

119TH CONGRESS
2D SESSION

S. 4582

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

IN THE SENATE OF THE UNITED STATES

MAY 20, 2026

Mr. SCHATZ (for himself, Mr. BARRASSO, Ms. CANTWELL, Mr. MARSHALL, and Ms. KLOBUCHAR) 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 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 2026”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

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

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

12 (3) A 2021 report released by the Association
13 of American Medical Colleges projects shortages in
14 all surgical specialties of between 15,800 and 30,200
15 surgeons by 2034.

16 (4) A 2020 report prepared by the Health Re-
17 sources and Services Administration for the Com-
18 mittee on Appropriations of the Senate found a mal-
19 distribution of general surgeons nationwide, with
20 rural areas having only 69 percent of the general
21 surgeons needed to meet demand for care.

22 (5) In order to accurately prepare for future
23 physician workforce demands, comprehensive, impar-
24 tial research and high-quality data are needed to in-

1 form dynamic projections of physician workforce
2 needs.

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

8 (7) Given the particularly acute needs in many
9 rural and other surgical workforce shortage areas,
10 additional efforts to assess the adequacy of the cur-
11 rent general surgeon workforce are necessary.

12 **SEC. 3. STUDY ON DESIGNATION OF GENERAL SURGICAL**
13 **HEALTH PROFESSIONAL SHORTAGE AREAS.**

14 Part D of title III of the Public Health Service Act
15 (42 U.S.C. 254b et seq.) is amended by adding at the end
16 the following:

17 **“Subpart XIII—General Surgery Shortage Areas**

18 **“SEC. 340J. DESIGNATION OF GENERAL SURGERY SHORT-**
19 **AGE AREAS.**

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

25 “(b) STUDY AND REPORT.—

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

6 “(A) Whether current shortage designa-
7 tions, such as the designation of health profes-
8 sional shortage areas under section 332, results
9 in accurate assessments of the adequacy of local
10 general surgeons to address the needs of under-
11 served populations in urban, suburban, or rural
12 areas.

13 “(B) Whether another measure of access
14 to general surgeons by underserved populations,
15 such as one based on general surgeons prac-
16 ticing within hospital service areas, would pro-
17 vide more accurate assessments of shortages in
18 the availability of local general surgeons to
19 meet the needs of those populations.

20 “(C) Potential methodologies for the des-
21 ignation of general surgery shortage areas, in-
22 cluding the methodology described in paragraph
23 (2).

24 “(2) METHODOLOGY FOR THE DESIGNATION OF
25 AREAS.—Among the methodologies considered under

1 paragraph (1)(C) for the designation of general sur-
2 gery shortage areas, the Secretary shall analyze the
3 effectiveness and accuracy of the following method-
4 ology:

5 “(A) DEVELOPMENT OF SURGERY SERVICE
6 AREAS.—Development of surgery service areas
7 through the identification of hospitals with sur-
8 gery services and the identification of popu-
9 lations by ZIP Code areas using Medicare pa-
10 tient origin data.

11 “(B) IDENTIFICATION OF SURGEONS.—
12 Identification of all actively practicing general
13 surgeons.

14 “(C) SURGEON TO POPULATION RATIOS.—
15 Development of general surgeon-to-population
16 ratios for each surgery service area.

17 “(D) THRESHOLDS.—

18 “(i) IN GENERAL.—Determination of
19 threshold general surgeon-to-population ra-
20 tios for the number of general surgeons
21 necessary to treat a population for each of
22 the following levels:

23 “(I) Optimal supply of general
24 surgeons.

1 “(II) Adequate supply of general
2 surgeons.

3 “(III) Shortage of general sur-
4 geons.

5 “(IV) Critical shortage of general
6 surgeons.

7 “(ii) CONSIDERATIONS.—In deter-
8 mining the thresholds under clause (i), the
9 Secretary shall not assume that the cur-
10 rent supply of general surgeons nationwide
11 is the optimal or adequate level and shall
12 consider additional factors such as wait
13 times, health outcomes, ground transpor-
14 tation time to the nearest health care cen-
15 ter with a general surgeon, critical access
16 hospitals with surgical capabilities but
17 lacking a general surgeon, and patient ex-
18 perience.

19 “(3) REPORT.—Not later than 1 year after the
20 date of the enactment of this subpart, the Secretary
21 shall submit to Congress a report on the study con-
22 ducted 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.—Based on the findings of the report
17 under subsection (b)(3), the Secretary may establish,
18 through notice and comment rulemaking, a method-
19 ology for the designation of general surgery shortage
20 areas under this section.

21 “(2) REQUIREMENTS.—If the Secretary elects
22 to develop a methodology under paragraph (1), the
23 following shall apply:

24 “(A) Using the methodology established
25 under paragraph (1) and taking into consider-

1 ation the data referred to in subsection (b)(5),
2 the Secretary shall—

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

5 “(ii) publish a descriptive list of the
6 areas; and

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

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

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

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