

117<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 9105

To amend the Public Health Service Act to authorize the establishment of the National Medical Corps Program to create pathway programs for community college students to pursue premedical training and enter medical school, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 30, 2022

Ms. LEE of California (for herself, Ms. CHU, and Mr. BERA) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to authorize the establishment of the National Medical Corps Program to create pathway programs for community college students to pursue premedical training and enter medical school, 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 “National Medical  
5 Corps Act” or the “NMC Act”.

1 **SEC. 2. NATIONAL MEDICAL CORPS PROGRAMS.**

2 Part B of title VII of the Public Health Service Act  
3 (42 U.S.C. 293 et seq.) is amended by adding at the end  
4 the following:

5 **“SEC. 741A. NATIONAL MEDICAL CORPS PROGRAMS.**

6 “(a) IN GENERAL.—The Secretary, in consultation  
7 with the Secretary of Education and the Secretary of  
8 Labor, shall make grants to, and enter into contracts with,  
9 eligible entities for the purpose of establishing programs  
10 to assist community college students to pursue premedical  
11 training and enter medical school (referred to in this sec-  
12 tion as an ‘NMC Program’, by addressing—

13 “(1) the shortage of primary care physicians  
14 and psychiatrists in vulnerable and underserved  
15 communities; and

16 “(2) the widening disparities in access to care  
17 in such communities.

18 “(b) ELIGIBLE ENTITY.—An entity is eligible to re-  
19 ceive a grant or enter into a contract under this section  
20 if the entity is a school of medicine, an institution of high-  
21 er education, or a public or private nonprofit health or  
22 educational institution (other than a school of nursing)  
23 that—

24 “(1) forms a consortium that includes, at a  
25 minimum—

1           “(A) 3 community colleges in the region in  
2           which the consortium serves;

3           “(B) one 4-year public or private nonprofit  
4           undergraduate institution in the region;

5           “(C) one public or private nonprofit ac-  
6           credited medical school located in a State;

7           “(D) one primary care association or con-  
8           sortium of community health centers;

9           “(E) at least one community health center,  
10          inclusive of federally qualified health centers,  
11          federally qualified health center look-alikes,  
12          rural health centers, migrant health centers,  
13          frontier health centers, indian health service  
14          clinics, and free clinics; and

15          “(F) other such entities as considered ap-  
16          propriate by the Secretary; and

17          “(2) has established, or commits to establish, a  
18          community advisory board that is—

19                 “(A) comprised of local business, edu-  
20                 cation, health industry, and other community  
21                 leaders to oversee and guide the programmatic  
22                 direction of the program; and

23                 “(B) intended to guide the unique estab-  
24                 lishment of regional partnerships and opportu-  
25                 nities for students along the pathway to support

1           the accomplishment of its targets for student  
2           outcomes.

3           “(c) APPLICATION; SELECTION.—

4           “(1) APPLICATION.—An eligible entity seeking  
5           a grant under this section shall submit an applica-  
6           tion at such time and in such manner as the Sec-  
7           retary may require. Such application shall contain—

8                   “(A) the name of the entity selected to op-  
9                   erate as the lead entity of the consortium;

10                   “(B) documentation supporting the entity’s  
11                   eligibility; and

12                   “(C) such other information as the Sec-  
13                   retary may require.

14           “(2) SELECTION.—The Secretary shall select,  
15           on a competitive basis—

16                   “(A) 20 eligible entities in the first full cal-  
17                   endar year beginning on or after the date of the  
18                   enactment of this section; and

19                   “(B) 20 eligible entities in each of the 5  
20                   subsequent calendar years.

21           “(d) CONDITIONS ON AWARDS.—The recipient of a  
22           grant shall, as a condition on receiving such a grant  
23           agree—

24                   “(1) that a student selected to participate in an  
25           NMC Program (referred to in this section as a ‘Na-

1 tional Medical Corps Scholar’ or an ‘NMC Scholar’  
2 shall be—

3 “(A) a community college student who has  
4 completed at least one semester of community  
5 college and is intending to transfer to a 4-year  
6 college pre-medical program with the intent to  
7 pursue a career in primary care medicine or  
8 psychiatry;

9 “(B) from an economically or educationally  
10 disadvantaged background; and

11 “(C) a citizen, national, or lawful perma-  
12 nent resident of the United States;

13 “(2) to verify that each individual seeking to be  
14 selected as an NMC Scholar—

