

103D CONGRESS
2D SESSION

S. 1569

AN ACT

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.

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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; REFERENCE; TABLE OF CON-**
4 **TENTS.**

5 (a) SHORT TITLE.—This Act may be cited as the
6 “Disadvantaged Minority Health Improvement Act of
7 1994”.

1 (b) REFERENCE.—Except as otherwise expressly pro-
 2 vided, whenever in this Act an amendment or a repeal is
 3 expressed in terms of an amendment to, or a repeal of,
 4 a section or other provision, the reference shall be consid-
 5 ered to be made to a section or other provision of the Pub-
 6 lic Health Service Act (42 U.S.C. 201 et seq.).

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

Sec. 1. Short title; reference; 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. Health services for residents of public housing.

Sec. 202. Issuance of regulations regarding language as impediment to receipt
of services.

Sec. 203. Health services for Pacific Islanders.

TITLE III—HEALTH PROFESSIONS

Sec. 301. Loans for disadvantaged students.

Sec. 302. Cesar Chavez primary care 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. Activities of Agency for Health Care Policy and Research.

Sec. 403. Data collection by National Center for Health Statistics.

TITLE V—MISCELLANEOUS

Sec. 501. Revision and extension of program for State Offices of Rural Health.

Sec. 502. Technical corrections relating to health professions.

Sec. 503. Clinical traineeships.

Sec. 504. Demonstration project grants to States for Alzheimer's disease.

- Sec. 505. Medically underserved area study.
- Sec. 506. Programs regarding birth defects.
- Sec. 507. Demonstration projects regarding diabetic-retinopathy.
- Sec. 508. Mexican Border State Analytical Laboratories.
- Sec. 509. Construction of regional centers for research on primates.

TITLE VI—MULTIETHNIC PLACEMENT

- Sec. 601. Short title.
- Sec. 602. Findings and purpose.
- Sec. 603. Multiethnic placements.

TITLE VII—VOLUNTARY MUTUAL REUNIONS

- Sec. 701. Facilitation of reunions.

TITLE VIII—GENERAL PROVISIONS

- Sec. 801. Effective date.

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 dispro-
14 proportionately represented among the poor;

15 “(3) racial and ethnic minorities suffer dis-
16 proportionately high rates of cancer, heart disease,

1 diabetes, substance abuse, acquired immune defi-
2 ciency syndrome, and other diseases and disorders;

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

6 “(5) Mexican-American and Puerto Rican
7 adults have diabetes rates twice that of non-His-
8 panic whites;

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

11 “(7) according to the 1990 Census, African
12 Americans, Hispanics, American Indians, and Asian/
13 Pacific Islanders constitute approximately 12.1 per-
14 cent, 9 percent, 0.08 percent, and 2.9 percent, re-
15 spectively, of the population of the United States;

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

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

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

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

3 “(11) 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 “(12) 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 minorities, 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 Public Health Service that relate to dis-
24 ease prevention, health promotion, service delivery,
25 and research concerning such individuals. The Direc-

1 tor of the Centers for Disease Control and Preven-
2 tion, the Administrator of the Health Resources and
3 Services Administration, the Director of the Agency
4 for Health Care Policy and Research, the Adminis-
5 trator of the Substance Abuse and Mental Health
6 Services Administration and the Director of the Na-
7 tional Institutes of Health shall consult with the
8 Deputy Assistant Secretary for Minority Health to
9 ensure the coordination of all activities within the
10 Public Health Service as they relate to disease pre-
11 vention, health promotion, service delivery, and re-
12 search concerning such individuals.

13 “(2) Carry out the following types of activities
14 by entering into interagency agreements with other
15 agencies of the Public Health Service:

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

18 “(B) Increase knowledge and understand-
19 ing of health risk factors.

20 “(C) Develop mechanisms that support
21 better information dissemination, education,
22 prevention, and service delivery to individuals
23 from disadvantaged backgrounds, including ra-
24 cial and ethnic minorities.

1 “(3) Support a national minority health re-
2 source center to carry out the following:

3 “(A) Facilitate the exchange of informa-
4 tion regarding matters relating to health infor-
5 mation and health promotion, preventive health
6 services, and education in the appropriate use
7 of health care.

8 “(B) Facilitate access to such information.

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

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

15 “(4) Establish a national center that shall carry
16 out programs to improve access to health care serv-
17 ices for individuals with limited English proficiency
18 by facilitating the removal of impediments to the re-
19 ceipt of health care that result from such limitation.

20 “(5) With respect to grants and contracts that
21 are available under certain minority health pro-
22 grams, the Secretary shall ensure that the agencies
23 of the Public Health Service—

24 “(A) inform entities, as appropriate, that
25 the entities may be eligible for the awards;

1 “(B) provide technical assistance to such
2 entities in the process of preparing and submit-
3 ting applications for the awards in accordance
4 with the policies of the Secretary regarding
5 such application; and

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

10 “(6) Not later than September 1 of each year,
11 the Deputy Assistant Secretary of Minority Health
12 shall prepare and submit to the Secretary a report
13 summarizing the activities of each Office of Minority
14 Health within the Public Health Service, including
15 the Office of Research on Minority Health at the
16 National Institutes of Health.

17 “(c) ADVISORY COMMITTEE.—

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

22 “(2) DUTIES.—The Committee shall provide
23 advice to the Secretary on carrying out this section,
24 including advice on the development of goals and

1 specific program activities under subsection (b)(1)
2 for each racial and ethnic group.

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

6 “(4) COMPOSITION.—The Committee shall be
7 composed of no fewer than 12, and not more than
8 18 individuals, who are not officers or employees of
9 the Federal Government. The Secretary shall ap-
10 point the members of the Committee from among in-
11 dividuals with expertise regarding issues of minority
12 health. The membership of the Committee shall be
13 equitably representative of the various racial and
14 ethnic groups. The Secretary may appoint represent-
15 atives from selected Federal agencies to serve as ex
16 officio, non-voting members of the Committee.

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

21 “(6) VACANCIES.—If a vacancy occurs on the
22 Committee, a new member shall be appointed by the
23 Secretary within 90 days from the date that the va-
24 cancy occurs, and serve for the remainder of the
25 term for which the predecessor of such member was

1 appointed. The vacancy shall not affect the power of
2 the remaining members to execute the duties of the
3 Committee.

4 “(7) COMPENSATION.—Members of the Com-
5 mittee who are officers or employees of the United
6 States shall serve without compensation. Members of
7 the Committee who are not officers or employees of
8 the United States shall receive, for each day (includ-
9 ing travel time) they are engaged in the performance
10 of the functions of the Committee, compensation at
11 rates that do not exceed the daily equivalent of the
12 annual rate in effect for grade GS-18 of the General
13 Schedule under title 5, United States Code.

14 “(d) CERTAIN REQUIREMENTS REGARDING DU-
15 TIES.—

16 “(1) RECOMMENDATIONS REGARDING LAN-
17 GUAGE AS IMPEDIMENT TO HEALTH CARE.—The
18 Secretary, acting through the Director of the Office
19 of Refugee Health, the Director of the Office of Civil
20 Rights, and the Director of the Office of Minority
21 Health of the Health Resources and Services Admin-
22 istration, shall make recommendations regarding ac-
23 tivities under subsection (b)(4).

24 “(2) EQUITABLE ALLOCATION REGARDING AC-
25 TIVITIES.—In awarding grants or contracts under

1 section 338A, 338B, 340A, 724, 737, 738, or 1707,
2 the Secretary shall ensure that such awards are eq-
3 uitably allocated with respect to the various racial
4 and ethnic populations.

