

112TH CONGRESS
2^D SESSION

H. R. 5888

To establish a demonstration program to facilitate physician reentry into clinical practice to provide required primary health services.

IN THE HOUSE OF REPRESENTATIVES

JUNE 1, 2012

Mr. SARBANES introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish a demonstration program to facilitate physician reentry into clinical practice to provide required primary health services.

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 “Physician Reentry
5 Demonstration Program Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) According to the American Academy of
9 Family Physicians, the shortage of primary care
10 physicians will reach 40,000 in the next 10 years, as

1 medical schools send about half of the needed num-
2 ber of graduates into primary care medicine.

3 (2) According to the Association of American
4 Medical Colleges, the overall shortage of physicians
5 in the United States is expected to grow to nearly
6 160,000 by 2025.

7 (3) Medical schools in the United States train
8 only approximately 20,000 new physicians every
9 year.

10 (4) The Department of Health and Human
11 Services estimates that the United States needs at
12 least 16,000 more primary care physicians.

13 (5) According to a survey of 1,600 pediatricians
14 over the age of 50 conducted by the Association of
15 American Medical Colleges and the American Acad-
16 emy of Pediatrics, 22 percent of female pediatricians
17 took extended leave (6 months or more) from medi-
18 cine, compared to only 6.5 percent of male pediatri-
19 cians. Seventy-one percent of the female pediatri-
20 cians who took extended leave did so to care for a
21 child or family member.

22 **SEC. 3. REENTRY PROGRAM FOR PHYSICIANS.**

23 (a) **ACTIVITIES OF THE SECRETARY.—**

24 (1) **ESTABLISHMENT OF DEMONSTRATION PRO-**
25 **GRAM.—**The Secretary of Health and Human Serv-

1 ices (referred to in this section as the “Secretary”)
2 shall establish a demonstration program to assist the
3 development of innovative programs that facilitate
4 physician reentry into clinical practice to provide re-
5 quired primary health services (as defined in section
6 330(b)(1)(A) of the Public Health Service Act (42
7 U.S.C. 254b(b)(1)(A)). The Secretary shall award
8 one grant, on a competitive basis, to an eligible enti-
9 ty in each of the 10 regions served by a regional of-
10 fice of the Department of Health and Human Serv-
11 ices.

12 (2) ADMINISTRATIVE ACTIVITIES.—The Sec-
13 retary shall use not more than 15 percent of the
14 funds appropriated to carry out this section to work
15 with key stakeholders to—

16 (A) conduct a national needs assessment
17 with regard to the supply of physicians who
18 provide required primary health services, using,
19 to the extent feasible, information collected for
20 use in other similar completed or forthcoming
21 studies, such as studies conducted by the Agen-
22 cy for Healthcare Research and Quality and the
23 Health Resources and Services Administration;

1 (B) develop a database that contains a di-
2 rectory of programs that help physicians reen-
3 ter clinical practice;

4 (C) disseminate evidence-based assess-
5 ments and evaluation tools to measure the basic
6 core competencies of physicians reentering clin-
7 ical practice that are consistent with the guide-
8 lines published by the Federation of State Med-
9 ical Boards for such physicians; and

10 (D) assist State regulatory authorities and
11 hospital credentialing committees to structure
12 requirements for physicians to return to clinical
13 practice in a manner that ensures patient safety
14 while addressing the burdens on such reentering
15 physicians.

16 (b) ELIGIBLE ENTITIES.—Entities eligible to receive
17 a grant under this section are the following:

18 (1) A State.

19 (2) A hospital.

20 (3) An academic medical center.

21 (4) A medical school.

22 (5) A health center (as defined in section
23 330(a) of the Public Health Service Act (42 U.S.C.
24 254b(a))).

1 (6) A non-profit organization with a dem-
2 onstrated history or expertise in providing physician
3 education and with the ability to offer programs spe-
4 cifically targeted at reentering physicians.

5 (c) APPLICATION.—In order to receive a grant under
6 this section, an eligible entity shall submit to the Secretary
7 an application at such time, in such manner, and con-
8 taining such information as the Secretary may require.

9 (d) USES OF FUNDS.—An eligible entity that receives
10 funds under this section shall use such funds to assist re-
11 entering physicians who meet the requirements of sub-
12 section (e) through any of the following:

13 (1) Training reentering physicians to reenter
14 clinical practice.

15 (2) Paying credentialing fees and other fees
16 that are necessary for reentering physicians to reen-
17 ter clinical practice.

18 (3) Paying the salaries of reentering physicians.

19 (4) Providing loan repayment assistance and
20 other financial assistance, including scholarships and
21 grants for education and training, to reentering phy-
22 sicians.

23 (e) REQUIREMENTS OF PARTICIPANTS.—

24 (1) SERVICE LOCATIONS.—To be eligible to re-
25 ceive benefits under subsection (d), a reentering phy-

1 sician who participates in a demonstration program
2 shall provide required primary health services at—

3 (A) a health center (as defined in section
4 330(a) of the Public Health Service Act (42
5 U.S.C. 254b(a)));

6 (B) a Veterans Administration Medical
7 Center if the Secretary of Veterans Affairs cer-
8 tifies that there is a shortage of physicians at
9 such medical center; or

10 (C) a school-based health center (as de-
11 fined in section 2110(e)(9) of the Social Secu-
12 rity Act (42 U.S.C. 1397jj(c)(9))).

13 (2) LENGTH OF SERVICE.—To be eligible to re-
14 ceive benefits under subsection (d), a reentering phy-
15 sician shall work at a location described in para-
16 graph (1) for not less than 2 years.

17 (f) LIABILITY PROTECTIONS.—A civil action brought
18 against a reentering physician who participates in a dem-
19 onstration program under this section and works at a loca-
20 tion described in subsection (e)(1) for damage for personal
21 injury, including death, resulting from performance of
22 medical, surgical, dental, or related functions by a reen-
23 tering physician acting within the scope of such reentering
24 physician's participation in a demonstration program,
25 shall be subject to section 224 of the Public Health Service

1 Act (42 U.S.C. 233) in the same manner as a civil action
2 described in subsection (a) of that section.

3 (g) ANNUAL REVIEW AND REPORT.—For any year
4 during which the demonstration program under this sec-
5 tion is carried out, the Secretary shall conduct a review
6 and comprehensive evaluation of such program and shall
7 prepare and submit to Congress a report assessing such
8 program, including an assessment of the performance of
9 the reentering physicians who participate in such program.

10 (h) REENTERING PHYSICIAN DEFINED.—In this sec-
11 tion, the term “reentering physician” means a physician,
12 as defined by section 1861(r)(1) of the Social Security Act
13 (42 U.S.C. 1395x(r)), who previously engaged in clinical
14 practice, and who returns to clinical practice in the dis-
15 cipline in which such person was trained or certified fol-
16 lowing an extended period (2 years or more) of clinical
17 inactivity after such person voluntarily chose to stop prac-
18 ticing.

19 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to carry out this section
21 such sums as may be necessary for fiscal year 2014.

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