

103^D CONGRESS
1ST SESSION

H. R. 3699

To amend the Public Health Service Act to establish, reauthorize and revise provisions to improve the health of individuals from disadvantaged backgrounds, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 22, 1993

Mr. STOKES (for himself, Mr. CLAY, Mrs. MEEK, Mr. LEWIS of Georgia, Mr. DELLUMS, Mr. HILLIARD, Mr. MFUME, Mr. JEFFERSON, Mr. TOWNS, Mr. BISHOP, Ms. NORTON, and Mr. THOMPSON of Mississippi) introduced the following bill; which was referred jointly to the Committees on Education and Labor and Energy and Commerce

A BILL

To amend the Public Health Service Act to establish, reauthorize and revise provisions to improve the health of individuals from disadvantaged backgrounds, 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; AMENDATORY REFERENCES;**

4 **TABLE OF CONTENTS.**

5 (a) SHORT TITLE.—This Act may be cited as the
6 “Minority Health Improvement Act of 1993”.

1 (b) AMENDATORY REFERENCES.—Any reference in
 2 this Act to an amendment or repeal of a section or other
 3 provision shall be considered to be an amendment or re-
 4 peal, respectively, of that provision of the Public Health
 5 Service Act, unless another public law is specified as being
 6 the subject of the amendment or repeal.

7 (c) TABLE OF CONTENTS.—The table of contents of
 8 this Act is as follows:

Sec. 1. Short title; amendatory references; table of contents.
 Sec. 2. Findings.

TITLE I—HEALTH POLICY

Sec. 101. Office of Minority Health.
 Sec. 102. Agency Offices of Minority Health.
 Sec. 103. State Offices of Minority Health.
 Sec. 104. Assistant Secretary of Health and Human Services for Civil Rights.

TITLE II—HEALTH SERVICES

Sec. 201. Community scholarship programs.
 Sec. 202. Health services for residents of public housing.
 Sec. 203. Health services for Pacific Islanders.

TITLE III—HEALTH PROFESSIONS

Sec. 301. Loans for disadvantaged students.
 Sec. 302. Cesar Chavez scholarship program.
 Sec. 303. Thurgood Marshall scholarship program.
 Sec. 304. Loan repayments and fellowships regarding faculty positions at
 health professions schools.
 Sec. 305. Centers of excellence.
 Sec. 306. Educational assistance regarding undergraduates.
 Sec. 307. Area health education centers.

TITLE IV—RESEARCH AND DATA COLLECTION

Sec. 401. Office of Research on Minority Health.
 Sec. 402. National Center for Health Statistics.
 Sec. 403. Activities of Agency for Health Care Policy and Research.

TITLE V—MISCELLANEOUS

Sec. 501. Medically underserved area study.
 Sec. 502. Federal and State offices regarding urban health.
 Sec. 503. Grants regarding organ and bone marrow transplantation with re-
 spect to minority populations.
 Sec. 504. Demonstration project grants to States for Alzheimer's disease.

Sec. 505. Waivers regarding obligated service in primary health care.

1 **SEC. 2. FINDINGS.**

2 Section 1(b) of the Disadvantaged Minority Health
3 Improvement Act of 1990 (42 U.S.C. 300u-6 note) is
4 amended to read as follows—

5 “(b) FINDINGS.—Congress finds that—

6 “(1) the health status of individuals from racial
7 and ethnic minorities in the United States is signifi-
8 cantly lower than the health status of the general
9 population and has not improved significantly since
10 the issuance of the 1985 report entitled “Report of
11 the Secretary’s Task Force on Black and Minority
12 Health”;

13 “(2) racial and ethnic minorities are dispropor-
14 tionately represented among the poor;

15 “(3) racial and ethnic minorities suffer dis-
16 proportionately high rates of cancer, heart disease,
17 diabetes, substance abuse, acquired immune defi-
18 ciency syndrome, and other diseases and disorders;

19 “(4) the incidence of infant mortality among
20 African Americans is almost double that for the gen-
21 eral population;

22 “(5) Mexican-American and Puerto Rican
23 adults have diabetes rates twice that of non-His-
24 panic whites;

1 “(6) a third of American Indian deaths occur
2 before the age of 45;

3 “(7) the crisis in minority health continues
4 while the United States has the most sophisticated
5 and elaborate medical system in the world; while
6 medical and technological breakthroughs are afford-
7 ing Americans a longer life expectancy; and while
8 the United States continues to witness unprece-
9 dented explosion in scientific knowledge and a phe-
10 nomenal capacity to treat and cure disease;

11 “(8) according to the 1990 Census, African
12 Americans, Hispanics, American Indians, Alaskan
13 Natives, and Asian/Pacific Islanders constitute ap-
14 proximately 12.1 percent, 9 percent, 0.08 percent,
15 and 2.9 percent, respectively, of the population of
16 the United States;

17 “(9) minority health professionals have histori-
18 cally tended to practice in low-income areas, medi-
19 cally underserved areas, and to serve racial and eth-
20 nic minorities;

21 “(10) minority health professionals have histori-
22 cally tended to engage in the general practice of
23 medicine and specialties providing primary care;

24 “(11) reports published in leading medical jour-
25 nals indicate that access to health care among mi-

1 norities can be substantially improved by increasing
2 the number of minority professionals;

3 “(12) diversity in the faculty and student body
4 of health professions schools enhances the quality of
5 education for all students attending the schools; and

6 “(13) health professionals need greater access
7 to continuing medical education programs to enable
8 such professionals to upgrade their skills (including
9 linguistic and cultural competence skills) and im-
10 prove the quality of medical care rendered in minor-
11 ity communities.”.

12 **TITLE I—HEALTH POLICY**

13 **SEC. 101. OFFICE OF MINORITY HEALTH.**

14 Section 1707 (42 U.S.C. 300u-6) is amended by
15 striking subsection (b) and all that follows and inserting
16 the following:

17 “(b) DUTIES.—With respect to improving the health
18 of racial and ethnic minority groups, the Secretary, acting
19 through the Deputy Assistant Secretary for Minority
20 Health, shall carry out the following:

21 “(1) Establish short-range and long-range goals
22 and objectives and coordinate all other activities
23 within the Department of Health and Human Serv-
24 ices that relate to disease prevention, health pro-
25 motion, service delivery, and research concerning

1 such individuals. The heads of the operating divi-
2 sions of the Department of Health and Human
3 Services and the heads of Public Health Service
4 agencies shall consult with the Deputy Assistant
5 Secretary for Minority Health to assist in the coordi-
6 nation of all activities within the Department as
7 they relate to disease prevention, health promotion,
8 service delivery, and research concerning such indi-
9 viduals.

10 “(2) Carry out the following types of activities
11 by entering into interagency agreements with other
12 agencies of the public health service:

13 “(A) Support research, demonstrations and
14 evaluations to test new and innovative models.

15 “(B) Increase knowledge and understand-
16 ing of health risk factors.

17 “(C) Develop mechanisms that support
18 better information dissemination, education,
19 prevention, and service delivery to individuals
20 from disadvantaged backgrounds, including ra-
21 cial and ethnic minority groups.

22 “(3) Establish a national minority health re-
23 source center to carry out the following:

24 “(A) Facilitate the exchange of informa-
25 tion regarding matters relating to health infor-

1 mation and health promotion, preventive health
2 services, and education in the appropriate use
3 of health care.

4 “(B) Target the most prevalent morbidity
5 and mortality concerns of the various racial and
6 ethnic minorities.

7 “(C) Facilitate access to such information.

8 “(D) Assist in the analysis of issues and
9 problems relating to such matters.

