

119TH CONGRESS
2D SESSION

S. 3989

To amend the Public Health Service Act to provide community-based training opportunities for medical students in rural areas and medically underserved communities, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 4, 2026

Mr. CURTIS (for himself and Mr. KING) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide community-based training opportunities for medical students in rural areas and medically underserved communities, 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 “Community Training,
5 Education, and Access for Medical Students Act of 2026”
6 or the “Community TEAMS Act of 2026”.

1 **SEC. 2. GRANTS FOR COMMUNITY-BASED TRAINING FOR**
2 **MEDICAL STUDENTS IN RURAL AREAS AND**
3 **MEDICALLY UNDERSERVED COMMUNITIES.**

4 (a) IN GENERAL.—Section 330A of the Public
5 Health Service Act (42 U.S.C. 254c) is amended—

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

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

10 “(h) GRANTS FOR COMMUNITY-BASED TRAINING
11 FOR MEDICAL STUDENTS IN RURAL AREAS AND MEDI-
12 CALLY UNDERSERVED COMMUNITIES.—

13 “(1) GRANTS.—The Director may award grants
14 to eligible entities to expand the availability of com-
15 munity-based training for medical students in rural
16 areas and medically underserved communities, in-
17 cluding by supporting clinical rotations in health
18 care facilities in such areas and communities, includ-
19 ing in outpatient settings, to facilitate long-term,
20 sustainable physician practice in high-need commu-
21 nities.

22 “(2) PERIOD OF GRANTS.—A grant under this
23 subsection shall be for a period of 1 to 5 years, as
24 determined by the Director.

1 “(3) ELIGIBILITY.—To be eligible for a grant
2 under this subsection, an entity shall be a consor-
3 tium of the following:

4 “(A) One or more schools of osteopathic
5 medicine or allopathic medicine.

6 “(B) One or more of the following:

7 “(i) A rural health clinic.

8 “(ii) A Federally qualified health cen-
9 ter.

10 “(iii) A health care facility located in
11 a medically underserved community.

12 “(4) APPLICATIONS.—An eligible entity desiring
13 a grant under this subsection shall, in consultation
14 with the appropriate State office of rural health or
15 another appropriate State entity, submit to the Di-
16 rector an application at such time, in such manner,
17 and containing such information as the Director
18 may require, including—

19 “(A) a description of the project that the
20 eligible entity will carry out using the funds
21 provided through the grant;

22 “(B) an explanation of the reasons why
23 Federal assistance is required to carry out the
24 project;

1 “(C) a description of the manner in which
2 the project funded through the grant will en-
3 sure continuous quality improvement in the pro-
4 vision of services by the entity;

5 “(D) a description of how the populations
6 in the rural area or medically underserved com-
7 munity to be served through the grant will ex-
8 perience increased access to quality health care
9 services across the continuum of care as a re-
10 sult of the activities carried out by the entity;

11 “(E) a plan for sustaining the project after
12 Federal support for the project has ended;

13 “(F) a description of how the project will
14 be evaluated; and

15 “(G) such other information as the Direc-
16 tor determines to be appropriate.”.

17 (b) CONFORMING CHANGES.—Section 330A of the
18 Public Health Service Act (42 U.S.C. 254e) is amended—

19 (1) in subsection (a), by striking “and for the
20 planning and implementation of small health care
21 provider quality improvement activities” and insert-
22 ing “for the planning and implementation of small
23 health care provider quality improvement activities,
24 and for expanding the availability of community-

1 based training for medical students in rural areas
2 and medically underserved communities”;

3 (2) in subsection (b), by inserting “In this sec-
4 tion:” after “DEFINITIONS—”;

5 (3) in subsection (d)(2)—

6 (A) in subparagraph (A), by striking “sub-
7 sections (e), (f), and (g)” and inserting “sub-
8 sections (e), (f), (g), and (h)”;

9 (B) in subparagraph (B)—

10 (i) in clause (ii), by striking “and” at
11 the end;

12 (ii) in clause (iii), by striking the pe-
13 riod at the end and inserting “; and”;

14 (iii) by adding at the end the fol-
15 lowing:

16 “(iv) expand the availability of com-
17 munity-based training for medical students
18 in rural areas and medically underserved
19 communities under subsection (h).”;

20 (4) in subsection (j), as so redesignated, by
21 striking “subsections (e), (f), and (g)” and inserting
22 “subsections (e), (f), (g), and (h)”;

1 (5) in subsection (k), as so redesignated, by
2 striking “2021 through 2025” and inserting “2026
3 through 2030”.

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