

[COMMITTEE PRINT]

[SHOWING THE TEXT OF THE BILL AS FORWARDED BY THE SUBCOMMITTEE ON HEALTH ON APRIL 23, 2008]

110TH CONGRESS
1ST SESSION

H. R. 1343

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2007

Mr. GENE GREEN of Texas (for himself and Mr. PICKERING) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

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 Centers Re-
5 newal Act of 2008”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) Community, migrant, public housing, and
2 homeless health centers are vital to thousands of
3 communities across the United States.

4 (2) There are more than 1,000 such health cen-
5 ters serving nearly 16,000,000 people at over 5,000
6 health delivery sites, located in all 50 States of the
7 United States, the District of Columbia, and Puerto
8 Rico, Guam, the Virgin Islands, and other territories
9 of the United States.

10 (3) Health centers provide cost-effective, high-
11 quality health care to poor and medically under-
12 served people in the States, the District of Colum-
13 bia, and the territories, including the working poor,
14 the uninsured, and many high-risk and vulnerable
15 populations, and have done so for over 40 years.

16 (4) Health centers provide care to 1 of every 8
17 uninsured Americans, 1 of every 4 Americans in
18 poverty, and 1 of every 9 rural Americans.

19 (5) Health centers provide primary and preven-
20 tive care services to more than 700,000 homeless
21 persons and more than 725,000 farm workers in the
22 United States.

23 (6) Health centers are community-oriented and
24 patient-focused and tailor their services to fit the
25 special needs and priorities of local communities,

1 working together with schools, businesses, churches,
2 community organizations, foundations, and State
3 and local governments.

4 (7) Health centers are built through community
5 initiative.

6 (8) Health centers encourage citizen participa-
7 tion and provide jobs for 50,000 community resi-
8 dents.

9 (9) Health centers make health care responsive
10 and cost-effective through aggressive outreach, pa-
11 tient education, translation, and other enabling sup-
12 port services.

13 (10) Health centers help reduce health dispari-
14 ties, meet escalating health care needs, and provide
15 a vital safety net in the health care delivery system
16 of the United States.

17 (11) Health centers increase the use of preven-
18 tive health services, including immunizations, pap
19 smears, mammograms, and HbA1c tests for diabetes
20 screenings.

21 (12) Expert studies have demonstrated the im-
22 pact that these community-owned and patient-con-
23 trolled primary care delivery systems have achieved
24 both in the reduction of traditional access barriers

1 and the elimination of health disparities among their
2 patients.

3 (13) Congress established the health centers
4 program as a unique public-private partnership, and
5 has continued to provide direct funding to commu-
6 nity organizations for the development and operation
7 of health centers systems that address pressing local
8 health needs and meet national performance stand-
9 ards.

10 (14) Federal grants assist participating commu-
11 nities in finding partners and recruiting doctors and
12 other health professionals.

13 (15) Federal grants constitute, on average, 24
14 percent of the annual budget of such health centers,
15 with the remainder provided by State and local gov-
16 ernments, Medicare, Medicaid, private contributions,
17 private insurance, and patient fees.

18 (16) Reauthorizing the health centers program
19 for 5 years will strengthen and expand health cen-
20 ters in order to put them on a path to become the
21 health care home for nearly 30 million patients
22 served by the year 2015, creating further systemic
23 savings and a healthier Nation.

1 **SEC. 3. ADDITIONAL AUTHORIZATIONS OF APPROPRIA-**
2 **TIONS FOR HEALTH CENTERS PROGRAM.**

3 Section 330(r)(1) of the Public Health Service Act
4 (42 U.S.C. 254b(r)(1)) is amended to read as follows:

5 “(1) IN GENERAL.—For the purpose of car-
6 rying out this section, in addition to the amounts
7 authorized to be appropriated under subsection (d),
8 there are authorized to be appropriated—

9 “(A) for fiscal year 2008, \$2,213,020,000;

10 “(B) for fiscal year 2009, \$2,451,394,400;

11 “(C) for fiscal year 2010, \$2,757,818,700;

12 “(D) for fiscal year 2011, \$3,116,335,131;

13 and

14 “(E) for fiscal year 2012,
15 \$3,537,040,374.”.

