

110TH CONGRESS
2^D SESSION

H. R. 1343

AN ACT

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.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Health Centers Re-
3 newal Act of 2008”.

4 **SEC. 2. ADDITIONAL AUTHORIZATIONS OF APPROPRIA-**
5 **TIONS FOR HEALTH CENTERS PROGRAM.**

6 Section 330(r)(1) of the Public Health Service Act
7 (42 U.S.C. 254b(r)(1)) is amended to read as follows:

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

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

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

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

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

16 and

17 “(E) for fiscal year 2012,

18 \$3,537,040,374.”.

19 **SEC. 3. RECOGNITION OF HIGH POVERTY AREAS.**

20 (a) IN GENERAL.—Section 330(c) of the Public
21 Health Service Act (42 U.S.C. 254b(c)) is amended by
22 adding at the end the following new paragraph:

23 “(3) RECOGNITION OF HIGH POVERTY
24 AREAS.—

1 “(A) IN GENERAL.—In making grants
2 under this subsection, the Secretary may recog-
3 nize the unique needs of high poverty areas.

4 “(B) HIGH POVERTY AREA DEFINED.—For
5 purposes of subparagraph (A), the term ‘high
6 poverty area’ means a catchment area which is
7 established in a manner that is consistent with
8 the factors in subsection (k)(3)(J), and the pov-
9 erty rate of which is greater than the national
10 average poverty rate as determined by the Bu-
11 reau of the Census.”.

12 (b) EFFECTIVE DATE.—The amendment made by
13 subsection (a) shall apply to grants made on or after Jan-
14 uary 1, 2009.

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

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

19 (1) in subsection (g)(1)(A)—

20 (A) in the first sentence, by striking “or
21 employee” and inserting “employee, or (subject
22 to subsection (k)(4)) volunteer practitioner”;
23 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 re-
2 spect to volunteer practitioners beginning with the first
3 fiscal year for which an appropriations Act provides that
4 amounts in the fund under paragraph (2) are available
5 with respect to such practitioners.

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

10 “(i) In the State involved, the practitioner is a
11 licensed physician, a licensed clinical psychologist, or
12 other licensed or certified health care practitioner.

13 “(ii) At the request of such entity, the practi-
14 tioner provides services to patients of the entity, at
15 a site at which the entity operates or at a site des-
16 ignated by the entity. The weekly number of hours
17 of services provided to the patients by the practi-
18 tioner is not a factor with respect to meeting condi-
19 tions under this subparagraph.

20 “(iii) The practitioner does not for the provision
21 of such services receive any compensation from such
22 patients, from the entity, or from third-party payors
23 (including reimbursement under any insurance pol-
24 icy or health plan, or under any Federal or State
25 health benefits program).”.

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

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

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

9 (2) by adding at the end the following para-
10 graph:

11 “(6)(A) Subject to subparagraph (C), paragraph
12 (1)(B)(ii) applies to health services provided to individuals
13 who are not patients of the entity involved if, as deter-
14 mined under criteria issued by the Secretary, the following
15 conditions are met:

16 (i) The services are provided by a contractor,
17 volunteer practitioner (as defined in subsection
18 (k)(4)(B)), or employee of the entity who is a physi-
19 cian or other licensed or certified health care practi-
20 tioner and who is otherwise deemed to be an em-
21 ployee for purposes of paragraph (1)(A) when pro-
22 viding services with respect to the entity.

23 (ii) The services are provided in an emergency
24 area (as defined in subparagraph (D)), with respect
25 to a public health emergency or major disaster de-
26 scribed in subparagraph (D), and during the period

1 for which such emergency or disaster is determined
2 or declared, respectively.