5 “(3) CULTURAL COMPETENCY OF SERVICES.—
6 The Secretary shall ensure that information and
7 services provided pursuant to subsection (b) are pro-
8 vided in the language and cultural context that is
9 most appropriate for the individuals for whom the
10 information and services are intended.

11 “(4) PEER REVIEW.—The Secretary shall en-
12 sure that each application for a grant, contract or
13 cooperative agreement under this section undergoes
14 appropriate peer review.

15 “(e) REPORTS.—Not later than January 31 of fiscal
16 year 1995 and of each second year thereafter, the Sec-
17 retary shall submit to the Congress a report describing
18 the activities carried out under this section during the pre-
19 ceding 2 fiscal years and evaluating the extent to which
20 such activities have been effective in improving the health
21 of racial and ethnic minorities.

22 “(f) GRANTS AND CONTRACTS REGARDING DU-
23 TIES.—

1 “(1) AUTHORITY.—In carrying out subsection
2 (b), the Secretary may enter into grants and con-
3 tracts with public and nonprofit private entities.

4 “(2) EVALUATION AND DISSEMINATION.—The
5 Secretary shall, directly or through contracts with
6 public and private entities, provide for evaluations of
7 projects carried out with financial assistance pro-
8 vided under paragraph (1) during the preceding 2
9 fiscal years. The report shall be included in the re-
10 port required under subsection (e) for the fiscal year
11 involved.

12 “(g) DEFINITION.—As used in this section, the term
13 ‘racial and ethnic minority group’ means Hispanics,
14 Blacks, Asian Americans, Pacific Islanders, Native Ameri-
15 cans, and Alaskan Natives. The term ‘Hispanic’ means in-
16 dividuals whose origin is Mexican, Puerto Rican, Cuban,
17 Central or South American, or any other Spanish-speak-
18 ing country, including Spain or the Caribbean Islands, and
19 individuals identifying themselves as Hispanic, Latino,
20 Spanish, or Spanish-American.

21 “(h) FUNDING.—

22 “(1) AUTHORIZATION OF APPROPRIATIONS.—
23 For the purpose of carrying out this section, there
24 is authorized to be appropriated \$20,500,000 for fis-

1 cal year 1994, and such sums as may be necessary
2 for each of the fiscal years 1995 through 1998.

3 “(2) ALLOCATION OF FUNDS BY SECRETARY.—
4 Of the amounts appropriated under paragraph (1)
5 for a fiscal year in excess of \$15,000,000, the Sec-
6 retary shall make available not less than \$3,000,000
7 for activities to improve access to health care serv-
8 ices for individuals with limited English proficiency,
9 including activities identified in subsection (b)(4).”.

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

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

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

14 “(a) IN GENERAL.—The Secretary shall ensure that
15 an Office of Minority Health is operating at the Centers
16 for Disease Control and Prevention, the Health Resources
17 and Services Administration, the Substance Abuse and
18 Mental Health Services Administration, and the Agency
19 for Health Care Policy and Research. Such Offices shall
20 ensure that services and programs carried out within each
21 such respective agency or office—

22 “(1) are equitably delivered with respect to ra-
23 cial and ethnic groups;

24 “(2) provide culturally and linguistically com-
25 petent services; and

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

3 “(b) REPORTS.—Each Office of Minority Health
4 within the Public Health Service, including the Office of
5 Research on Minority Health at the National Institutes
6 of Health, shall submit a report, not later than May 1
7 of each year, to the Deputy Assistant Secretary for Minor-
8 ity Health (as provided for in section 1707(b)) describing
9 the accomplishments or programs of the plan, the budget
10 allocation and expenditures for, and the development and
11 implementation of, such health programs targeting racial
12 and ethnic minority populations. The Secretary shall en-
13 sure the participation and cooperation of each Agency in
14 the development of the annual report.”.

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

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

19 **“SEC. 1710. GRANTS TO STATES FOR OPERATION OF OF-**
20 **FICES OF MINORITY HEALTH.**

21 “(a) IN GENERAL.—The Secretary, acting through
22 the Deputy Assistant Secretary for Minority Health (as
23 provided for in section 1707), may make grants to States
24 for the purpose of improving the health status in minority
25 communities, through the operation of State offices of mi-

1 nority health established to monitor and facilitate the
2 achievement of the Health Objectives for the Year 2000
3 as they affect minority populations.

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

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

14 “(1) establish and maintain within the State a
15 clearinghouse for collecting and disseminating infor-
16 mation on—

17 “(A) minority health care issues;

18 “(B) research findings relating to minority
19 health care; and

20 “(C) innovative approaches to the delivery
21 of health care and social services in minority
22 communities;

23 “(2) coordinate the activities carried out in the
24 State that relate to minority health care, including

1 providing coordination for the purpose of avoiding
2 redundancy in such activities;

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

7 “(4) develop additional Healthy People 2000
8 objectives for the State that are necessary to address
9 the most prevalent morbidity, mortality and disabil-
10 ity concerns for racial and ethnic minority groups in
11 the State.

12 “(d) REQUIREMENT REGARDING ANNUAL BUDGET
13 FOR THE OFFICE.—The Secretary may not make a grant
14 to a State under subsection (a) unless such State agrees
15 that, for any fiscal year for which the State receives such
16 a grant, the office operated under such grant will be pro-
17 vided with an annual budget of not less than \$75,000.

18 “(e) CERTAIN USES OF FUNDS.—

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

22 “(A) if research with respect to minority
23 health is conducted pursuant to the grant, not
24 more than 10 percent of the amount received

1 under the grant will be expended for such re-
2 search; and

3 “(B) amounts provided under the grant
4 will not be expended—

5 “(i) to provide health care (including
6 providing cash payments regarding such
7 care);

8 “(ii) to conduct activities for which
9 Federal funds are expended—

10 “(I) within the State to provide
11 technical and other nonfinancial as-
12 sistance under subsection (m) of sec-
13 tion 340A;

14 “(II) under a memorandum of
15 agreement entered into with the State
16 under subsection (h) of such section;
17 or

18 “(III) under a grant under sec-
19 tion 388I;

20 “(iii) to purchase medical equipment,
21 to purchase ambulances, aircraft, or other
22 vehicles, or to purchase major communica-
23 tions equipment;

24 “(iv) to purchase or improve real
25 property; or

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

3 “(2) AUTHORITIES.—Activities for which a
4 State may expend amounts received under a grant
5 under subsection (a) include—

6 “(A) paying the costs of establishing an of-
7 fice of minority health for purposes of sub-
8 section (a);

9 “(B) subject to paragraph (1)(B)(ii)(III),
10 paying the costs of any activity carried out with
11 respect to recruiting and retaining health pro-
12 fessionals to serve in minority communities or
13 underserved areas in the State; and

14 “(C) providing grants and contracts to
15 public and nonprofit entities to carry out activi-
16 ties authorized in this section.

17 “(f) REPORTS.—The Secretary may not make a
18 grant to a State under subsection (a) unless such State
19 agrees—

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

24 “(2) to submit a report not later than January
25 10 of each fiscal year immediately following any fis-

1 cal year for which the State has received such a
2 grant.

3 “(g) REIMBURSEMENT OF APPLICATION.—The Sec-
4 retary may not make a grant to a State under subsection
5 (a) unless an application for the grant is submitted to the
6 Secretary and the application in such form, is made in
7 such manner, and contains such agreements, assurances,
8 and information as the Secretary determines to be nec-
9 essary to carry out such subsection.

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

17 “(i) AUTHORIZATION OF APPROPRIATIONS.—

18 “(1) IN GENERAL.—For purposes of making
19 grants under subsection (a) there are authorized to
20 be appropriated \$3,000,000 for fiscal year 1995,
21 \$4,000,000 for fiscal year 1996, and \$3,000,000 for
22 fiscal year 1997.

