

Calendar No. 327

103D CONGRESS  
2D SESSION

**S. 1569**

[Report No. 103-200]

**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.

NOVEMBER 20 (legislative day, NOVEMBER 2), 1993

Reported with an amendment

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## IN THE SENATE OF THE UNITED STATES

OCTOBER 19 (legislative day, OCTOBER 13), 1993

Mr. KENNEDY (for himself and Mr. HATCH) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

NOVEMBER 20 (legislative day, NOVEMBER 2), 1993

Reported by Mr. KENNEDY, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]**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,*

1 **SECTION 1. SHORT TITLE; REFERENCE; TABLE OF CON-**  
 2 **TENTS.**

3 (a) ~~SHORT TITLE.~~—This Act may be cited as the  
 4 “Preventive Health Services and Health Professions  
 5 Amendments Act of 1993”.

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

12 (c) ~~TABLE OF CONTENTS.~~—The table of contents is  
 13 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. Community scholarship programs.  
 Sec. 202. Health services for residents of public housing.  
 Sec. 203. Issuance of regulations regarding language as impediment to receipt  
 of services.  
 Sec. 204. 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. 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.

## TITLE VI—GENERAL PROVISIONS

- Sec. 601. 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 dispropor-  
 14 tionately 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 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 minorities.

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) Facilitate access to such information.~~

5           ~~“(C) Assist in the analysis of issues and~~  
6           ~~problems relating to such matters.~~

7           ~~“(D) Provide technical assistance with re-~~  
8           ~~spect to the exchange of such information (in-~~  
9           ~~cluding facilitating the development of materials~~  
10          ~~for such technical assistance).~~

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

16          ~~“(5) With respect to awards of grants and con-~~  
17          ~~tracts that are available under certain minority~~  
18          ~~health programs, establish a program—~~

19                 ~~“(A) to inform entities, as appropriate,~~  
20                 ~~that the entities may be eligible for the awards;~~

21                 ~~“(B) to provide technical assistance to~~  
22                 ~~such entities in the process of preparing and~~  
23                 ~~submitting applications for the awards in ac-~~  
24                 ~~cordance with the policies of the Secretary re-~~  
25                 ~~garding such application; and~~



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

5           ~~“(c) ADVISORY COMMITTEE.—~~

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

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

15          ~~“(3) CHAIRPERSON.—~~The Deputy Assistant  
16          Secretary for Minority Health shall serve as the  
17          Chairperson of the Committee.

18          ~~“(4) COMPOSITION.—~~The Committee shall be  
19          composed of no fewer than 12, and not more than  
20          18 individuals, who are not officers or employees of  
21          the Federal Government. The Secretary shall ap-  
22          point the members of the Committee from among in-  
23          dividuals with expertise regarding issues of minority  
24          health. The membership of the Committee shall be  
25          equitably representative of the various racial and

1 ethnic groups. The Secretary may appoint represent-  
2 atives from selected Federal agencies to serve as ex  
3 officio, non-voting members of the Committee.

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

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

16 “(7) COMPENSATION.—Members of the Com-  
17 mittee who are officers or employees of the United  
18 States shall serve without compensation. Members of  
19 the Committee who are not officers or employees of  
20 the United States shall receive, for each day (includ-  
21 ing travel time) they are engaged in the performance  
22 of the functions of the Committee, compensation at  
23 rates that do not exceed the daily equivalent of the  
24 annual rate in effect for grade GS-18 of the General  
25 Schedule under title 5, United States Code.

1       ~~“(d) CERTAIN REQUIREMENTS REGARDING DU-~~  
2 ~~TIES.—~~

3           ~~“(1) RECOMMENDATIONS REGARDING LAN-~~  
4 ~~GUAGE AS IMPEDIMENT TO HEALTH CARE.—The~~  
5 ~~Secretary, acting through the Director of the Office~~  
6 ~~of Refugee Health, the Director of the Office of Civil~~  
7 ~~Rights, and the Director of the Office of Minority~~  
8 ~~Health of the Health Resources and Services Admin-~~  
9 ~~istration, shall make recommendations regarding ac-~~  
10 ~~tivities under subsection (b)(4).~~

11           ~~“(2) EQUITABLE ALLOCATION REGARDING AC-~~  
12 ~~TIVITIES.—In awarding grants or contracts under~~  
13 ~~section 340A, 724, 737, 738, or 1707, the Secretary~~  
14 ~~shall ensure that such awards are equitably allocated~~  
15 ~~with respect to the various racial and ethnic popu-~~  
16 ~~lations.~~

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

23           ~~“(4) PEER REVIEW.—The Secretary shall en-~~  
24 ~~sure that each application for a grant, contract or~~

1 cooperative agreement under section 340A, 724,  
2 737, or 1707 undergoes appropriate peer review.

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

10 “(f) GRANTS AND CONTRACTS REGARDING DU-  
11 TIES.—

12 “(1) AUTHORITY.—In carrying out subsection  
13 (b), the Secretary may enter into contracts with  
14 public and nonprofit private entities for activities de-  
15 scribed in paragraphs (3) and (4) of subsection (b).

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

24 “(g) DEFINITION.—As used in this section, the term  
25 ‘racial and ethnic minority group’ means Hispanics,

1 Blacks, Asian Americans, Pacific Islanders, Native Ameri-  
 2 cans, and Alaskan Natives. The term ‘Hispanic’ means in-  
 3 dividuals whose origin is Mexican, Puerto Rican, Cuban,  
 4 Central or South American, or any other Spanish-speak-  
 5 ing country, including Spain or the Caribbean Islands, and  
 6 individuals identifying themselves as Hispanic, Latino,  
 7 Spanish, or Spanish-American.

8 “(h) FUNDING.—

9 “(1) AUTHORIZATION OF APPROPRIATIONS.—

10 For the purpose of carrying out this section, there  
 11 is authorized to be appropriated \$20,500,000 for fis-  
 12 cal year 1994, and such sums as may be necessary  
 13 for each of the fiscal years 1995 through 1998.

14 “(2) ALLOCATION OF FUNDS BY SECRETARY.—

15 Of the amounts appropriated under paragraph (1)  
 16 for a fiscal year in excess of \$15,000,000, the Sec-  
 17 retary shall make available not less than \$3,000,000  
 18 for activities to improve access to health care serv-  
 19 ices for individuals with limited English proficiency,  
 20 including activities identified in subsection (b)(4).”.

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

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

1 **~~“SEC. 1709. AGENCY OFFICES OF MINORITY HEALTH.~~**

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

12               ~~“(1) are equitably delivered with respect to ra-~~  
13 ~~cial and ethnic groups;~~

14               ~~“(2) provide culturally competent services; and~~

15               ~~“(3) utilize racial and ethnic minority commu-~~  
16 ~~nity-based organizations to deliver services.~~

17       ~~“(b) REPORTS.—Each Office of Minority Health~~  
18 ~~within the Department of Health and Human Services~~  
19 ~~shall submit a report, not later than May 1 of each year,~~  
20 ~~to the Deputy Assistant Secretary for Minority Health (as~~  
21 ~~provided for in section 1707(a)) describing the accom-~~  
22 ~~plishments or programs of the plan, the budget allocation~~  
23 ~~and expenditures for, and the development and implemen-~~  
24 ~~tation of, such health programs targeting racial and ethnic~~  
25 ~~minority populations. The Secretary shall ensure the par-~~

1 ticipation and cooperation of each Agency in the develop-  
 2 ment of the annual report.”.

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

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

7 **“SEC. 1710. GRANTS TO STATES FOR OPERATION OF OF-**  
 8 **FICES OF MINORITY HEALTH.**

9 “(a) **IN GENERAL.**—The Secretary, acting through  
 10 the Deputy Assistant Secretary for Minority Health (as  
 11 provided for in section 1707), may make grants to States  
 12 for the purpose of improving the health status in minority  
 13 communities, through the operation of State offices of mi-  
 14 nority health established to monitor and facilitate the  
 15 achievement of the Health Objectives for the Year 2000  
 16 as they affect minority populations.

17 “(b) **ADMINISTRATION OF PROGRAM.**—The Secretary  
 18 may not make a grant to a State under subsection (a)  
 19 unless such State agrees that the program carried out by  
 20 the State with amounts received under the grant will be  
 21 administered directly by a single State agency.

22 “(c) **CERTAIN REQUIRED ACTIVITIES.**—The Sec-  
 23 retary may not make a grant to a State under subsection  
 24 (a) unless such State agrees that activities carried out by

1 an office operated under the grant received pursuant to  
2 such subsection will—

3       ~~“(1) establish and maintain within the State a~~  
4       clearinghouse for collecting and disseminating infor-  
5       mation on—

6               ~~“(A) minority health care issues;~~

7               ~~“(B) research findings relating to minority~~  
8       health care; and

9               ~~“(C) innovative approaches to the delivery~~  
10       of health care and social services in minority  
11       communities;

12       ~~“(2) coordinate the activities carried out in the~~  
13       State that relate to minority health care, including  
14       providing coordination for the purpose of avoiding  
15       redundancy in such activities;

16       ~~“(3) identify Federal and State programs re-~~  
17       garding minority health, and providing technical as-  
18       sistance to public and nonprofit entities regarding  
19       participation in such program; and

20       ~~“(4) develop additional Health People 2000 ob-~~  
21       jectives for the State that are necessary to address  
22       the most prevalent morbidity and mortality concerns  
23       for racial and ethnic minority groups in the State.

24       ~~“(d) REQUIREMENT REGARDING ANNUAL BUDGET~~  
25       OFFICE.—The Secretary may not make a grant to a State



1 under subsection (a) unless such State agrees that, for any  
 2 fiscal year for which the State receives such a grant, the  
 3 office operated under such grant will be provided with an  
 4 annual budget of not less than \$75,000.

5 “(e) CERTAIN USES OF FUNDS.—

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

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

14 “(B) amounts provided under the grant  
 15 will not be expended—

16 “(i) to provide health care (including  
 17 providing cash payments regarding such  
 18 care);

19 “(ii) to conduct activities for which  
 20 Federal funds are expended—

21 “(I) within the State to provide  
 22 technical and other nonfinancial as-  
 23 sistance under subsection (m) of sec-  
 24 tion 340A;

1                   ~~“(II) under a memorandum of~~  
 2                   ~~agreement entered into with the State~~  
 3                   ~~under subsection (h) of such section;~~  
 4                   ~~or~~

5                   ~~“(III) under a grant under sec-~~  
 6                   ~~tion 388I;~~

7                   ~~“(iii) to purchase medical equipment,~~  
 8                   ~~to purchase ambulances, aircraft, or other~~  
 9                   ~~vehicles, or to purchase major communica-~~  
 10                  ~~tions equipment;~~

11                  ~~“(iv) to purchase or improve real~~  
 12                  ~~property; or~~

13                  ~~“(v) to carry out any activity regard-~~  
 14                  ~~ing a certificate of need.~~

15                  ~~“(2) AUTHORITIES.—Activities for which a~~  
 16                  ~~State may expend amounts received under a grant~~  
 17                  ~~under subsection (a) include—~~

18                  ~~“(A) paying the costs of establishing an of-~~  
 19                  ~~fice of minority health for purposes of sub-~~  
 20                  ~~section (a);~~

21                  ~~“(B) subject to paragraph (1)(B)(ii)(III),~~  
 22                  ~~paying the costs of any activity carried out with~~  
 23                  ~~respect to recruiting and retaining health pro-~~  
 24                  ~~fessionals to serve in minority communities or~~  
 25                  ~~underserved areas in the State; and~~

1           “(C) providing grants and contracts to  
2           public and nonprofit entities to carry out activi-  
3           ties authorized in this section.

4           “(f) REPORTS.—The Secretary may not make a  
5           grant to a State under subsection (a) unless such State  
6           agrees—

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

11          “(2) to submit a report not later than January  
12          10 of each fiscal year immediately following any fis-  
13          cal year for which the State has received such a  
14          grant.

15          “(g) REIMBURSEMENT OF APPLICATION.—The Sec-  
16          retary may not make a grant to a State under subsection  
17          (a) unless an application for the grant is submitted to the  
18          Secretary and the application in such form, is made in  
19          such manner, and contains such agreements, assurances,  
20          and information as the Secretary determines to be nec-  
21          essary to carry out such subsection.