3 “(iii) The services of the contractor, volunteer
4 practitioner, or employee (referred to in this para-
5 graph as the ‘out-of-area practitioner’) are provided
6 under an arrangement with—

7 “(I) an entity that is deemed to be an em-
8 ployee for purposes of paragraph (1)(A) and
9 that serves the emergency area involved (re-
10 ferred to in this paragraph as an ‘emergency-
11 area entity’); or

12 “(II) a Federal agency that has respon-
13 sibilities regarding the provision of health serv-
14 ices in such area during the emergency.

15 “(iv) The purposes of the arrangement are—

16 “(I) to coordinate, to the extent prac-
17 ticable, the provision of health services in the
18 emergency area by the out-of-area practitioner
19 with the provision of services by the emergency-
20 area entity, or by the Federal agency, as the
21 case may be;

22 “(II) to identify a location in the emer-
23 gency area to which such practitioner should re-
24 port for purposes of providing health services,
25 and to identify an individual or individuals in

1 the area to whom the practitioner should report
2 for such purposes; and

3 “(III) to verify the identity of the practi-
4 tioner and that the practitioner is licensed or
5 certified by one or more of the States.

6 “(v) With respect to the licensure or certifi-
7 cation of health care practitioners, the provision of
8 services by the out-of-area practitioner in the emer-
9 gency area is not a violation of the law of the State
10 in which the area is located.

11 “(B) In issuing criteria under subparagraph (A), the
12 Secretary shall take into account the need to rapidly enter
13 into arrangements under such subparagraph in order to
14 provide health services in emergency areas promptly after
15 the emergency begins.

16 “(C) Subparagraph (A) applies with respect to an act
17 or omission of an out-of-area practitioner only to the ex-
18 tent that the practitioner is not immune from liability for
19 such act or omission under the Volunteer Protection Act
20 of 1997.

21 “(D) For purposes of this paragraph, the term ‘emer-
22 gency area’ means a geographic area for which—

23 “(i) the Secretary has made a determination
24 under section 319 that a public health emergency
25 exists; or

1 “(ii) a presidential declaration of major disaster
2 has been issued under section 401 of the Robert T.
3 Stafford Disaster Relief and Emergency Assistance
4 Act.”.

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

9 Part D of title III of the Public Health Service Act
10 (42 U.S.C. 259b et seq.) is amended by adding at the end
11 the following new subpart:

12 **“Subpart XI—Demonstration Project for Integrated**
13 **Health Systems to Expand Access to Primary**
14 **and Preventive Services for the Medically Un-**
15 **derserved**

16 **“SEC. 340H. DEMONSTRATION PROJECT FOR INTEGRATED**
17 **HEALTH SYSTEMS TO EXPAND ACCESS TO**
18 **PRIMARY AND PREVENTIVE CARE FOR THE**
19 **MEDICALLY UNDERSERVED.**

20 “(a) ESTABLISHMENT OF DEMONSTRATION.—

21 “(1) IN GENERAL.—Not later than January 1,
22 2009, the Secretary shall establish a demonstration
23 project (hereafter in this section referred to as the
24 ‘demonstration’) under which up to 30 qualifying in-
25 tegrated health systems receive grants for the costs

1 of their operations to expand access to primary and
2 preventive services for the medically underserved.

3 “(2) RULE OF CONSTRUCTION.—Nothing in
4 this section shall be construed as authorizing grants
5 to be made or used for the costs of specialty care or
6 hospital care furnished by an integrated health sys-
7 tem.

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

12 “(c) CRITERIA FOR SELECTION.—In selecting inte-
13 grated health systems to participate in the demonstration
14 (hereafter in this section referred to as ‘participating inte-
15 grated health systems’), the Secretary shall ensure rep-
16 resentation of integrated health systems that are located
17 in a variety of States (including the District of Columbia
18 and the territories and possessions of the United States)
19 and locations within States, including rural areas, inner-
20 city areas, and frontier areas.

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

25 “(e) REPORTS.—

1 “(1) IN GENERAL.—The Secretary shall submit
2 to the appropriate committees of the Congress in-
3 terim and final reports with respect to the dem-
4 onstration, with an interim report being submitted
5 not later than 3 months after the demonstration has
6 been in operation for 24 months and a final report
7 being submitted not later than 3 months after the
8 close of the demonstration.