15 “(A) intends to pursue practice as a physi-  
16 cian who practices primary care or psychiatry;

17 “(B) intends to serve in the National  
18 Health Service Corps; or

19 “(C) has been determined under subsection  
20 (f) to be from an economically or educationally  
21 disadvantaged background;

22 “(3) to provide to each NMC Scholar a student-  
23 identifying marker prior to entering medical school  
24 and to require that the NMC Scholar, as a condition  
25 on receipt of support, provides to the grant recipient

1 the National Provider Identifier of the NMC Scholar  
2 when the Scholar enters medical school;

3 “(4) to select and support (through the provi-  
4 sion of scholarships and wrap around services) not  
5 fewer than 50 NMC Scholars each year of the grant,  
6 selected from three or more of the populations de-  
7 scribed in subsection (e);

8 “(5) to track the academic and career pathway  
9 of such NMC scholars from community college  
10 through medical school;

11 “(6) to provide individualized guidance with re-  
12 spect to pursuing an alternate career pathway to  
13 NMC scholars that elect not to pursue a career as  
14 physicians in primary care or psychiatry; and

15 “(7) to limit the amount of an award to an  
16 NMC Scholar in a fiscal year to the costs of attend-  
17 ance for the applicable school year.

18 “(e) POPULATIONS DESCRIBED.—The populations  
19 described in this subsection are each of the following:

20 “(1) Individuals enrolled in 2-year community  
21 college programs with the intention to transfer to a  
22 4-year institution of higher education.

23 “(2) Community college transfer students who  
24 are currently enrolled in a 4-year institution of high-

1 er education with intention to apply to medical  
2 school.

3 “(3) Individuals enrolled in medical school  
4 who—

5 “(A) were previously enrolled for a period  
6 of at least 1 year at a community college after  
7 completing secondary school but before obtain-  
8 ing a bachelor’s degree; and

9 “(B) intend to pursue training in primary  
10 care or psychiatry to serve rural or underserved  
11 communities.

12 “(f) ECONOMICALLY OR EDUCATIONALLY DISADVAN-  
13 TAGED BACKGROUND.—To determine if a student seeking  
14 to be selected as an NMC Scholar is from an economically  
15 or educationally disadvantaged background, the recipient  
16 of a grant under this section shall—

17 “(1) first determine if such student is from an  
18 economically disadvantaged background; and

19 “(2) if a student has been determined not to be  
20 from an economically disadvantaged background, the  
21 recipient shall evaluate whether the student is from  
22 a educationally disadvantaged background.

23 “(g) USE OF FUNDS.—An eligible entity selected to  
24 receive a grant under this section may use funds received  
25 through the grant to—

1           “(1) conduct outreach toward, and recruitment  
2           and enrollment of, NMC Scholars;

3           “(2) plan, develop, and operate a program to  
4           support NMC Scholars’ career progression into med-  
5           ical school, including providing advising, mentoring,  
6           academic supports for transfer, medical school appli-  
7           cations, and identifying and pursuing extracurricular  
8           and work opportunities aligned with future health  
9           careers, such as part-time employment in a health,  
10          public health, or primary care-related position;

11          “(3) provide financial assistance in the form of  
12          scholarships or stipends for NMC Scholars from  
13          community college through entry to medical school;

14          “(4) coordinate NMC Program activities with  
15          other existing Federal, State, local, and institutions  
16          resources, including the Health Careers Opportunity  
17          program under section 736, area health education  
18          centers under section 751, programs and services for  
19          disabled students under subtitle A of title II of the  
20          Americans with Disabilities Act, and Federal TRIO  
21          programs under chapter 1 of subpart 2 of part A of  
22          title IV of the Higher Education Act of 1965 (20  
23          U.S.C. 1070a–11 et seq.);

24          “(5) implement data sharing, analysis, and the  
25          continuous testing of data-informed practices, to fos-



1       ter a statewide collaboration of mutual account-  
2       ability for improvement, consistent with applicable  
3       State and Federal law;

4             “(6) cover the costs associated with maintaining  
5       the consortium and advisory board;

6             “(7) support training in community-based orga-  
7       nizations, such as community health centers;

8             “(8) develop a partnership agreement and sup-  
9       port NMC Scholars with one or more campus-based  
10      learning communities, groups, or entities; and

11            “(9) implement and adopt premedical advising  
12      standards or standardized guidelines as set out by  
13      the consortium lead, in collaboration with consor-  
14      tium membership, including community colleges,  
15      four-year undergraduate institutions, and partici-  
16      pating schools of medicine.