22          “(h) NONCOMPLIANCE.—The Secretary may not  
23          make payments under subsection (a) to a State for any  
24          fiscal year subsequent to the first fiscal year of such pay-  
25          ments unless the Secretary determines that, for the imme-

1 diately preceding fiscal year, the State has complied with  
 2 each of the agreements made by the State under this sec-  
 3 tion.

4 “(i) AUTHORIZATION OF APPROPRIATIONS.—

5 “(1) IN GENERAL.—For purposes of making  
 6 grants under subsection (a) there are authorized to  
 7 be appropriated \$3,000,000 for fiscal year 1995,  
 8 \$4,000,000 for fiscal year 1996, and \$3,000,000 for  
 9 fiscal year 1997.

10 “(2) AVAILABILITY.—Amounts appropriated  
 11 under paragraph (1) shall remain available until ex-  
 12 pended.

13 “(j) TERMINATION OF PROGRAM.—No grant may be  
 14 made under this section after the aggregate amounts ap-  
 15 propriated under subsection (i)(1) are equal to  
 16 \$10,000,000.”

17 **SEC. 104. ASSISTANT SECRETARY OF HEALTH AND HUMAN**  
 18 **SERVICES FOR CIVIL RIGHTS.**

19 (a) IN GENERAL.—Part A of title II (42 U.S.C. 202  
 20 et seq.), as amended by section 2010 of Public Law 103-  
 21 43, is amended by adding at the end the following new  
 22 section:

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

24 “(a) ESTABLISHMENT OF POSITION.—There shall be  
 25 in the Department of Health and Human Services an As-

1   sistant Secretary for Civil Rights, who shall be appointed  
 2   by the President, by and with the advice and consent of  
 3   the Senate.

4       “(b) RESPONSIBILITIES.—The Assistant Secretary  
 5   shall perform such functions relating to civil rights as the  
 6   Secretary may assign.”.

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

## 11       **TITLE II—HEALTH SERVICES**

### 12       **SEC. 201. COMMUNITY SCHOLARSHIP PROGRAMS.**

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

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

17           (2) in subsection (c)—

18               (A) by striking “health manpower shortage  
 19       areas” and inserting “Federally-designated  
 20       health professional shortage areas” in the mat-  
 21       ter preceding paragraph (1); and

22               (B) by striking “in the health manpower  
 23       shortage areas in which the community organi-  
 24       zations are located,” and inserting “in a Feder-  
 25       ally-designated health professional shortage

1 area that is served by the community organiza-  
 2 tion awarding the scholarship,” in paragraph  
 3 ~~(2)~~;

4 ~~(3)~~ in subsection (c)(1)—

5 (A) by striking “health manpower shortage  
 6 area” and inserting “Federally-designated  
 7 health professional shortage area”; and

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

10 ~~(4)~~ in subsection ~~(k)~~(2), by striking “internal  
 11 medicine” and all that follows through the end  
 12 thereof and inserting “general internal medicine,  
 13 general pediatrics, obstetrics and gynecology, den-  
 14 tistry, or mental health, that are provided by physi-  
 15 cians or other health professionals.”; and

16 ~~(5)~~ in subsection ~~(l)~~(1), by striking  
 17 “\$5,000,000” and all that follows through “1993”  
 18 and inserting “\$1,000,000 for fiscal year 1994, and  
 19 such sums as may be necessary for each of the fiscal  
 20 years 1995 and 1996”.

21 **SEC. 202. HEALTH SERVICES FOR RESIDENTS OF PUBLIC**  
 22 **HOUSING.**

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

1           (1) by striking “\$35,000,000 for fiscal year  
2           1991” and inserting “\$12,000,000 for fiscal year  
3           1994”; and

4           (2) by striking “1992 and 1993” and inserting  
5           “1995 and 1996”.

6   **SEC. 203. ISSUANCE OF REGULATIONS REGARDING LAN-**  
7                           **GUAGE AS IMPEDIMENT TO RECEIPT OF**  
8                           **SERVICES.**

9           (a) ~~PROPOSED RULE.~~—Not later than the expiration  
10 of the 90-day period beginning on the date of the enact-  
11 ment of this Act, the Secretary of Health and Human  
12 Services (in this section referred to as the “Secretary”)  
13 shall issue a proposed rule regarding policies to reduce the  
14 extent to which having limited English proficiency con-  
15 stitutes a significant impediment to individuals in estab-  
16 lishing the eligibility of the individuals for participation  
17 in health programs under the Public Health Service Act  
18 or in receiving services under such programs.

19          (b) ~~FINAL RULE.~~—

20           (1) ~~IN GENERAL.~~—Not later than the expira-  
21 tion of the 1-year period beginning on the date of  
22 the enactment of this Act, the Secretary shall issue  
23 a final rule regarding the policies described in sub-  
24 section (a).

1           ~~(2) FAILURE TO ISSUE BY DATE CERTAIN.—If~~  
 2           the Secretary fails to issue a final rule under para-  
 3           graph ~~(1)~~ before the expiration of the period speci-  
 4           fied in such paragraph, the proposed rule issued  
 5           under subsection (a) is upon such expiration deemed  
 6           to be the final rule under paragraph ~~(1)~~ (and shall  
 7           remain in effect until the Secretary issues a final  
 8           rule under such paragraph).

9   **SEC. 204. HEALTH SERVICES FOR PACIFIC ISLANDERS.**

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

12               ~~(1) in subsection (b)—~~

13                       ~~(A) in paragraph (2)—~~

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

16                               (ii) by striking “, including improved  
 17                               health data systems”;

18                       ~~(B) in paragraph (3)—~~

19                               (i) by striking “manpower” and in-  
 20                               serting “care providers”; and

21                               (ii) by striking “by—” and all that  
 22                               follows through the end thereof and insert-  
 23                               ing a semicolon;

24                       ~~(C) by striking paragraphs (5) and (6);~~



1           ~~(D)~~ by redesignating paragraphs ~~(7)~~, and  
2           ~~(8)~~ as paragraphs ~~(5)~~ and ~~(6)~~, respectively;

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

5           ~~(F)~~ in paragraph ~~(6)~~ (as so redesignated),  
6           by striking the period and inserting a semi-  
7           colon; and

8           ~~(G)~~ by inserting after paragraph ~~(6)~~ (as so  
9           redesignated), the following new paragraphs:

10          “~~(7)~~ to provide primary health care, preventive  
11          health care, and related training to American Sa-  
12          moan health care professionals; and

13          “~~(8)~~ to improve access to health promotion and  
14          disease prevention services for rural American  
15          Samoa;

16          ~~(2)~~ in subsection ~~(f)~~—

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

19                 ~~(B)~~ by striking “\$10,000,000” and all that  
20                 follows through “1993” and inserting  
21                 “\$3,000,000 for each of the fiscal years 1994  
22                 through 1996”; and

23          ~~(3)~~ by adding at the end thereof the following  
24          new subsection:

25          “~~(g)~~ STUDY AND REPORT.—

1           “(1) ~~STUDY.~~—Not later than 180 days after  
 2           the date of enactment of this subsection, the Sec-  
 3           retary, acting through the Administrator of the  
 4           Health Resources and Services Administration, shall  
 5           enter into a contract with a public or nonprofit pri-  
 6           vate entity for the conduct of a study to determine  
 7           the effectiveness of projects funded under this sec-  
 8           tion.

9           “(2) ~~REPORT.~~—Not later than July 1, 1995,  
 10          the Secretary shall prepare and submit to the Com-  
 11          mittee on Labor and Human Resources of the Sen-  
 12          ate and the Committee on Energy and Commerce of  
 13          the House of Representatives a report describing the  
 14          findings made with respect to the study conducted  
 15          under paragraph (1).”.

## 16           **TITLE III—HEALTH** 17           **PROFESSIONS**

### 18   **SEC. 301. LOANS FOR DISADVANTAGED STUDENTS.**

19          Section 724(f)(1) (42 U.S.C. 292t(f)(1)) is amend-  
 20   ed—

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

23           (2) by striking “\$15,000,000 for fiscal year  
 24          1993” and inserting “\$8,000,000 for fiscal year

1       1994, and such sums as may be necessary for each  
2       of the fiscal years 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 (c)—

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

11          (B) by striking “\$11,000,000 for fiscal  
12       year 1993” and inserting “\$10,500,000 for fis-  
13       cal year 1994, and such sums as may be nec-  
14       essary for each of the fiscal years 1995 and  
15       1996”.

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

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

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

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

22           (2) in subsection (a)—

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

1           (B) in paragraph (3), by inserting after  
 2           “public health,” schools offering programs for  
 3           the training of physician assistants,”.

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

6           “(1) AUTHORIZATION OF APPROPRIATIONS.—  
 7           For the purpose of carrying out this section, there  
 8           are authorized to be appropriated \$17,100,000 for  
 9           fiscal year 1994, and such sums as may be nec-  
 10          essary for each of the fiscal years 1995 and 1996.”.

11 **SEC. 304. LOAN REPAYMENTS AND FELLOWSHIPS REGARD-**  
 12 **ING FACULTY POSITIONS AT HEALTH PRO-**  
 13 **FESSIONS SCHOOLS.**

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

15           (1) in subsection (a)—

16           (A) in paragraph (2), by striking “dis-  
 17           advantaged backgrounds who—” and inserting  
 18           “racial or ethnic groups that are  
 19           underrepresented in the health professions  
 20           who—”

21           (B) in paragraph (5)—

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

24           (ii) by striking “unless—” and all  
 25           that follows through “the individual in-

1                   volved” in subparagraph (A) and inserting  
 2                   “unless the individual involved”; and  
 3                   (iii) striking subparagraph (B);  
 4                   (C) by striking paragraph (6); and  
 5                   (D) by redesignating paragraph (7) as  
 6                   paragraph (6); and  
 7                   (2) in subsection (b)(2)(B), by striking  
 8                   “\$30,000” and inserting “\$50,000”;  
 9                   (3) in subsection (c)—  
 10                   (A) by striking “there is” and inserting  
 11                   “there are”; and  
 12                   (B) by striking “\$4,000,000 for fiscal year  
 13                   1993” and inserting “\$1,100,000 for fiscal year  
 14                   1994, and such sums as may be necessary for  
 15                   each of the fiscal years 1995 and 1996”.

16 **SEC. 305. CENTERS OF EXCELLENCE.**

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

18                   (1) in subsection (b)—  
 19                   (A) in paragraph (2), by inserting before  
 20                   the semicolon the following: “through collabora-  
 21                   tion with public and nonprofit private entities  
 22                   to carry out community-based programs to pre-  
 23                   pare students in secondary schools and institu-  
 24                   tions of higher education for attendance at the  
 25                   health professions school”;

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

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

5           (D) by adding at the end thereof the fol-  
6           lowing new paragraph:

7           “(6) to carry out a program to provide training  
8           to the students of the school to enable such students  
9           to provide health services to minority individuals at  
10          community-based health facilities that provide such  
11          services to a significant number of minority individ-  
12          uals and that are located at a site remote from the  
13          main site of the teaching facilities of the school.”;

14          (2) in subsection (e)—

15               (A) by striking the subsection heading and  
16               inserting “AUTHORITY REGARDING CONSOR-  
17               TIA.—”;

18               (B) by striking paragraph (1) and insert-  
19               ing the following new paragraph:

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

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

4           “(A) the consortium consists of—

5               “(i) the health professions school  
6               seeking the grant under subsection (a);  
7               and

8               “(ii) one or more schools of medicine,  
9               osteopathic medicine, dentistry, pharmacy,  
10              nursing, allied health, public health, clinical  
11              psychology, or graduate programs in  
12              mental health practice;

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).’; and

5 (3) in subsection (i)—

6 (A) in paragraph (1), by striking “such  
 7 sums as may be necessary for fiscal year 1993”  
 8 and inserting “\$25,000,000 for fiscal year  
 9 1994, and such sums as may be necessary for  
 10 each of the fiscal years 1995 and 1996”; and

11 (B) in paragraph (2)(C) by adding at the  
 12 end the following: “Health professions schools  
 13 described in subsection (c)(2)(A) shall be eligi-  
 14 ble for grants under this subparagraph in a fis-  
 15 cal year if the amount appropriated for the fis-  
 16 cal year under paragraph (1) is greater than  
 17 \$23,500,000. Such schools shall be eligible to  
 18 apply only for grants made from the portion of  
 19 such amount that exceeds \$23,500,000.”.