9 “(2) CONTENT.—Such reports shall evaluate
10 the effectiveness of the demonstration in providing
11 greater access to primary and preventive care for
12 medically underserved populations, and how the co-
13 ordinated approach offered by integrated health sys-
14 tems contributes to improved patient outcomes.

15 “(f) AUTHORIZATION OF APPROPRIATIONS.—

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

20 “(2) CONSTRUCTION.—Nothing in this section
21 shall be construed as requiring or authorizing a re-
22 duction in the amounts appropriated for grants to
23 health centers under section 330 for the fiscal years
24 referred to in paragraph (1).

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

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

4 “(2) INTEGRATED HEALTH SYSTEM.—The term
5 ‘integrated health system’ means a health system
6 that—

7 “(A) has a demonstrated capacity and
8 commitment to provide a full range of primary
9 care, specialty care, and hospital care in both
10 inpatient and outpatient settings; and

11 “(B) is organized to provide such care in
12 a coordinated fashion.

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

15 “(A) IN GENERAL.—The term ‘qualifying
16 integrated health system’ means a public or pri-
17 vate nonprofit entity that is an integrated
18 health system that meets the requirements of
19 subparagraph (B) and serves a medically under-
20 served population (either through the staff and
21 supporting resources of the integrated health
22 system or through contracts or cooperative ar-
23 rangements) by providing—

1 “(i) required primary and preventive
2 health and related services (as defined in
3 paragraph (4)); and

4 “(ii) as may be appropriate for a pop-
5 ulation served by a particular integrated
6 health system, integrative health services
7 (as defined in paragraph (5)) that are nec-
8 essary for the adequate support of the re-
9 quired primary and preventive health and
10 related services and that improve care co-
11 ordination.

12 “(B) OTHER REQUIREMENTS.—The re-
13 quirements of this subparagraph are that the
14 integrated health system—

15 “(i) will make the required primary
16 and preventive health and related services
17 of the integrated health system available
18 and accessible in the service area of the in-
19 tegrated health system promptly, as appro-
20 priate, and in a manner which assures con-
21 tinuity;

22 “(ii) will demonstrate financial re-
23 sponsibility by the use of such accounting
24 procedures and other requirements as may
25 be prescribed by the Secretary;

1 “(iii) provides or will provide services
2 to individuals who are eligible for medical
3 assistance under title XIX of the Social
4 Security Act or for assistance under title
5 XXI of such Act;

6 “(iv) has prepared a schedule of fees
7 or payments for the provision of its serv-
8 ices consistent with locally prevailing rates
9 or charges and designed to cover its rea-
10 sonable costs of operation and has pre-
11 pared a corresponding schedule of dis-
12 counts to be applied to the payment of
13 such fees or payments, which discounts are
14 adjusted on the basis of the patient’s abil-
15 ity to pay;

16 “(v) will assure that no patient will be
17 denied health care services due to an indi-
18 vidual’s inability to pay for such services;

19 “(vi) will assure that any fees or pay-
20 ments required by the system for such
21 services will be reduced or waived to enable
22 the system to fulfill the assurance de-
23 scribed in clause (v);

24 “(vii) provides assurances that any
25 grant funds will be expended to supple-

1 ment, and not supplant, the expenditures
2 of the integrated health system for primary
3 and preventive health services for the
4 medically underserved; and

5 “(viii) submits to the Secretary such
6 reports as the Secretary may require to de-
7 termine compliance with this subpara-
8 graph.

9 “(C) TREATMENT OF CERTAIN ENTI-
10 TIES.—The term ‘qualifying integrated health
11 system’ may include a nurse-managed health
12 clinic if such clinic meets the requirements of
13 subparagraphs (A) and (B) (except those re-
14 quirements that have been waived under para-
15 graph (4)(B)).