10 “(E) Provide technical assistance with re-
11 spect to the exchange of such information (in-
12 cluding facilitating the development of materials
13 for such technical assistance).

14 “(F) Improve access to health care services
15 for racial and ethnic minorities, including those
16 with limited English proficiency, by facilitating
17 the removal of impediments to the receipt of
18 health care.

19 “(4) With respect to awards of grants and con-
20 tracts that are available under certain minority
21 health programs, establish a program—

22 “(A) to inform entities, as appropriate,
23 that the entities may be eligible for the awards;

24 “(B) to provide technical assistance to
25 such entities in the process of preparing and

1 submitting applications for the awards in ac-
2 cordance with the policies of the Secretary re-
3 garding such application; and

4 “(C) to inform populations, as appropriate,
5 that members of the populations may be eligible
6 to receive services or otherwise participate in
7 the activities carried out with such awards.

8 “(c) ADVISORY COMMITTEE.—

9 “(1) IN GENERAL.—The Secretary shall estab-
10 lish an advisory committee to be known as the Advi-
11 sory Committee on Minority Health (in this sub-
12 section referred to as the ‘Committee’).

13 “(2) DUTIES.—The Committee shall provide
14 advice to the Secretary on carrying out this section,
15 including advice on the development of goals and
16 specific program activities under subsection (b)(1)
17 for each racial and ethnic minority group.

18 “(3) CHAIRPERSON.—The Deputy Assistant
19 Secretary for Minority Health shall serve as the
20 Chairperson of the Committee.

21 “(4) COMPOSITION.—The Committee shall be
22 composed of no fewer than 12, and not more than
23 18 individuals, who are not officers or employees of
24 the Federal Government. The Secretary shall ap-
25 point the members of the Committee from among in-

1 individuals with expertise regarding issues of minority
2 health. The membership of the Committee shall be
3 equitably representative of the various racial and
4 ethnic minority groups. The Secretary may appoint
5 representatives from selected Federal agencies to
6 serve as ex officio, non-voting members of the Com-
7 mittee.

8 “(5) TERMS.—Each member of the Committee
9 shall serve for a term of 4 years, except that the
10 Secretary shall initially appoint a portion of the
11 members to terms of 1 year, 2 years, and 3 years.

12 “(6) VACANCIES.—If a vacancy occurs on the
13 Committee, a new member shall be appointed by the
14 Secretary within 90 days from the date that the va-
15 cancy occurs, and serve for the remainder of the
16 term for which the predecessor of such member was
17 appointed. The vacancy shall not affect the power of
18 the remaining members to execute the duties of the
19 Committee.

20 “(7) COMPENSATION.—Members of the Com-
21 mittee who are officers or employees of the United
22 States shall serve without compensation. Members of
23 the Committee who are not officers or employees of
24 the United States shall receive, for each day (includ-
25 ing travel time) they are engaged in the performance

1 of the functions of the Committee, compensation at
2 rates that do not exceed the daily equivalent of the
3 annual rate in effect for grade GS-18 of the General
4 Schedule under title 5, United States Code.

5 “(d) CERTAIN REQUIREMENTS REGARDING DU-
6 TIES.—

7 “(1) EQUITABLE ALLOCATION REGARDING AC-
8 TIVITIES.—In awarding grants or contracts or coop-
9 erative agreements under section 340A, 724, 737,
10 738, or 1707, the Secretary shall ensure that such
11 awards are allocated to address the most prevalent
12 morbidity and mortality concerns of the various ra-
13 cial and ethnic minority groups.

14 “(2) CULTURAL COMPETENCY OF SERVICES.—
15 The Secretary shall ensure that information and
16 services provided pursuant to subsection (b) are pro-
17 vided in the language and cultural context that is
18 most appropriate for the individuals for whom the
19 information and services are intended.

20 “(3) PEER REVIEW.—The Secretary shall en-
21 sure that each application for a grant, contract or
22 cooperative agreement under section 340A, 724,
23 737, or 1707 undergoes appropriate peer review.

24 “(e) REPORTS.—Not later than January 31 of fiscal
25 year 1995 and of each second year thereafter, the Sec-

1 retary shall submit to the Congress a report describing
2 the activities carried out under this section during the pre-
3 ceding 2 fiscal years and evaluating the extent to which
4 such activities have been effective in improving the health
5 of racial and ethnic minority groups.

6 “(f) GRANTS AND CONTRACTS AND COOPERATIVE
7 AGREEMENTS REGARDING DUTIES.—

8 “(1) AUTHORITY.—In carrying out subsection
9 (b), the Secretary may make grants to and enter
10 into contracts and cooperative agreements with pub-
11 lic and nonprofit private entities for activities de-
12 scribed in paragraphs (3) of subsection (b).

13 “(2) EVALUATION AND DISSEMINATION.—The
14 Secretary shall, directly or through contracts with
15 public and private entities, provide for evaluations of
16 projects carried out with financial assistance pro-
17 vided under paragraph (1) during the preceding 2
18 fiscal years. The report shall be included in the re-
19 port required under subsection (e) for the fiscal year
20 involved.

21 “(g) DEFINITION.—As used in this section, the term
22 ‘racial and ethnic minority group’ means Hispanics,
23 Blacks, Asian Americans, Pacific Islanders, Native Ameri-
24 cans, and Alaskan Natives.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there is authorized
3 to be appropriated such sums as may be necessary for
4 each of the fiscal years 1994 through 1998.”.

5 **SEC. 102. AGENCY OFFICES OF MINORITY HEALTH.**

6 Title XVII (42 U.S.C. 300u et seq.) is amended by
7 adding at the end the following new section:

8 **“SEC. 1709. AGENCY OFFICES OF MINORITY HEALTH.**

9 “(a) IN GENERAL.—The Secretary, acting through
10 the Deputy Assistant Secretary for Minority Health, shall
11 ensure that an Office of Minority Health is established
12 and operating at the Centers for Disease Control and Pre-
13 vention, the Health Resources and Services Administra-
14 tion, the Substance Abuse and Mental Health Administra-
15 tion, and the Agency for Health Care Policy and Research.
16 Such Offices shall be established to ensure that services
17 and programs carried out within each such respective
18 agency or office—

19 “(1) address the most prevalent morbidity and
20 mortality concerns of racial and ethnic minority
21 groups;

22 “(2) provide culturally competent services; and

23 “(3) utilize racial and ethnic minority commu-
24 nity-based organizations to deliver services.

1 “(b) REPORTS.—Each Office of Minority Health
2 within the Department of Health and Human Services
3 shall submit a report, not later than May 1 of each year,
4 to the Deputy Assistant Secretary for Minority Health (as
5 provided for in section 1707(a)) describing the accom-
6 plishments or programs of the plan, the budget allocation
7 and expenditures for, and the development and implemen-
8 tation of, such health programs targeting racial and ethnic
9 minority populations. The Secretary shall ensure the par-
10 ticipation and cooperation of each Agency in the develop-
11 ment of the annual report.

12 “(c) FUNDING.—Of the amounts appropriated for fis-
13 cal year 1995 or any subsequent fiscal year for an agency
14 for which an Office of Minority Health is established
15 under subsection (a), the Secretary shall reserve not less
16 than 10 percent for the purpose of such Office to carry
17 out minority health program activities.

18 **SEC. 103. STATE OFFICES OF MINORITY HEALTH.**

19 Title XVII (42 U.S.C. 300u et seq.), as amended by
20 section 102, is further amended by adding at the end the
21 following new section:

22 **“SEC. 1710. GRANTS TO STATES FOR OPERATION OF OF-**
23 **FICES OF MINORITY HEALTH.**

24 “(a) IN GENERAL.—The Secretary, acting through
25 the Deputy Assistant Secretary for Minority Health (as

1 provided for in section 1707), may make grants to States
2 for the purpose of improving the health status in minority
3 communities, through the operation of State offices of mi-
4 nority health established to monitor and facilitate the
5 achievement of the Health Objectives for the Year 2000
6 as they affect minority populations.