20 **SEC. 306. EDUCATIONAL ASSISTANCE REGARDING UNDER-**  
 21 **GRADUATES.**

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

23 (1) in subsection (a)(1), by adding at the end  
 24 the following new sentence: “To be eligible for such  
 25 a grant, a school shall have in place a program to



1 assist individuals from disadvantaged backgrounds  
 2 in gaining entry into a health professions school or  
 3 completing the course of study at such a school.”;

4 (2) in subsection (d)(1)—

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

7 (B) by striking “1993” and inserting  
 8 “1994, and such sums as may be necessary for  
 9 each of the fiscal years 1995 and 1996”.

10 (3) in subsection (d)(2)(B), by adding at the  
 11 end thereof the following new sentence: “Scholarship  
 12 recipients under this section shall be known as  
 13 ‘Cesar Chavez Primary Care Scholars.’”

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

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

18 **TITLE IV—RESEARCH AND DATA**  
 19 **COLLECTION**

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

21 Section 404 ~~(42 U.S.C. 283b)~~, as added by section  
 22 151 of Public Law 103–43, is amended by adding at the  
 23 end the following subsections:

24 “(c) **PLAN.**—The Director of the Office, shall collabo-  
 25 rate with the Deputy Assistant Secretary for Minority

1 Health (as provided for in section 1707), to develop and  
 2 implement a plan for carrying out the duties required by  
 3 subsection (b). The Director, in consultation with the Dep-  
 4 uty Assistant Secretary for Minority Health, shall review  
 5 the plan not less often than annually, and revise the plan  
 6 as appropriate.

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

10 “(e) ADVISORY COMMITTEE.—

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

16 “(2) COMPOSITION.—

17 “(A) VOTING AND NONVOTING MEM-  
 18 BERS.—The Advisory Committee shall be com-  
 19 posed of voting members appointed in accord-  
 20 ance with subparagraph (B) and the ex officio  
 21 nonvoting members described in subparagraph  
 22 (C).

23 “(B) VOTING MEMBERS.—The Advisory  
 24 Committee shall include not fewer than 12, and  
 25 not more than 18, voting members who are not

1 officers or employees of the Federal Govern-  
2 ment. The Director of the Office shall appoint  
3 such members to the Advisory Committee from  
4 among physicians, practitioners, scientists, con-  
5 sumers and other health professionals, whose  
6 clinical practices, research specialization, or  
7 professional expertise includes a significant  
8 focus on research on minority health or on the  
9 barriers that minorities must overcome to par-  
10 ticipate in clinical trials. The membership of the  
11 Advisory Committee shall be equitably rep-  
12 resentative of the minority groups served by the  
13 Office.

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

23 “(3) CHAIRPERSON.—The Director of the Of-  
24 fice shall serve as the chairperson of the Advisory  
25 Committee.

1           “(4) DUTIES.—The Advisory Committee  
2 shall—

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

7           “(i) research on minority health;

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

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

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

17           “(B) report to the Director of the Office  
18 on such research;

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

1           ~~“(D) assist in monitoring compliance with~~  
 2           ~~section 492B regarding the inclusion of minori-~~  
 3           ~~ties in clinical research.~~

4           ~~“(5) BIENNIAL REPORT.—~~

5           ~~“(A) PREPARATION.—The Advisory Com-~~  
 6           ~~mittee shall prepare a biennial report describing~~  
 7           ~~the activities of the Committee, including find-~~  
 8           ~~ings made by the Committee regarding—~~

9                     ~~“(i) compliance with section 492B;~~

10                    ~~“(ii) the extent of expenditures made~~  
 11                    ~~for research on minority health by the~~  
 12                    ~~agencies of the National Institutes of~~  
 13                    ~~Health; and~~

14                    ~~“(iii) the level of funding needed for~~  
 15                    ~~such research.~~

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

20           ~~“(f) REPRESENTATIVES OF MINORITIES AMONG RE-~~  
 21           ~~SEARCHERS.—The Secretary, acting through the Assist-~~  
 22           ~~ant Secretary for Personnel Administration and in collabo-~~  
 23           ~~ration with the Director of the Office, shall determine the~~  
 24           ~~extent to which minorities are represented among senior~~  
 25           ~~physicians and scientists of the national research insti-~~

1 tutes and among physicians and scientists conducting re-  
 2 search with funds provided by such institutes, and as ap-  
 3 propriate, carry out activities to increase the extent of  
 4 such representation.

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

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

11 “(A) unique to, more serious, or more  
 12 prevalent in such individuals;

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

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

22 “(2) RESEARCH ON MINORITY HEALTH.—The  
 23 term ‘research on minority health’ means research  
 24 on minority health conditions, including research on  
 25 preventing such conditions.

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

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

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

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

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

14                (3) in subsection (k)(2)—

15                    (A) in subparagraph (A)—

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

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

21                    (B) by striking subparagraph (B);

22                (4) in subsection (l)—

23                    (A) by striking paragraph (3);

24                    (B) by redesignating paragraph (4) as  
25          paragraph (3); and

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

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

8           (B) in paragraph (2), by striking  
 9           “\$5,000,000” and all that follows through  
 10          “1993” and inserting “\$1,100,000 for fiscal  
 11          year 1994, and such sums as may be necessary  
 12          for each of the fiscal years 1995 through  
 13          1997”.

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

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

20           (1) in subsection (a)—

21               (A) in paragraph (1)—

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

23                   (ii) by redesignating subparagraphs

24                   (B) through (E) as subparagraphs (A)

25                   through (D), respectively; and



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

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

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

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

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

12 “(2) low-income groups, minority groups, and  
 13 the elderly.”.

14 **TITLE V—MISCELLANEOUS**

15 **SEC. 501. REVISION AND EXTENSION OF PROGRAM FOR**  
 16 **STATE OFFICES OF RURAL HEALTH.**

17 (a) **MATCHING FUNDS.**—Section 338J(b) (42 U.S.C.  
 18 254r(b)) is amended to read as follows:

19 “(b) **REQUIREMENT OF MATCHING FUNDS.**—

20 “(1) **IN GENERAL.**—With respect to the costs to  
 21 be incurred by a State in carrying out the purpose  
 22 described in subsection (a), the Secretary may not  
 23 make a grant under such subsection unless the State  
 24 agrees to provide non-Federal contributions toward  
 25 such costs, in cash, in an amount that is not less

1       than \$1 for each \$1 of Federal funds provided in the  
2       grant.

3       ~~“(2) DETERMINATION OF AMOUNT CONTRIB-~~  
4       ~~UTED.—In determining the amount of non-Federal~~  
5       ~~contributions in cash that a State has provided pur-~~  
6       ~~suant to paragraph (1), the Secretary may not in-~~  
7       ~~clude any amounts provided to the State by the Fed-~~  
8       ~~eral Government.”.~~

9       ~~(b) AUTHORIZATION OF APPROPRIATIONS.—Section~~  
10      ~~338J(j)(1) (42 U.S.C. 254r(j)(1)) is amended—~~

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

12             ~~(2) by inserting before the period the following:~~  
13             ~~“; and \$5,000,000 for each of the fiscal years 1994~~  
14             ~~through 1996”.~~

15      ~~(c) TERMINATION OF PROGRAM.—Section 338J(k)~~  
16      ~~(42 U.S.C. 254r(k)) is amended by striking “\$10,000,000”~~  
17      ~~and inserting “\$20,000,000”.~~

18      **SEC. 502. TECHNICAL CORRECTIONS RELATING TO HEALTH**  
19                             **PROFESSIONS.**

20      ~~(a) HEALTH EDUCATION ASSISTANCE LOAN~~  
21      ~~DEFERMENT FOR BORROWERS PROVIDING HEALTH~~  
22      ~~SERVICES TO INDIANS.—~~

23             ~~(1) IN GENERAL.—Section 705(a)(2)(C) is~~  
24             ~~amended by striking “and (x)” and inserting “(x)~~  
25             ~~not in excess of three years, during which the bor-~~

1       rower is providing health care services to Indians  
 2       through an Indian health program (as defined in  
 3       section 108(a)(2)(A) of the Indian Health Care Im-  
 4       provement Act (25 U.S.C. 1616a(a)(2)(A)); and  
 5       (xi)).”.

6           (2) CONFORMING AMENDMENTS.—Section  
 7       705(a)(2)(C) is further amended—

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

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

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

17          (b) MAXIMUM STUDENT LOAN PROVISION.—Section  
 18       722(a)(1) (42 U.S.C. 292r(a)(1)), as amended by section  
 19       2014(b)(1) of Public Law 103–43, is amended by striking  
 20       “the sum of” and all that follows through the end thereof  
 21       and inserting “the cost of attendance (including tuition,  
 22       other reasonable educational expenses, and reasonable liv-  
 23       ing costs) for that year at the educational institution at-  
 24       tended by the student (as determined by such educational  
 25       institution).”.

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.—Section 791 (42 U.S.C. 295j) is  
 14 amended by adding at the end thereof the following sub-  
 15 section:

16       “(d) EXCEPTIONS.—

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

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

1 the capability to provide the information necessary  
2 to qualify the program for the general funding pref-  
3 erences described in subsection (a).

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

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

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

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

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

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

23 “(F) Student assistance, which is linked to  
24 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 (f) PREFERENCES IN MAKING AWARDS.—

7 (1) TITLE VII.—Section 791(a)(1)(A) (42  
 8 U.S.C. 295j(a)(1)(A)) is amended by striking “com-  
 9 munities; or” and inserting “communities includ-  
 10 ing—

11 “(i) ambulatory practice sites des-  
 12 ignated by State Governors as shortage  
 13 areas or medically underserved commu-  
 14 nities for purposes of State scholarships or  
 15 loan repayment or related programs; and

16 “(ii) practices or facilities in which  
 17 not less than 50 percent of the patients are  
 18 recipients of aid under title XIX of the So-  
 19 cial Security Act or eligible and uninsured;  
 20 or”.

21 (2) TITLE VIII.—Section 860(e)(1)(A)(i) (42  
 22 U.S.C. 298b-7(e)(1)(A)(i)) is amended by striking  
 23 “communities; or” and inserting “communities in-  
 24 cluding—

1           “(i) ambulatory practice sites des-  
 2           ignated by State Governors as shortage  
 3           areas or medically underserved commu-  
 4           nities for purposes of State scholarships or  
 5           loan repayment or related programs; and

6           “(ii) practices or facilities in which  
 7           not less than 50 percent of the patients are  
 8           recipients of aid under title XIX of the So-  
 9           cial Security Act or eligible and uninsured;  
 10          or”.

11       ~~(g)~~ GENERALLY APPLICABLE MODIFICATIONS RE-  
 12       GARDING OBLIGATED SERVICE.—

13           ~~(1)~~ IN GENERAL.—Section 795 (42 U.S.C.  
 14       295n), is amended—

15           ~~(A)~~ in subsection ~~(a)~~(2)—

16           ~~(i)~~ in subparagraph ~~(A)~~, by striking  
 17           “speciality in” and inserting “field of”;  
 18           and

19           ~~(ii)~~ in subparagraph ~~(B)~~, by striking  
 20           “speciality” and inserting “field”; and

21           ~~(B)~~ in subsection ~~(b)~~(1), in each of sub-  
 22           paragraphs ~~(A)~~ and ~~(B)~~, by striking “interest  
 23           on such amount at the maximum legal prevail-  
 24           ing rate” and inserting “interest on such



1 amount at the rate of 12 percent per year  
 2 (compounded annually)''.

3 ~~(2) EFFECTIVE DATE.~~—Each amendment made  
 4 by paragraph (1) shall take effect as if such sub-  
 5 section had been enacted immediately after the en-  
 6 actment of the Health Professions Education Extension  
 7 Amendments of 1992.