23 “(2) AVAILABILITY.—Amounts appropriated
24 under paragraph (1) shall remain available until ex-
25 pended.

1 “(j) TERMINATION OF PROGRAM.—No grant may be
 2 made under this section after the aggregate amounts ap-
 3 propriated under subsection (i)(1) are equal to
 4 \$10,000,000.”.

5 **SEC. 104. ASSISTANT SECRETARY OF HEALTH AND HUMAN**
 6 **SERVICES FOR CIVIL RIGHTS.**

7 (a) IN GENERAL.—Part A of title II (42 U.S.C. 202
 8 et seq.), as amended by section 2010 of Public Law 103–
 9 43, is amended by adding at the end the following new
 10 section:

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

12 “(a) ESTABLISHMENT OF POSITION.—There shall be
 13 in the Department of Health and Human Services an As-
 14 sistant Secretary for Civil Rights, who shall be appointed
 15 by the President, by and with the advice and consent of
 16 the Senate.

17 “(b) RESPONSIBILITIES.—The Assistant Secretary
 18 shall perform such functions relating to civil rights as the
 19 Secretary may assign.”.

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

1 **TITLE II—HEALTH SERVICES**

2 **SEC. 201. HEALTH SERVICES FOR RESIDENTS OF PUBLIC**
3 **HOUSING.**

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

6 (1) by striking “\$35,000,000 for fiscal year
7 1991” and inserting “\$12,000,000 for fiscal year
8 1994”; and

9 (2) by striking “1992 and 1993” and inserting
10 “1995 and 1996”.

11 **SEC. 202. ISSUANCE OF REGULATIONS REGARDING LAN-**
12 **GUAGE AS IMPEDIMENT TO RECEIPT OF**
13 **SERVICES.**

14 (a) PROPOSED RULE.—Not later than the expiration
15 of the 90-day period beginning on the date of the enact-
16 ment of this Act, the Secretary of Health and Human
17 Services (in this section referred to as the “Secretary”)
18 shall issue a proposed rule regarding policies to reduce the
19 extent to which having limited English proficiency con-
20 stitutes a significant impediment to individuals in estab-
21 lishing the eligibility of the individuals for—

22 (1) participation in health programs under the
23 Public Health Service Act;

1 (2) the receipt of services under such programs
2 and under programs under titles XVIII and XIX of
3 the Social Security Act; or

4 (3) participation in programs or activities oth-
5 erwise receiving financial assistance from the Sec-
6 retary or receiving services under such programs or
7 activities.

8 (b) FINAL RULE.—

9 (1) IN GENERAL.—Not later than the expira-
10 tion of the 1-year period beginning on the date of
11 the enactment of this Act, the Secretary shall issue
12 a final rule regarding the policies described in sub-
13 section (a).

14 (2) FAILURE TO ISSUE BY DATE CERTAIN.—If
15 the Secretary fails to issue a final rule under para-
16 graph (1) before the expiration of the period speci-
17 fied in such paragraph, the proposed rule issued
18 under subsection (a) is upon such expiration deemed
19 to be the final rule under paragraph (1) (and shall
20 remain in effect until the Secretary issues a final
21 rule under such paragraph).

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

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

25 (1) in subsection (b)—

1 (A) in paragraph (2)—

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

4 (ii) by striking “, including improved
5 health data systems”;

6 (B) in paragraph (3)—

7 (i) by striking “manpower” and in-
8 serting “care providers”; and

9 (ii) by striking “by—” and all that
10 follows through the end thereof and insert-
11 ing a semicolon;

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

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

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

17 (F) in paragraph (6) (as so redesignated),
18 by striking the period and inserting a semi-
19 colon; and

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

22 “(7) to provide primary health care, preventive
23 health care, and related training to American Sa-
24 moan health care professionals; and

1 “(8) to improve access to health promotion and
2 disease prevention services for rural American
3 Samoa.”;

4 (2) in subsection (f)—

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

7 (B) by striking “\$10,000,000” and all that
8 follows through “1993” and inserting
9 “\$5,000,000 for fiscal year 1994, and such
10 sums as may be necessary for each of the fiscal
11 years 1995 and 1996”; and

12 (3) by adding at the end thereof the following
13 new subsection:

14 “(g) STUDY AND REPORT.—

15 “(1) STUDY.—Not later than 180 days after
16 the date of enactment of this subsection, the Sec-
17 retary, acting through the Administrator of the
18 Health Resources and Services Administration, shall
19 enter into a contract with a public or nonprofit pri-
20 vate entity for the conduct of a study to determine
21 the effectiveness of projects funded under this sec-
22 tion.

23 “(2) REPORT.—Not later than July 1, 1995,
24 the Secretary shall prepare and submit to the Com-
25 mittee on Labor and Human Resources of the Sen-

ate and the Committee on Energy and Commerce of the House of Representatives a report describing the findings made with respect to the study conducted under paragraph (1).”.

TITLE III—HEALTH PROFESSIONS

SEC. 301. LOANS FOR DISADVANTAGED STUDENTS.

Section 724(f)(1) (42 U.S.C. 292t(f)(1)) is amended—

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

(2) by striking “\$15,000,000 for fiscal year 1993” and inserting “\$8,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996”.

SEC. 302. CESAR CHAVEZ PRIMARY CARE SCHOLARSHIP PROGRAM.

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

(1) by striking the section heading and inserting the following:

“SEC. 736. CESAR CHAVEZ PRIMARY CARE SCHOLARSHIP PROGRAM.”;

(2) in subsection (c)—

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

1 (B) by striking “\$11,000,000 for fiscal
 2 year 1993” and inserting “\$10,500,000 for fis-
 3 cal year 1994, and such sums as may be nec-
 4 essary for each of the fiscal years 1995 and
 5 1996”.

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

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

8 (1) by striking the section heading and insert-
 9 ing the following:

10 **“SEC. 737. THURGOOD MARSHALL SCHOLARSHIP PRO-**
 11 **GRAM.”;**

12 (2) in subsection (a)—

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

16 (B) in paragraph (3), by inserting “schools
 17 offering programs for the training of physician
 18 assistants,” after “public health,”; and

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

21 “(1) AUTHORIZATION OF APPROPRIATIONS.—

22 For the purpose of carrying out this section, there
 23 are authorized to be appropriated \$17,100,000 for
 24 fiscal year 1994, and such sums as may be nec-
 25 essary for each of the fiscal years 1995 and 1996.”.

1 **SEC. 304. LOAN REPAYMENTS AND FELLOWSHIPS REGARD-**
2 **ING FACULTY POSITIONS AT HEALTH PRO-**
3 **FESSIONS SCHOOLS.**

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

5 (1) in subsection (a)—

6 (A) in paragraph (2), by striking “dis-
7 advantaged backgrounds who—” and inserting
8 “racial or ethnic groups that are under-rep-
9 resented in the health professions who—”

10 (B) in paragraph (5)—

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

13 (ii) by striking “unless—” and all
14 that follows through “the individual in-
15 volved” in subparagraph (A) and inserting
16 “unless the individual involved”; and

17 (iii) striking subparagraph (B);

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

19 (D) by redesignating paragraph (7) as
20 paragraph (6); and

21 (2) in subsection (b)(2)(B), by striking
22 “\$30,000” and inserting “\$50,000”;

23 (3) in subsection (c)—

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

1 (B) by striking “\$4,000,000 for fiscal year
2 1993” and inserting “\$1,100,000 for fiscal year
3 1994, and such sums as may be necessary for
4 each of the fiscal years 1995 and 1996”.