7 “(b) ADMINISTRATION OF PROGRAM.—The Secretary
8 may not make a grant to a State under subsection (a)
9 unless such State agrees that the program carried out by
10 the State with amounts received under the grant will be
11 administered directly by a single State agency.

12 “(c) CERTAIN REQUIRED ACTIVITIES.—The Sec-
13 retary may not make a grant to a State under subsection
14 (a) unless such State agrees that activities carried out by
15 an office operated under the grant received pursuant to
16 such subsection will—

17 “(1) establish and maintain within the State a
18 clearinghouse for collecting and disseminating infor-
19 mation on—

20 “(A) minority health issues, including
21 health care issues;

22 “(B) research findings relating to minority
23 health, including findings relating to health
24 care; and

1 “(C) innovative approaches to the delivery
2 of health care and social services in minority
3 communities;

4 “(2) coordinate the activities carried out in the
5 State that relate to minority health, including activi-
6 ties relating to health care, which activities include
7 providing coordination for the purpose of avoiding
8 redundancy in such activities;

9 “(3) identify Federal and State programs re-
10 garding minority health, and providing technical as-
11 sistance to public and nonprofit entities regarding
12 participation in such program; and

13 “(4) develop additional Healthy People 2000
14 objectives for the State that are necessary to address
15 the most prevalent morbidity and mortality concerns
16 of racial and ethnic minority groups in the State.

17 “(d) REQUIREMENT REGARDING ANNUAL BUDGET
18 OFFICE.—The Secretary may not make a grant to a State
19 under subsection (a) unless such State agrees that, for any
20 fiscal year for which the State receives such a grant, the
21 office operated under such grant will be provided with an
22 annual budget of not less than \$75,000.

23 “(e) CERTAIN USES OF FUNDS.—

1 “(1) RESTRICTIONS.—The Secretary may not
2 make a grant to a State under subsection (a) unless
3 such State agrees that—

4 “(A) if research with respect to minority
5 health is conducted pursuant to the grant, not
6 more than 10 percent of the amount received
7 under the grant will be expended for such re-
8 search; and

9 “(B) amounts provided under the grant
10 will not be expended—

11 “(i) to provide health care (including
12 providing cash payments regarding such
13 care);

14 “(ii) to conduct activities for which
15 Federal funds are expended—

16 “(I) within the State to provide
17 technical and other nonfinancial as-
18 sistance under subsection (m) of sec-
19 tion 340A;

20 “(II) under a memorandum of
21 agreement entered into with the State
22 under subsection (h) of such section;
23 or

24 “(III) under a grant under sec-
25 tion 388I;

1 “(iii) to purchase medical equipment,
2 to purchase ambulances, aircraft, or other
3 vehicles, or to purchase major communica-
4 tions equipment;

5 “(iv) to purchase or improve real
6 property; or

7 “(v) to carry out any activity regard-
8 ing a certificate of need.

9 “(2) AUTHORITIES.—Activities for which a
10 State may expend amounts received under a grant
11 under subsection (a) include—

12 “(A) paying the costs of establishing an of-
13 fice of minority health for purposes of sub-
14 section (a);

15 “(B) subject to paragraph (1)(B)(ii)(III),
16 paying the costs of any activity carried out with
17 respect to recruiting and retaining health pro-
18 fessionals to serve in minority communities or
19 underserved areas in the State; and

20 “(C) providing grants and contracts to
21 public and nonprofit entities to carry out activi-
22 ties authorized in this section.

23 “(f) REPORTS.—The Secretary may not make a
24 grant to a State under subsection (a) unless such State
25 agrees—

1 “(1) to submit to the Secretary reports contain-
2 ing such information as the Secretary may require
3 regarding activities carried out under this section by
4 the State; and

5 “(2) to submit a report not later than January
6 10 of each fiscal year immediately following any fis-
7 cal year for which the State has received such a
8 grant.

9 “(g) APPLICATION FOR GRANT.—The Secretary may
10 not make a grant to a State under subsection (a) unless
11 an application for the grant is submitted to the Secretary
12 and the application in such form, is made in such manner,
13 and contains such agreements, assurances, and informa-
14 tion as the Secretary determines to be necessary to carry
15 out such subsection.

16 “(h) NONCOMPLIANCE.—The Secretary may not
17 make payments under subsection (a) to a State for any
18 fiscal year subsequent to the first fiscal year of such pay-
19 ments unless the Secretary determines that, for the imme-
20 diately preceding fiscal year, the State has complied with
21 each of the agreements made by the State under this sec-
22 tion.

23 “(i) AUTHORIZATION OF APPROPRIATIONS.—

24 “(1) IN GENERAL.—For purposes of making
25 grants under subsection (a) there are authorized to

1 be appropriated \$3,000,000 for fiscal year 1995,
2 \$4,000,000 for fiscal year 1996, and \$3,000,000 for
3 fiscal year 1997.

4 “(2) AVAILABILITY.—Amounts appropriated
5 under paragraph (1) shall remain available until ex-
6 pended.

7 “(j) TERMINATION OF PROGRAM.—No grant may be
8 made under this section after the aggregate amounts ap-
9 propriated under subsection (i)(1) are equal to
10 \$10,000,000.”.

11 **SEC. 104. ASSISTANT SECRETARY OF HEALTH AND HUMAN**
12 **SERVICES FOR CIVIL RIGHTS.**

13 (a) IN GENERAL.—Part A of title II (42 U.S.C. 202
14 et seq.), as amended by section 2010 of Public Law 103–
15 43, is amended by adding at the end the following new
16 section:

17 **“SEC. 229. ASSISTANT SECRETARY FOR CIVIL RIGHTS.**

18 “(a) ESTABLISHMENT OF POSITION.—There shall be
19 in the Department of Health and Human Services an As-
20 sistant Secretary for Civil Rights, who shall be appointed
21 by the President, by and with the advice and consent of
22 the Senate.

23 “(b) RESPONSIBILITIES.—The Assistant Secretary
24 shall perform such functions relating to civil rights as the
25 Secretary may assign.”.

1 (b) CONFORMING AMENDMENT.—Section 5315 of
2 title 5, United States Code, is amended, in the item relat-
3 ing to Assistant Secretaries of Health and Human Serv-
4 ices, by striking “(5)” and inserting “(6)”.

5 **TITLE II—HEALTH SERVICES**

6 **SEC. 201. COMMUNITY SCHOLARSHIP PROGRAMS.**

7 Section 338L (42 U.S.C. 254t) is amended—

8 (1) in subsection (a), by striking “health man-
9 power shortage areas” and inserting “Federally-des-
10 ignated health professional shortage areas”;

11 (2) in subsection (c)—

12 (A) by striking “health manpower shortage
13 areas” and inserting “Federally-designated
14 health professional shortage areas” in the mat-
15 ter preceding paragraph (1); and

16 (B) by striking “in the health manpower
17 shortage areas in which the community organi-
18 zations are located,” and inserting “in a Feder-
19 ally-designated health professional shortage
20 area that is served by the community organiza-
21 tion awarding the scholarship,” in paragraph
22 (2);

23 (3) in subsection (e)(1)—

1 (A) by striking “health manpower shortage
2 area” and inserting “Federally-designated
3 health professional shortage area”; and

4 (B) by striking “in which the community”
5 and all that follows through “located”; and

6 (4) in subsection (l)(1), by striking
7 “\$5,000,000” and all that follows through “1993”
8 and inserting such sums as may be necessary for
9 each of the fiscal years 1994, 1995, and 1996”.