8 ~~(h) RECOVERY.~~—Part G of title VII (42 U.S.C. 295j  
 9 et seq.) is amended by inserting after section 795, the fol-  
 10 lowing new section:

11 ~~“SEC. 796. RECOVERY.~~

12 ~~“(a) IN GENERAL.~~—If at any time within 20 years  
 13 (or within such shorter period as the Secretary may pre-  
 14 scribe by regulation for an interim facility) after the com-  
 15 pletion of construction of a facility with respect to which  
 16 funds have been paid under section 720(a) (as such sec-  
 17 tion existed one day prior to the date of enactment of the  
 18 Health Professions Education Extension Amendments of  
 19 1992 (Public Law 102–408)—

20 ~~“(1)(A) in case of a facility which was an affili-~~  
 21 ~~ated hospital or outpatient facility with respect to~~  
 22 ~~which funds have been paid under such section~~  
 23 ~~720(a)(1), the owner of the facility ceases to be a~~  
 24 ~~public or other nonprofit agency that would have~~

1       been qualified to file an application under section  
2       605;

3           ~~“(B) in case of a facility which was not an af-~~  
4       ~~filiated hospital or outpatient facility but was a facil-~~  
5       ~~ity with respect to which funds have been paid under~~  
6       ~~paragraph (1) or (3) of such section 720(a), the~~  
7       ~~owner of the facility ceases to be a public or non-~~  
8       ~~profit school, or~~

9           ~~“(C) in case of a facility which was a facility~~  
10       ~~with respect to which funds have been paid under~~  
11       ~~such section 720(a)(2), the owner of the facility~~  
12       ~~ceases to be a public or nonprofit entity,~~

13           ~~“(2) the facility ceases to be used for the teach-~~  
14       ~~ing or training purposes (or other purposes per-~~  
15       ~~mitted under section 722 (as such section existed~~  
16       ~~one day prior to the date of enactment of the Health~~  
17       ~~Professions Education Extension Amendments of~~  
18       ~~1992 (Public Law 102-408)) for which it was con-~~  
19       ~~structed, or~~

20           ~~“(3) the facility is used for sectarian instruction~~  
21       ~~or as a place for religious worship,~~

22       the United States shall be entitled to recover from the  
23       owner of the facility the base amount prescribed by sub-  
24       section (c)(1) plus the interest (if any) prescribed by sub-  
25       section (c)(2).

1       ~~“(b) NOTICE.—The owner of a facility which ceases~~  
 2 ~~to be a public or nonprofit agency, school, or entity as~~  
 3 ~~described in subparagraph (A), (B), or (C) of subsection~~  
 4 ~~(a)(1), as the case may be, or the owner of a facility the~~  
 5 ~~use of which changes as described in paragraph (2) or (3)~~  
 6 ~~of subsection (a), shall provide the Secretary written no-~~  
 7 ~~tice of such cessation or change of use within 10 days after~~  
 8 ~~the date on which such cessation or change of use occurs~~  
 9 ~~or within 30 days after the date of enactment of this sub-~~  
 10 ~~section, whichever is later.~~

11       ~~“(c) AMOUNT.—~~

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

21               ~~“(2) INTEREST.—~~

22               ~~“(A) IN GENERAL.—The interest that the~~  
 23 ~~United States is entitled to recover under sub-~~  
 24 ~~section (a) is the interest for the period (if any)~~  
 25 ~~described in subparagraph (B) at a rate (deter-~~

1           mined by the Secretary) based on the average  
 2           of the bond equivalent rates of ninety-one-day  
 3           Treasury bills auctioned during that period.

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

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

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

20           and ending on the date the amount the United  
 21           States is entitled to recover is collected.

22           “(d) WAIVER.—The Secretary may waive the recov-  
 23           ery rights of the United States under subsection (a)(2)  
 24           with respect to a facility (under such conditions as the

1 Secretary may establish by regulation) if the Secretary de-  
 2 termines that there is good cause for waiving such rights.

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

6 **SEC. 503. CLINICAL TRAINEESHIPS.**

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

9 **SEC. 504. DEMONSTRATION PROJECT GRANTS TO STATES**  
 10 **FOR ALZHEIMER’S DISEASE.**

11 (a) ~~IN GENERAL.~~—Section 398(a) (42 U.S.C. 280c-  
 12 3(a)) is amended—

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

15 (2) in paragraph (2)—

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

19 (B) by striking “and” at the end;

20 (3) by redesignating paragraph (3) as para-  
 21 graph (4); and

22 (4) by inserting after paragraph (2) the follow-  
 23 ing:

24 “(3) to improve access for individuals with Alz-  
 25 heimer’s disease or related disorders, particularly

1 such individuals from ethnic, cultural, or language  
 2 minorities and such individuals who are living in iso-  
 3 lated rural areas, to services that—

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

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

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

10 (1) in the title, by striking “**LIMITATION**  
 11 **ON**”;

12 (2) in subsection (a)—

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

15 (B) by striking “may not exceed” and in-  
 16 serting “may exceed”; and

17 (3) in subsection (b), in paragraphs (1)(C) and  
 18 (2)(C), by inserting “, and any subsequent year,”  
 19 after “third year”.

20 (c) AUTHORIZATION OF APPROPRIATIONS.—Section  
 21 398B(e) (42 U.S.C. 280c-5(e)) is amended by striking  
 22 “and 1993” and inserting “through 1998”.

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

24 (a) IN GENERAL.—The Secretary of Health and  
 25 Human Services shall conduct a study concerning the fea-

1 sibility and desirability of, and the criteria to be used for,  
 2 combining the designations of “health professional short-  
 3 age area” and “medically underserved area” into a single  
 4 health professional shortage area designation.

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

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

12 (A) in designating an area as a health pro-  
 13 fessional shortage area;

14 (B) in designating an area as a medically  
 15 underserved area; and

16 (C) by a State in the determination of the  
 17 health professional shortage area designations  
 18 of such State; and

19 (2) review the suggestions of public health and  
 20 primary care experts.

21 (c) REPORT.—Not later than 1 year after the date  
 22 of enactment of this Act, the Secretary of Health and  
 23 Human Services shall prepare and submit to the appro-  
 24 priate committees of Congress a report concerning the

1 findings of the study conducted under subsection (a) to-  
2 gether with the recommendations of the Secretary.

3       ~~(d) RECOMMENDATIONS.—In making recommenda-~~  
4 ~~tions under subsection (c), the Secretary of Health and~~  
5 ~~Human Services shall give special consideration to (and~~  
6 ~~describe in the report) the unique impact of designation~~  
7 ~~criteria on different rural and urban populations, and eth-~~  
8 ~~nic and racial minorities, including—~~

9           ~~(1) rational service areas, and their application~~  
10 ~~to frontier areas and inner-city communities;~~

11           ~~(2) indicators of high medical need, including~~  
12 ~~fertility rates, infant mortality rates, pediatric popu-~~  
13 ~~lation, elderly population, poverty rates, and physi-~~  
14 ~~cian to population ratios; and~~

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



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

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

5 “PROGRAMS REGARDING BIRTH DEFECTS

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

9 “(1) to collect, analyze, and make available data  
10 on birth defects, including data on the causes of  
11 such defects and on the incidence and prevalence of  
12 such defects;

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

15 “(3) to operate regional centers for the conduct  
16 of epidemiologic research and study of such defects,  
17 and to improve the education, training, and clinical  
18 skills of health professionals with respect to the pre-  
19 vention of such defects; and

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

22 “(b) NATIONAL CLEARINGHOUSE.—In carrying out  
23 subsection (a)(1), the Secretary shall establish and main-  
24 tain a National Information Clearinghouse on Birth De-  
25 fects to collect and disseminate to health professionals and

1 the general public information on birth defects, including  
2 the prevention of such defects.

3 ~~“(c) GRANTS AND CONTRACTS.—~~

4 ~~“(1) IN GENERAL.—In carrying out subsection~~  
5 ~~(a), the Secretary may make grants to and enter~~  
6 ~~into contracts with public and nonprofit private enti-~~  
7 ~~ties. Recipients of assistance under this subsection~~  
8 ~~shall collect and analyze demographic data utilizing~~  
9 ~~appropriate sources as determined by the Secretary.~~

10 ~~“(2) SUPPLIES AND SERVICES IN LIEU OF~~  
11 ~~AWARD FUNDS.—~~

12 ~~“(A) Upon the request of a recipient of an~~  
13 ~~award of a grant or contract under paragraph~~  
14 ~~(1), the Secretary may, subject to subparagraph~~  
15 ~~(B), provide supplies, equipment, and services~~  
16 ~~for the purpose of aiding the recipient in carry-~~  
17 ~~ing out the purposes for which the award is~~  
18 ~~made and, for such purposes, may detail to the~~  
19 ~~recipient any officer or employee of the Depart-~~  
20 ~~ment of Health and Human Services.~~

21 ~~“(B) With respect to a request described~~  
22 ~~in subparagraph (A), the Secretary shall reduce~~  
23 ~~the amount of payments under the award in-~~  
24 ~~volved by an amount equal to the costs of de-~~  
25 ~~tailoring personnel and the fair market value of~~

1           any supplies, equipment, or services provided by  
 2           the Secretary. The Secretary shall, for the pay-  
 3           ment of expenses incurred in complying with  
 4           such request, expend the amounts withheld.

5           “(3) APPLICATION FOR AWARD.—The Secretary  
 6           may make an award of a grant or contract under  
 7           paragraph (1) only if an application for the award  
 8           is submitted to the Secretary and the application is  
 9           in such form, is made in such manner, and contains  
 10          such agreements, assurances, and information as the  
 11          Secretary determines to be necessary to carry out  
 12          the purposes for which the award is to be made.

13          “(d) BIENNIAL REPORT.—Not later than February  
 14          1 of fiscal year 1995 and of every second such year there-  
 15          after, the Secretary shall submit to the Committee on En-  
 16          ergy and Commerce of the House of Representatives, and  
 17          the Committee on Labor and Human Resources of the  
 18          Senate, a report that, with respect to the preceding 2 fis-  
 19          cal years—

20               “(1) contains information regarding the inci-  
 21               dence and prevalence of birth defects and the extent  
 22               to which birth defects have contributed to the inci-  
 23               dence and prevalence of infant mortality;

1           ~~“(2) contains information under paragraph (1)~~  
 2           ~~that is specific to various racial and ethnic groups;~~  
 3           ~~and~~

4           ~~“(3) contains an assessment of the extent to~~  
 5           ~~which each approach to preventing birth defects has~~  
 6           ~~been effective, including a description of effective-~~  
 7           ~~ness in relation to cost;~~

8           ~~“(4) describes the activities carried out under~~  
 9           ~~this section; and~~

10           ~~“(5) contains any recommendations of the Sec-~~  
 11           ~~retary regarding this section.~~

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

## 16                           **TITLE VI—GENERAL** 17                           **PROVISIONS**

### 18   **SEC. 601. EFFECTIVE DATE.**

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

### 22   **SECTION 1. SHORT TITLE; REFERENCE; TABLE OF CON-** 23                           **TENTS.**

24           ~~(a) SHORT TITLE.—This Act may be cited as the “Dis-~~  
 25           ~~advantaged Minority Health Improvement Act of 1993”.~~

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, a*  
 4 *section or other provision, the reference shall be considered*  
 5 *to be made to a section or other provision of the Public*  
 6 *Health Service Act (42 U.S.C. 201 et seq.).*

7       (c) *TABLE OF CONTENTS.*—*The table of contents is as*  
 8 *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. Community scholarship programs.*

*Sec. 202. Health services for residents of public housing.*

*Sec. 203. Issuance of regulations regarding language as impediment to receipt of  
services.*

*Sec. 204. 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. National Center for Health Statistics.*

*Sec. 403. Activities of Agency for Health Care Policy and Research.*

#### *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.*

#### TITLE VI—GENERAL PROVISIONS

*Sec. 601. 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 pop-*  
 9 *ulation and has not improved significantly since the*  
 10 *issuance of the 1985 report entitled “Report of the*  
 11 *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, di-*  
 17 *abetes, substance abuse, acquired immune deficiency*  
 18 *syndrome, and other diseases and disorders;*

19               “(4) *the incidence of infant mortality among Af-*  
 20 *rican Americans is almost double that for the general*  
 21 *population;*

1           “(5) Mexican-American and Puerto Rican adults  
2       have diabetes rates twice that of non-Hispanic whites;

3           “(6) a third of American Indian deaths occur be-  
4       fore the age of 45;

5           “(7) according to the 1990 Census, African  
6       Americans, Hispanics, American Indians, and Asian/  
7       Pacific Islanders constitute approximately 12.1 per-  
8       cent, 9 percent, 0.08 percent, and 2.9 percent, respec-  
9       tively, of the population of the United States;

10          “(8) minority health professionals have histori-  
11       cally tended to practice in low-income areas, medi-  
12       cally underserved areas, and to serve racial and eth-  
13       nic minorities;

14          “(9) minority health professionals have histori-  
15       cally tended to engage in the general practice of medi-  
16       cine and specialties providing primary care;

17          “(10) reports published in leading medical jour-  
18       nals indicate that access to health care among mi-  
19       norities can be substantially improved by increasing  
20       the number of minority professionals;

21          “(11) diversity in the faculty and student body  
22       of health professions schools enhances the quality of  
23       education for all students attending the schools; and

24          “(12) health professionals need greater access to  
25       continuing medical education programs to enable

1     *such professionals to upgrade their skills (including*  
 2     *linguistic and cultural competence skills) and im-*  
 3     *prove the quality of medical care rendered in minor-*  
 4     *ity communities.”.*

## 5           ***TITLE I—HEALTH POLICY***

### 6     ***SEC. 101. OFFICE OF MINORITY HEALTH.***

7         *Section 1707 (42 U.S.C. 300u-6) is amended by strik-*  
 8     *ing subsection (b) and all that follows and inserting the*  
 9     *following:*

10        “(b) *DUTIES.*—*With respect to improving the health*  
 11     *of racial and ethnic minorities, the Secretary, acting*  
 12     *through the Deputy Assistant Secretary for Minority*  
 13     *Health, shall carry out the following:*

14           “(1) *Establish short-range and long-range goals*  
 15     *and objectives and coordinate all other activities with-*  
 16     *in the Public Health Service that relate to disease*  
 17     *prevention, health promotion, service delivery, and re-*  
 18     *search concerning such individuals. The Director of*  
 19     *the Centers for Disease Control and Prevention, the*  
 20     *Administrator of the Health Resources and Services*  
 21     *Administration, the Director of the Agency for Health*  
 22     *Care Policy and Research, the Administrator of the*  
 23     *Substance Abuse and Mental Health Services Admin-*  
 24     *istration and the Director of the National Institutes*  
 25     *of Health shall consult with the Deputy Assistant Sec-*



1       retary for Minority Health to ensure the coordination  
2       of all activities within the Public Health Service as  
3       they relate to disease prevention, health promotion,  
4       service delivery, and research concerning such indi-  
5       viduals.