16 **SEC. 4. LIABILITY PROTECTIONS FOR HEALTH CENTER**
17 **VOLUNTEER PRACTITIONERS.**

18 (a) IN GENERAL.—Section 224 of the Public Health
19 Service Act (42 U.S.C. 233) is amended—

20 (1) in subsection (g)(1)(A)—

21 (A) in the first sentence, by striking “or
22 employee” and inserting “employee, or (subject
23 to subsection (k)(4)) volunteer practitioner”;

24 and

1 (B) in the second sentence, by inserting
2 “and subsection (k)(4)” after “subject to para-
3 graph (5)”; and
4 (2) in each of subsections (g), (i), (j), (k), (l),
5 and (m)—

6 (A) by striking the term “employee, or
7 contractor” each place such term appears and
8 inserting “employee, volunteer practitioner, or
9 contractor”;

10 (B) by striking the term “employee, and
11 contractor” each place such term appears and
12 inserting “employee, volunteer practitioner, and
13 contractor”;

14 (C) by striking the term “employee, or any
15 contractor” each place such term appears and
16 inserting “employee, volunteer practitioner, or
17 contractor”; and

18 (D) by striking the term “employees, or
19 contractors” each place such term appears and
20 inserting “employees, volunteer practitioners, or
21 contractors”.

22 (b) **APPLICABILITY; DEFINITION.**—Section 224(k) of
23 the Public Health Service Act (42 U.S.C. 233(k)) is
24 amended by adding at the end the following paragraph:

1 “(4)(A) Subsections (g) through (m) apply with
2 respect to volunteer practitioners beginning with the
3 first fiscal year for which an appropriations Act pro-
4 vides that amounts in the fund under paragraph (2)
5 are available with respect to such practitioners.

6 “(B) For purposes of subsections (g) through
7 (m), the term ‘volunteer practitioner’ means a prac-
8 titioner who, with respect to an entity described in
9 subsection (g)(4), meets the following conditions:

10 “(i) The practitioner is a licensed physi-
11 cian, a licensed clinical psychologist, or other li-
12 censed or certified health care practitioner.

13 “(ii) At the request of such entity, the
14 practitioner provides services to patients of the
15 entity, at a site at which the entity operates or
16 at a site designated by the entity. The weekly
17 number of hours of services provided to the pa-
18 tients by the practitioner is not a factor with
19 respect to meeting conditions under this sub-
20 paragraph.

21 “(iii) The practitioner does not for the pro-
22 vision of such services receive any compensation
23 from such patients, from the entity, or from
24 third-party payors (including reimbursement
25 under any insurance policy or health plan, or

1 under any Federal or State health benefits pro-
2 gram).”.

3 **SEC. 5. LIABILITY PROTECTIONS FOR HEALTH CENTER**
4 **PRACTITIONERS PROVIDING SERVICES IN**
5 **EMERGENCY AREAS.**

6 Section 224(g) of the Public Health Service Act (42
7 U.S.C. 233(g)) is amended—

8 (1) in paragraph (1)(B)(ii), by striking “sub-
9 paragraph (C)” and inserting “subparagraph (C)
10 and paragraph (6)”;

11 (2) by adding at the end the following para-
12 graph:

13 “(6)(A) Subject to subparagraph (C), para-
14 graph (1)(B)(ii) applies to health services provided
15 to individuals who are not patients of the entity in-
16 volved if, as determined under criteria issued by the
17 Secretary, the following conditions are met:

18 “(i) The services are provided by a con-
19 tractor, volunteer practitioner (as defined in
20 subsection (k)(4)(B)), or employee of the entity
21 who is a physician or other licensed or certified
22 health care practitioner and who is otherwise
23 deemed to be an employee for purposes of para-
24 graph (1)(A) when providing services with re-
25 spect to the entity.

1 “(ii) The services are provided in an emer-
2 gency area (as defined in subparagraph (D)),
3 with respect to a public health emergency or
4 major disaster described in subparagraph (D),
5 and during the period for which such emer-
6 gency or disaster is determined or declared, re-
7 spectively.

8 “(iii) The services of the contractor, volun-
9 teer practitioner, or employee (referred to in
10 this paragraph as the ‘out-of-area practitioner’)
11 are provided under an arrangement with—

12 “(I) an entity that is deemed to be an
13 employee for purposes of paragraph (1)(A)
14 and that serves the emergency area in-
15 volved (referred to in this paragraph as an
16 ‘emergency-area entity’); or

17 “(II) a Federal agency that has re-
18 sponsibilities regarding the provision of
19 health services in such area during the
20 emergency.