10 **SEC. 202. HEALTH SERVICES FOR RESIDENTS OF PUBLIC**
11 **HOUSING.**

12 Section 340A(p)(1) (42 U.S.C. 256a(p)(1)) is amend-
13 ed—

14 (1) by inserting “for fiscal years 1994, 1995,
15 and 1996 such sums as necessary”; and

16 (2) by striking “1992 and 1993”.

17 **SEC. 203. HEALTH SERVICES FOR PACIFIC ISLANDERS.**

18 Section 10 of the Disadvantaged Minority Health Im-
19 provement Act of 1990 (42 U.S.C. 254c-1) is amended—

20 (1) in subsection (b)—

21 (A) in paragraph (2)—

22 (i) by inserting “, substance abuse”
23 after “availability of health”; and

24 (ii) by striking “, including improved
25 health data systems”;

1 (B) in paragraph (3)—

2 (i) by striking “manpower” and in-
3 serting “care providers”; and

4 (ii) by striking “by—” and all that
5 follows through the end thereof and insert-
6 ing a semicolon;

7 (C) by striking paragraphs (5) and (6);

8 (D) by redesignating paragraphs (7), and
9 (8) as paragraphs (5) and (6), respectively;

10 (E) in paragraph (5) (as so redesignated),
11 by striking “and” at the end thereof;

12 (F) in paragraph (6) (as so redesignated),
13 by striking the period and inserting a semi-
14 colon; and

15 (G) by inserting after paragraph (6) (as so
16 redesignated), the following new paragraphs:

17 “(7) to provide primary health care, preventive
18 health care, and related training to American Sa-
19 moan health care professionals; and

20 “(8) to improve access to health promotion and
21 disease prevention services for rural American
22 Samoa.”;

23 (2) in subsection (f)—

24 (A) by striking “there is” and inserting
25 “there are”; and

1 (B) by striking “\$10,000,000” and all that
2 follows through “1993” and inserting “such
3 sums as may be necessary for each of the fiscal
4 years 1994 through 1996”; and

5 (3) by adding at the end thereof the following
6 new subsection:

7 “(g) STUDY AND REPORT.—

8 “(1) STUDY.—Not later than 180 days after
9 the date of enactment of this subsection, the Sec-
10 retary, acting through the Administrator of the
11 Health Resources and Services Administration, shall
12 enter into a contract with a public or nonprofit pri-
13 vate entity for the conduct of a study to determine
14 the effectiveness of projects funded under this sec-
15 tion.

16 “(2) REPORT.—Not later than July 1, 1995,
17 the Secretary shall prepare and submit to the Com-
18 mittee on Energy and Commerce and the Committee
19 on Appropriations of the House of Representatives,
20 and to the Committee on Labor and Human Re-
21 sources and the Committee on Appropriations of the
22 Senate, a report describing the findings made with
23 respect to the study conducted under paragraph
24 (1).”.

TITLE III—HEALTH PROFESSIONS

SEC. 301. LOANS FOR DISADVANTAGED STUDENTS.

Subpart II of part A of title VII (42 U.S.C. 292q) is amended—

(1) in section 723—

(A) in subsection (a)(2), by adding at the end the following subparagraph:

“(C) The requirement established in paragraph (1) regarding a a student does not apply to students from disadvantaged backgrounds who are underrepresented in the health professions.”; and

(B) in subsection (b), by adding at the end the following paragraph:

“(7) INAPPLICABILITY TO CERTAIN SCHOOLS.—
The requirement established in paragraph (1) regarding a school does not apply if the school is a historically black college or university.”; and

(2) in section 724(f)(1)—

(A) by striking “there is” and inserting “there are”; and

(B) by striking “\$15,000,000 for fiscal year 1993” and inserting “such sums as may

1 be necessary for each of the fiscal years 1994,
2 1995, and 1996”.

3 **SEC. 302. CESAR CHAVEZ SCHOLARSHIP PROGRAM.**

4 Section 736 (42 U.S.C. 293) is amended—

5 (1) by striking the section heading and insert-
6 ing the following:

7 **“SEC. 736. CESAR CHAVEZ SCHOLARSHIP PROGRAM.”;**

8 (2) in subsection (a), by striking “need, subject
9 to” and all that follows and inserting “need.”; and

10 (3) in subsection (c)—

11 (A) by striking “there is” and inserting
12 “there are”; and

13 (B) by striking “\$11,000,000 for fiscal
14 year 1993” and inserting “such sums as may
15 be necessary for each fiscal year 1994, 1995,
16 and 1996”.

17 **SEC. 303. THURGOOD MARSHALL SCHOLARSHIP PROGRAM.**

18 Section 737 (42 U.S.C. 293a) is amended—

19 (1) by striking the section heading and insert-
20 ing the following:

21 **“SEC. 737. THURGOOD MARSHALL SCHOLARSHIP PRO-**
22 **GRAM.”;**

23 (2) in subsection (a)—

1 (A) in paragraph (1), by inserting “(to be
2 known as Thurgood Marshall Scholars)” after
3 “providing scholarships to individuals”; and

4 (B) by adding at the end the following
5 paragraph:

6 “(4) INAPPLICABILITY OF CERTAIN REQUIRE-
7 MENTS.—Any obligation under this section regard-
8 ing practicing in primary health care is waived for
9 students from disadvantaged backgrounds who are
10 underrepresented in the health professions.”; and

11 (3) in subsection (h), by striking paragraph (1)
12 and inserting the following new paragraph:

13 “(1) AUTHORIZATION OF APPROPRIATIONS.—
14 For the purpose of carrying out this section, there
15 are authorized to be appropriated such sums as may
16 be necessary for each of the fiscal years 1994, 1995,
17 and 1996.”.

18 **SEC. 304. LOAN REPAYMENTS AND FELLOWSHIPS REGARD-**
19 **ING FACULTY POSITIONS AT HEALTH PRO-**
20 **FESSIONS SCHOOLS.**

21 Section 738 (42 U.S.C. 293b) is amended—

22 (1) in subsection (a)—

23 (A) in paragraph (2), by striking “dis-
24 advantaged backgrounds who—” and inserting

25 “racial or ethnic groups that are

1 underrepresented in the health professions
2 who—”

3 (B) in paragraph (5)—

4 (i) by striking “; and” in subpara-
5 graph (A) and inserting a period;

6 (ii) by striking “unless—” and all
7 that follows through “the individual in-
8 volved” in subparagraph (A) and inserting
9 “unless the individual involved”; and

10 (iii) striking subparagraph (B);

11 (C) by striking paragraph (6); and

12 (D) by redesignating paragraph (7) as
13 paragraph (6); and

14 (2) in subsection (b)(2)(B), by striking
15 “\$30,000” and inserting “\$50,000”;

16 (3) in subsection (c)—

17 (A) by striking “there is” and inserting
18 “there are”; and

19 (B) by striking “\$4,000,000 for fiscal year
20 1993” and inserting “such sums as may be nec-
21 essary for each of the fiscal years 1994, 1995,
22 and 1996”.