6               “(2) Carry out the following types of activities  
7       by entering into interagency agreements with other  
8       agencies of the Public Health Service:

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

11                      “(B) Increase knowledge and understanding  
12       of health risk factors.

13                      “(C) Develop mechanisms that support bet-  
14       ter information dissemination, education, pre-  
15       vention, and service delivery to individuals from  
16       disadvantaged backgrounds, including racial and  
17       ethnic minorities.

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

20                      “(A) Facilitate the exchange of information  
21       regarding matters relating to health information  
22       and health promotion, preventive health services,  
23       and education in the appropriate use of health  
24       care.

25                      “(B) Facilitate access to such information.

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

3           “(D) Provide technical assistance with re-  
4           spect to the exchange of such information (in-  
5           cluding facilitating the development of materials  
6           for such technical assistance).

7           “(4) Establish a national center that shall carry  
8           out programs to improve access to health care services  
9           for individuals with limited English proficiency by  
10          facilitating the removal of impediments to the receipt  
11          of health care that result from such limitation.

12          “(5) With respect to grants and contracts that  
13          are available under certain minority health pro-  
14          grams, the Secretary shall ensure that the agencies of  
15          the Public Health Service—

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

18               “(B) provide technical assistance to such  
19               entities in the process of preparing and submit-  
20               ting applications for the awards in accordance  
21               with the policies of the Secretary regarding such  
22               application; and

23               “(C) inform populations, as appropriate,  
24               that members of the populations may be eligible

1           to receive services or otherwise participate in the  
2           activities carried out with such awards.

3           “(6) Not later than September 1 of each year, the  
4           Deputy Assistant Secretary of Minority Health shall  
5           prepare and submit to the Secretary a report summa-  
6           rizing the activities of each Office of Minority Health  
7           within the Public Health Service, including the Office  
8           of Research on Minority Health at the National Insti-  
9           tutes of Health.

10          “(c) *ADVISORY COMMITTEE.*—

11           “(1) *IN GENERAL.*—The Secretary shall establish  
12           an advisory committee to be known as the Advisory  
13           Committee on Minority Health (in this subsection re-  
14           ferred to as the ‘Committee’).

15           “(2) *DUTIES.*—The Committee shall provide ad-  
16           vice to the Secretary on carrying out this section, in-  
17           cluding advice on the development of goals and spe-  
18           cific program activities under subsection (b)(1) for  
19           each racial and ethnic group.

20           “(3) *CHAIRPERSON.*—The Deputy Assistant Sec-  
21           retary for Minority Health shall serve as the Chair-  
22           person of the Committee.

23           “(4) *COMPOSITION.*—The Committee shall be  
24           composed of no fewer than 12, and not more than 18  
25           individuals, who are not officers or employees of the

1     *Federal Government. The Secretary shall appoint the*  
2     *members of the Committee from among individuals*  
3     *with expertise regarding issues of minority health.*  
4     *The membership of the Committee shall be equitably*  
5     *representative of the various racial and ethnic groups.*  
6     *The Secretary may appoint representatives from se-*  
7     *lected Federal agencies to serve as ex officio, non-vot-*  
8     *ing members of the Committee.*

9             “(5) *TERMS.*—*Each member of the Committee*  
10     *shall serve for a term of 4 years, except that the Sec-*  
11     *retary shall initially appoint a portion of the mem-*  
12     *bers to terms of 1 year, 2 years, and 3 years.*

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

21             “(7) *COMPENSATION.*—*Members of the Commit-*  
22     *tee who are officers or employees of the United States*  
23     *shall serve without compensation. Members of the*  
24     *Committee who are not officers or employees of the*  
25     *United States shall receive, for each day (including*

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

6     “(d) CERTAIN REQUIREMENTS REGARDING DUTIES.—

7         “(1) RECOMMENDATIONS REGARDING LANGUAGE  
8     AS IMPEDIMENT TO HEALTH CARE.—*The Secretary,*  
9     *acting through the Director of the Office of Refugee*  
10    *Health, the Director of the Office of Civil Rights, and*  
11    *the Director of the Office of Minority Health of the*  
12    *Health Resources and Services Administration, shall*  
13    *make recommendations regarding activities under*  
14    *subsection (b)(4).*

15       “(2) EQUITABLE ALLOCATION REGARDING AC-  
16    TIVITIES.—*In awarding grants or contracts under*  
17    *section 338A, 338B, 340A, 724, 737, 738, or 1707, the*  
18    *Secretary shall ensure that such awards are equitably*  
19    *allocated with respect to the various racial and ethnic*  
20    *populations.*

21       “(3) CULTURAL COMPETENCY OF SERVICES.—  
22    *The Secretary shall ensure that information and serv-*  
23    *ices provided pursuant to subsection (b) are provided*  
24    *in the language and cultural context that is most ap-*

1     *propriate for the individuals for whom the informa-*  
2     *tion and services are intended.*

3             “(4) *PEER REVIEW.*—*The Secretary shall ensure*  
4     *that each application for a grant, contract or cooper-*  
5     *ative agreement under this section undergoes appro-*  
6     *priate peer review.*

7             “(e) *REPORTS.*—*Not later than January 31 of fiscal*  
8     *year 1995 and of each second year thereafter, the Secretary*  
9     *shall submit to the Congress a report describing the activi-*  
10    *ties carried out under this section during the preceding 2*  
11    *fiscal years and evaluating the extent to which such activi-*  
12    *ties have been effective in improving the health of racial*  
13    *and ethnic minorities.*

14            “(f) *GRANTS AND CONTRACTS REGARDING DUTIES.*—

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

18               “(2) *EVALUATION AND DISSEMINATION.*—*The*  
19     *Secretary shall, directly or through contracts with*  
20     *public and private entities, provide for evaluations of*  
21     *projects carried out with financial assistance pro-*  
22     *vided under paragraph (1) during the preceding 2 fis-*  
23     *cal years. The report shall be included in the report*  
24     *required under subsection (e) for the fiscal year in-*  
25     *volved.*

1       “(g) *DEFINITION.*—As used in this section, the term  
 2   ‘racial and ethnic minority group’ means Hispanics,  
 3   Blacks, Asian Americans, Pacific Islanders, Native Ameri-  
 4   cans, and Alaskan Natives. The term ‘Hispanic’ means in-  
 5   dividuals whose origin is Mexican, Puerto Rican, Cuban,  
 6   Central or South American, or any other Spanish-speaking  
 7   country, including Spain or the Caribbean Islands, and in-  
 8   dividuals identifying themselves as Hispanic, Latino,  
 9   Spanish, or Spanish-American.

10       “(h) *FUNDING.*—

11               “(1) *AUTHORIZATION OF APPROPRIATIONS.*—For  
 12   the purpose of carrying out this section, there is au-  
 13   thorized to be appropriated \$20,500,000 for fiscal  
 14   year 1994, and such sums as may be necessary for  
 15   each of the fiscal years 1995 through 1998.

16               “(2) *ALLOCATION OF FUNDS BY SECRETARY.*—Of  
 17   the amounts appropriated under paragraph (1) for a  
 18   fiscal year in excess of \$15,000,000, the Secretary  
 19   shall make available not less than \$3,000,000 for ac-  
 20   tivities to improve access to health care services for  
 21   individuals with limited English proficiency, includ-  
 22   ing activities identified in subsection (b)(4).”.

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

24       Title XVII (42 U.S.C. 300u et seq.) is amended by add-  
 25   ing at the end the following new section:

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

2       “(a) *IN GENERAL.*—The Secretary shall ensure that an  
3 *Office of Minority Health is operating at the Centers for*  
4 *Disease Control and Prevention, the Health Resources and*  
5 *Services Administration, the Substance Abuse and Mental*  
6 *Health Services Administration, and the Agency for Health*  
7 *Care Policy and Research. Such Offices shall ensure that*  
8 *services and programs carried out within each such respec-*  
9 *tive agency or office—*

10               “(1) *are equitably delivered with respect to ra-*  
11 *cial and ethnic groups;*

12               “(2) *provide culturally and linguistically com-*  
13 *petent services; and*

14               “(3) *utilize racial and ethnic minority commu-*  
15 *nity-based organizations to deliver services.*

16       “(b) *REPORTS.*—Each Office of Minority Health with-  
17 *in the Public Health Service, including the Office of Re-*  
18 *search on Minority Health at the National Institutes of*  
19 *Health, shall submit a report, not later than May 1 of each*  
20 *year, to the Deputy Assistant Secretary for Minority Health*  
21 *(as provided for in section 1707(b)) describing the accom-*  
22 *plishments or programs of the plan, the budget allocation*  
23 *and expenditures for, and the development and implementa-*  
24 *tion of, such health programs targeting racial and ethnic*  
25 *minority populations. The Secretary shall ensure the par-*



1 *ticipation and cooperation of each Agency in the develop-*  
 2 *ment of the annual report.”.*

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

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

7 ***“SEC. 1710. GRANTS TO STATES FOR OPERATION OF OF-***  
 8 ***FICES OF MINORITY HEALTH.***

9 *“(a) IN GENERAL.—The Secretary, acting through the*  
 10 *Deputy Assistant Secretary for Minority Health (as pro-*  
 11 *vided for in section 1707), may make grants to States for*  
 12 *the purpose of improving the health status in minority com-*  
 13 *munities, through the operation of State offices of minority*  
 14 *health established to monitor and facilitate the achievement*  
 15 *of the Health Objectives for the Year 2000 as they affect*  
 16 *minority populations.*

17 *“(b) ADMINISTRATION OF PROGRAM.—The Secretary*  
 18 *may not make a grant to a State under subsection (a) un-*  
 19 *less such State agrees that the program carried out by the*  
 20 *State with amounts received under the grant will be admin-*  
 21 *istered directly by a single State agency.*

22 *“(c) CERTAIN REQUIRED ACTIVITIES.—The Secretary*  
 23 *may not make a grant to a State under subsection (a) un-*  
 24 *less such State agrees that activities carried out by an office*

1 *operated under the grant received pursuant to such sub-*  
2 *section will—*

3           “(1) *establish and maintain within the State a*  
4 *clearinghouse for collecting and disseminating infor-*  
5 *mation on—*

6                   “(A) *minority health care issues;*

7                   “(B) *research findings relating to minority*  
8 *health care; and*

9                   “(C) *innovative approaches to the delivery*  
10 *of health care and social services in minority*  
11 *communities;*

12           “(2) *coordinate the activities carried out in the*  
13 *State that relate to minority health care, including*  
14 *providing coordination for the purpose of avoiding re-*  
15 *dundancy in such activities;*