5 **SEC. 305. CENTERS OF EXCELLENCE.**

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

7 (1) in subsection (b)—

8 (A) in paragraph (2), by inserting before
9 the semicolon the following: “through collabora-
10 tion with public and nonprofit private entities
11 to carry out community-based programs to pre-
12 pare students in secondary schools and institu-
13 tions of higher education for attendance at the
14 health professions school”;

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

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

19 (D) by adding at the end thereof the fol-
20 lowing new paragraph:

21 “(6) to train the students of the school at com-
22 munity-based health facilities that provide health
23 services to a significant number of minority individ-
24 uals and that are located at a site remote from the
25 main site of the teaching facilities of the school.”;

1 (2) in subsection (e)—

2 (A) by striking the subsection heading and
3 inserting “AUTHORITY REGARDING CONSOR-
4 TIA.—”;

5 (B) by striking paragraph (1) and insert-
6 ing the following new paragraph:

7 “(1) IN GENERAL.—The Secretary may make a
8 grant under subsection (a) to any school of medi-
9 cine, osteopathic medicine, dentistry, clinical psy-
10 chology, or pharmacy that has in accordance with
11 paragraph (2) formed a consortium of schools.”;

12 (C) in paragraph (2), by striking subpara-
13 graphs (A) through (D) and inserting the fol-
14 lowing new subparagraphs:

15 “(A) the consortium consists of—

16 “(i) the health professions school
17 seeking the grant under subsection (a);
18 and

19 “(ii) one or more schools of medicine,
20 osteopathic medicine, dentistry, pharmacy,
21 nursing, allied health, or public health, or
22 graduate programs in mental health prac-
23 tice;

1 “(B) the schools of the consortium have
2 entered into an agreement for the allocation of
3 such grant among the schools; and

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

6 (D) by adding at the end the following
7 paragraph:

8 “(3) AUTHORITY FOR COLLECTIVELY MEETING
9 RELEVANT REQUIREMENTS IN CERTAIN CASES.—

10 With respect to meeting the conditions specified in
11 subsection (c)(4) for Native American Centers of
12 Excellence, the Secretary may make a grant to any
13 school that has in accordance with paragraphs (1)
14 and (2) formed a consortium of schools that meets
15 such conditions (without regard to whether the
16 schools of the consortium individually meet such
17 conditions).”; and

18 (3) in subsection (i)—

19 (A) in paragraph (1), by striking “such
20 sums as may be necessary for fiscal year 1993”
21 and inserting “\$25,000,000 for fiscal year
22 1994, and such sums as may be necessary for
23 each of the fiscal years 1995 and 1996”; and

24 (B) in paragraph (2)(C) by adding at the
25 end the following: “Health professions schools

1 described in subsection (c)(2)(A) shall be eligi-
 2 ble for grants under this subparagraph in a fis-
 3 cal year if the amount appropriated for the fis-
 4 cal year under paragraph (1) is greater than
 5 \$23,500,000. Such schools shall be eligible to
 6 apply only for grants made from the portion of
 7 such amount that exceeds \$23,500,000.”.

8 **SEC. 306. EDUCATIONAL ASSISTANCE REGARDING UNDER-**
 9 **GRADUATES.**

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

11 (1) in subsection (a)(1), by adding at the end
 12 the following new sentence: “To be eligible for such
 13 a grant, a school shall have in place a program to
 14 assist individuals from disadvantaged backgrounds
 15 in gaining entry into a health professions school or
 16 completing the course of study at such a school.”;

17 (2) in subsection (d)(1)—

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

20 (B) by striking “1993” and inserting
 21 “1994, and such sums as may be necessary for
 22 each of the fiscal years 1995 and 1996”.

23 (3) in subsection (d)(2)(B), by adding at the
 24 end thereof the following new sentence: “Scholarship

1 recipients under this section shall be known as
 2 ‘Cesar Chavez Primary Care Scholars’.”.

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

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

7 **TITLE IV—RESEARCH AND DATA**
 8 **COLLECTION**

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

10 Section 404 (42 U.S.C. 283b), as added by section
 11 151 of Public Law 103–43, is amended by adding at the
 12 end the following subsections:

13 “(c) PLAN.—The Director of the Office, shall collabo-
 14 rate with the Deputy Assistant Secretary for Minority
 15 Health (as provided for in section 1707), to develop and
 16 implement a plan for carrying out the duties required by
 17 subsection (b). The Director, in consultation with the Dep-
 18 uty Assistant Secretary for Minority Health, shall review
 19 the plan not less often than annually, and revise the plan
 20 as appropriate.

21 “(d) EQUITY REGARDING VARIOUS GROUPS.—The
 22 Director of the Office shall ensure that activities under
 23 subsection (b) address equitably all minority groups.

24 “(e) ADVISORY COMMITTEE.—

1 “(1) ESTABLISHMENT.—In carrying out sub-
2 section (b), the Secretary shall establish an advisory
3 committee to be known as the Advisory Committee
4 on Research on Minority Health (in this subsection
5 referred to as the ‘Advisory Committee’).

6 “(2) COMPOSITION.—

7 “(A) VOTING AND NONVOTING MEM-
8 BERS.—The Advisory Committee shall be com-
9 posed of voting members appointed in accord-
10 ance with subparagraph (B) and the ex officio
11 nonvoting members described in subparagraph
12 (C).

13 “(B) VOTING MEMBERS.—The Advisory
14 Committee shall include not fewer than 12, and
15 not more than 18, voting members who are not
16 officers or employees of the Federal Govern-
17 ment. The Director of the Office shall appoint
18 such members to the Advisory Committee from
19 among physicians, practitioners, scientists, con-
20 sumers and other health professionals, whose
21 clinical practices, research specialization, or
22 professional expertise includes a significant
23 focus on research on minority health or on the
24 barriers that minorities must overcome to par-
25 ticipate in clinical trials. The membership of the

1 Advisory Committee shall be equitably rep-
2 resentative of the minority groups served by the
3 Office.

4 “(C) EX OFFICIO NONVOTING MEMBERS.—
5 The Deputy Assistant Secretary for Minority
6 Health and the Directors of each of the na-
7 tional research entities shall serve as ex officio
8 nonvoting members of the Advisory Committee
9 (except that any of such Directors may des-
10 ignate an official of the institute involved to
11 serve as such member of the Committee in lieu
12 of the Director).

13 “(3) CHAIRPERSON.—The Director of the Of-
14 fice shall serve as the chairperson of the Advisory
15 Committee.

16 “(4) DUTIES.—The Advisory Committee
17 shall—

18 “(A) advise the Director of the Office on
19 appropriate research activities to be undertaken
20 by the national research institutes with respect
21 to—

22 “(i) research on minority health;

23 “(ii) research on racial and ethnic dif-
24 ferences in clinical drug trials, including
25 responses to pharmacological drugs;

1 “(iii) research on racial and ethnic
2 differences in disease etiology, course, and
3 treatment; and

4 “(iv) research on minority health con-
5 ditions which require a multidisciplinary
6 approach;

7 “(B) report to the Director of the Office
8 on such research;

9 “(C) provide recommendations to such Di-
10 rector regarding activities of the Office (includ-
11 ing recommendations on priorities in carrying
12 out research described in subparagraph (A));
13 and

14 “(D) assist in monitoring compliance with
15 section 492B regarding the inclusion of minori-
16 ties in clinical research.

17 “(5) BIENNIAL REPORT.—

18 “(A) PREPARATION.—The Advisory Com-
19 mittee shall prepare a biennial report describing
20 the activities of the Committee, including find-
21 ings made by the Committee regarding—

22 “(i) compliance with section 492B;

23 “(ii) the extent of expenditures made
24 for research on minority health by the

1 agencies of the National Institutes of
2 Health; and

3 “(iii) the level of funding needed for
4 such research.