17      “(h) PRIORITIES IN MAKING AWARDS.—In awarding  
18      grants or contracts under this section, the Secretary may  
19      give priority to consortia that include at least one—

20            “(1) minority-serving institution, including a  
21      historically Black college or university;

22            “(2) Hispanic-serving institution;

23            “(3) Tribal college or university;

24            “(4) Asian American and Pacific Islander serv-  
25      ing institution;

1           “(5) Native Hawaiian-serving institution; or

2           “(6) Native American-serving non-Tribal insti-  
3           tution.

4           “(i) COORDINATION WITH NHSC.—Individuals se-  
5           lected as NMC Scholars shall receive priority consider-  
6           ation for an award under for National Health Service  
7           Corps Scholarship Program under section 338A and the  
8           National Health Service Corps Loan Repayment Program  
9           under section 338B.

10          “(j) REPORT TO SECRETARY.— Not later than 1 year  
11          after the date of the enactment of this section and every  
12          calendar year thereafter, each consortium selected to re-  
13          ceive a grant under this section shall submit to the Sec-  
14          retary a report on the following with respect to the pre-  
15          ceding year:

16                 “(1) The selection criteria and process used to  
17                 ensure that the members of the consortium and ad-  
18                 visory board represent the intended communities to  
19                 be served and the demographics of such members  
20                 and advisory board.

21                 “(2) A summary of the roles of the members of  
22                 the consortium and advisory board.

23                 “(3) The selection criteria, process, and strat-  
24                 egy used by the consortium to recruit, engage, and  
25                 select NMC Scholars.

1           “(4) With respect to the NMC Scholars partici-  
2           pating in the NMC Program—

3           “(A) self-reported demographic data (in-  
4           cluding race and ethnicity, sex, sexual orienta-  
5           tion, gender identity, date of birth, English pro-  
6           ficiency status, fluency in other languages, dis-  
7           advantaged (educational or economic) back-  
8           ground status, disability, the census tract or  
9           current address, or other demographic data as  
10          appropriate);

11          “(B) the percentages of NMC Scholars  
12          who successfully achieve transfer-level math and  
13          English by the completion of their second year  
14          enrolled in a community college, disaggregated  
15          by race and ethnicity of student populations so  
16          enrolled in such a community college;

17          “(C) the rate of acceptance to partici-  
18          pating 4-year institutions of higher education  
19          and 4-year college pre-medical training pro-  
20          grams for transfer students applying from par-  
21          ticipating community colleges;

22          “(D) the rate of NMC scholars eligible to  
23          transfer, or accepted to attend, a participating  
24          4-year institution of higher education after  
25          completing two years, two and one-half years,

1 or three or more years, in special cir-  
2 cumstances, of enrollment in a community col-  
3 lege.

4 “(E) when available, career advancement  
5 data, including—

6 “(i) whether the scholar was accepted  
7 to a 4-year institution of higher education,  
8 medical school, another health professions  
9 program, or another STEM professions  
10 program;

11 “(ii) whether the scholar graduated  
12 from medical school, another health profes-  
13 sions program, or another STEM profes-  
14 sions program;

15 “(iii) whether the scholar pursued a  
16 career in primary care, psychiatry, or an-  
17 other health profession in a rural or under-  
18 served setting;

19 “(iv) the National Provider Identifier  
20 assigned to such student, as available; and

21 “(v) such other information as deter-  
22 mined to be appropriate by the Secretary.

23 “(5) An evaluation of the success of the NMC  
24 Program, including with respect to—

1           “(A) whether the program was able to sup-  
2           port not less than 50 students in the first year  
3           of implementation of the program;

4           “(B) the number of semesters in commu-  
5           nity college each such student enrolled in, what  
6           type of college or university the student was en-  
7           rolled in, which degree the student pursued,  
8           and which career pathway the student is pur-  
9           suing;

10           “(C) whether the program developed a  
11           partnership agreement with one or more cam-  
12           pus-based learning communities, groups, or en-  
13           tities, as specified in subsection (g)(8); and

14           “(D) whether and to what extent the pro-  
15           gram was able to align its goals and equity  
16           strategies, and maximize the use of available re-  
17           sources and funds, as specified in subsection  
18           (d)(4).