16           “(3) *identify Federal and State programs re-*  
17 *garding minority health, and providing technical as-*  
18 *sistance to public and nonprofit entities regarding*  
19 *participation in such program; and*

20           “(4) *develop additional Healthy People 2000 ob-*  
21 *jectives for the State that are necessary to address the*  
22 *most prevalent morbidity, mortality and disability*  
23 *concerns for racial and ethnic minority groups in the*  
24 *State.*

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

7       “(e) *CERTAIN USES OF FUNDS.*—

8               “(1) *RESTRICTIONS.*—The Secretary may not  
9 make a grant to a State under subsection (a) unless  
10 such State agrees that—

11                   “(A) if research with respect to minority  
12 health is conducted pursuant to the grant, not  
13 more than 10 percent of the amount received  
14 under the grant will be expended for such re-  
15 search; and

16                   “(B) amounts provided under the grant will  
17 not be expended—

18                           “(i) to provide health care (including  
19 providing cash payments regarding such  
20 care);

21                           “(ii) to conduct activities for which  
22 Federal funds are expended—

23                                   “(I) within the State to provide  
24 technical and other nonfinancial as-

1                    *sistance under subsection (m) of section*  
2                    *340A;*

3                    *“(II) under a memorandum of*  
4                    *agreement entered into with the State*  
5                    *under subsection (h) of such section; or*

6                    *“(III) under a grant under sec-*  
7                    *tion 388I;*

8                    *“(iii) to purchase medical equipment,*  
9                    *to purchase ambulances, aircraft, or other*  
10                  *vehicles, or to purchase major communica-*  
11                  *tions equipment;*

12                  *“(iv) to purchase or improve real prop-*  
13                  *erty; or*

14                  *“(v) to carry out any activity regard-*  
15                  *ing a certificate of need.*

16                  *“(2) AUTHORITIES.—Activities for which a State*  
17                  *may expend amounts received under a grant under*  
18                  *subsection (a) include—*

19                  *“(A) paying the costs of establishing an of-*  
20                  *fice of minority health for purposes of subsection*  
21                  *(a);*

22                  *“(B) subject to paragraph (1)(B)(ii)(III),*  
23                  *paying the costs of any activity carried out with*  
24                  *respect to recruiting and retaining health profes-*

1           *sionals to serve in minority communities or un-*  
 2           *derserved areas in the State; and*

3           “(C) *providing grants and contracts to pub-*  
 4           *lic and nonprofit entities to carry out activities*  
 5           *authorized in this section.*

6           “(f) *REPORTS.—The Secretary may not make a grant*  
 7           *to a State under subsection (a) unless such State agrees—*

8           “(1) *to submit to the Secretary reports contain-*  
 9           *ing such information as the Secretary may require re-*  
 10          *garding activities carried out under this section by*  
 11          *the State; and*

12          “(2) *to submit a report not later than January*  
 13          *10 of each fiscal year immediately following any fis-*  
 14          *cal year for which the State has received such a*  
 15          *grant.*

16          “(g) *REIMBURSEMENT OF APPLICATION.—The Sec-*  
 17          *retary may not make a grant to a State under subsection*  
 18          *(a) unless an application for the grant is submitted to the*  
 19          *Secretary and the application in such form, is made in such*  
 20          *manner, and contains such agreements, assurances, and in-*  
 21          *formation as the Secretary determines to be necessary to*  
 22          *carry out such subsection.*

23          “(h) *NONCOMPLIANCE.—The Secretary may not make*  
 24          *payments under subsection (a) to a State for any fiscal year*  
 25          *subsequent to the first fiscal year of such payments unless*

1 *the Secretary determines that, for the immediately preced-*  
 2 *ing fiscal year, the State has complied with each of the*  
 3 *agreements made by the State under this section.*

4 “(i) *AUTHORIZATION OF APPROPRIATIONS.—*

5 “(1) *IN GENERAL.—For purposes of making*  
 6 *grants under subsection (a) there are authorized to be*  
 7 *appropriated \$3,000,000 for fiscal year 1995,*  
 8 *\$4,000,000 for fiscal year 1996, and \$3,000,000 for*  
 9 *fiscal year 1997.*

10 “(2) *AVAILABILITY.—Amounts appropriated*  
 11 *under paragraph (1) shall remain available until ex-*  
 12 *pended.*

13 “(j) *TERMINATION OF PROGRAM.—No grant may be*  
 14 *made under this section after the aggregate amounts appro-*  
 15 *priated under subsection (i)(1) are equal to \$10,000,000.’’.*

16 ***SEC. 104. ASSISTANT SECRETARY OF HEALTH AND HUMAN***  
 17 ***SERVICES FOR CIVIL RIGHTS.***

18 (a) *IN GENERAL.—Part A of title II (42 U.S.C. 202*  
 19 *et seq.), as amended by section 2010 of Public Law 103–*  
 20 *43, is amended by adding at the end the following new*  
 21 *section:*

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

23 “(a) *ESTABLISHMENT OF POSITION.—There shall be in*  
 24 *the Department of Health and Human Services an Assist-*  
 25 *ant Secretary for Civil Rights, who shall be appointed by*

1 *the President, by and with the advice and consent of the*  
 2 *Senate.*

3 “(b) *RESPONSIBILITIES.*—*The Assistant Secretary*  
 4 *shall perform such functions relating to civil rights as the*  
 5 *Secretary may assign.”.*

6 (b) *CONFORMING AMENDMENT.*—*Section 5315 of title*  
 7 *5, United States Code, is amended, in the item relating to*  
 8 *Assistant Secretaries of Health and Human Services, by*  
 9 *striking “(5)” and inserting “(6)”.*

## 10 ***TITLE II—HEALTH SERVICES***

### 11 ***SEC. 201. COMMUNITY SCHOLARSHIP PROGRAMS.***

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

13 (1) *in subsection (a), by striking “health man-*  
 14 *power shortage areas” and inserting “a Federally-des-*  
 15 *ignated health professional shortage areas”;*

16 (2) *in subsection (c)—*

17 (A) *by striking “health manpower shortage*  
 18 *areas” and inserting “Federally-designated*  
 19 *health professional shortage areas” in the matter*  
 20 *preceding paragraph (1); and*

21 (B) *by striking “in the health manpower*  
 22 *shortage areas in which the community organi-*  
 23 *zations are located,” and inserting “in a Feder-*  
 24 *ally-designated health professional shortage area*

1       that is served by the community organization  
 2       awarding the scholarship,” in paragraph (2);  
 3       (3) in subsection (e)(1)—

4               (A) by striking “health manpower shortage  
 5       area” and inserting “a Federally-designated  
 6       health professional shortage area”; and

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

9       (4) in subsection (k)(2), by striking “internal  
 10      medicine” and all that follows through the end thereof  
 11      and inserting “general internal medicine, general pe-  
 12      diatrics, obstetrics and gynecology, dentistry, or men-  
 13      tal health, that are provided by physicians or other  
 14      health professionals.”; and

15      (5) in subsection (l)(1), by striking “\$5,000,000”  
 16      and all that follows through “1993” and inserting  
 17      “\$1,000,000 for fiscal year 1994, and such sums as  
 18      may be necessary for each of the fiscal years 1995 and  
 19      1996”.

20   **SEC. 202. HEALTH SERVICES FOR RESIDENTS OF PUBLIC**  
 21       **HOUSING.**

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



1           (1) by striking “\$35,000,000 for fiscal year  
2           1991” and inserting “\$12,000,000 for fiscal year  
3           1994”; and

4           (2) by striking “1992 and 1993” and inserting  
5           “1995 and 1996”.

6   **SEC. 203. ISSUANCE OF REGULATIONS REGARDING LAN-**  
7                           **GUAGE AS IMPEDIMENT TO RECEIPT OF**  
8                           **SERVICES.**

9           (a) *PROPOSED RULE.*—Not later than the expiration  
10   of the 90-day period beginning on the date of the enactment  
11   of this Act, the Secretary of Health and Human Services  
12   (in this section referred to as the “Secretary”) shall issue  
13   a proposed rule regarding policies to reduce the extent to  
14   which having limited English proficiency constitutes a sig-  
15   nificant impediment to individuals in establishing the eligi-  
16   bility of the individuals for—

17           (1) participation in health programs under the  
18           Public Health Service Act;

19           (2) the receipt of services under such programs  
20           and under programs under titles XVIII and XIX of  
21           the Social Security Act; or

22           (3) participation in programs or activities other-  
23           wise receiving financial assistance from the Secretary  
24           or receiving services under such programs or activi-  
25           ties.

1       (b) *FINAL RULE.*—

2           (1) *IN GENERAL.*—Not later than the expiration  
3       of the 1-year period beginning on the date of the en-  
4       actment of this Act, the Secretary shall issue a final  
5       rule regarding the policies described in subsection (a).

6           (2) *FAILURE TO ISSUE BY DATE CERTAIN.*—If  
7       the Secretary fails to issue a final rule under para-  
8       graph (1) before the expiration of the period specified  
9       in such paragraph, the proposed rule issued under  
10      subsection (a) is upon such expiration deemed to be  
11      the final rule under paragraph (1) (and shall remain  
12      in effect until the Secretary issues a final rule under  
13      such paragraph).

14   **SEC. 204. HEALTH SERVICES FOR PACIFIC ISLANDERS.**

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

17           (1) in subsection (b)—

18               (A) in paragraph (2)—

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

21                   (ii) by striking “, including improved  
22                  health data systems”;

23               (B) in paragraph (3)—

24                   (i) by striking “manpower” and in-  
25                  serting “care providers”; and

1                   (ii) by striking “by—” and all that  
2 follows through the end thereof and insert-  
3 ing a semicolon;

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

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

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

9                   (F) in paragraph (6) (as so redesignated),  
10 by striking the period and inserting a semicolon;  
11 and

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

14                   “(7) to provide primary health care, preventive  
15 health care, and related training to American Sa-  
16 moan health care professionals; and

17                   “(8) to improve access to health promotion and  
18 disease prevention services for rural American  
19 Samoa.”;

20                   (2) in subsection (f)—

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

23                   (B) by striking “\$10,000,000” and all that  
24 follows through “1993” and inserting  
25 “\$3,000,000 for fiscal year 1994, and such sums

1           *as may be necessary for each of the fiscal years*  
 2           *1995 and 1996”;* and

3           *(3) by adding at the end thereof the following*  
 4           *new subsection:*

5           “(g) *STUDY AND REPORT.*—

6           “(1) *STUDY.*—Not later than 180 days after the  
 7           date of enactment of this subsection, the Secretary,  
 8           acting through the Administrator of the Health Re-  
 9           sources and Services Administration, shall enter into  
 10          a contract with a public or nonprofit private entity  
 11          for the conduct of a study to determine the effective-  
 12          ness of projects funded under this section.

13          “(2) *REPORT.*—Not later than July 1, 1995, the  
 14          Secretary shall prepare and submit to the Committee  
 15          on Labor and Human Resources of the Senate and  
 16          the Committee on Energy and Commerce of the House  
 17          of Representatives a report describing the findings  
 18          made with respect to the study conducted under para-  
 19          graph (1).”.

## 20                   **TITLE III—HEALTH** 21                   **PROFESSIONS**

### 22   **SEC. 301. LOANS FOR DISADVANTAGED STUDENTS.**

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

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

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

5   **SEC. 302. CESAR CHAVEZ PRIMARY CARE SCHOLARSHIP**  
6                           **PROGRAM.**

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

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

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

12           (2) in subsection (c)—

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

15           (B) by striking “\$11,000,000 for fiscal year  
16           1993” and inserting “\$10,500,000 for fiscal year  
17           1994, and such sums as may be necessary for  
18           each of the fiscal years 1995 and 1996”.

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

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

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

23   **“SEC. 737. THURGOOD MARSHALL SCHOLARSHIP PRO-**  
24                           **GRAM.”;**

25           (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) in paragraph (3), by inserting “schools  
5           offering programs for the training of physician  
6           assistants,” after “public health,”; and

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

9           “(1) AUTHORIZATION OF APPROPRIATIONS.—For  
10          the purpose of carrying out this section, there are au-  
11          thorized to be appropriated \$17,100,000 for fiscal  
12          year 1994, and such sums as may be necessary for  
13          each of the fiscal years 1995 and 1996.”.

