

116TH CONGRESS
1ST SESSION

S. 2902

To enhance the rural health workforce, and for other purposes.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 20, 2019

Ms. SMITH (for herself and Mr. BARRASSO) introduced the following bill;
which was read twice and referred to the Committee on Health, Edu-
cation, Labor, and Pensions

A BILL

To enhance the rural health workforce, 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 “Strengthening Our
5 Rural Health Workforce Act of 2019”.

1 **TITLE I—SUPPORTING PRIMARY**
2 **CARE WORKFORCE**

3 **SEC. 101. REAUTHORIZATION OF PRIMARY CARE TRAINING**
4 **AND ENHANCEMENT PROGRAM.**

5 Section 747 of the Public Health Service Act (42
6 U.S.C. 293k) is amended—

7 (1) in subsection (a), by adding at the end the
8 following:

9 “(3) PRIORITIES IN MAKING AWARDS.—

10 “(A) IN GENERAL.—In awarding grants or
11 contracts under paragraph (1), the Secretary
12 shall give priority to qualified applicants that
13 train residents in rural and Tribal training lo-
14 cations for equal to or greater than 50 percent
15 of training time.

16 “(B) RURAL TRAINING LOCATION.—In this
17 paragraph, the term ‘rural training location’
18 means a location in which training occurs that,
19 based on the 2010 census or any subsequent
20 census adjustment, meets one or more of the
21 following criteria:

22 “(i) The training occurs in a location
23 that is a rural area (as defined in section
24 1886(d)(2)(D) of the Social Security Act).

“(ii) The training occurs on an Indian reservation, public domain Indian allotment, former Indian reservation in Oklahoma, or land held by an incorporated Native group, regional corporation, or village corporation under the provisions of the Alaska Native Claims Settlement Act.

“(iii) The training occurs in a location that has a rural-urban commuting area code equal to or greater than 4.0.

“(iv) The training occurs in a location that is within 10 miles of a sole community hospital (as defined in subsection (d)(5)(D)(iii)).”; and

(2) in subsection (c)—

(A) in paragraph (1), by striking “\$125,000,000” and all that follows through the period at the end and inserting “\$125,000,000 for fiscal year 2020, and such sums as may be necessary for each of fiscal years 2021 through 2024.”; and

(B) in paragraph (3), by striking “2010 through 2014” and inserting “2020 through 2024”.

1 **SEC. 102. REAUTHORIZATION OF AREA HEALTH EDU-**
2 **CATION CENTERS.**

3 Section 751(j)(1) of the Public Health Service Act
4 (42 U.S.C. 294a(j)(1)) is amended by striking
5 “\$125,000,000 for each of the fiscal years 2010 through
6 2014” and inserting “\$125,000,000 for each of fiscal
7 years 2020 through 2024”.

8 **TITLE II—RURAL HEALTH CARE**
9 **WORKFORCE COMMISSION**

10 **SEC. 201. RURAL HEALTH CARE WORKFORCE COMMISSION.**

11 (a) PURPOSE.—It is the purpose of this section to
12 establish a National Rural Health Care Workforce Com-
13 mission that develops short- and long-term solutions to ad-
14 dress the systemic workforce shortages in rural and fron-
15 tier localities, and—

16 (1) communicates and coordinates with the De-
17 partment of Health and Human Services (including
18 the Indian Health Service), the Department of Agri-
19 culture, the Department of Labor, The Department
20 of Veterans Affairs, the Department of Homeland
21 Security, the Department of Education, the Depart-
22 ment of the Interior, and any Federal advisory com-
23 mittees determined appropriate by the Secretary of
24 Health and Human Services, on related activities
25 administered by one or more of such Departments
26 and committees;

1 (2) develops and commissions evaluations of
2 education and training activities needed to address
3 shortages in geographically diverse rural and Indian
4 Tribal communities;

5 (3) identifies legislative, administrative, and
6 other barriers to addressing shortages and improving
7 coordination at the Federal, State, Tribal, and local
8 levels and recommend ways to address such barriers;

9 (4) encourages the development and implemen-
10 tation of strategies to address rural, Tribal, and
11 frontier population needs; and

12 (5) identifies innovative models used to improve
13 access to and quality of care in underserved rural
14 areas with shortages.

