

119TH CONGRESS
1ST SESSION

S. 3038

To establish a real-time data dashboard for graduate medical education training positions to improve health care workforce planning and distribution for the purposes of alleviating physician shortages in medically underserved communities.

IN THE SENATE OF THE UNITED STATES

OCTOBER 23, 2025

Mrs. BLACKBURN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a real-time data dashboard for graduate medical education training positions to improve health care workforce planning and distribution for the purposes of alleviating physician shortages in medically underserved communities.

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 “Health Care Workforce
5 Real-Time Data Dashboard Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) The National Center for Health Workforce
2 Analysis has projected shortages across a wide range
3 of health care occupations, particularly in rural and
4 medically underserved communities.

5 (2) The Health Resources and Services Admin-
6 istration has increased its focus on rural residency
7 training through programs such as the Rural Resi-
8 dency Planning and Development Program.

9 (3) Real-time information on graduate medical
10 education training positions, applications, and resi-
11 dency match fulfillment rates would enhance the
12 ability to assess whether Federal programs are effec-
13 tively addressing physician shortages in medically
14 underserved communities.

15 (4) Improved data collection and analysis re-
16 garding graduate medical education training posi-
17 tions would support evidence-based health care
18 workforce planning and policy development.

19 **SEC. 3. GRADUATE MEDICAL EDUCATION REAL-TIME DATA**
20 **DASHBOARD.**

21 (a) ESTABLISHMENT.—The Secretary of Health and
22 Human Services, acting through the Administrator of the
23 Health Resources and Services Administration, (referred
24 to in this section as the “Secretary”) shall develop and

1 maintain a real-time data dashboard for graduate medical
2 education residency training position participants.

3 (b) DASHBOARD COMPONENTS.—The dashboard es-
4 tablished under subsection (a) shall include—

5 (1) real-time information on residency applica-
6 tions and match rates, including—

7 (A) information on the number of applica-
8 tions received per residency program;

9 (B) the geographic distribution of appli-
10 cants to each such program; and

11 (C) the number of interviews conducted
12 with applicants to each such program;

13 (2) aggregate statistical data on the character-
14 istics of applicants to residency programs, presented
15 in a manner that—

16 (A) provides useful workforce planning in-
17 formation; and

18 (B) protects individual privacy and does
19 not include personally identifiable information;

20 (3) residency position fulfillment rates by spe-
21 cialty and geographic region;

22 (4) data on training program completion rates
23 and graduate practice location patterns; and

24 (5) an analysis of trends in physician placement
25 in rural and medically underserved communities.

1 (c) INTERAGENCY COLLABORATION.—

2 (1) REQUIRED COLLABORATION.—In developing
3 and maintaining the dashboard under this section,
4 the Secretary shall collaborate with—

5 (A) the Administrator of the Centers for
6 Medicare & Medicaid Services;

7 (B) the Secretary of Veterans Affairs; and

8 (C) the heads of other relevant Federal
9 agencies, as the Secretary determines appro-
10 priate.

11 (2) DATA SHARING AGREEMENTS.—The Sec-
12 retary shall enter into appropriate data sharing
13 agreements with Federal agencies, including the
14 Centers for Medicare & Medicaid Services, to access
15 relevant graduate medical education data maintained
16 by such agencies, including data maintained by or
17 through the Association of American Medical Col-
18 leges.

19 (3) COORDINATION WITH EXISTING SYSTEMS.—
20 The dashboard shall be designed to complement and
21 integrate with existing data collection and reporting
22 systems to avoid duplication and maximize effi-
23 ciency.

24 (d) DATA PRIVACY AND SECURITY.—

1 (1) PRIVACY PROTECTION.—The dashboard
2 shall be designed and operated in compliance with
3 all applicable Federal privacy law, including the pri-
4 vacy regulations promulgated pursuant to section
5 264(c) of the Health Insurance Portability and Ac-
6 countability Act of 1996 (42 U.S.C. 1320d–2 note)
7 and section 552a of title 5, United States Code.

8 (2) DE-IDENTIFICATION.—All individual-level
9 data included in or used to generate dashboard in-
10 formation shall be de-identified in accordance with
11 applicable Federal regulations.

12 (3) SECURITY MEASURES.—The Secretary shall
13 implement appropriate administrative, technical, and
14 physical safeguards to protect the confidentiality, in-
15 tegrity, and availability of data used in connection
16 with the dashboard.

17 (4) ACCESS LIMITATIONS.—

18 (A) NON-PUBLIC DATA.—The Secretary
19 shall limit access to non-public dashboard data
20 to authorized personnel with a legitimate need
21 for such information in connection with health
22 care workforce planning and program evalua-
23 tion activities.

24 (B) PUBLIC DATA.—The Secretary shall
25 make aggregate, de-identified information from

1 the dashboard publicly available through an ac-
2 cessible online interface, subject to appropriate
3 privacy and security protections.

4 **SEC. 4. REPORTING.**

5 Not later than 2 years after the date of enactment
6 of this Act, and annually thereafter, the Secretary shall
7 submit to the Committee on Health, Education, Labor,
8 and Pensions of the Senate and the Committee on Energy
9 and Commerce of the House of Representatives a report
10 on—

11 (1) the implementation and operation of the
12 dashboard;

13 (2) key findings regarding health care work-
14 force trends and distribution;

15 (3) the effectiveness of Federal programs in ad-
16 dressing physician shortages in medically under-
17 served communities; and

18 (4) recommendations for improving health care
19 workforce planning and distribution.

20 **SEC. 5. DEFINITION.**

21 In this Act, the term “medically underserved commu-
22 nity” has the meaning given such term in section 799B
23 of the Public Health Service Act (42 U.S.C. 295p).

1 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

2 There is authorized to be appropriated \$1,500,000
3 for fiscal year 2026 to carry out this Act.

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