5 “(B) SUBMISSION.—The report required in
6 subparagraph (A) shall be submitted to the Di-
7 rector of the National Institutes of Health for
8 inclusion in the report required in section 403.

9 “(f) REPRESENTATIVES OF MINORITIES AMONG RE-
10 SEARCHERS.—The Secretary, acting through the Assist-
11 ant Secretary for Personnel Administration and in collabo-
12 ration with the Director of the Office, shall determine the
13 extent to which minorities are represented among senior
14 physicians and scientists of the national research insti-
15 tutes and among physicians and scientists conducting re-
16 search with funds provided by such institutes, and as ap-
17 propriate, carry out activities to increase the extent of
18 such representation.

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

20 “(1) MINORITY HEALTH CONDITIONS.—The
21 term ‘minority health conditions’, with respect to in-
22 dividuals who are members of minority groups,
23 means all diseases, disorders, and conditions (includ-
24 ing with respect to mental health)—

1 “(A) unique to, more serious, or more
2 prevalent in such individuals;

3 “(B) for which the factors of medical risk
4 or types of medical intervention are different
5 for such individuals, or for which it is unknown
6 whether such factors or types are different for
7 such individuals; or

8 “(C) with respect to which there has been
9 insufficient research involving such individuals
10 as subjects or insufficient data on such individ-
11 uals.

12 “(2) RESEARCH ON MINORITY HEALTH.—The
13 term ‘research on minority health’ means research
14 on minority health conditions, including research on
15 preventing such conditions.

16 “(3) MINORITY GROUPS.—The term ‘minority
17 groups’ means Blacks, American Indians, Alaskan
18 Natives, Asian/Pacific Islanders, and Hispanics, in-
19 cluding subpopulations of such groups.”.

20 **SEC. 402. ACTIVITIES OF AGENCY FOR HEALTH CARE POL-**
21 **ICY AND RESEARCH.**

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

24 “(b) REQUIREMENTS WITH RESPECT TO CERTAIN
25 POPULATIONS.—In carrying out subsection (a), the Ad-

1 ministrator shall undertake and support research, dem-
 2 onstration projects, and evaluations with respect to the
 3 health status of, and the delivery of health care to—

4 “(1) the populations of medically underserved
 5 urban or rural areas (including frontier areas); and

6 “(2) low-income groups, minority groups, and
 7 the elderly.”.

8 **SEC. 403. DATA COLLECTION BY NATIONAL CENTER FOR**
 9 **HEALTH STATISTICS.**

10 Section 306(n) of the Public Health Service Act (42
 11 U.S.C. 242k(n)), as redesignated by section 501(a)(5)(B)
 12 of Public Law 103–183 (107 Stat. 2237), is amended to
 13 read as follows:

14 “(n)(1) For health statistical and epidemiological ac-
 15 tivities undertaken or supported under this section, there
 16 are authorized to be appropriated such sums as may be
 17 necessary for each of the fiscal years 1995 through 1998.

18 “(2) Of the amounts appropriated under paragraph
 19 (1) for a fiscal year, the Secretary shall obligate not more
 20 than an aggregate \$5,000,000 for carrying out subsections
 21 (h), (l), and (m) with respect to particular racial and eth-
 22 nic population groups, except that not more than
 23 \$100,000 may be expended in the aggregate for the ad-
 24 ministration of activities under subsection (m) and for ac-
 25 tivities described in paragraph (2) of such subsection.”.

1 **TITLE V—MISCELLANEOUS**

2 **SEC. 501. REVISION AND EXTENSION OF PROGRAM FOR**
 3 **STATE OFFICES OF RURAL HEALTH.**

4 (a) MATCHING FUNDS.—Section 338J(b) (42 U.S.C.
 5 254r(b)) is amended to read as follows:

6 “(b) REQUIREMENT OF MATCHING FUNDS.—

7 “(1) IN GENERAL.—With respect to the costs to
 8 be incurred by a State in carrying out the purpose
 9 described in subsection (a), the Secretary may not
 10 make a grant under such subsection unless the State
 11 agrees to provide non-Federal contributions toward
 12 such costs, in cash, in an amount that is not less
 13 than \$1 for each \$1 of Federal funds provided in the
 14 grant.

15 “(2) DETERMINATION OF AMOUNT CONTRIB-
 16 UTED.—In determining the amount of non-Federal
 17 contributions in cash that a State has provided pur-
 18 suant to paragraph (1), the Secretary may not in-
 19 clude any amounts provided to the State by the Fed-
 20 eral Government.”.

21 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
 22 338J(j)(1) (42 U.S.C. 254r(j)(1)) is amended—

23 (1) by striking “and” after “1992,”; and

1 (2) by inserting before the period the following:
 2 “, and \$5,000,000 for each of the fiscal years 1994
 3 through 1996”.

4 (c) TERMINATION OF PROGRAM.—Section 338J(k)
 5 (42 U.S.C. 254r(k)) is amended by striking \$10,000,000”
 6 and inserting “\$20,000,000”.

7 **SEC. 502. TECHNICAL CORRECTIONS RELATING TO HEALTH**
 8 **PROFESSIONS.**

9 (a) HEALTH EDUCATION ASSISTANCE LOAN
 10 DEFERMENT FOR BORROWERS PROVIDING HEALTH
 11 SERVICES TO INDIANS.—

12 (1) IN GENERAL.—Section 705(a)(2)(C) is
 13 amended by striking “and (x)” and inserting “(x)
 14 not in excess of three years, during which the bor-
 15 rower is providing health care services to Indians
 16 through an Indian health program (as defined in
 17 section 108(a)(2)(A) of the Indian Health Care Im-
 18 provement Act (25 U.S.C. 1616a(a)(2)(A)); and
 19 (xi)”.

20 (2) CONFORMING AMENDMENTS.—Section
 21 705(a)(2)(C) is further amended—

22 (A) in clause (xi) (as so redesignated) by
 23 striking “(ix)” and inserting “(x)”; and

24 (B) in the matter following such clause
 25 (xi), by striking “(x)” and inserting “(xi)”.

1 (3) EFFECTIVE DATE.—The amendments made
2 by this subsection shall apply with respect to serv-
3 ices provided on or after the first day of the third
4 month that begins after the date of enactment of
5 this Act.

6 (b) MAXIMUM STUDENT LOAN PROVISION.—

7 (1) IN GENERAL.—Section 722(a)(1) (42
8 U.S.C. 292r(a)(1)), as amended by section
9 2014(b)(1) of Public Law 103–43, is amended by
10 striking “the sum of” and all that follows through
11 the end thereof and inserting “the cost of attend-
12 ance (including tuition, other reasonable educational
13 expenses, and reasonable living costs) for that year
14 at the educational institution attended by the stu-
15 dent (as determined by such educational institu-
16 tion).”.

17 (2) THIRD AND FOURTH YEARS.—Section
18 722(a)(2) (42 U.S.C. 292r(a)(2)), as amended by
19 section 2014(b)(1) of Public Law 103–43, is amend-
20 ed by striking “the amount \$2,500” and all that fol-
21 lows through “including such \$2,500” and inserting
22 “the amount of the loan may, in the case of the
23 third or fourth year of a student at school of medi-
24 cine or osteopathic medicine, be increased to the ex-
25 tent necessary”.

1 (c) REQUIREMENT FOR SCHOOLS.—Section
2 723(b)(1) (42 U.S.C. 292s(b)(1)), as amended by section
3 2014(c)(2)(A)(ii) of Public Law 103-43 (107 Stat. 216),
4 is amended by striking “3 years before” and inserting “4
5 years before”.

