

118TH CONGRESS
1ST SESSION

S. 705

To amend the Public Health Service Act to authorize a loan repayment program to encourage specialty medicine physicians to serve in rural communities experiencing a shortage of specialty medicine physicians, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 8, 2023

Ms. ROSEN (for herself and Mr. WICKER) 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 authorize a loan repayment program to encourage specialty medicine physicians to serve in rural communities experiencing a shortage of specialty medicine physicians, 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 “Specialty Physicians
5 Advancing Rural Care Act” or the “SPARC Act”.

1 **SEC. 2. SPECIALTY MEDICAL PRACTITIONERS WORKFORCE**
 2 **IN RURAL COMMUNITIES.**

3 Title VII of the Public Health Service Act (42 U.S.C.
 4 292 et seq.) is amended—

5 (1) by redesignating part G (42 U.S.C. 795j et
 6 seq.) as part H; and

7 (2) by inserting after part F (42 U.S.C. 295h)
 8 the following new part:

9 **“PART G—SPECIALTY MEDICINE WORKFORCE IN**
 10 **RURAL COMMUNITIES**
 11 **“SEC. 782. LOAN REPAYMENT PROGRAM.**

12 “(a) IN GENERAL.—

13 “(1) PROGRAM FOR SPECIALTY MEDICINE PHY-
 14 SICIANS.—The Secretary, acting through the Admin-
 15 istrator of the Health Resources and Services Ad-
 16 ministration, shall carry out a program under
 17 which—

18 “(A) the Secretary enters into agreements
 19 with specialty medicine physicians to make pay-
 20 ments in accordance with subsection (b) on the
 21 principal of and interest on any eligible loans
 22 described in subsection (c); and

23 “(B) the specialty medicine physicians
 24 each agree to complete a period of obligated
 25 service described in subsection (d) as a specialty
 26 medicine physician in the United States in a

1 rural community experiencing a shortage of
2 specialty medicine physicians.

3 “(2) PROGRAM FOR NON-PHYSICIAN SPECIALTY
4 HEALTH CARE PROVIDERS.—The Secretary, acting
5 through the Administrator of the Health Resources
6 and Services Administration, may carry out a pro-
7 gram under which—

8 “(A) the Secretary enters into agreements
9 with non-physician specialty health care pro-
10 viders to make payments in accordance with
11 subsection (b) on the principal of and interest
12 on any eligible loans described in subsection (c);
13 and

14 “(B) the non-physician specialty health
15 care providers each agree to complete a period
16 of obligated service described in subsection (d)
17 as a non-physician specialty health care pro-
18 vider in the United States in a rural community
19 experiencing a shortage of such providers.

20 “(b) PAYMENTS.—For each year of obligated service
21 by a specialty medicine physician pursuant to an agree-
22 ment under subsection (a)(1) or by a non-physician spe-
23 cialty health care provider pursuant to an agreement
24 under subsection (a)(2), the Secretary shall make a pay-
25 ment to such physician or provider as follows:

1 “(1) SERVICE IN SHORTAGE AREA.—The Sec-
2 retary shall pay—

3 “(A) for each year of obligated service by
4 a specialty medicine physician or non-physician
5 specialty health care provider pursuant to an
6 agreement under paragraph (1) or (2) of sub-
7 section (a), $\frac{1}{6}$ of the principal of and interest
8 on each eligible loan of the physician or pro-
9 vider which is outstanding on the date the phy-
10 sician or provider began service pursuant to the
11 agreement; and

12 “(B) for completion of the sixth and final
13 year of such service, the remainder of such
14 principal and interest.

15 “(2) MAXIMUM AMOUNT.—The total amount of
16 payments under this section to any specialty medi-
17 cine physician or non-physician specialty health care
18 provider shall not exceed \$250,000.

19 “(c) ELIGIBLE LOANS.—The loans eligible for repay-
20 ment under this section are each of the following:

21 “(1) Any loan for education in specialty medi-
22 cine or specialty health care.

23 “(2) Any Federal Direct Stafford Loan, Fed-
24 eral Direct PLUS Loan, Federal Direct Unsub-
25 sidized Stafford Loan, or Federal Direct Consolida-

1 tion Loan (as such terms are used in section 455 of
2 the Higher Education Act of 1965).