19           “(k) REPORT TO CONGRESS.—Not later than the end  
20           of fiscal year 2028, the Secretary, acting through the Ad-  
21           ministrators of the Health Resources and Services Admin-  
22           istration, shall submit an annual report to the Congress  
23           that—

1           “(1) summarizes the information submitted in  
2 the evaluation and report under subsections (j) and  
3 (k);

4           “(2) describes the contracts, strategy, and goals  
5 shared between the Secretary and each consortium  
6 receiving a grant under this section;

7           “(3) includes data on the planned and actual  
8 use of funds by the consortium and the Secretary in  
9 carrying out this section;

10           “(4) assesses the goals and progress of the  
11 NMC Program, including the potential impact of  
12 NMC Scholars on health care access and quality;  
13 and

14           “(5) makes recommendations for improvements  
15 to the program.

16           “(1) PRIVACY PROTECTIONS.—In publishing data  
17 under this section, the Secretary shall take all necessary  
18 steps to protect the privacy of individuals whose informa-  
19 tion is included in such data, including—

20           “(1) complying with privacy protections com-  
21 parable to those applicable under the HIPAA pri-  
22 vacy regulation (as defined in section 1180(b)(3) of  
23 the Social Security Act) to covered entities (as de-  
24 fined for purposes of such regulation);

1           “(2) not using or disclosing the information  
2 generated pursuant to the program for any purpose  
3 other than carrying out the program; and

4           “(3) not publishing or selling individually iden-  
5 tifiable information generated pursuant to the pro-  
6 gram nor transmitting such data for purposes other  
7 than carrying out the program, including not shar-  
8 ing such information with any local, State, or Fed-  
9 eral law enforcement agency.

10          “(m) DEFINITIONS.—In this section:

11           “(1) The term ‘State’ means each State of the  
12 United States, the District of Columbia, American  
13 Samoa, Guam, the Northern Mariana Islands, Puer-  
14 to Rico, the Virgin Islands of the United States, and  
15 any other territory or possession of the United  
16 States, and each federally recognized Indian Tribe.

17           “(2) The term ‘educationally disadvantaged’,  
18 with respect to the background of a student seeking  
19 to be selected as an NMC scholar, means that the  
20 student—

21           “(A) is a member of a racial and ethnic  
22 minority group (as defined in section 1707)  
23 that is under-represented in medicine;

24           “(B) resides in a low-income community;

25           “(C) is a first-generation college attendee;

1 “(D) attended high school—

2 “(i) in a health professional shortage  
3 area designated under section 332 or a  
4 medically underserved area (as defined in  
5 section 330I(a)) or in a rural setting (as  
6 defined by the Office of Rural Health Pol-  
7 icy); or

8 “(ii) with a low grade point average  
9 (2.0 cumulative on a 4.0 scale), based on  
10 most recent annual data available;

11 “(iii) based on the most recent annual  
12 data available, had either—

13 “(I) a low percentage of seniors  
14 receiving a high school diploma; or

15 “(II) a low percentage of grad-  
16 uates who go to college during the  
17 first year after graduation; or

18 “(iv) has low per capita funding; or

19 “(v) based on the most recent annual  
20 data available, a high rate of the enrolled  
21 students are eligible for free or reduced-  
22 price lunches.

23 “(3) The term ‘primary care’ means, with re-  
24 spect to a physician, practicing as a general practi-  
25 tioner, family practice practitioner, general internist,



1       pediatrician, psychiatrist, or obstetrician or gyne-  
2       cologist.

3       “(n) FUNDING.—

4               “(1) AUTHORIZATION OF APPROPRIATIONS.—  
5       There are authorized to be appropriated to carry out  
6       this section—

7                       “(A) \$27,000,000 for fiscal year 2023;

8                       “(B) \$54,000,000 for fiscal year 2024;

9                       “(C) \$81,000,000 for fiscal year 2025;

10                      “(D) \$108,000,000 for fiscal year 2026;

11                      and

12                      “(E) \$135,000,000 for fiscal year 2027.

13               “(2) ALLOCATION AMONG CONSORTIA.—Of the  
14       amount made available under paragraph (1) for a  
15       fiscal year, the Secretary shall allot not more than  
16       \$1, 350,000 to each consortium.

17               “(3) LIMITATION ON ADMINISTRATIVE EX-  
18       PENSES.—A consortium may use not more than 30  
19       percent of funds allocated to such consortium for ad-  
20       ministrative expenses of the consortium in carrying  
21       out an NMC Program.”.

○