23 **SEC. 305. CENTERS OF EXCELLENCE.**

24 Section 739 (42 U.S.C. 293c) is amended—

25 (1) in subsection (b)—

1 (A) in paragraph (2), by inserting before
2 the semicolon the following: “through collabora-
3 tion with public and nonprofit private entities
4 to carry out community-based programs to pre-
5 pare students in secondary schools and institu-
6 tions of higher education for attendance at the
7 health professions school”;

8 (B) in paragraph (4), by striking “and” at
9 the end thereof;

10 (C) in paragraph (5), by striking the pe-
11 riod and inserting “; and”; and

12 (D) by adding at the end thereof the fol-
13 lowing new paragraph:

14 “(6) to carry out a program to provide training
15 to the students of the school to enable such students
16 to provide health services to minority individuals at
17 community-based health facilities that provide such
18 services to a significant number of minority individ-
19 uals and that are located at a site remote from the
20 main site of the teaching facilities of the school.”;

21 (2) in subsection (c)—

22 (A) in paragraph (1)(B), by amending
23 clause (i) to read as follows:

24 “(i) whose most recent graduating
25 class included a significant number of mi-

1 nosity individuals, which number con-
2 stituted (except as provided in paragraph
3 (4)(A)) not less than 25 percent of such
4 class;” and

5 (B) in paragraph (4)(A), by inserting be-
6 fore the semicolon the following: “(except that
7 the requirement in paragraph (1)(B)(i) regard-
8 ing 25 percent does not apply for purposes of
9 this subparagraph)”;
10 (3) in subsection (e)—

11 (A) by striking the subsection heading and
12 inserting “AUTHORITY REGARDING CONSOR-
13 TIA.—”;

14 (B) by striking paragraph (1) and insert-
15 ing the following new paragraph:

16 “(1) IN GENERAL.—The Secretary may make a
17 grant under subsection (a) to a school of medicine,
18 a school of osteopathic medicine, a school of den-
19 tistry, or a school of pharmacy, that has in accord-
20 ance with paragraph (2) formed a consortium of
21 schools.”;

22 (C) in paragraph (2), by striking subpara-
23 graphs (A) through (D) and inserting the fol-
24 lowing new subparagraphs:

25 “(A) the consortium consists of—

1 “(i) the health professions school
2 seeking the grant under subsection (a);
3 and

4 “(ii) one or more schools of medicine
5 or osteopathic medicine, schools of nursing
6 (as defined in section 853), schools of den-
7 tistry, schools of pharmacy, schools of
8 podiatric medicine, schools of optometry,
9 schools of veterinary medicine, schools of
10 public health, schools of allied health, or
11 graduate programs in mental health prac-
12 tice;

13 “(B) the schools of the consortium have
14 entered into an agreement for the allocation of
15 such grant among the schools; and

16 “(C) each of the schools agrees to expend
17 the grant in accordance with this section.”; and

18 (D) by adding at the end the following
19 paragraph:

20 “(3) AUTHORITY FOR COLLECTIVELY MEETING
21 RELEVANT REQUIREMENTS IN CERTAIN CASES.—
22 With respect to meeting the conditions specified in
23 subsection (c)(4) for Native American Centers of
24 Excellence, the Secretary may make a grant to any
25 school that has in accordance with paragraphs (1)

1 and (2) formed a consortium of schools that meets
2 such conditions (without regard to whether the
3 schools of the consortium individually meet such
4 conditions).”;

5 (4)(A) by redesignating subsections (h) and (i)
6 as subsections (i) and (j), respectively; and

7 (B) by inserting after subsection (g) the follow-
8 ing subsection:

9 “(h) COLLABORATION WITH NATIONAL INSTITUTES
10 OF HEALTH.—The Director of the National Institutes of
11 Health, acting through the Director of the Office of Re-
12 search on Minority Health (or as appropriate through
13 other officials of such Institutes), may enter into collabo-
14 rative grant programs and other program initiatives with
15 Centers of Excellence under this section for the purposes
16 of collaborative research efforts, research program activ-
17 ity, training, and supplemental biomedical and health serv-
18 ices research linkages between the National Institutes of
19 Health and the Health Resources and Services Adminis-
20 tration.”; and

21 (5) in subsection (j) (as redesignated by para-
22 graph (4) of this subsection)—

23 (A) in paragraph (1), by striking “such
24 sums as may be necessary for fiscal year 1993”
25 and inserting “such sums as may be necessary

1 for each of the fiscal years 1994, 1995, and
2 1996”; and

3 (B) in paragraph (2)(C) by adding at the
4 end the following: “Health professions schools
5 described in subsection (c)(2)(A) shall be eligi-
6 ble for grants under this subparagraph in a fis-
7 cal year if the amount appropriated for the fis-
8 cal year under paragraph (1) is greater than
9 \$23,500,000. Such schools shall be eligible to
10 apply only for grants made from the portion of
11 such amount that exceeds \$23,500,000.”.

12 **SEC. 306. EDUCATIONAL ASSISTANCE REGARDING UNDER-**
13 **GRADUATES.**

14 Section 740 (42 U.S.C. 293d) is amended—

15 (1) in subsection (a)(1), by adding at the end
16 the following new sentence: “To be eligible for such
17 a grant, a school shall have in place a program
18 which with supplemental support may assist individ-
19 uals from disadvantaged backgrounds in gaining
20 entry into a health professions school or completing
21 the course of study at such a school.”; and

22 (2) in subsection (d)—

23 (A) in paragraph (1)—

24 (i) by striking “there is” and inserting
25 “there are”; and

1 (ii) by striking “1993” and inserting
 2 “such sums as may be necessary for each
 3 of the fiscal years 1994, 1995, and 1996”;
 4 and
 5 (B) in paragraph (2)(B), by striking “The
 6 provision of” and all that follows through
 7 “health care).”.

8 **SEC. 307. AREA HEALTH EDUCATION CENTERS.**

9 Section 746(d)(2)(D) (42 U.S.C. 293j(d)(2)(D)) is
 10 amended by inserting “and minority health” after “dis-
 11 ease prevention”.

12 **TITLE IV—RESEARCH AND DATA**
 13 **COLLECTION**

14 **SEC. 401. OFFICE OF RESEARCH ON MINORITY HEALTH.**

15 Section 404 (42 U.S.C. 283b), as added by section
 16 151 of Public Law 103–43, is amended by adding at the
 17 end the following subsections:

18 “(c) PLAN.—The Director of the Office, shall collabo-
 19 rate with the Deputy Assistant Secretary for Minority
 20 Health (as provided for in section 1707), to develop and
 21 implement a plan for carrying out the duties required by
 22 subsection (b).

23 “(d) EQUITY REGARDING VARIOUS GROUPS.—The
 24 Director of the Office shall ensure that activities under
 25 subsection (b) address health research and research train-

1 ing needs of minorities with respect to the most prevalent
2 morbidity and mortality concerns of the various racial and
3 ethnic minority groups.

4 “(e) ADVISORY SUBCOMMITTEE.—

5 “(1) ESTABLISHMENT.—In carrying out sub-
6 section (b), the Secretary shall establish a sub-
7 committee of the Advisory Committee to the Direc-
8 tor of the National Institutes of Health, an advisory
9 subcommittee to be known as the Advisory Sub-
10 committee on Research on Minority Health (in this
11 subsection referred to as the ‘Advisory Subcommit-
12 tee’).

13 “(2) COMPOSITION.—

14 “(A) VOTING AND NONVOTING MEM-
15 BERS.—The Advisory Subcommittee shall be
16 composed of voting members appointed in ac-
17 cordance with subparagraph (B) and the ex
18 officio nonvoting members described in subpara-
19 graph (C).

20 “(B) VOTING MEMBERS.—The Advisory
21 Subcommittee shall include not fewer than 12,
22 and not more than 18, voting members who are
23 not officers or employees of the Federal Gov-
24 ernment. The Director of the Office shall ap-
25 point such members to the Advisory Sub-

1 committee from among physicians, practition-
2 ers, scientists, consumers and other health pro-
3 fessionals, whose clinical practices, research
4 specialization, or professional expertise includes
5 a significant focus on research on minority
6 health or on the barriers that minorities must
7 overcome to participate in clinical trials. The
8 membership of the Advisory Subcommittee shall
9 be equitably representative of the minority
10 groups served by the Office.