21 “(iv) The purposes of the arrangement
22 are—

23 “(I) to coordinate, to the extent prac-
24 ticable, the provision of health services in
25 the emergency area by the out-of-area

1 practitioner with the provision of services
2 by the emergency-area entity, or by the
3 Federal agency, as the case may be;

4 “(II) to identify a location in the
5 emergency area to which such practitioner
6 should report for purposes of providing
7 health services, and to identify an indi-
8 vidual or individuals in the area to whom
9 the practitioner should report for such pur-
10 poses;

11 “(III) to verify the identity of the
12 practitioner and that the practitioner is li-
13 censed or certified by one or more of the
14 States; and

15 “(v) with respect to the licensure or
16 certification of health care practitioners,
17 the provision of services by the out-of-area
18 practitioner in the emergency area is not a
19 violation of the law of the State in which
20 the area is located.

21 “(B) In issuing criteria under subparagraph
22 (A), the Secretary shall take into account the need
23 to rapidly enter into arrangements under such sub-
24 paragraph in order to provide health services in

1 emergency areas promptly after the emergency be-
2 gins.

3 “(C) Subparagraph (A) applies with respect to
4 an act or omission of an out-of-area practitioner
5 only to the extent that the practitioner is not im-
6 mune from liability for such act or omission under
7 the Volunteer Protection Act of 1997.

8 “(D) For purposes of this paragraph, the term
9 ‘emergency area’ means a geographic area for
10 which—

11 “(i) the Secretary has made a determina-
12 tion under section 319 that a public health
13 emergency exists; or

14 “(ii) a presidential declaration of major
15 disaster has been issued under section 401 of
16 the Robert T. Stafford Disaster Relief and
17 Emergency Assistance Act.”.

18 **SEC. 6. DEMONSTRATION PROJECT FOR INTEGRATED**
19 **HEALTH SYSTEMS TO EXPAND ACCESS TO**
20 **PRIMARY AND PREVENTIVE SERVICES FOR**
21 **THE MEDICALLY UNDERSERVED.**

22 Part D of title III of the Public Health Service Act
23 (42 U.S.C. 259b et seq.) is amended by adding at the end
24 the following new subpart:

1 **“Subpart XI—Demonstration Project for Integrated**
2 **Health Systems to Expand Access to Primary**
3 **and Preventive Services for the Medically Un-**
4 **derserved**

5 **“SEC. 340H. DEMONSTRATION PROJECT FOR INTEGRATED**
6 **HEALTH SYSTEMS TO EXPAND ACCESS TO**
7 **PRIMARY AND PREVENTIVE CARE FOR THE**
8 **MEDICALLY UNDERSERVED.**

9 “(a) ESTABLISHMENT OF DEMONSTRATION.—

10 “(1) IN GENERAL.—Not later than January 1,
11 2009, the Secretary shall establish a demonstration
12 project (hereafter in this section referred to as the
13 ‘demonstration’) under which up to 30 qualifying in-
14 tegrated health systems receive grants for the costs
15 of their operations to expand access to primary and
16 preventive services for the medically underserved.

17 “(2) RULE OF CONSTRUCTION.—Nothing in
18 this section shall be construed as authorizing grants
19 to be made or used for the costs of specialty care or
20 hospital care furnished by an integrated health sys-
21 tem.

22 “(b) APPLICATION.—Any integrated health system
23 desiring to participate in the demonstration shall submit
24 an application in such manner, at such time, and con-
25 taining such information as the Secretary may require.

1 “(c) CRITERIA FOR SELECTION.—In selecting inte-
2 grated health systems to participate in the demonstration
3 (hereafter in this section referred to as ‘participating inte-
4 grated health systems’), the Secretary shall ensure rep-
5 resentation of integrated health systems that are located
6 in a variety of States (including the District of Columbia
7 and the territories and possessions of the United States)
8 and locations within States, including rural areas, inner-
9 city areas, and frontier areas.

10 “(d) DURATION.—Subject to the availability of ap-
11 propriations, the demonstration shall be conducted (and
12 operating grants be made to each participating integrated
13 health system) for a period of 3 years.