15 (b) ESTABLISHMENT.—There is hereby established
16 the National Workforce Commission on Rural and Fron-
17 tier Health Care (referred to in this section as the “Com-
18 mission”).

19 (c) MEMBERSHIP.—

20 (1) NUMBER AND APPOINTMENT.—The Com-
21 mission shall be composed of not less than 9 mem-
22 bers to be appointed by the Comptroller General,
23 without regard to section 5 of the Federal Advisory
24 Committee Act (5 U.S.C. App.), and shall consult
25 with the Administrator of the Health Resources and

1 Services Administration (referred to in this section
2 as the “Administrator”).

3 (2) QUALIFICATIONS.—

4 (A) IN GENERAL.—The membership of the
5 Commission shall include a diverse composite of
6 individuals—

7 (i) who are—

8 (I) leaders of rural, Tribal, and
9 frontier health care workforce edu-
10 cation or training programs or rural
11 training tracks;

12 (II) nationally recognized for
13 their expertise in—

14 (aa) rural, Tribal, or fron-
15 tier health care labor market
16 analysis;

17 (bb) rural, Tribal, or fron-
18 tier health care facility manage-
19 ment;

20 (cc) rural health integrated
21 delivery systems;

22 (dd) providing rural, Tribal,
23 and frontier health care services;

1 (ee) rural, Tribal, and fron-
 2 tier health care needs, trends,
 3 and disparities;

4 (ff) rural, Tribal, and fron-
 5 tier behavioral health; or

6 (gg) rural, Tribal, and fron-
 7 tier health workforce shortages;

8 (III) rural health workforce re-
 9 cruitment and retention experts; and

10 (IV) relevant professional asso-
 11 ciation members; and

12 (ii) who will provide a combination of
 13 professional perspectives, and broad geo-
 14 graphic representation of rural and fron-
 15 tier communities.

16 (B) ETHICAL DISCLOSURE.—The Adminis-
 17 trator shall establish a system for public disclo-
 18 sure by the Commission of financial and other
 19 potential conflicts of interest relating to the
 20 members of the Commission. Such members
 21 shall be treated as employees of Congress for
 22 purposes of applying title I of the Ethics in
 23 Government Act of 1978. Such members shall
 24 not be treated as special government employees
 25 under title 18, United States Code.

1 (3) TERMS.—

2 (A) IN GENERAL.—The terms of members
3 of the Commission shall be for 3 years except
4 that the Comptroller General shall designate
5 staggered terms for the members first ap-
6 pointed.

7 (B) VACANCIES.—Any member appointed
8 to fill a vacancy occurring before the expiration
9 of the term for which the member's predecessor
10 was appointed shall be appointed only for the
11 remainder of that term. A member may serve
12 after the expiration of that member's term until
13 a successor has taken office.

14 (4) COMPENSATION.—While serving on the
15 business of the Commission (including travel time),
16 a member of the Commission shall be entitled to
17 compensation at the per diem equivalent of the rate
18 provided for level IV of the Executive Schedule
19 under section 5315 of title 5, United States Code,
20 and while so serving away from home and the mem-
21 ber's regular place of business, a member may be al-
22 lowed travel expenses, as authorized by the Chair-
23 man of the Commission.

24 (5) CHAIRMAN, VICE CHAIRMAN.—The Comp-
25 troller General shall designate a member of the

1 Commission, at the time of appointment of the mem-
 2 ber, as Chairman and a member as Vice Chairman
 3 for that term of appointment, except that in the case
 4 of vacancy of the chairmanship or vice chairman-
 5 ship, the Comptroller General may designate another
 6 member for the remainder of that member's term.

7 (6) MEETINGS.—The Commission shall meet at
 8 the call of the chairman, but no less frequently than
 9 on a biannual basis.

10 (d) DUTIES.—

11 (1) IDENTIFY NEEDS AND BARRIERS.—The
 12 Commission shall—

13 (A) identify administrative, regulatory, and
 14 statutory barriers that prevent maximum utili-
 15 zation of current rural and Tribal health work-
 16 force programs with a special focus on Tribal
 17 and frontier workforce programs; and

18 (B) identify population health needs and
 19 trends, health disparities, and minority popu-
 20 lation health needs in rural, Tribal, and frontier
 21 localities.