14   **SEC. 304. LOAN REPAYMENTS AND FELLOWSHIPS REGARD-**  
15                   **ING FACULTY POSITIONS AT HEALTH PRO-**  
16                   **FESSIONS SCHOOLS.**

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

18           (1) in subsection (a)—

19                   (A) in paragraph (2), by striking “dis-  
20                   advantaged backgrounds who—” and inserting  
21                   “racial or ethnic groups that are under-  
22                   represented in the health professions who—”

23                   (B) in paragraph (5)—

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

1                   (ii) by striking “unless—” and all that  
 2                   follows through “the individual involved” in  
 3                   subparagraph (A) and inserting “unless the  
 4                   individual involved”; and

5                   (iii) striking subparagraph (B);

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

7                   (D) by redesignating paragraph (7) as  
 8                   paragraph (6); and

9                   (2) in subsection (b)(2)(B), by striking  
 10                  “\$30,000” and inserting “\$50,000”;

11                  (3) in subsection (c)—

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

14                   (B) by striking “\$4,000,000 for fiscal year  
 15                   1993” and inserting “\$1,100,000 for fiscal year  
 16                   1994, and such sums as may be necessary for  
 17                   each of the fiscal years 1995 and 1996”.

18   **SEC. 305. CENTERS OF EXCELLENCE.**

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

20                   (1) in subsection (b)—

21                   (A) in paragraph (2), by inserting before  
 22                   the semicolon the following: “through collabora-  
 23                   tion with public and nonprofit private entities to  
 24                   carry out community-based programs to prepare  
 25                   students in secondary schools and institutions of

1       *higher education for attendance at the health*  
2       *professions school”;*

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

5               *(C) in paragraph (5), by striking the period*  
6       *and inserting “; and”; and*

7               *(D) by adding at the end thereof the follow-*  
8       *ing new paragraph:*

9       *“(6) to train the students of the school at com-*  
10       *munity-based health facilities that provide health*  
11       *services to a significant number of minority individ-*  
12       *uals and that are located at a site remote from the*  
13       *main site of the teaching facilities of the school.”;*

14       *(2) in subsection (e)—*

15               *(A) by striking the subsection heading and*  
16       *inserting “AUTHORITY REGARDING CONSOR-*  
17       *TIA.—”;*

18               *(B) by striking paragraph (1) and inserting*  
19       *the following new paragraph:*

20       *“(1) IN GENERAL.—The Secretary may make a*  
21       *grant under subsection (a) to any school of medicine,*  
22       *osteopathic medicine, dentistry, clinical psychology,*  
23       *or pharmacy that has in accordance with paragraph*  
24       *(2) formed a consortium of schools.”;*



1           (C) in paragraph (2), by striking subpara-  
 2           graphs (A) through (D) and inserting the follow-  
 3           ing new subparagraphs:

4           “(A) the consortium consists of—

5           “(i) the health professions school seek-  
 6           ing the grant under subsection (a); and

7           “(ii) one or more schools of medicine,  
 8           osteopathic medicine, dentistry, pharmacy,  
 9           nursing, allied health, or public health, or  
 10          graduate programs in mental health prac-  
 11          tice;

12          “(B) the schools of the consortium have en-  
 13          tered into an agreement for the allocation of such  
 14          grant among the schools; and

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

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

19          “(3) *AUTHORITY FOR COLLECTIVELY MEETING*  
 20          *RELEVANT REQUIREMENTS IN CERTAIN CASES.—With*  
 21          *respect to meeting the conditions specified in sub-*  
 22          *section (c)(4) for Native American Centers of Excel-*  
 23          *lence, the Secretary may make a grant to any school*  
 24          *that has in accordance with paragraphs (1) and (2)*  
 25          *formed a consortium of schools that meets such condi-*

1        *tions (without regard to whether the schools of the*  
 2        *consortium individually meet such conditions).”; and*

3        *(3) in subsection (i)—*

4                *(A) in paragraph (1), by striking “such*  
 5                *sums as may be necessary for fiscal year 1993”*  
 6                *and inserting “\$25,000,000 for fiscal year 1994,*  
 7                *and such sums as may be necessary for each of*  
 8                *the fiscal years 1995 and 1996”; and*

9                *(B) in paragraph (2)(C) by adding at the*  
 10                *end the following: “Health professions schools de-*  
 11                *scribed in subsection (c)(2)(A) shall be eligible*  
 12                *for grants under this subparagraph in a fiscal*  
 13                *year if the amount appropriated for the fiscal*  
 14                *year under paragraph (1) is greater than*  
 15                *\$23,500,000. Such schools shall be eligible to*  
 16                *apply only for grants made from the portion of*  
 17                *such amount that exceeds \$23,500,000.”.*

18    **SEC. 306. EDUCATIONAL ASSISTANCE REGARDING UNDER-**  
 19                **GRADUATES.**

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

21                *(1) in subsection (a)(1), by adding at the end the*  
 22                *following new sentence: “To be eligible for such a*  
 23                *grant, a school shall have in place a program to assist*  
 24                *individuals from disadvantaged backgrounds in gain-*

ing entry into a health professions school or completing the course of study at such a school.”;

(2) in subsection (d)(1)—

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

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

(3) in subsection (d)(2)(B), by adding at the end thereof the following new sentence: “Scholarship recipients under this section shall be known as ‘Cesar Chavez Primary Care Scholars’.”.

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

Section 746(d)(2)(D) (42 U.S.C. 293j(d)(2)(D)) is amended by inserting “and minority health” after “disease prevention”.

## **TITLE IV—RESEARCH AND DATA COLLECTION**

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

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

“(c) *PLAN.*—The Director of the Office, shall collaborate with the Deputy Assistant Secretary for Minority Health (as provided for in section 1707), to develop and

1 *implement a plan for carrying out the duties required by*  
 2 *subsection (b). The Director, in consultation with the Dep-*  
 3 *uty Assistant Secretary for Minority Health, shall review*  
 4 *the plan not less often than annually, and revise the plan*  
 5 *as appropriate.*

6 “(d) *EQUITY REGARDING VARIOUS GROUPS.—The Di-*  
 7 *rector of the Office shall ensure that activities under sub-*  
 8 *section (b) address equitably all minority groups.*

9 “(e) *ADVISORY COMMITTEE.—*

10 “(1) *ESTABLISHMENT.—In carrying out sub-*  
 11 *section (b), the Secretary shall establish an advisory*  
 12 *committee to be known as the Advisory Committee on*  
 13 *Research on Minority Health (in this subsection re-*  
 14 *ferred to as the ‘Advisory Committee’).*

15 “(2) *COMPOSITION.—*

16 “(A) *VOTING AND NONVOTING MEMBERS.—*  
 17 *The Advisory Committee shall be composed of*  
 18 *voting members appointed in accordance with*  
 19 *subparagraph (B) and the ex officio nonvoting*  
 20 *members described in subparagraph (C).*

21 “(B) *VOTING MEMBERS.—The Advisory*  
 22 *Committee shall include not fewer than 12, and*  
 23 *not more than 18, voting members who are not*  
 24 *officers or employees of the Federal Government.*  
 25 *The Director of the Office shall appoint such*

1        *members to the Advisory Committee from among*  
2        *physicians, practitioners, scientists, consumers*  
3        *and other health professionals, whose clinical*  
4        *practices, research specialization, or professional*  
5        *expertise includes a significant focus on research*  
6        *on minority health or on the barriers that mi-*  
7        *norities must overcome to participate in clinical*  
8        *trials. The membership of the Advisory Commit-*  
9        *tee shall be equitably representative of the minor-*  
10       *ity 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 national*  
14        *research entities shall serve as ex officio*  
15        *nonvoting members of the Advisory Committee*  
16        *(except that any of such Directors may designate*  
17        *an official of the institute involved to serve as*  
18        *such member of the Committee in lieu of the Di-*  
19        *rector).*

20        *“(3) CHAIRPERSON.—The Director of the Office*  
21        *shall serve as the chairperson of the Advisory Com-*  
22        *mittee.*

23        *“(4) DUTIES.—The Advisory Committee shall—*

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

4                   “(i) research on minority health;

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

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

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

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

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

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

23                  “(5) BIENNIAL REPORT.—

24                   “(A) PREPARATION.—The Advisory Com-  
 25                  mittee shall prepare a biennial report describing

1           *the activities of the Committee, including find-*  
 2           *ings made by the Committee regarding—*

3                     *“(i) compliance with section 492B;*

4                     *“(ii) the extent of expenditures made*  
 5                     *for research on minority health by the agen-*  
 6                     *cies of the National Institutes of Health;*  
 7                     *and*

8                     *“(iii) the level of funding needed for*  
 9                     *such research.*

10                    *“(B) SUBMISSION.—The report required in*  
 11                    *subparagraph (A) shall be submitted to the Di-*  
 12                    *rector of the National Institutes of Health for in-*  
 13                    *clusion in the report required in section 403.*

14                    *“(f) REPRESENTATIVES OF MINORITIES AMONG RE-*  
 15                    *SEARCHERS.—The Secretary, acting through the Assistant*  
 16                    *Secretary for Personnel Administration and in collabora-*  
 17                    *tion with the Director of the Office, shall determine the ex-*  
 18                    *tent to which minorities are represented among senior phy-*  
 19                    *sicians and scientists of the national research institutes and*  
 20                    *among physicians and scientists conducting research with*  
 21                    *funds provided by such institutes, and as appropriate,*  
 22                    *carry out activities to increase the extent of such representa-*  
 23                    *tion.*

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

1           “(1) *MINORITY HEALTH CONDITIONS.*—The term  
 2           ‘minority health conditions’, with respect to individ-  
 3           uals who are members of minority groups, means all  
 4           diseases, disorders, and conditions (including with re-  
 5           spect to mental health)—

6                   “(A) unique to, more serious, or more prev-  
 7                   alent in such individuals;

8                   “(B) for which the factors of medical risk or  
 9                   types of medical intervention are different for  
 10                  such individuals, or for which it is unknown  
 11                  whether such factors or types are different for  
 12                  such individuals; or

13                  “(C) with respect to which there has been  
 14                  insufficient research involving such individuals  
 15                  as subjects or insufficient data on such individ-  
 16                  uals.

17           “(2) *RESEARCH ON MINORITY HEALTH.*—The  
 18           term ‘research on minority health’ means research on  
 19           minority health conditions, including research on pre-  
 20           venting such conditions.

21           “(3) *MINORITY GROUPS.*—The term ‘minority  
 22           groups’ means Blacks, American Indians, Alaskan  
 23           Natives, Asian/Pacific Islanders, and Hispanics, in-  
 24           cluding subpopulations of such groups.”.



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

2 (a) *IN GENERAL.*—Section 306 (42 U.S.C. 242k) is  
3 amended—

4 (1) in subsection (c), by striking “Committee on  
5 Human Resources” and inserting “Committee on  
6 Labor and Human Resources”;

7 (2) in subsection (g), by striking “data which  
8 shall be published” and all that follows and inserting  
9 “data.”;

10 (3) in subsection (k)(2)—

11 (A) in subparagraph (A)—

12 (i) by striking the subparagraph des-  
13 ignation; and

14 (ii) by striking “Except as provided in  
15 subparagraph (B), members” and inserting  
16 “Members”; and

17 (B) by striking subparagraph (B);

18 (4) in subsection (l)—

19 (A) by striking paragraph (3);

20 (B) by redesignating paragraph (4) as  
21 paragraph (3); and

22 (C) in paragraph (3) (as so redesignated),  
23 by striking “paragraphs (1), (2), and (3),” and  
24 inserting “paragraphs (1) and (2),”; and

25 (5) in subsection (o)—

1           (A) in paragraph (1), by striking “1991  
2           through 1993” and inserting “1994 through  
3           1997”; and

4           (B) in paragraph (2), by striking  
5           “\$5,000,000” and all that follows through  
6           “1993” and inserting “\$1,100,000 for fiscal year  
7           1994, and such sums as may be necessary for  
8           each of the fiscal years 1995 through 1997”.

9           (b) *GENERAL AUTHORITY RESPECTING RESEARCH,*  
10          *EVALUATIONS, AND DEMONSTRATIONS.*—Section 304 (42  
11          U.S.C. 242b) is amended by striking subsection (d).

