110TH CONGRESS
2D SESSION

H. R. 1343

IN THE SENATE OF THE UNITED STATES

JUNE 5, 2008

Received; read twice and referred to the Committee on Health, Education, Labor, and Pensions

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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Health Centers Renewal Act of 2008''.

SEC. 2. ADDITIONAL AUTHORIZATIONS OF APPROPRIATIONS FOR HEALTH CENTERS PROGRAM.

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

''(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated—

''(A) for fiscal year 2008, $2,213,020,000;

''(B) for fiscal year 2009, $2,451,394,400;

''(C) for fiscal year 2010, $2,757,818,700;

''(D) for fiscal year 2011, $3,116,335,131; and

''(E) for fiscal year 2012, $3,537,040,374.''.

SEC. 3. RECOGNITION OF HIGH POVERTY AREAS.

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

''(3) RECOGNITION OF HIGH POVERTY AREAS.—

''(A) IN GENERAL.—In making grants under this subsection, the Secretary may recognize the unique needs of high poverty areas.

''(B) HIGH POVERTY AREA DEFINED.—For purposes of subparagraph (A), the term 'high poverty area' means a catchment area which is established in a manner that is consistent with the factors in subsection (k)(3)(J), and the poverty rate of which is greater than the national average poverty rate as determined by the Bureau of the Census.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to grants made on or after January 1, 2009.

SEC. 4. LIABILITY PROTECTIONS FOR HEALTH CENTER VOLUNTEER PRACTITIONERS.

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

(1) in subsection (g)(1)(A)—

(A) in the first sentence, by striking ''or employee'' and inserting ''employee, or (subject to subsection (k)(4)) volunteer practitioner''; and

(B) in the second sentence, by inserting ''and subsection (k)(4)'' after ''subject to paragraph (5)''; and

(2) in each of subsections (g), (i), (j), (k), (l), and (m)—

(A) by striking the term ''employee, or contractor'' each place such term appears and inserting ''employee, volunteer practitioner, or contractor'';

(B) by striking the term ''employee, and contractor'' each place such term appears and inserting ''employee, volunteer practitioner, and contractor'';

(C) by striking the term ''employee, or any contractor'' each place such term appears and inserting ''employee, volunteer practitioner, or contractor''; and

(D) by striking the term ''employees, or contractors'' each place such term appears and inserting ''employees, volunteer practitioners, or contractors''.

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

''(4)(A) Subsections (g) through (m) apply with respect to volunteer practitioners beginning with the first fiscal year for which an appropriations Act provides that amounts in the fund under paragraph (2) are available with respect to such practitioners.

''(B) For purposes of subsections (g) through (m), the term 'volunteer practitioner' means a practitioner who, with respect to an entity described in subsection (g)(4), meets the following conditions:

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

''(ii) At the request of such entity, the practitioner provides services to patients of the entity, at a site at which the entity operates or at a site designated by the entity. The weekly number of hours of services provided to the patients by the practitioner is not a factor with respect to meeting conditions under this subparagraph.

''(iii) The practitioner does not for the provision of such services receive any compensation from such patients, from the entity, or from third-party payors (including reimbursement under any insurance policy or health plan, or under any Federal or State health benefits program).''.

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

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

(1) in paragraph (1)(B)(ii), by striking ''subparagraph (C)'' and inserting ''subparagraph (C) and paragraph (6)''; and

(2) by adding at the end the following paragraph:

''(6)(A) Subject to subparagraph (C), paragraph (1)(B)(ii) applies to health services provided to individuals who are not patients of the entity involved if, as determined under criteria issued by the Secretary, the following conditions are met:

''(i) The services are provided by a contractor, volunteer practitioner (as defined in subsection (k)(4)(B)), or employee of the entity who is a physician or other licensed or certified health care practitioner and who is otherwise deemed to be an employee for purposes of paragraph (1)(A) when providing services with respect to the entity.

''(ii) The services are provided in an emergency area (as defined in subparagraph (D)), with respect to a public health emergency or major disaster described in subparagraph (D), and during the period

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

''(iii) The services of the contractor, volunteer practitioner, or employee (referred to in this paragraph as the 'out-of-area practitioner') are provided under an arrangement with—

''(I) an entity that is deemed to be an employee for purposes of paragraph (1)(A) and that serves the emergency area involved (referred to in this paragraph as an 'emergency-area entity'); or

''(II) a Federal agency that has responsibilities regarding the provision of health services in such area during the emergency.