14 “(e) REPORTS.—

15 “(1) IN GENERAL.—The Secretary shall submit
16 to the appropriate committees of the Congress in-
17 terim and final reports with respect to the dem-
18 onstration, with an interim report being submitted
19 not later than 3 months after the demonstration has
20 been in operation for 24 months and a final report
21 being submitted not later than 3 months after the
22 close of the demonstration.

23 “(2) CONTENT.—Such reports shall evaluate
24 the effectiveness of the demonstration in providing
25 greater access to primary and preventive care for

1 medically underserved populations, and how the co-
2 ordinated approach offered by integrated health sys-
3 tems contributes to improved patient outcomes.

4 “(f) AUTHORIZATION OF APPROPRIATIONS.—

5 “(1) IN GENERAL.—There is authorized to be
6 appropriated \$25,000,000 for each of the fiscal
7 years 2009, 2010, and 2011 to carry out this sec-
8 tion.

9 “(2) CONSTRUCTION.—Nothing in this section
10 shall be construed as requiring or authorizing a re-
11 duction in the amounts appropriated for grants to
12 health centers under section 330 for the fiscal years
13 referred to in paragraph (1).

14 “(g) DEFINITIONS.—For purposes of this section:

15 “(1) FRONTIER AREA.—The term ‘frontier
16 area’ has the meaning given to such term in regula-
17 tions promulgated pursuant to section 330I(r).

18 “(2) INTEGRATED HEALTH SYSTEM.—The term
19 ‘integrated health system’ means a health system
20 that—

21 “(A) has a demonstrated capacity and
22 commitment to provide a full range of primary
23 care, specialty care, and hospital care in both
24 inpatient and outpatient settings; and

1 “(B) is organized to provide such care in
2 a coordinated fashion.

3 “(3) QUALIFYING INTEGRATED HEALTH SYS-
4 TEM.—

5 “(A) IN GENERAL.—The term ‘qualifying
6 integrated health system’ means a public or pri-
7 vate nonprofit entity that is an integrated
8 health system that meets the requirements of
9 subparagraph (B) and serves a medically under-
10 served population (either through the staff and
11 supporting resources of the integrated health
12 system or through contracts or cooperative ar-
13 rangements) by providing—

14 “(i) required primary and preventive
15 health and related services (as defined in
16 paragraph (4)); and

17 “(ii) as may be appropriate for a pop-
18 ulation served by a particular integrated
19 health system, integrative health services
20 (as defined in paragraph (5)) that are nec-
21 essary for the adequate support of the re-
22 quired primary and preventive health and
23 related services and that improve care co-
24 ordination.

1 “(B) OTHER REQUIREMENTS.—The re-
2 quirements of this subparagraph are that the
3 integrated health system—

4 “(i) will make the required primary
5 and preventive health and related services
6 of the integrated health system available
7 and accessible in the service area of the in-
8 tegrated health system promptly, as appro-
9 priate, and in a manner which assures con-
10 tinuity;

11 “(ii) will demonstrate financial re-
12 sponsibility by the use of such accounting
13 procedures and other requirements as may
14 be prescribed by the Secretary;

15 “(iii) provides or will provide services
16 to individuals who are eligible for medical
17 assistance under title XIX of the Social
18 Security Act or for assistance under title
19 XXI of such Act;

20 “(iv) has prepared a schedule of fees
21 or payments for the provision of its serv-
22 ices consistent with locally prevailing rates
23 or charges and designed to cover its rea-
24 sonable costs of operation and has pre-
25 pared a corresponding schedule of dis-

1 counts to be applied to the payment of
2 such fees or payments, which discounts are
3 adjusted on the basis of the patient's abil-
4 ity to pay;

5 “(v) will assure that no patient will be
6 denied health care services due to an indi-
7 vidual's inability to pay for such services;

8 “(vi) will assure that any fees or pay-
9 ments required by the system for such
10 services will be reduced or waived to enable
11 the system to fulfill the assurance de-
12 scribed in clause (v);

13 “(vii) provides assurances that any
14 grant funds will be expended to supple-
15 ment, and not supplant, the expenditures
16 of the integrated health system for primary
17 and preventive health services for the
18 medically underserved; and

19 “(viii) submits to the Secretary such
20 reports as the Secretary may require to de-
21 termine compliance with this subpara-
22 graph.

23 “(C) TREATMENT OF CERTAIN ENTI-
24 TIES.—The term ‘qualifying integrated health
25 system’ may include a nurse-managed health

1 clinic if such clinic meets the requirements of
2 subparagraphs (A) and (B) (except those re-
3 quirements that have been waived under para-
4 graph (4)(B)).