6 (d) SERVICE REQUIREMENT FOR PRIMARY CARE
7 LOAN BORROWERS.—Section 723(a) (42 U.S.C. 292s(a))
8 is amended in subparagraph (B) of paragraph (1), by
9 striking “through the date on which the loan is repaid in
10 full” and inserting “for 5 years after completing the resi-
11 dency program”.

12 (e) PREFERENCE AND REQUIRED INFORMATION IN
13 CERTAIN PROGRAMS.—

14 (1) TITLE VII.—Section 791 (42 U.S.C. 295j)
15 is amended by adding at the end thereof the follow-
16 ing subsection:

17 “(d) EXCEPTIONS.—

18 “(1) IN GENERAL.—To permit new programs to
19 compete equitably for funding under this section,
20 those new programs that meet the criteria described
21 in paragraph (3) shall qualify for a funding pref-
22 erence under this section.

23 “(2) DEFINITION.—As used in this subsection,
24 the term ‘new program’ means any program that
25 has graduated less than three classes. Upon grad-

1 uating at least three classes, a program shall have
2 the capability to provide the information necessary
3 to qualify the program for the general funding pref-
4 erences described in subsection (a).

5 “(3) CRITERIA.—The criteria referred to in
6 paragraph (1) are the following:

7 “(A) The mission statement of the pro-
8 gram identifies a specific purpose of the pro-
9 gram as being the preparation of health profes-
10 sionals to serve underserved populations.

11 “(B) The curriculum of the program in-
12 cludes content which will help to prepare practi-
13 tioners to serve underserved populations.

14 “(C) Substantial clinical training experi-
15 ence is required under the program in medically
16 underserved communities.

17 “(D) A minimum of 20 percent of the fac-
18 ulty of the program spend at least 50 percent
19 of their time providing or supervising care in
20 medically underserved communities.

21 “(E) The entire program or a substantial
22 portion of the program is physically located in
23 a medically underserved community.

24 “(F) Student assistance, which is linked to
25 service in medically underserved communities

1 following graduation, is available to the stu-
2 dents in the program.

3 “(G) The program provides a placement
4 mechanism for deploying graduates to medically
5 underserved communities.”.

6 (2) TITLE VIII.—Section 860 (42 U.S.C. 298b-
7 7) is amended by adding at the end thereof the fol-
8 lowing subsection:

9 “(f) EXCEPTIONS.—

10 “(1) IN GENERAL.—To permit new programs to
11 compete equitably for funding under this section,
12 those new programs that meet the criteria described
13 in paragraph (3) shall qualify for a funding pref-
14 erence under this section.

15 “(2) DEFINITION.—As used in this subsection,
16 the term ‘new program’ means any program that
17 has graduated less than three classes. Upon grad-
18 uating at least three classes, a program shall have
19 the capability to provide the information necessary
20 to qualify the program for the general funding pref-
21 erences described in subsection (a).

22 “(3) CRITERIA.—The criteria referred to in
23 paragraph (1) are the following:

24 “(A) The mission statement of the pro-
25 gram identifies a specific purpose of the pro-

1 gram as being the preparation of health profes-
2 sionals to serve underserved populations.

3 “(B) The curriculum of the program in-
4 cludes content which will help to prepare practi-
5 tioners to serve underserved populations.

6 “(C) Substantial clinical training experi-
7 ence is required under the program in medically
8 underserved communities.

9 “(D) A minimum of 20 percent of the fac-
10 ulty of the program spend at least 50 percent
11 of their time providing or supervising care in
12 medically underserved communities.

13 “(E) The entire program or a substantial
14 portion of the program is physically located in
15 a medically underserved community.

16 “(F) Student assistance, which is linked to
17 service in medically underserved communities
18 following graduation, is available to the stu-
19 dents in the program.

20 “(G) The program provides a placement
21 mechanism for deploying graduates to medically
22 underserved communities.”.

23 (f) DEFINITIONS.—Section 799(6) (42 U.S.C.
24 295p(6)) is amended—

1 (1) in subparagraph (B) by striking “; or” at
2 the end thereof;

3 (2) in subparagraph (C) by striking the period
4 and inserting a semicolon; and

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

6 “(D) ambulatory practice sites designated
7 by State Governors as shortage areas or medi-
8 cally underserved communities for purposes of
9 State scholarships or loan repayment or related
10 programs; or

11 “(E) practices or facilities in which not
12 less than 50 percent of the patients are recipi-
13 ents of aid under title XIX of the Social Secu-
14 rity Act or eligible and uninsured.”.

15 (g) GENERALLY APPLICABLE MODIFICATIONS RE-
16 GARDING OBLIGATED SERVICE.—

17 (1) IN GENERAL.—Section 795(a)(2) (42
18 U.S.C. 295n(a)(2)), is amended—

19 (A) in subparagraph (A), by striking “spe-
20 ciality in” and inserting “field of”; and

21 (B) in subparagraph (B), by striking “spe-
22 ciality” and inserting “field”; and

23 (2) EFFECTIVE DATE.—Each amendment made
24 by paragraph (1) shall take effect as if such sub-
25 section had been enacted immediately after the en-

1 actment of the Health Professions Education Extension Amendments of 1992.

3 (h) RECOVERY.—Part G of title VII (42 U.S.C. 295j
4 et seq.) is amended by inserting after section 795, the following new section:

6 **“SEC. 796. RECOVERY.**

7 “(a) IN GENERAL.—If at any time within 20 years
8 (or within such shorter period as the Secretary may prescribe by regulation for an interim facility) after the completion of construction of a facility with respect to which
10 funds have been paid under section 720(a) (as such section existed one day prior to the date of enactment of the
12 Health Professions Education Extension Amendments of
13 1992 (Public Law 102–408)—

15 “(1)(A) in case of a facility which was an affiliated hospital or outpatient facility with respect to
16 which funds have been paid under such section
17 720(a)(1), the owner of the facility ceases to be a
18 public or other nonprofit agency that would have
19 been qualified to file an application under section
20 605;

22 “(B) in case of a facility which was not an affiliated hospital or outpatient facility but was a facility with respect to which funds have been paid under
23 paragraph (1) or (3) of such section 720(a), the
24
25

1 owner of the facility ceases to be a public or non-
2 profit school, or

3 “(C) in case of a facility which was a facility
4 with respect to which funds have been paid under
5 such section 720(a)(2), the owner of the facility
6 ceases to be a public or nonprofit entity,

7 “(2) the facility ceases to be used for the teach-
8 ing or training purposes (or other purposes per-
9 mitted under section 722 (as such section existed
10 one day prior to the date of enactment of the Health
11 Professions Education Extension Amendments of
12 1992 (Public Law 102–408)) for which it was con-
13 structed, or

14 “(3) the facility is used for sectarian instruction
15 or as a place for religious worship,

16 the United States shall be entitled to recover from the
17 owner of the facility the base amount prescribed by sub-
18 section (c)(1) plus the interest (if any) prescribed by sub-
19 section (c)(2).

20 “(b) NOTICE.—The owner of a facility which ceases
21 to be a public or nonprofit agency, school, or entity as
22 described in subparagraph (A), (B), or (C) of subsection
23 (a)(1), as the case may be, or the owner of a facility the
24 use of which changes as described in paragraph (2) or (3)
25 of subsection (a), shall provide the Secretary written no-

1 tice of such cessation or change of use within 10 days after
2 the date on which such cessation or change of use occurs
3 or within 30 days after the date of enactment of this sub-
4 section, whichever is later.

5 “(c) AMOUNT.—

6 “(1) BASE AMOUNT.—The base amount that
7 the United States is entitled to recover under sub-
8 section (a) is the amount bearing the same ratio to
9 the then value (as determined by the agreement of
10 the parties or in an action brought in the district
11 court of the United States for the district in which
12 the facility is situated) of the facility as the amount
13 of the Federal participation bore to the cost of con-
14 struction.