11 “(C) EX OFFICIO NONVOTING MEMBERS.—
12 The Deputy Assistant Secretary for Minority
13 Health and the Directors of each of the na-
14 tional research entities shall serve as ex officio
15 nonvoting members of the Advisory Subcommit-
16 tee (except that any of such Directors may des-
17 ignate an official of the institute involved to
18 serve as such member of the Subcommittee in
19 lieu of the Director).

20 “(3) CHAIRPERSON.—The Director of the Of-
21 fice shall serve as the chairperson of the Advisory
22 Subcommittee.

23 “(4) DUTIES.—The Advisory Subcommittee
24 shall—

1 “(A) advise the Director of the Office on
2 appropriate research activities to be
3 undertaken by the national research institutes
4 with respect to—

5 “(i) research on minority health;

6 “(ii) research on racial and ethnic dif-
7 ferences in clinical drug trials, including
8 responses to pharmacological drugs;

9 “(iii) research on racial and ethnic
10 differences in disease etiology, course, and
11 treatment; and

12 “(iv) research on minority health con-
13 ditions which require a multidisciplinary
14 approach;

15 “(B) report to the Director of the Office
16 on such research;

17 “(C) provide recommendations to such Di-
18 rector regarding activities of the Office (includ-
19 ing recommendations on priorities in carrying
20 out research described in subparagraph (A));
21 and

22 “(D) assist in monitoring compliance with
23 section 492B regarding the inclusion of minori-
24 ties in clinical research.

25 “(5) BIENNIAL REPORT.—

1 “(A) PREPARATION.—The Advisory Sub-
2 committee shall prepare a biennial report de-
3 scribing the activities of the Subcommittee, in-
4 cluding findings made by the Subcommittee re-
5 garding—

6 “(i) compliance with section 492B;

7 “(ii) the extent of expenditures made
8 for research on minority health by the
9 agencies of the National Institutes of
10 Health; and

11 “(iii) the level of funding needed for
12 such research.

13 “(B) SUBMISSION.—The report required in
14 subparagraph (A) shall be submitted to the Di-
15 rector of the National Institutes of Health for
16 inclusion in the report required in section 403.

17 “(f) REPRESENTATIVES OF MINORITIES AMONG RE-
18 SEARCHERS.—The Secretary, acting through the Assist-
19 ant Secretary for Personnel Administration and in collabo-
20 ration with the Director of the Office, shall determine the
21 extent to which minorities are represented among senior
22 physicians and scientists employed by the national re-
23 search institutes and among physicians and scientists em-
24 ployed by and conducting research with funds provided by
25 such institutes, and as appropriate, carry out activities to

1 increase the extent of such representation and the number
2 of minorities receiving doctorates in the biomedical
3 sciences, including targeting minorities at all points in the
4 education pipeline to increase minority participation in
5 general in biomedical research.

6 “(g) DEFINITIONS.—For purposes of this part:

7 “(1) MINORITY HEALTH CONDITIONS.—The
8 term ‘minority health conditions’, with respect to in-
9 dividuals who are members of minority groups,
10 means all diseases, disorders, and conditions (includ-
11 ing with respect to mental health and substance
12 abuse)—

13 “(A) unique to, more serious, or more
14 prevalent in such individuals;

15 “(B) for which the factors of medical risk
16 or types of medical intervention are different
17 for such individuals, or for which it is unknown
18 whether such factors or types are different for
19 such individuals; or

20 “(C) with respect to which there has been
21 insufficient research involving such individuals
22 as subjects or insufficient data on such individ-
23 uals.

24 “(2) RESEARCH ON MINORITY HEALTH.—The
25 term ‘research on minority health’ means research

1 on minority health conditions, including research on
2 preventing such conditions.

3 “(3) MINORITY GROUPS.—The term ‘minority
4 groups’ means Blacks, American Indians, Alaskan
5 Natives, Asian/Pacific Islanders, and Hispanics.”.

6 **SEC. 402. NATIONAL CENTER FOR HEALTH STATISTICS.**

7 (a) IN GENERAL.—Section 306 (42 U.S.C. 242k) is
8 amended—

9 (1) in subsection (c), by striking “Committee on
10 Human Resources” and inserting “Committee on
11 Labor and Human Resources”;

12 (2) in subsection (g), by striking “data which
13 shall be published” and all that follows and inserting
14 “data.”;

15 (3) in subsection (k)(2)—

16 (A) in subparagraph (A)—

17 (i) by striking the subparagraph des-
18 ignation; and

19 (ii) by striking “Except as provided in
20 subparagraph (B), members” and inserting
21 “Members”; and

22 (B) by striking subparagraph (B);

23 (4) in subsection (l)—

24 (A) by striking paragraph (3);

1 (B) by redesignating paragraph (4) as
2 paragraph (3); and

3 (C) in paragraph (3) (as so redesignated),
4 by striking “paragraphs (1), (2), and (3),” and
5 inserting “paragraphs (1) and (2),”; and
6 (5) in subsection (o)—

7 (A) in paragraph (1), by striking “1991
8 through 1993” and inserting “1994 through
9 1997”; and

10 (B) in paragraph (2), by striking
11 “\$5,000,000” and all that follows through
12 “1993” and inserting “such sums as may be
13 necessary for each of the fiscal years 1994
14 through 1997”.

15 (b) GENERAL AUTHORITY RESPECTING RESEARCH,
16 EVALUATIONS, AND DEMONSTRATIONS.—Section 304 (42
17 U.S.C. 242b) is amended by striking subsection (d).

18 (c) GENERAL PROVISIONS RESPECTING EFFECTIVE-
19 NESS, EFFICIENCY, AND QUALITY OF HEALTH SERV-
20 ICES.—Section 308 (42 U.S.C. 242m) is amended—

21 (1) in subsection (a)—

22 (A) in paragraph (1)—

23 (i) by striking subparagraph (A); and

1 (ii) by redesignating subparagraphs
2 (B) through (E) as subparagraphs (A)
3 through (D), respectively; and
4 (B) in paragraph (2), by striking “reports
5 required by subparagraphs” and all that follows
6 through “Center” and inserting the following:
7 “reports required in paragraph (1) shall be pre-
8 pared through the National Center”;
9 (2)(A) by striking subsection (c);
10 (B) by transferring paragraph (2) of subsection
11 (g) from the current location of the paragraph;
12 (C) by redesignating such paragraph as sub-
13 section (c);
14 (D) by inserting subsection (c) (as so redesign-
15 nated) after subsection (b); and
16 (E) by striking the remainder of subsection (g);
17 (3) in subsection (c) (as so redesignated)—
18 (A) by striking “shall (A) take” and in-
19 serting “shall take”; and
20 (B) by striking “and (B) publish” and in-
21 serting “and shall publish”;
22 (4) in subsection (f), by striking “sections
23 3648” and all that follows and inserting “section
24 3324 of title 31, United States Code, and section
25 3709 of the Revised Statutes (41 U.S.C. 5).”; and

1 (5) by striking subsection (h).

2 **SEC. 403. ACTIVITIES OF AGENCY FOR HEALTH CARE POL-**
3 **ICY AND RESEARCH.**

4 Section 902(b) (42 U.S.C. 299a(b)) is amended to
5 read as follows:

6 “(b) REQUIREMENTS WITH RESPECT TO CERTAIN
7 POPULATIONS.—In carrying out subsection (a), the Ad-
8 ministrator shall undertake and support research, dem-
9 onstration projects, and evaluations with respect to the
10 health status of, and the delivery of health care to—

11 “(1) racial and ethnic minority groups residing
12 in medically underserved urban or rural areas (in-
13 cluding frontier areas); and

14 “(2) low-income groups, including the elderly,
15 women, and children with low incomes.”.