''(iv) The purposes of the arrangement are—

''(I) to coordinate, to the extent practicable, the provision of health services in the emergency area by the out-of-area practitioner with the provision of services by the emergency-area entity, or by the Federal agency, as the case may be;

''(II) to identify a location in the emergency area to which such practitioner should report for purposes of providing health services, and to identify an individual or individuals in

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

''(III) to verify the identity of the practitioner and that the practitioner is licensed or certified by one or more of the States.

''(v) With respect to the licensure or certification of health care practitioners, the provision of services by the out-of-area practitioner in the emergency area is not a violation of the law of the State in which the area is located.

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

''(C) Subparagraph (A) applies with respect to an act or omission of an out-of-area practitioner only to the extent that the practitioner is not immune from liability for such act or omission under the Volunteer Protection Act of 1997.

''(D) For purposes of this paragraph, the term 'emergency area' means a geographic area for which—

''(i) the Secretary has made a determination under section 319 that a public health emergency exists; or

''(ii) a presidential declaration of major disaster has been issued under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.''.

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

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

''Subpart XI—Demonstration Project for Integrated Health Systems to Expand Access to Primary and Preventive Services for the Medically Underserved

''SEC. 340H. DEMONSTRATION PROJECT FOR INTEGRATED HEALTH SYSTEMS TO EXPAND ACCESS TO PRIMARY AND PREVENTIVE CARE FOR THE MEDICALLY UNDERSERVED.

''(a) ESTABLISHMENT OF DEMONSTRATION.—

''(1) IN GENERAL.—Not later than January 1, 2009, the Secretary shall establish a demonstration project (hereafter in this section referred to as the 'demonstration') under which up to 30 qualifying integrated health systems receive grants for the costs

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

''(2) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as authorizing grants to be made or used for the costs of specialty care or hospital care furnished by an integrated health system.

''(b) APPLICATION.—Any integrated health system desiring to participate in the demonstration shall submit an application in such manner, at such time, and containing such information as the Secretary may require.

''(c) CRITERIA FOR SELECTION.—In selecting integrated health systems to participate in the demonstration (hereafter in this section referred to as 'participating integrated health systems'), the Secretary shall ensure representation of integrated health systems that are located in a variety of States (including the District of Columbia and the territories and possessions of the United States) and locations within States, including rural areas, inner-city areas, and frontier areas.

''(d) DURATION.—Subject to the availability of appropriations, the demonstration shall be conducted (and operating grants be made to each participating integrated health system) for a period of 3 years.

''(e) REPORTS.—

''(1) IN GENERAL.—The Secretary shall submit to the appropriate committees of the Congress interim and final reports with respect to the demonstration, with an interim report being submitted not later than 3 months after the demonstration has been in operation for 24 months and a final report being submitted not later than 3 months after the close of the demonstration.

''(2) CONTENT.—Such reports shall evaluate the effectiveness of the demonstration in providing greater access to primary and preventive care for medically underserved populations, and how the coordinated approach offered by integrated health systems contributes to improved patient outcomes.

''(f) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—There is authorized to be appropriated $25,000,000 for each of the fiscal years 2009, 2010, and 2011 to carry out this section.

''(2) CONSTRUCTION.—Nothing in this section shall be construed as requiring or authorizing a reduction in the amounts appropriated for grants to health centers under section 330 for the fiscal years referred to in paragraph (1).

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

''(1) FRONTIER AREA.—The term 'frontier area' has the meaning given to such term in regulations promulgated pursuant to section 330I(r).

''(2) INTEGRATED HEALTH SYSTEM.—The term 'integrated health system' means a health system that—

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

''(B) is organized to provide such care in a coordinated fashion.

''(3) QUALIFYING INTEGRATED HEALTH SYSTEM.—

''(A) IN GENERAL.—The term 'qualifying integrated health system' means a public or private nonprofit entity that is an integrated health system that meets the requirements of subparagraph (B) and serves a medically underserved population (either through the staff and supporting resources of the integrated health system or through contracts or cooperative arrangements) by providing—

''(i) required primary and preventive health and related services (as defined in paragraph (4)); and

''(ii) as may be appropriate for a population served by a particular integrated health system, integrative health services (as defined in paragraph (5)) that are necessary for the adequate support of the required primary and preventive health and related services and that improve care coordination.

