

115TH CONGRESS
1ST SESSION

H. R. 2906

To amend the Public Health Service Act with respect to the designation of general surgery shortage areas, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 15, 2017

Mr. BUCSHON (for himself and Mr. BERA) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with respect to the designation of general surgery shortage areas, 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 “Ensuring Access to
5 General Surgery Act of 2017”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) According to the Bureau of Health Work-
9 force, the United States faces a shortage of physi-
10 cians.

1 (2) A 2016 study entitled “Supply and Demand
2 of General Surgeons: Projections From 2014–2030”,
3 prepared by the University of North Carolina at
4 Chapel Hill for the American College of Surgeons,
5 found that the supply of general surgeons will grow
6 slightly by 2030 but will not keep up with overall
7 growth in the United States population or demand
8 for surgical services.

9 (3) A 2017 report released by the Association
10 of American Medical Colleges projects shortages of
11 between 19,800 and 29,000 surgeons by 2030.

12 (4) In order to accurately prepare for future
13 physician workforce demands, comprehensive, impar-
14 tial research and high quality data are needed to in-
15 form dynamic projections of physician workforce
16 needs.

17 (5) A variety of factors, including health out-
18 comes, utilization trends, growing and aging popu-
19 lations, and delivery system changes, influence work-
20 force needs and should be considered as part of
21 flexible projections of workforce needs.

22 (6) Given the particularly acute needs in many
23 rural and other surgical workforce shortage areas,
24 additional efforts to assess the adequacy of the cur-
25 rent general surgeon workforce are necessary.

1 **SEC. 3. STUDY ON DESIGNATION OF GENERAL SURGERY**
2 **SHORTAGE AREAS.**

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

6 **“Subpart XIII—General Surgery Shortage Areas**
7 **“SEC. 340J. DESIGNATION OF GENERAL SURGERY SHORT-**
8 **AGE AREAS.**

9 “(a) GENERAL SURGERY SHORTAGE AREA DE-
10 FINED.—For purposes of this section, the term ‘general
11 surgery shortage area’ means, with respect to an urban,
12 suburban or rural area in the United States, an area that
13 has a population that is underserved by general surgeons.

14 “(b) STUDY AND REPORT.—

15 “(1) STUDY.—The Secretary, acting through
16 the Administrator of the Health Resources and Serv-
17 ices Administration, shall conduct a study on the fol-
18 lowing matters relating to access by underserved
19 populations to general surgeons:

20 “(A) Whether current shortage designa-
21 tions, such as the designation of health profes-
22 sional shortage areas under section 332, results
23 in accurate assessments of the adequacy of local
24 general surgeons to address the needs of under-
25 served populations in urban, suburban, or rural
26 areas.

1 “(B) Whether another measure of access
2 to general surgeons by underserved populations,
3 such as one based on general surgeons prac-
4 ticing within hospital service areas, would pro-
5 vide more accurate assessments of shortages in
6 the availability of local general surgeons to
7 meets the needs of those populations.

8 “(C) Potential methodologies for the des-
9 ignation of general surgery shortage areas, in-
10 cluding the methodology described in paragraph
11 (2).

12 “(2) METHODOLOGY FOR THE DESIGNATION OF
13 AREAS.—Among the methodologies considered under
14 paragraph (1)(C) for the designation of general sur-
15 gery shortage areas, the Secretary shall analyze the
16 effectiveness and accuracy of the following method-
17 ology:

18 “(A) DEVELOPMENT OF SURGERY SERVICE
19 AREAS.—Development of surgery service areas
20 through the identification of hospitals with sur-
21 gery services and the identification of popu-
22 lations by zip code areas using Medicare patient
23 origin data.

1 “(B) IDENTIFICATION OF SURGEONS.—
2 Identification of all actively practicing general
3 surgeons.

4 “(C) SURGEON TO POPULATION RATIOS.—
5 Development of general surgeon-to-population
6 ratios for each surgery service area.

7 “(D) THRESHOLDS.—Determination of
8 threshold general surgeon-to-population ratios
9 for the number of general surgeons necessary to
10 treat a population for each of the following lev-
11 els:

12 “(i) Optimal supply of general sur-
13 geons.

14 “(ii) Adequate supply of general sur-
15 geons.

16 “(iii) Shortage of general surgeons.

17 “(iv) Critical shortage of general sur-
18 geons.

19 “(3) REPORT.—Not later than one year after
20 the date of the enactment of this subpart, the Sec-
21 retary shall submit to Congress a report on the
22 study conducted under this subsection.

23 “(4) CONSULTATION.—In conducting the study
24 under paragraph (1), the Secretary shall consult
25 with relevant stakeholders, including medical soci-

1 eties, organizations representing surgical facilities,
2 organizations with expertise in general surgery, and
3 organizations representing patients.

4 “(5) PUBLICATION OF DATA.—The Secretary
5 shall periodically collect and publish in the Federal
6 Register—

7 “(A) data comparing the availability and
8 need of general surgery services in urban, sub-
9 urban or rural areas in the United States; and

10 “(B) if the Secretary designates one or
11 more general surgery shortage areas under sub-
12 section (c), a list of the areas so designated.

13 “(c) DESIGNATION OF GENERAL SURGERY SHORT-
14 AGE AREAS.—

15 “(1) METHODOLOGY DEVELOPED THROUGH
16 REGULATION.—Not later than 12 months after the
17 date of the submission of the report under sub-
18 section (b)(3), the Secretary may establish, through
19 notice and comment rulemaking, a methodology for
20 the designation of general surgery shortage areas
21 under this section.

22 “(2) REQUIREMENTS.—If the Secretary elects
23 to develop methodology under paragraph (1), the fol-
24 lowing shall apply:

1 “(A) Using the methodology established
2 under paragraph (1) and taking into consider-
3 ation the data referred to in subsection (b)(5),
4 the Secretary shall—

5 “(i) designate general surgery short-
6 age areas in the United States;

7 “(ii) publish a descriptive list of the
8 areas; and

9 “(iii) review annually, and, as nec-
10 essary, revise such designations.

11 “(B) The Secretary shall follow similar
12 procedures with respect to notice to appropriate
13 parties, opportunities for comment, dissemina-
14 tion of information, and reports to Congress in
15 designating general surgery shortage areas
16 under this section as those that apply to the
17 designation of health professional shortage
18 areas under section 332.

19 “(C) In designating general surgery short-
20 age areas under this subsection, the Secretary
21 shall consult with relevant stakeholders, includ-
22 ing medical societies, organizations representing
23 surgical facilities, organizations with expertise

1 in general surgery, and organizations rep-
2 resenting patients.”.

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