16 **TITLE V—MISCELLANEOUS**

17 **SEC. 501. MEDICALLY UNDERSERVED AREA STUDY.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services shall conduct a study concerning the fea-
20 sibility and desirability of, and the criteria to be used for,
21 combining the designations of “health professional short-
22 age area” and “medically underserved area” into a single
23 health professional shortage area designation.

24 (b) REQUIREMENTS.—As part of the study conducted
25 under subsection (a), the Secretary of Health and Human

1 Services, in considering the statutory and regulatory re-
2 quirements necessary for the creation of a single health
3 professional shortage area designation, shall—

4 (1) review and report on the application of cur-
5 rent statutory and regulatory criteria used—

6 (A) in designating an area as a health pro-
7 fessional shortage area;

8 (B) in designating an area as a medically
9 underserved area; and

10 (C) by a State in the determination of the
11 health professional shortage area designations
12 of such State; and

13 (2) review the suggestions of public health and
14 primary care experts.

15 (c) REPORT.—Not later than 1 year after the date
16 of enactment of this Act, the Secretary of Health and
17 Human Services shall prepare and submit to the appro-
18 priate committees of Congress a report concerning the
19 findings of the study conducted under subsection (a) to-
20 gether with the recommendations of the Secretary.

21 (d) RECOMMENDATIONS.—In making recommenda-
22 tions under subsection (c), the Secretary of Health and
23 Human Services shall give special consideration to (and
24 describe in the report) the unique impact of designation

1 criteria on different rural and urban populations, and eth-
2 nic and racial minorities, including—

3 (1) rational service areas, and their application
4 to frontier areas and inner-city communities;

5 (2) indicators of high medical need, including
6 fertility rates, infant mortality rates, pediatric popu-
7 lation, elderly population, poverty rates, and physi-
8 cian to population ratios; and

9 (3) indicators of insufficient service capacity,
10 including language proficiency criteria for ethnic
11 populations, annual patient visits per physician,
12 waiting times for appointments, waiting times in a
13 primary care physician office, excessive use of emer-
14 gency facilities, low annual office visit rate, and de-
15 mand on physicians in contiguous rural or urban
16 areas.

17 **SEC. 502. FEDERAL AND STATE OFFICES REGARDING**
18 **URBAN HEALTH.**

19 (a) FEDERAL OFFICE OF URBAN HEALTH POLICY.—
20 Title XVII, as amended by section 103 of this Act, is
21 amended by adding at the end the following section:

22 **“SEC. 1711. OFFICE OF URBAN HEALTH POLICY.**

23 “(a) IN GENERAL.—There is established in the De-
24 partment of Health and Human Services an office to be
25 known as the Office of Urban Health Policy (in this sec-

1 tion referred to as the ‘Office’). The Office shall be headed
2 by a director, who shall be appointed by the Secretary.
3 The Secretary shall carry out this section acting through
4 the Director of the Office.

5 “(b) ADVICE REGARDING PROGRAMS POLICIES AND
6 CHANGES.—With respect to current policies on and pro-
7 posed statutory, regulatory, administrative, and budgetary
8 changes in Federal health programs, the Director of the
9 Office shall advise the Secretary on the effects of such
10 policies and changes on the ability of underserved urban
11 areas to attract and retain physicians and other health
12 professionals, and access to (and the quality of) health
13 care in such areas.

14 “(c) CLEARINGHOUSE.—The Director of the Office
15 shall, with respect to underserved urban areas, establish
16 and maintain a clearinghouse for collecting and dissemi-
17 nating information on—

18 “(1) health care issues relating to such areas;

19 “(2) research findings relating to the health
20 care needs of such areas; and

21 “(3) innovative approaches to the delivery of
22 health care in such areas.

23 “(d) OTHER DUTIES.—The Director of the Office
24 shall—

(b) STATE OFFICES OF URBAN HEALTH.—Subpart III of part D of title III (42 U.S.C. 254 et seq.) is amended by adding at the end the following section:

“(a) IN GENERAL.—The Secretary, acting through the Director of the Office of Urban Health Policy, may make grants to States for the purpose of improving health care in underserved urban areas through the operation of State offices of urban health.

23 “(1) IN GENERAL.—With respect to the costs to
24 be incurred by a State in carrying out the purpose
25 described in subsection (a), the Secretary may not

1 make a grant under such subsection unless the State
2 agrees to provide non-Federal contributions toward
3 such costs in an amount equal to—

4 “(A) for the first fiscal year of payments
5 under the grant, not less than \$1 for each \$3
6 of Federal funds provided in the grant;

7 “(B) for any second fiscal year of such
8 payments, not less than \$1 for each \$1 of Fed-
9 eral funds provided in the grant; and

10 “(C) for any third fiscal year of such pay-
11 ments, not less than \$3 for each \$1 of Federal
12 funds provided in the grant.

13 “(2) DETERMINATION OF AMOUNT OF NON-
14 FEDERAL CONTRIBUTION.—

15 “(A) Subject to subparagraph (B), non-
16 Federal contributions required in paragraph (1)
17 may be in cash or in kind, fairly evaluated, in-
18 cluding plant, equipment, or services. Amounts
19 provided by the Federal Government, or serv-
20 ices assisted or subsidized to any significant ex-
21 tent by the Federal Government, may not be in-
22 cluded in determining the amount of such non-
23 Federal contributions.

1 “(B) The Secretary may not make a grant
2 under subsection (a) unless the State involved
3 agrees that—

4 “(i) for the first fiscal year of pay-
5 ments under the grant, 100 percent or less
6 of the non-Federal contributions required
7 in paragraph (1) will be provided in the
8 form of in-kind contributions;

9 “(ii) for any second fiscal year of such
10 payments, not more than 50 percent of
11 such non-Federal contributions will be pro-
12 vided in the form of in-kind contributions;
13 and

14 “(iii) for any third fiscal year of such
15 payments, such non-Federal contributions
16 will be provided solely in the form of cash.

17 “(c) CERTAIN REQUIRED ACTIVITIES.—The Sec-
18 retary may not make a grant under subsection (a) unless
19 the State involved agrees that activities carried out by an
20 office operated pursuant to such subsection will, with re-
21 spect to underserved urban areas, include—

22 “(1) establishing and maintaining within the
23 State a clearinghouse for collecting and disseminat-
24 ing information on—

1 “(A) health care issues relating to such
2 areas;

3 “(B) research findings relating to the
4 health care needs of such areas; and

5 “(C) innovative approaches to the delivery
6 of health care in such areas;

7 “(2) coordinating the activities carried out in
8 the State that relate to the health care needs in such
9 areas, including providing coordination for the pur-
10 pose of avoiding redundancy in such activities; and

11 “(3) identifying Federal and State programs re-
12 lating to the health care needs of residents of such
13 areas, and providing technical assistance to public
14 and nonprofit private entities regarding participation
15 in such programs.

16 “(d) REQUIREMENT REGARDING ANNUAL BUDGET
17 FOR OFFICE.—The Secretary may not make a grant
18 under subsection (a) unless the State involved agrees that,
19 for any fiscal year for which the State receives such a
20 grant, the office operated pursuant to subsection (a) will
21 be provided with an annual budget of not less than
22 \$75,000.