3 “(3) Any Federal Perkins Loan under part E
4 of title I of the Higher Education Act of 1965.

5 “(4) Any other Federal loan as determined ap-
6 propriate by the Secretary.

7 “(d) PERIOD OF OBLIGATED SERVICE.—Any spe-
8 cialty medicine physician or non-physician specialty health
9 care provider receiving payments under this section as re-
10 quired by an agreement under paragraph (1) or (2) of sub-
11 section (a) shall agree to a 6-year commitment to full-time
12 employment, with no more than 1 year passing between
13 any 2 years of covered employment, as a specialty medi-
14 cine physician or non-physician specialty health care pro-
15 vider, as applicable, in the United States in a rural com-
16 munity experiencing a shortage of specialty medicine phy-
17 sicians or non-physician specialty health care providers, as
18 applicable.

19 “(e) INELIGIBILITY FOR DOUBLE BENEFITS.—No
20 borrower may, for the same service, receive a reduction
21 of loan obligations or a loan repayment under both—

22 “(1) this section; and

23 “(2) any federally supported loan forgiveness
24 program, including under section 338B, 338I, or

1 846 of this Act, or section 428J, 428L, 455(m), or
2 460 of the Higher Education Act of 1965.

3 “(f) BREACH.—

4 “(1) LIQUIDATED DAMAGES FORMULA.—The
5 Secretary may establish a liquidated damages for-
6 mula to be used in the event of a breach of an
7 agreement entered into under paragraph (1) or (2)
8 of subsection (a).

9 “(2) LIMITATION.—The failure by a specialty
10 medicine physician or a non-physician specialty
11 health care provider to complete the full period of
12 service obligated pursuant to such an agreement,
13 taken alone, shall not constitute a breach of the
14 agreement, so long as the physician or provider com-
15 pleted in good faith the years of service for which
16 payments were made to the physician or provider
17 under this section.

18 “(g) SPECIAL RULES FOR NON-PHYSICIAN SPE-
19 CIALTY HEALTH CARE PROVIDERS.—Non-physician spe-
20 cialty health care providers participating in the program
21 under this section are not eligible for other Federal loan
22 forgiveness programs specific to health care providers. Not
23 more than 15 percent of amounts made available to carry
24 out this section for a fiscal year may be allocated to
25 awards to non-physician specialty health care providers.

1 “(h) REPORTS TO CONGRESS.—Not later than 5
2 years after the date of enactment of this section, and not
3 less than every other year thereafter through fiscal year
4 2031, the Secretary shall report to Congress on—

5 “(1) the practice location of special medicine
6 physicians and non-physician specialty health care
7 providers participating, or who have participated, in
8 the loan repayment program under this section; and

9 “(2) the impact of the loan repayment program
10 under this section on the availability of specialty
11 medicine or specialty health care services in the
12 United States in rural communities experiencing a
13 shortage of specialty medicine physicians or non-
14 physician specialty health care providers.

15 “(i) DATA UPDATES.—The Administrator of the
16 Health Resources and Services Administration shall up-
17 date publicly available data on the supply of specialty med-
18 icine physicians and non-physician specialty health care
19 providers, as appropriate.

20 “(j) DEFINITIONS.—In this section:

21 “(1) NON-PHYSICIAN SPECIALTY HEALTH CARE
22 PROVIDER.—The term ‘non-physician specialty
23 health care provider’ means a health professional
24 other than a physician who is licensed to provide pa-
25 tient care other than primary care services.

1 “(2) SPECIALTY MEDICINE PHYSICIAN.—The
2 term ‘specialty medicine physician’ means a physi-
3 cian practicing in—

4 “(A) a specialty identified in the report of
5 the Health Resources and Services Administra-
6 tion, titled ‘Projecting the Supply of Non-Pri-
7 mary Care Specialty and Subspecialty Clini-
8 cians: 2010–2025’;

9 “(B) hospice and palliative medicine;

10 “(C) geriatric medicine; or

11 “(D) another medical specialty, if the Sec-
12 retary determines that there is evidence dem-
13 onstrating a significant shortage of providers in
14 the medical specialty and limited patient access
15 to care.

16 “(k) AUTHORIZATION OF APPROPRIATIONS.—To
17 carry out this section, there are authorized to be appro-
18 priated such sums as may be necessary for fiscal years
19 2023 through 2032.”.

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