''(B) OTHER REQUIREMENTS.—The requirements of this subparagraph are that the integrated health system—

''(i) will make the required primary and preventive health and related services of the integrated health system available and accessible in the service area of the integrated health system promptly, as appropriate, and in a manner which assures continuity;

''(ii) will demonstrate financial responsibility by the use of such accounting procedures and other requirements as may be prescribed by the Secretary;

"(iii) provides or will provide services to individuals who are eligible for medical assistance under title XIX of the Social Security Act or for assistance under title XXI of such Act;

"(iv) has prepared a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and has prepared a corresponding schedule of discounts to be applied to the payment of such fees or payments, which discounts are adjusted on the basis of the patient's ability to pay;

"(v) will assure that no patient will be denied health care services due to an individual's inability to pay for such services;

"(vi) will assure that any fees or payments required by the system for such services will be reduced or waived to enable the system to fulfill the assurance described in clause (v);

"(vii) provides assurances that any grant funds will be expended to supple-

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

"(viii) submits to the Secretary such reports as the Secretary may require to determine compliance with this subparagraph.

"(C) TREATMENT OF CERTAIN ENTITIES.—The term 'qualifying integrated health system' may include a nurse-managed health clinic if such clinic meets the requirements of subparagraphs (A) and (B) (except those requirements that have been waived under paragraph (4)(B)).

"(4) REQUIRED PRIMARY AND PREVENTIVE HEALTH AND RELATED SERVICES.—

"(A) IN GENERAL.—Except as provided in subparagraph (B), the term 'required primary and preventive health and related services' means basic health services consisting of—

"(i) health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians where appropriate, physician

assistants, nurse practitioners, and nurse midwives;

"(ii) diagnostic laboratory services and radiologic services;

"(iii) preventive health services, including prenatal and perinatal care; appropriate cancer screening; well-child services; immunizations against vaccine-preventable diseases; screenings for elevated blood lead levels, communicable diseases, and cholesterol; pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care; and voluntary family planning services;

"(iv) emergency medical services; and

"(v) pharmaceutical services, behavioral, mental health, and substance abuse services, preventive dental services, and recuperative care, as may be appropriate.

"(B) EXCEPTION.—In the case of an integrated health system serving a targeted population, the Secretary shall, upon a showing of good cause, waive the requirement that the integrated health system provide each required primary and preventive health and related serv-

ice under this paragraph if the Secretary determines one or more such services are inappropriate or unnecessary for such population.

''(5) INTEGRATIVE HEALTH SERVICES.—The term 'integrative health services' means services that are not included as required primary and preventive health and related services and are associated with achieving the greater integration of a health care delivery system to improve patient care coordination so that the system either directly provides or ensures the provision of a broad range of culturally competent services. Integrative health services include but are not limited to the following:

''(A) Outreach activities.

''(B) Case management and patient navigation services.

''(C) Chronic care management.

''(D) Transportation to health care facilities.

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

''(F) Recruitment, training, and compensation of necessary personnel.

"(G) Acquisition of technology for the purpose of coordinating care.

"(H) Improvements to provider communication, including implementation of shared information systems or shared clinical systems.

"(I) Determination of eligibility for Federal, State, and local programs that provide, or financially support the provision of, medical, social, housing, educational, or other related services.

"(J) Development of prevention and disease management tools and processes.

"(K) Translation services.

"(L) Development and implementation of evaluation measures and processes to assess patient outcomes.

"(M) Integration of primary care and mental health services.

"(N) Carrying out other activities that may be appropriate to a community and that would increase access by the uninsured to health care, such as access initiatives for which private entities provide non-Federal contributions to supplement the Federal funds provided through the grants for the initiatives.

''(6) SPECIALTY CARE.—The term 'specialty care' means care that is provided through a referral and by a physician or nonphysician practitioner, such as surgical consultative services, radiology services requiring the immediate presence of a physician, audiology, optometric services, cardiology services, magnetic resonance imagery (MRI) services, computerized axial tomography (CAT) scans, nuclear medicine studies, and ambulatory surgical services.

''(7) NURSE-MANAGED HEALTH CLINIC.—The term 'nurse-managed health clinic' means a nurse-practice arrangement, managed by advanced practice nurses, that provides care for underserved and vulnerable populations and is associated with a school, college, or department of nursing or an independent nonprofit health or social services agency.''.

Passed the House of Representatives June 4, 2008.

Attest: LORRAINE C. MILLER,

Clerk.