15 “(2) INTEREST.—

16 “(A) IN GENERAL.—The interest that the
17 United States is entitled to recover under sub-
18 section (a) is the interest for the period (if any)
19 described in subparagraph (B) at a rate (deter-
20 mined by the Secretary) based on the average
21 of the bond equivalent rates of ninety-one-day
22 Treasury bills auctioned during that period.

23 “(B) PERIOD.—The period referred to in
24 subparagraph (A) is the period beginning—

1 “(i) if notice is provided as prescribed
2 by subsection (b), 191 days after the date
3 on which the owner of the facility ceases to
4 be a public or nonprofit agency, school, or
5 entity as described in subparagraph (A),
6 (B), or (C) of subsection (a)(1), as the
7 case may be, or 191 days after the date on
8 which the use of the facility changes as de-
9 scribed in paragraph (2) or (3) of sub-
10 section (a), or

11 “(ii) if notice is not provided as pre-
12 scribed by subsection (b), 11 days after the
13 date on which such cessation or change of
14 use occurs,

15 and ending on the date the amount the United
16 States is entitled to recover is collected.

17 “(d) WAIVER.—The Secretary may waive the recov-
18 ery rights of the United States under subsection (a)(2)
19 with respect to a facility (under such conditions as the
20 Secretary may establish by regulation) if the Secretary de-
21 termines that there is good cause for waiving such rights.

22 “(e) LIEN.—The right of recovery of the United
23 States under subsection (a) shall not, prior to judgment,
24 constitute a lien on any facility.”.

1 **SEC. 503. CLINICAL TRAINEESHIPS.**

2 Section 303(d)(1) (42 U.S.C. 242a(d)(1)) is amended
3 by inserting “counseling” after “family therapy,”.

4 **SEC. 504. DEMONSTRATION PROJECT GRANTS TO STATES**
5 **FOR ALZHEIMER’S DISEASE.**

6 (a) IN GENERAL.—Section 398(a) (42 U.S.C. 280c–
7 3(a)) is amended—

8 (1) in the matter preceding paragraph (1), by
9 striking “not less than 5, and not more than 15,”;

10 (2) in paragraph (2)—

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

14 (B) by striking “and” at the end;

15 (3) by redesignating paragraph (3) as para-
16 graph (4); and

17 (4) by inserting after paragraph (2) the follow-
18 ing:

19 “(3) to improve access for individuals with Alz-
20 heimer’s disease or related disorders, particularly
21 such individuals from ethnic, cultural, or language
22 minorities and such individuals who are living in iso-
23 lated rural areas, to services that—

24 “(A) are home-based or community-based
25 long-term care services; and

1 “(B) exist on the date of enactment of this
2 paragraph; and”.

3 (b) DURATION.—Section 398A (42 U.S.C. 280c-4)
4 is amended—

5 (1) in the title, by striking “**LIMITATION**
6 **ON**”;

7 (2) in subsection (a)—

8 (A) in the heading, by striking “LIMITA-
9 TION ON”; and

10 (B) by striking “may not exceed” and in-
11 serting “may exceed”; and

12 (3) in subsection (b), in paragraphs (1)(C) and
13 (2)(C), by inserting “, and any subsequent year,”
14 after “third year”.

15 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
16 398B(e) (42 U.S.C. 280c-5(e)) is amended by striking
17 “and 1993” and inserting “through 1998”.

18 **SEC. 505. MEDICALLY UNDERSERVED AREA STUDY.**

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

1 (b) REQUIREMENTS.—As part of the study conducted
2 under subsection (a), the Secretary of Health and Human
3 Services, in considering the statutory and regulatory re-
4 quirements necessary for the creation of a single health
5 professional shortage area designation, shall—

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

8 (A) in designating an area as a health pro-
9 fessional shortage area;

10 (B) in designating an area as a medically
11 underserved area; and

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

15 (2) review the suggestions of public health and
16 primary care experts.

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

23 (d) RECOMMENDATIONS.—In making recommenda-
24 tions under subsection (c), the Secretary of Health and
25 Human Services shall give special consideration to (and

1 describe in the report) the unique impact of designation
2 criteria on different rural and urban populations, and eth-
3 nic and racial minorities, including—

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

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

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

18 **SEC. 506. PROGRAMS REGARDING BIRTH DEFECTS.**

19 Section 317C of the Public Health Service Act (42
20 U.S.C. 247b–4), as added by section 306 of Public Law
21 102–531 (106 Stat. 3494), is amended to read as follows:

22 “PROGRAMS REGARDING BIRTH DEFECTS

23 “SEC. 317C. (a) The Secretary, acting through the
24 Director of the Centers for Disease Control and Preven-
25 tion, shall carry out programs—

1 “(1) to collect, analyze, and make available data
2 on birth defects, including data on the causes of
3 such defects and on the incidence and prevalence of
4 such defects;

5 “(2) to provide information and education to
6 the public on the prevention of such defects;

7 “(3) to operate centers for the conduct of ap-
8 plied epidemiologic research and study of such de-
9 fects, and to improve the education, training, and
10 clinical skills of health professionals with respect to
11 the prevention of such defects; and

12 “(4) to carry out demonstration projects for the
13 prevention of such defects.

14 “(b) NATIONAL CLEARINGHOUSE.—In carrying out
15 subsection (a)(1), the Secretary shall establish and main-
16 tain a National Information Clearinghouse on Birth De-
17 fects to collect and disseminate to health professionals and
18 the general public information on birth defects, including
19 the prevention of such defects.

20 “(c) GRANTS AND CONTRACTS.—

21 “(1) IN GENERAL.—In carrying out subsection
22 (a), the Secretary may make grants to and enter
23 into contracts with public and nonprofit private enti-
24 ties. Recipients of assistance under this subsection

1 shall collect and analyze demographic data utilizing
2 appropriate sources as determined by the Secretary.

3 “(2) SUPPLIES AND SERVICES IN LIEU OF
4 AWARD FUNDS.—

5 “(A) Upon the request of a recipient of an
6 award of a grant or contract under paragraph
7 (1), the Secretary may, subject to subparagraph
8 (B), provide supplies, equipment, and services
9 for the purpose of aiding the recipient in carry-
10 ing out the purposes for which the award is
11 made and, for such purposes, may detail to the
12 recipient any officer or employee of the Depart-
13 ment of Health and Human Services.

14 “(B) With respect to a request described
15 in subparagraph (A), the Secretary shall reduce
16 the amount of payments under the award in-
17 volved by an amount equal to the costs of de-
18 tailing personnel and the fair market value of
19 any supplies, equipment, or services provided by
20 the Secretary. The Secretary shall, for the pay-
21 ment of expenses incurred in complying with
22 such request, expend the amounts withheld.

23 “(3) APPLICATION FOR AWARD.—The Secretary
24 may make an award of a grant or contract under
25 paragraph (1) only if an application for the award

1 is submitted to the Secretary and the application is
2 in such form, is made in such manner, and contains
3 such agreements, assurances, and information as the
4 Secretary determines to be necessary to carry out
5 the purposes for which the award is to be made.

6 “(d) BIENNIAL REPORT.—Not later than February
7 1 of fiscal year 1995 and of every second such year there-
8 after, the Secretary shall submit to the Committee on En-
9 ergy and Commerce of the House of Representatives, and
10 the Committee on Labor and Human Resources of the
11 Senate, a report that, with respect to the preceding 2 fis-
12 cal years—

13 “(1) contains information regarding the inci-
14 dence and prevalence of birth defects and the extent
15 to which birth defects have contributed to the inci-
16 dence and prevalence of infant mortality;

17 “(2) contains information under paragraph (1)
18 that is specific to various racial and ethnic groups;
19 and

20 “(3) contains an assessment of the extent to
21 which each approach to preventing birth defects has
22 been effective, including a description of effective-
23 ness in relation to cost;

24 “(4) describes the activities carried out under
25 this section; and

1 “(5) contains any recommendations of the Sec-
2 retary regarding this section.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purpose of carrying out this section, there are authorized
5 to be appropriated such sums as may be necessary for
6 each of the fiscal years 1994 through 1997.”.

