the Secretary a report that contains the
14 following information with respect to resi-
15 dents of the hospital:

16 “(I) The total amount of money
17 generated by the residents (by resi-
18 dency type) in each year of their resi-
19 dency program.

20 “(II) The total amount of Fed-
21 eral funding provided to the hospital
22 for training residents, by residency
23 type, in each year of the residency
24 program.

1 “(III) The average number of in-
 2 patient and outpatient encounters per
 3 year by residency type in inpatient
 4 and outpatient settings.

5 “(IV) A justification for the hos-
 6 pital’s allocation of residency slots
 7 across specialties and subspecialties
 8 that is responsive to local and na-
 9 tional health care workforce needs and
 10 recommendations put forth by the Na-
 11 tional Health Care Workforce Com-
 12 mission.

13 “(V) A detailed breakdown of
 14 how the hospital uses amounts re-
 15 ceived under this subsection and
 16 under subsection (d)(5)(B).

17 “(B) PUBLIC AVAILABILITY.—Not later
 18 than 30 days after receiving the report under
 19 subparagraph (A)(ii), the Secretary shall post
 20 the information described in subclauses (I)
 21 through (VI) of such subparagraph on the
 22 Internet Website of the Centers for Medicare &
 23 Medicaid Services.”.

24 (2) IME.—Section 1886(d)(5)(B) of the Social
 25 Security Act (42 U.S.C. 1395ww(d)(5)(B)), as

1 amended by subsection (a)(2)(B), is amended by
2 adding at the end the following new clause:

3 “(xiii) The requirements under subsection
4 (h)(10) shall apply to payments under this subpara-
5 graph in the same manner as such requirements
6 apply to payments under such subsection.”.

7 **SEC. 8. HEALTH CARE FOR THE UNINSURED.**

8 A hospital or health care provider that accepts any
9 payment under the Medicare program under title XVIII
10 of the Social Security Act (42 U.S.C. 1395 et seq.) or the
11 Medicaid program under title XIX of the Social Security
12 Act (42 U.S.C. 1396 et seq.) shall not charge an individual
13 without health insurance coverage an amount for any med-
14 ical service that exceeds the amount such hospital or
15 health care provider receives under the Medicare program
16 for such service.

○