22 (2) RECOMMEND SOLUTIONS TO BARRIERS.—
 23 The Commission shall—

24 (A) recognize the efforts of Federal, State,
 25 Tribal, and local partnerships to support ca-

1 reers in the provision of health care services in
2 rural areas;

3 (B) explore and report on nontraditional
4 care settings and delivery of care;

5 (C) disseminate information to rural health
6 care administrators on promising retention
7 practices for rural, Tribal, and frontier health
8 care professionals; and

9 (D) recommend solutions to Federal ad-
10 ministrative, regulatory, and statutory barriers
11 that impact the recruitment, education and
12 training, and retention of the rural, Tribal, and
13 frontier health care workforce.

14 (3) SPECIFIC TOPICS TO BE REVIEWED.—In
15 carrying out this subsection, the Commission shall
16 review—

17 (A) current rural, Tribal, and frontier
18 health care workforce supply and distribution,
19 including demographics, skill sets, public health
20 expertise, and demands, with projected de-
21 mands during the subsequent 10- and 25-year
22 periods;

23 (B) rural, Tribal, and frontier health care
24 workforce education and training capacity, in-
25 cluding the—

1 (i) number of students who have com-
2 pleted education and training, including
3 registered apprenticeships;

4 (ii) number of qualified faculty;

5 (iii) the education and training infra-
6 structure; and

7 (iv) the education and training de-
8 mands, with projected demands during the
9 subsequent 10- and 25-year periods;

10 (C) the impact of the rural and Tribal hos-
11 pital and rural hospital unit closures on rural,
12 Tribal, and frontier communities;

13 (D) the National Health Service Corps
14 under subpart II of part D of title III of the
15 Public Health Service Act (42 U.S.C. 254d et
16 seq.), the State Loan Repayment Program
17 under section 338I of the Public Health Service
18 Act (42 U.S.C. 254q-1), the education loan,
19 scholarship, and grant programs under titles
20 VII and VIII of the Public Health Service Act
21 (42 U.S.C. 292 et seq. and 296 et seq.), as well
22 as public service loan forgiveness programs ad-
23 ministered by the Department of Education;
24 and

1 (E) the impact of care delivery models,
2 some of which include the use of technology,
3 community health workers, and non-traditional
4 partners that leverage team-based care to im-
5 prove outcomes and address health care costs.

6 (4) HIGH PRIORITY AREAS.—In carrying out
7 this subsection, high priority should be given to—

8 (A) the education, development, recruit-
9 ment and retention of individuals—

10 (i) to fill primary care shortages of all
11 levels of licensure;

12 (ii) to undertake rural and Tribal
13 physician training tracks and programs;

14 (iii) to fill obstetric services shortages;

15 (iv) to address oral health care work-
16 force capacity at all levels;

17 (v) to address behavioral health care
18 workforce capacity at all levels;

19 (vi) to address addiction medicine
20 workforce shortages;

21 (vii) to fill the emergency medical
22 service workforce;

23 (viii) to address the workforce needs
24 of an aging population; and

1 (ix) to serve as telehealth providers;

2 and

3 (B) the development of new rural and
4 Tribal workforce and delivery models to better
5 meet changing needs of rural communities.

6 (5) RECOMMENDATIONS.—The Commission
7 shall submit recommendations to the Committee on
8 Health, Education, Labor, and Pensions of the Sen-
9 ate and the Committee on Energy and Commerce of
10 the House of Representatives, and appropriate de-
11 partments of the Administration.

12 (6) CONSULT AND OBTAINING DATA.—The
13 Commission shall consult with and obtain necessary
14 data from all relevant Federal agencies (including
15 the Department of Health and Human Services, the
16 Department of Agriculture, the Department of
17 Labor, The Department of Veterans Affairs, the De-
18 partment of Homeland Security, the Department of
19 Education, and the Department of the Interior),
20 Congress, the Medicare Payment Advisory Commis-
21 sion, the Medicaid and CHIP Payment and Access
22 Commission, and, to the extent practicable, State
23 and local agencies, voluntary health care organiza-
24 tions, professional societies, and other relevant pub-
25 lic-private health care partnerships.