7 **SEC. 507. DEMONSTRATION PROJECTS REGARDING DIA-**
8 **BETIC-RETINOPATHY.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services, acting through the Director of the Na-
11 tional Eye Institute and in consultation with the Director
12 of the Centers for Disease Control and Prevention, may
13 make grants to public and nonprofit private entities for
14 demonstration projects to serve the populations specified
15 in subsection (b) by carrying out, with respect to the eye
16 disorder known as diabetic retinopathy, all activities re-
17 garding information, dissemination, early detection, edu-
18 cation, and prevention.

19 (b) RELEVANT POPULATIONS.—The populations re-
20 ferred to in subsection (a) are minority populations that
21 have diabetes mellitus.

22 (c) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purpose of carrying out this section, there is authorized
24 to be appropriated \$1,000,000 for each of the fiscal years
25 1995 through 1997.

1 **SEC. 508. MEXICAN BORDER STATE ANALYTICAL LABORA-**
2 **TORIES.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services, acting through the Director of the Cen-
5 ters for Disease Control and Prevention, may make grants
6 to eligible entities to establish and operate State labora-
7 tories to analyze human, wildlife, air, water, and soil sam-
8 ples. The laboratories shall serve the border region.

9 (b) ELIGIBLE ENTITY.—To be eligible to receive a
10 grant under subsection (a), an entity shall be a State that
11 borders Mexico.

12 (c) APPLICATIONS REQUIREMENTS.—No grant may
13 be made under subsection (a) unless an application has
14 been submitted to and approved by the Secretary of
15 Health and Human Services.

16 (d) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out subsection (a), there are author-
18 ized to be appropriated such sums as may be necessary
19 for each of the fiscal years 1995 through 1997.

20 **SEC. 509. CONSTRUCTION OF REGIONAL CENTERS FOR RE-**
21 **SEARCH ON PRIMATES.**

22 Section 481B of the Public Health Service Act (42
23 U.S.C. 287a-3), as added by section 1503 of Public Law
24 103-43 (107 Stat. 178), is amended to read as follows:

1 “CONSTRUCTION OF REGIONAL CENTERS FOR RESEARCH
2 ON PRIMATES

3 “SEC. 481B. With respect to activities carried out by
4 the National Center for Research Resources to support re-
5 gional centers for research on primates, the Director of
6 NIH may, for each of the fiscal years 1994 through 1996,
7 reserve from the amounts appropriated under section
8 481A(h) not more than \$3,000,000 for the purpose of
9 making awards of grants and contracts to public and non-
10 profit private entities to construct, renovate, or otherwise
11 improve such regional centers. The reservation of such
12 amounts for any fiscal year is subject to the availability
13 of qualified applicants for such awards.”.

14 **TITLE VI—MULTIETHNIC**
15 **PLACEMENT**

16 **SEC. 601. SHORT TITLE.**

17 This title may be cited as the “Multiethnic Placement
18 Act of 1994”.

19 **SEC. 602. FINDINGS AND PURPOSE.**

20 (a) FINDINGS.—Congress finds that—

21 (1) nearly 500,000 children are in foster care in
22 the United States;

23 (2) tens of thousands of children in foster care
24 are waiting for adoption;

1 (3) 2 years and 8 months is the median length
2 of time that children wait to be adopted;

3 (4) child welfare agencies should work to elimi-
4 nate racial, ethnic, and national origin discrimina-
5 tion and bias in adoption and foster care recruit-
6 ment, selection, and placement procedures; and

7 (5) active, creative, and diligent efforts are
8 needed to recruit parents, from every race and cul-
9 ture, for children needing foster care or adoptive
10 parents.

11 (b) PURPOSE.—It is the purpose of this Act to de-
12 crease the length of time that children wait to be adopted
13 and to prevent discrimination in the placement of children
14 on the basis of race, color, or national origin.

15 **SEC. 603. MULTIETHNIC PLACEMENTS.**

16 (a) ACTIVITIES.—

17 (1) PROHIBITION.—An agency, or entity, that
18 receives Federal assistance and is involved in adop-
19 tion or foster care placements may not—

20 (A) categorically deny to any person the
21 opportunity to become an adoptive or a foster
22 parent, solely on the basis of the race, color, or
23 national origin of the adoptive or foster parent,
24 or the child, involved; or

1 (B) delay or deny the placement of a child
2 for adoption or into foster care, or otherwise
3 discriminate in making a placement decision,
4 solely on the basis of the race, color, or national
5 origin of the adoptive or foster parent, or the
6 child, involved.

7 (2) PERMISSIBLE CONSIDERATION.—An agency
8 or entity to which paragraph (1) applies may con-
9 sider the race, color, or national origin of a child as
10 a factor in making a placement decision if such fac-
11 tor is relevant to the best interests of the child in-
12 volved and is considered in conjunction with other
13 factors.

14 (3) DEFINITION.—As used in this subsection,
15 the term “placement decision” means the decision to
16 place, or to delay or deny the placement of, a child
17 in a foster care or an adoptive home, and includes
18 the decision of the agency or entity involved to seek
19 the termination of birth parent rights or otherwise
20 make a child legally available for adoptive place-
21 ment.

22 (b) LIMITATION.—The Secretary of Health and
23 Human Services shall not provide placement and adminis-
24 trative funds under section 474(a)(3) of the Social Secu-
25 rity Act (42 U.S.C. 674(a)(3)) to an agency or entity de-

1 scribed in subsection (a) that is not in compliance with
2 subsection (a).

3 (c) EQUITABLE RELIEF.—Any individual who is ag-
4 grieved by an action in violation of subsection (a), taken
5 by an agency or entity described in subsection (a), shall
6 have the right to bring an action seeking relief in a United
7 States district court of appropriate jurisdiction.

8 (d) CONSTRUCTION.—Nothing in this section shall be
9 construed to affect the application of the Indian Child
10 Welfare Act of 1978 (25 U.S.C. 1901 et seq.).

11 **TITLE VII—VOLUNTARY MUTUAL** 12 **REUNIONS**

13 **SEC. 701. FACILITATION OF REUNIONS.**

14 The Secretary of Health and Human Services, in the
15 discretion of the Secretary and at no net expense to the
16 Federal Government, may use the facilities of the Depart-
17 ment of Health and Human Services to facilitate the vol-
18 untary, mutually requested reunion of an adult adopted
19 child who is 21 or older with—

20 (1) any birth parent of the adult child; or

21 (2) any adult adopted sibling, who is 21 or
22 older, of the adult child,

23 if all such persons involved in any such reunion have, on
24 their own initiative, expressed a desire for a reunion.

1 **TITLE VIII—GENERAL**
2 **PROVISIONS**

3 **SEC. 801. EFFECTIVE DATE.**

4 This Act and the amendments made by this Act shall
5 take effect October 1, 1993, or upon the date of the enact-
6 ment of this Act, whichever occurs later.

 Passed the Senate March 26 (legislative day, Feb-
ruary 22), 1994.

Attest:

Secretary.

S 1569 ES—2

S 1569 ES—3

S 1569 ES—4

S 1569 ES—5

S 1569 ES—6

S 1569 ES—7

S 1569 ES—8

S 1569 ES—9

S 1569 ES—10