

118TH CONGRESS  
1ST SESSION

# H. R. 2761

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.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 20, 2023

Mr. JOYCE of Pennsylvania (for himself and Ms. ROSS) 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 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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