5 “(4) REQUIRED PRIMARY AND PREVENTIVE
6 HEALTH AND RELATED SERVICES.—

7 “(A) IN GENERAL.—Except as provided in
8 subparagraph (B), the term ‘required primary
9 and preventive health and related services’
10 means basic health services consisting of—

11 “(i) health services related to family
12 medicine, internal medicine, pediatrics, ob-
13 stetrics, or gynecology that are furnished
14 by physicians where appropriate, physician
15 assistants, nurse practitioners, and nurse
16 midwives;

17 “(ii) diagnostic laboratory services
18 and radiologic services;

19 “(iii) preventive health services, in-
20 cluding prenatal and perinatal care; appro-
21 priate cancer screening; well-child services;
22 immunizations against vaccine-preventable
23 diseases; screenings for elevated blood lead
24 levels, communicable diseases, and choles-
25 terol; pediatric eye, ear, and dental

1 screenings to determine the need for vision
2 and hearing correction and dental care;
3 and voluntary family planning services;

4 “(iv) emergency medical services; and

5 “(v) pharmaceutical services, behav-
6 ioral, mental health, and substance abuse
7 services, preventive dental services, and re-
8 cuperative care, as may be appropriate.

9 “(B) EXCEPTION.—In the case of an inte-
10 grated health system serving a targeted popu-
11 lation, the Secretary shall, upon a showing of
12 good cause, waive the requirement that the in-
13 tegrated health system provide each required
14 primary and preventive health and related serv-
15 ice under this paragraph if the Secretary deter-
16 mines one or more such services are inappro-
17 priate or unnecessary for such population.

18 “(5) INTEGRATIVE HEALTH SERVICES.—The
19 term ‘integrative health services’ means services that
20 are not included as required primary and preventive
21 health and related services and are associated with
22 achieving the greater integration of a health care de-
23 livery system to improve patient care coordination so
24 that the system either directly provides or ensures
25 the provision of a broad range of culturally com-

1 petent services. Integrative health services include
2 but are not limited to the following:

3 “(A) Outreach activities.

4 “(B) Case management and patient navi-
5 gation services.

6 “(C) Chronic care management.

7 “(D) Transportation to health care facili-
8 ties.

9 “(E) Development of provider networks
10 and other innovative models to engage local
11 physicians and other providers to serve the
12 medically underserved within a community.

13 “(F) Recruitment, training, and compensa-
14 tion of necessary personnel.

15 “(G) Acquisition of technology for the pur-
16 pose of coordinating care.

17 “(H) Improvements to provider commu-
18 nication, including implementation of shared in-
19 formation systems or shared clinical systems.

20 “(I) Determination of eligibility for Fed-
21 eral, State, and local programs that provide, or
22 financially support the provision of, medical, so-
23 cial, housing, educational, or other related serv-
24 ices.

1 “(J) Development of prevention and dis-
2 ease management tools and processes.

3 “(K) Translation services.

4 “(L) Development and implementation of
5 evaluation measures and processes to assess pa-
6 tient outcomes.

7 “(M) Integration of primary care and men-
8 tal health services.

9 “(N) Carrying out other activities that
10 may be appropriate to a community and that
11 would increase access by the uninsured to
12 health care, such as access initiatives for which
13 private entities provide non-Federal contribu-
14 tions to supplement the Federal funds provided
15 through the grants for the initiatives.

16 “(6) SPECIALTY CARE.—The term ‘specialty
17 care’ means care that is provided through a referral
18 and by a physician or nonphysician practitioner,
19 such as surgical consultative services, radiology serv-
20 ices requiring the immediate presence of a physician,
21 audiology, optometric services, cardiology services,
22 magnetic resonance imagery (MRI) services, comput-
23 erized axial tomography (CAT) scans, nuclear medi-
24 cine studies, and ambulatory surgical services.

1 “(7) NURSE-MANAGED HEALTH CLINIC.—The
2 term ‘nurse-managed health clinic’ means a nurse-
3 practice arrangement, managed by advanced practice
4 nurses, that provides care for underserved and vul-
5 nerable populations and is associated with a school,
6 college, or department of nursing or an independent
7 nonprofit health or social services agency.”.

Amend the title so as to read: “A bill to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act, and for other purposes.”.