1 (7) DETAIL OF FEDERAL GOVERNMENT EM-
 2 PLOYEES.—An employee of the Federal Government
 3 may be detailed to the Commission without reim-
 4 bursement. The detail of such an employee shall be
 5 without interruption or loss of civil service status.

6 (8) DATA COLLECTION.—In order to carry out
 7 its functions under this section, the Commission
 8 shall—

9 (A) utilize existing information, both pub-
 10 lished and unpublished, where possible, includ-
 11 ing in coordination with the Bureau of Labor
 12 Statistics;

13 (B) carry out, or award grants or con-
 14 tracts for the carrying out of, original research
 15 and development, where existing information is
 16 inadequate, and

17 (C) adopt procedures allowing interested
 18 parties to submit information for the Commis-
 19 sion's use in making reports and recommenda-
 20 tions.

21 (e) STATE HEALTH CARE WORKFORCE DEVELOP-
 22 MENT GRANTS.—

23 (1) ESTABLISHMENT.—The Secretary of Health
 24 and Human Services (referred to in this subsection
 25 as the “Secretary”), acting through the Adminis-

1 trator of the Health Resources and Services Admin-
2 istration, shall establish a competitive health care
3 workforce development grant program (referred to in
4 this subsection as the “program”) to award grants
5 to accomplish the objectives described in paragraph
6 (4).

7 (2) ELIGIBILITY.—The Secretary, acting
8 through the Administrator of the Federal Office of
9 Rural Health Policy, shall determine eligibility cri-
10 teria for grants under this subsection.

11 (3) FISCAL AND ADMINISTRATIVE AGENT.—The
12 Health Resources and Services Administration of the
13 Department of Health and Human Services shall be
14 the fiscal and administrative agent for grants award-
15 ed under this subsection. Such Administration is au-
16 thorized to carry out the program, in consultation
17 with the Commission, which shall review reports on
18 the development, implementation, and evaluation ac-
19 tivities under the grant program, including—

20 (A) administering the grants;

21 (B) providing technical assistance to grant-
22 ees; and

23 (C) reporting performance information to
24 the Commission.

1 (4) GRANTS.—The Secretary, acting through
2 the Administrator of Rural Health Policy, shall
3 award grants under the program for a period to be
4 determined by the Secretary—

5 (A) to enable grantees to develop a com-
6 prehensive plan to address workforce shortages
7 in rural areas;

8 (B) to implement the recommendations of
9 the Commission;

10 (C) to carry out activities leading to com-
11 prehensive rural and Tribal health care work-
12 force development strategies, including public
13 health workforce development, at the State and
14 local levels; and

15 (D) in a manner that ensures such grants
16 supplement rather than supplant the efforts of
17 grantees to address rural health workforce chal-
18 lenges.

19 (f) AUTHORIZATION OF APPROPRIATIONS.—

20 (1) AUTHORIZATION.—There are authorized to
21 be appropriated such sums as may be necessary to
22 carry out this section.

23 (2) SET ASIDE.—The Secretary shall set aside
24 5 percent of amounts appropriated under this sub-
25 section for direct grants to Indian Tribes (as such

1 term is defined in section 4 of the Indian Health
 2 Care Improvement Act (25 U.S.C. 1603)) and Trib-
 3 al organizations (as such term is defined in section
 4 4 of the Indian Self-Determination and Education
 5 Assistance Act (25 U.S.C. 450b)).

6 (3) GIFTS AND SERVICES.—The Commission
 7 may not accept gifts, bequeaths, or donations of
 8 property, but may accept and use donations of serv-
 9 ices for purposes of carrying out this section.

10 (g) DEFINITIONS.—

11 (1) HEALTH CARE WORKFORCE.—In this sec-
 12 tion, the term “health care workforce” has the
 13 meaning given such term in section 5101(i)(1) of the
 14 Patient Protection and Affordable Care Act (42
 15 U.S.C. 294q).

16 (2) TRIBAL.—In this section, the term “Tribal”
 17 has the same meaning given such term in section 4
 18 of the Indian Health Care Improvement Act (25
 19 U.S.C. 1603).

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