23 “(e) CERTAIN USES OF FUNDS.—

1 “(1) RESTRICTIONS.—The Secretary may not
2 make a grant under subsection (a) unless the State
3 involved agrees that—

4 “(A) if research with respect to the health
5 of residents of underserved urban areas is con-
6 ducted pursuant to the grant, not more than 10
7 percent of the grant will be expended for such
8 research; and

9 “(B) the grant will not be expended—

10 “(i) to provide health care (including
11 providing cash payments regarding such
12 care);

13 “(ii) to conduct activities for which
14 Federal funds are expended—

15 “(I) within the State to provide
16 technical and other nonfinancial as-
17 sistance under subsection (f) of sec-
18 tion 330;

19 “(II) under a memorandum of
20 agreement entered into with the State
21 under subsection (h) of such section;
22 or

23 “(III) under a grant under sec-
24 tion 338I;

1 “(iii) to purchase medical equipment,
2 to purchase ambulances, aircraft, or other
3 vehicles, or to purchase major communica-
4 tions equipment;

5 “(iv) to purchase or improve real
6 property; or

7 “(v) to carry out any activity regard-
8 ing a certificate of need.

9 “(2) AUTHORITIES.—Activities for which a
10 State may expend a grant under subsection (a) in-
11 clude—

12 “(A) paying the costs of establishing an of-
13 fice of urban health for purposes of subsection
14 (a);

15 “(B) subject to paragraph (1)(B)(ii)(III),
16 paying the costs of any activity carried out with
17 respect to recruiting and retaining health pro-
18 fessionals to serve in underserved urban areas
19 of the State; and

20 “(C) providing grants and contracts to
21 public and nonprofit private entities to carry
22 out activities authorized in this section.

23 “(f) REPORTS.—The Secretary may not make a
24 grant under subsection (a) unless the State involved
25 agrees—

1 “(1) to submit to the Secretary reports contain-
2 ing such information as the Secretary may require
3 regarding activities carried out under this section by
4 the State; and

5 “(2) to submit such a report not later than
6 January 10 of each fiscal year immediately following
7 any fiscal year for which the State has received such
8 a grant.

9 “(g) REQUIREMENT OF APPLICATION.—The Sec-
10 retary may not make a grant under subsection (a) unless
11 an application for the grant is submitted to the Secretary
12 and the application is in such form, is made in such man-
13 ner, and contains such agreements, assurances, and infor-
14 mation as the Secretary determines to be necessary to
15 carry out such subsection.

16 “(h) NONCOMPLIANCE.—The Secretary may not
17 make payments under subsection (a) to a State for any
18 fiscal year subsequent to the first fiscal year of such pay-
19 ments unless the Secretary determines that, for the imme-
20 diately preceding fiscal year, the State has complied with
21 each of the agreements made by the State under this
22 section.

23 “(i) DEFINITIONS.—For purposes of this section, the
24 term ‘State’ means each of the several States.

25 “(j) AUTHORIZATION OF APPROPRIATIONS.—

1 “(1) IN GENERAL.—For the purpose of making
2 grants under subsection (a), there are authorized to
3 be appropriated \$3,000,000 for fiscal year 1994,
4 \$4,000,000 for fiscal year 1995, and \$3,000,000 for
5 fiscal year 1996.

6 “(2) AVAILABILITY.—Amounts appropriated
7 under paragraph (1) shall remain available until ex-
8 pended.

9 “(k) TERMINATION OF PROGRAM.—No grant may be
10 made under this section after the aggregate amounts ap-
11 propriated under subsection (j)(1) are equal to
12 \$10,000,000.”.

13 **SEC. 503. GRANTS AND CONTRACTS REGARDING ORGAN**
14 **AND BONE MARROW TRANSPLANTATION**
15 **WITH RESPECT TO MINORITY POPULATIONS.**

16 (a) TRANSPLANTATION OF ORGANS.—Section 371(a)
17 (42 U.S.C. 273(a)) is amended—

18 (1) by striking paragraphs (2) and (3); and

19 (2) by inserting after paragraph (1) the follow-
20 ing paragraph:

21 “(2)(A) The Secretary may make grants to, and enter
22 into contracts with, qualified organ procurement organiza-
23 tions described in subsection (b) and other public or non-
24 profit private entities for the purpose of—

1 “(i) planning and conducting programs to pro-
2 vide information and education to the public on the
3 need for organ and tissues donations, with priority
4 given to such information and education for mem-
5 bers of racial and ethnic minority groups; and

6 “(ii) training individuals in requesting such do-
7 nations.

8 “(B) In making awards of grants and contracts
9 under subparagraph (A), the Secretary shall give priority
10 to carrying out the purpose described in such subpara-
11 graph with respect to minority populations. For purposes
12 of complying with the preceding sentence, the Secretary
13 shall reserve not less than 50 percent of the amounts ap-
14 propriated for such grants and contracts for a fiscal year.

15 “(C) In making awards of grants and contracts under
16 subparagraph (A), the Secretary shall give preference to
17 community-based organizations.”.

18 (b) TRANSPLANTATION OF BONE MARROW.—Part I
19 of title III (42 U.S.C. 274k et seq.) is amended by insert-
20 ing after section 379A the following section:

21 “INFORMATION, EDUCATION, AND TRAINING

22 “SEC. 379B. (a) IN GENERAL.—The Secretary may
23 make grants to, and enter into contracts with, public or
24 nonprofit private entities for the purpose of—

25 “(1) planning and conducting programs to pro-
26 vide information and education to the public on the

1 need for donations of bone marrow, with priority
2 given to such information and education for mem-
3 bers of racial and ethnic minority groups; and

4 “(2) training individuals in requesting such do-
5 nations.

6 “(b) PRIORITIES REGARDING CERTAIN ACTIVI-
7 TIES.—In making awards of grants and contracts under
8 subsection (a), the Secretary shall give priority to carrying
9 out the purpose described in such subsection with respect
10 to minority populations. For purposes of complying with
11 the preceding sentence, the Secretary shall reserve not less
12 than 50 percent of the amounts appropriated for such
13 grants and contracts for a fiscal year.

14 “(c) PREFERENCES REGARDING CERTAIN APPLI-
15 CANTS.—In making awards of grants and contracts under
16 subsection (a), the Secretary shall give preference to com-
17 munity-based organizations.”.

18 **SEC. 504. DEMONSTRATION PROJECT GRANTS TO STATES**
19 **FOR ALZHEIMER’S DISEASE.**

20 Section 398(a) (42 U.S.C. 280c–3(a)) is amended—

21 (1) in the matter preceding paragraph (1), by
22 striking “not less than 5, and not more than 15,”;
23 (2) in paragraph (2)—

1 (A) by inserting after “disorders” the fol-
 2 lowing: “who are living in single family homes
 3 or in congregate settings”; and

4 (B) by striking “and” at the end;

5 (3) by redesignating paragraph (3) as para-
 6 graph (4); and

7 (4) by inserting after paragraph (2) the follow-
 8 ing:

9 “(3) to improve access for individuals with Alz-
 10 heimer’s disease or related disorders, particularly
 11 such individuals from ethnic, cultural, or language
 12 minorities and such individuals who are living in iso-
 13 lated rural areas, to services that are home-based or
 14 community-based long-term care services; and”.

15 **SEC. 505. WAIVERS REGARDING OBLIGATED SERVICE IN**
 16 **PRIMARY HEALTH CARE.**

17 Section 795 (42 U.S.C. 295N) is amended by adding
 18 at the end the following subsection:

19 “(c) INAPPLICABILITY TO CERTAIN INDIVIDUALS.—
 20 Any obligation under this section regarding training or
 21 practicing in primary health care is waived for individuals
 22 from disadvantaged backgrounds who are under-
 23 represented in the health professions.”.

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