16 “(4) REQUIRED PRIMARY AND PREVENTIVE
17 HEALTH AND RELATED SERVICES.—

18 “(A) IN GENERAL.—Except as provided in
19 subparagraph (B), the term ‘required primary
20 and preventive health and related services’
21 means basic health services consisting of—

22 “(i) health services related to family
23 medicine, internal medicine, pediatrics, ob-
24 stetrics, or gynecology that are furnished
25 by physicians where appropriate, physician

1 assistants, nurse practitioners, and nurse
2 midwives;

3 “(ii) diagnostic laboratory services
4 and radiologic services;

5 “(iii) preventive health services, in-
6 cluding prenatal and perinatal care; appro-
7 priate cancer screening; well-child services;
8 immunizations against vaccine-preventable
9 diseases; screenings for elevated blood lead
10 levels, communicable diseases, and choles-
11 terol; pediatric eye, ear, and dental
12 screenings to determine the need for vision
13 and hearing correction and dental care;
14 and voluntary family planning services;

15 “(iv) emergency medical services; and

16 “(v) pharmaceutical services, behav-
17 ioral, mental health, and substance abuse
18 services, preventive dental services, and re-
19 cuperative care, as may be appropriate.

20 “(B) EXCEPTION.—In the case of an inte-
21 grated health system serving a targeted popu-
22 lation, the Secretary shall, upon a showing of
23 good cause, waive the requirement that the in-
24 tegrated health system provide each required
25 primary and preventive health and related serv-

1 ice under this paragraph if the Secretary deter-
2 mines one or more such services are inappro-
3 priate or unnecessary for such population.

4 “(5) INTEGRATIVE HEALTH SERVICES.—The
5 term ‘integrative health services’ means services that
6 are not included as required primary and preventive
7 health and related services and are associated with
8 achieving the greater integration of a health care de-
9 livery system to improve patient care coordination so
10 that the system either directly provides or ensures
11 the provision of a broad range of culturally com-
12 petent services. Integrative health services include
13 but are not limited to the following:

14 “(A) Outreach activities.

15 “(B) Case management and patient navi-
16 gation services.

17 “(C) Chronic care management.

18 “(D) Transportation to health care facili-
19 ties.

20 “(E) Development of provider networks
21 and other innovative models to engage local
22 physicians and other providers to serve the
23 medically underserved within a community.

24 “(F) Recruitment, training, and compensa-
25 tion of necessary personnel.

1 “(G) Acquisition of technology for the pur-
2 pose of coordinating care.

3 “(H) Improvements to provider commu-
4 nication, including implementation of shared in-
5 formation systems or shared clinical systems.

6 “(I) Determination of eligibility for Fed-
7 eral, State, and local programs that provide, or
8 financially support the provision of, medical, so-
9 cial, housing, educational, or other related serv-
10 ices.

11 “(J) Development of prevention and dis-
12 ease management tools and processes.

13 “(K) Translation services.

14 “(L) Development and implementation of
15 evaluation measures and processes to assess pa-
16 tient outcomes.

17 “(M) Integration of primary care and men-
18 tal health services.

19 “(N) Carrying out other activities that
20 may be appropriate to a community and that
21 would increase access by the uninsured to
22 health care, such as access initiatives for which
23 private entities provide non-Federal contribu-
24 tions to supplement the Federal funds provided
25 through the grants for the initiatives.

1 “(6) SPECIALTY CARE.—The term ‘specialty
2 care’ means care that is provided through a referral
3 and by a physician or nonphysician practitioner,
4 such as surgical consultative services, radiology serv-
5 ices requiring the immediate presence of a physician,
6 audiology, optometric services, cardiology services,
7 magnetic resonance imagery (MRI) services, comput-
8 erized axial tomography (CAT) scans, nuclear medi-
9 cine studies, and ambulatory surgical services.

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

Passed the House of Representatives June 4, 2008.

Attest:

Clerk.

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AN ACT

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.