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(Original Signature of Member)

112TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

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

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IN THE HOUSE OF REPRESENTATIVES

Mr. SARBANES introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**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:

1           (1) According to the American Academy of  
2           Family Physicians, the shortage of primary care  
3           physicians will reach 40,000 in the next 10 years, as  
4           medical schools send about half of the needed num-  
5           ber of graduates into primary care medicine.

6           (2) According to the Association of American  
7           Medical Colleges, the overall shortage of physicians  
8           in the United States is expected to grow to nearly  
9           160,000 by 2025.

10          (3) Medical schools in the United States train  
11          only approximately 20,000 new physicians every  
12          year.

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

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

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

2 (a) ACTIVITIES OF THE SECRETARY.—

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

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

20 (A) conduct a national needs assessment  
21 with regard to the supply of physicians who  
22 provide required primary health services, using,  
23 to the extent feasible, information collected for  
24 use in other similar completed or forthcoming  
25 studies, such as studies conducted by the Agen-

1 cy for Healthcare Research and Quality and the  
2 Health Resources and Services Administration;

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

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

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

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

- 20 (1) A State.
- 21 (2) A hospital.
- 22 (3) An academic medical center.
- 23 (4) A medical school.

1           (5) A health center (as defined in section  
2           330(a) of the Public Health Service Act (42 U.S.C.  
3           254b(a))).

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

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

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

16               (1) Training reentering physicians to reenter  
17               clinical practice.

18               (2) Paying credentialing fees and other fees  
19               that are necessary for reentering physicians to reen-  
20               ter clinical practice.

21               (3) Paying the salaries of reentering physicians.

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

1 (e) REQUIREMENTS OF PARTICIPANTS.—

2 (1) SERVICE LOCATIONS.—To be eligible to re-  
3 ceive benefits under subsection (d), a reentering phy-  
4 sician who participates in a demonstration program  
5 shall provide required primary health services at—

6 (A) a health center (as defined in section  
7 330(a) of the Public Health Service Act (42  
8 U.S.C. 254b(a)));

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

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

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

20 (f) LIABILITY PROTECTIONS.—A civil action brought  
21 against a reentering physician who participates in a dem-  
22 onstration program under this section and works at a loca-  
23 tion described in subsection (e)(1) for damage for personal  
24 injury, including death, resulting from performance of  
25 medical, surgical, dental, or related functions by a reen-

1 reentering physician acting within the scope of such reentering  
2 physician's participation in a demonstration program,  
3 shall be subject to section 224 of the Public Health Service  
4 Act (42 U.S.C. 233) in the same manner as a civil action  
5 described in subsection (a) of that section.

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

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

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