12          (c) *GENERAL PROVISIONS RESPECTING EFFECTIVE-*  
13          *NESS, EFFICIENCY, AND QUALITY OF HEALTH SERVICES.*—  
14          Section 308 (42 U.S.C. 242m) is amended—

15               (1) in subsection (a)—

16                   (A) in paragraph (1)—

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

18                           (ii) by redesignating subparagraphs

19                               (B) through (E) as subparagraphs (A)

20                               through (D), respectively; and

21                   (B) in paragraph (2), by striking “reports  
22                   required by subparagraphs” and all that follows  
23                   through “Center” and inserting the following:  
24                   “reports required in paragraph (1) shall be pre-  
25                   pared through the National Center”;

1           (2)(A) by striking subsection (c);

2           (B) by transferring paragraph (2) of subsection  
3           (g) from the current location of the paragraph;

4           (C) by redesignating such paragraph as sub-  
5           section (c);

6           (D) by inserting subsection (c) (as so redesign-  
7           ated) after subsection (b); and

8           (E) by striking the remainder of subsection (g);  
9           (3) in subsection (c) (as so redesignated)—

10           (A) by striking “shall (A) take” and insert-  
11           ing “shall take”; and

12           (B) by striking “and (B) publish” and in-  
13           serting “and shall publish”;

14           (4) in subsection (f), by striking “sections 3648”  
15           and all that follows and inserting “section 3324 of  
16           title 31, United States Code, and section 3709 of the  
17           Revised Statutes (41 U.S.C. 5).”; and

18           (5) by striking subsection (h).

19   **SEC. 403. ACTIVITIES OF AGENCY FOR HEALTH CARE POL-**  
20                           **ICY AND RESEARCH.**

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

23           “(b) *REQUIREMENTS WITH RESPECT TO CERTAIN*  
24   *POPULATIONS.*—In carrying out subsection (a), the Admin-  
25   istrator shall undertake and support research, demonstra-

tion projects, and evaluations with respect to the health status of, and the delivery of health care to—

“(1) the populations of medically underserved urban or rural areas (including frontier areas); and  
 “(2) low-income groups, minority groups, and the elderly.”.

## **TITLE V—MISCELLANEOUS**

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

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

“(b) *REQUIREMENT OF MATCHING FUNDS.*—

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

“(2) *DETERMINATION OF AMOUNT CONTRIBUTED.*—In determining the amount of non-Federal contributions in cash that a State has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the State by the Federal Government.”.

1       (b) *AUTHORIZATION OF APPROPRIATIONS.*—Section  
2   338J(j)(1) (42 U.S.C. 254r(j)(1)) is amended—

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

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

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

10   **SEC. 502. TECHNICAL CORRECTIONS RELATING TO HEALTH**  
11                               **PROFESSIONS.**

12       (a) *HEALTH EDUCATION ASSISTANCE LOAN*  
13   *DEFERMENT FOR BORROWERS PROVIDING HEALTH SERV-*  
14   *ICES TO INDIANS.*—

15               (1) *IN GENERAL.*—Section 705(a)(2)(C) is  
16       amended by striking “and (x)” and inserting “(x) not  
17       in excess of three years, during which the borrower is  
18       providing health care services to Indians through an  
19       Indian health program (as defined in section  
20       108(a)(2)(A) of the Indian Health Care Improvement  
21       Act (25 U.S.C. 1616a(a)(2)(A)); and (xi)”.

22               (2) *CONFORMING AMENDMENTS.*—Section  
23   705(a)(2)(C) is further amended—

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

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

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

7           (b) *MAXIMUM STUDENT LOAN PROVISION.*—

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

17          (2) *THIRD AND FOURTH YEARS.*—Section  
 18          722(a)(2) (42 U.S.C. 292r(a)(2)), as amended by sec-  
 19          tion 2014(b)(1) of Public Law 103–43, is amended by  
 20          striking “the amount \$2,500” and all that follows  
 21          through “including such \$2,500” and inserting “the  
 22          amount of the loan may, in the case of the third or  
 23          fourth year of a student at school of medicine or os-  
 24          teopathic medicine, be increased to the extent nec-  
 25          essary”.

1       (c) *REQUIREMENT FOR SCHOOLS.*—Section 723(b)(1)  
 2       (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), is  
 4       amended by striking “3 years before” and inserting “4  
 5       years before”.

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

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

14               (1) *TITLE VII.*—Section 791 (42 U.S.C. 295j) is  
 15       amended by adding at the end thereof the following  
 16       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 has  
 25       graduated less than three classes. Upon graduating at

1     *least three classes, a program shall have the capabil-*  
2     *ity to provide the information necessary to qualify the*  
3     *program for the general funding preferences described*  
4     *in subsection (a).*

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

7                 “(A) *The mission statement of the program*  
8     *identifies a specific purpose of the program as*  
9     *being the preparation of health professionals to*  
10    *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 of*  
19    *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 students*  
 2       *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 following*  
 8       *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 has*  
 17       *graduated less than three classes. Upon graduating at*  
 18       *least three classes, a program shall have the capabil-*  
 19       *ity to provide the information necessary to qualify the*  
 20       *program for the general funding preferences described*  
 21       *in subsection (a).*

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

24                      “(A) *The mission statement of the program*  
 25       *identifies a specific purpose of the program as*

1       *being the preparation of health professionals to*  
2       *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 of*  
11       *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 students*  
19       *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. 295p(6))*  
24       *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 less  
12                  than 50 percent of the patients are recipients of  
13                  aid under title XIX of the Social Security Act or  
14                  eligible and uninsured.”.

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

17           (1) *IN GENERAL.*—Section 795(a)(2) (42 U.S.C.  
18           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 enact-

1        *ment of the Health Professions Education Extension*  
 2        *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 follow-*  
 5        *ing 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 pre-*  
 9        *scribe by regulation for an interim facility) after the com-*  
 10       *pletion of construction of a facility with respect to which*  
 11       *funds have been paid under section 720(a) (as such section*  
 12       *existed one day prior to the date of enactment of the Health*  
 13       *Professions Education Extension Amendments of 1992*  
 14       *(Public Law 102–408)—*

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

21            *“(B) in case of a facility which was not an af-*  
 22       *filiated hospital or outpatient facility but was a facil-*  
 23       *ity with respect to which funds have been paid under*  
 24       *paragraph (1) or (3) of such section 720(a), the owner*

1       *of the facility ceases to be a public or nonprofit*  
2       *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 ceases*  
6       *to be a public or nonprofit entity,*

7               *“(2) the facility ceases to be used for the teaching*  
8       *or training purposes (or other purposes permitted*  
9       *under section 722 (as such section existed one day*  
10       *prior to the date of enactment of the Health Profes-*  
11       *sions Education Extension Amendments of 1992*  
12       *(Public Law 102–408)) for which it was constructed,*  
13       *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 owner*  
17       *of the facility the base amount prescribed by subsection*  
18       *(c)(1) plus the interest (if any) prescribed by subsection*  
19       *(c)(2).*

20               *“(b) NOTICE.—The owner of a facility which ceases to*  
21       *be a public or nonprofit agency, school, or entity as de-*  
22       *scribed 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 notice*

1 *of such cessation or change of use within 10 days after the*  
 2 *date on which such cessation or change of use occurs or*  
 3 *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 the*  
 7 *United States is entitled to recover under subsection*  
 8 *(a) is the amount bearing the same ratio to the then*  
 9 *value (as determined by the agreement of the parties*  
 10 *or in an action brought in the district court of the*  
 11 *United States for the district in which the facility is*  
 12 *situated) of the facility as the amount of the Federal*  
 13 *participation bore to the cost of construction.*

14 “(2) *INTEREST.*—

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

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

24 “(i) *if notice is provided as prescribed*  
 25 *by subsection (b), 191 days after the date on*

1           *which the owner of the facility ceases to be*  
 2           *a public or nonprofit agency, school, or en-*  
 3           *tity as described in subparagraph (A), (B),*  
 4           *or (C) of subsection (a)(1), as the case may*  
 5           *be, or 191 days after the date on which the*  
 6           *use of the facility changes as described in*  
 7           *paragraph (2) or (3) of subsection (a), or*

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

12           *and ending on the date the amount the United*  
 13           *States is entitled to recover is collected.*

14           “(d) *WAIVER.*—*The Secretary may waive the recovery*  
 15   *rights of the United States under subsection (a)(2) with re-*  
 16   *spect to a facility (under such conditions as the Secretary*  
 17   *may establish by regulation) if the Secretary determines*  
 18   *that there is good cause for waiving such rights.*

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

22   **SEC. 503. CLINICAL TRAINEESHIPS.**

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

1 **SEC. 504. DEMONSTRATION PROJECT GRANTS TO STATES**  
 2 **FOR ALZHEIMER'S DISEASE.**

3 (a) *IN GENERAL.*—Section 398(a) (42 U.S.C. 280c–  
 4 3(a)) is amended—

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

7 (2) in paragraph (2)—

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

11 (B) by striking “and” at the end;

12 (3) by redesignating paragraph (3) as para-  
 13 graph (4); and

14 (4) by inserting after paragraph (2) the follow-  
 15 ing:

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

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

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

25 (b) *DURATION.*—Section 398A (42 U.S.C. 280c–4) is  
 26 amended—



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

3           (2) in subsection (a)—

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

6                 (B) by striking “may not exceed” and in-  
7           serting “may exceed”; and

8           (3) in subsection (b), in paragraphs (1)(C) and  
9           (2)(C), by inserting “, and any subsequent year,”  
10          after “third year”.

11          (c) *AUTHORIZATION OF APPROPRIATIONS.*—Section  
12   398B(e) (42 U.S.C. 280c-5(e)) is amended by striking “and  
13   1993” and inserting “through 1998”.

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

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

21          (b) *REQUIREMENTS.*—As part of the study conducted  
22   under subsection (a), the Secretary of Health and Human  
23   Services, in considering the statutory and regulatory re-  
24   quirements necessary for the creation of a single health pro-  
25   fessional shortage area designation, shall—

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

3                   (A) in designating an area as a health pro-  
4           fessional shortage area;

5                   (B) in designating an area as a medically  
6           underserved area; and

7                   (C) by a State in the determination of the  
8           health professional shortage area designations of  
9           such State; and

10          (2) review the suggestions of public health and  
11          primary care experts.

12          (c) *REPORT.*—Not later than 1 year after the date of  
13          enactment of this Act, the Secretary of Health and Human  
14          Services shall prepare and submit to the appropriate com-  
15          mittees of Congress a report concerning the findings of the  
16          study conducted under subsection (a) together with the rec-  
17          ommendations of the Secretary.

18          (d) *RECOMMENDATIONS.*—In making recommenda-  
19          tions under subsection (c), the Secretary of Health and  
20          Human Services shall give special consideration to (and de-  
21          scribe in the report) the unique impact of designation cri-  
22          teria on different rural and urban populations, and ethnic  
23          and racial minorities, including—

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

1           (2) indicators of high medical need, including  
 2           fertility rates, infant mortality rates, pediatric popu-  
 3           lation, elderly population, poverty rates, and physi-  
 4           cian to population ratios; and

5           (3) indicators of insufficient service capacity, in-  
 6           cluding language proficiency criteria for ethnic popu-  
 7           lations, annual patient visits per physician, waiting  
 8           times for appointments, waiting times in a primary  
 9           care physician office, excessive use of emergency fa-  
 10          cilities, low annual office visit rate, and demand on  
 11          physicians in contiguous rural or urban areas.

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

13          Section 317C of the Public Health Service Act (42  
 14          U.S.C. 247b-4), as added by section 306 of Public Law  
 15          102-531 (106 Stat. 3494), is amended to read as follows:

16               “PROGRAMS REGARDING BIRTH DEFECTS

17               “SEC. 317C. (a) The Secretary, acting through the Di-  
 18          rector of the Centers for Disease Control and Prevention,  
 19          shall carry out programs—

20                       “(1) to collect, analyze, and make available data  
 21                       on birth defects, including data on the causes of such  
 22                       defects and on the incidence and prevalence of such  
 23                       defects;

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

1           “(3) to operate centers for the conduct of applied  
2       epidemiologic research and study of such defects, and  
3       to improve the education, training, and clinical skills  
4       of health professionals with respect to the prevention  
5       of such defects; and

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

8       “(b) NATIONAL CLEARINGHOUSE.—In carrying out  
9       subsection (a)(1), the Secretary shall establish and main-  
10      tain a National Information Clearinghouse on Birth De-  
11      fects to collect and disseminate to health professionals and  
12      the general public information on birth defects, including  
13      the prevention of such defects.

14      “(c) GRANTS AND CONTRACTS.—

15           “(1) IN GENERAL.—In carrying out subsection  
16      (a), the Secretary may make grants to and enter into  
17      contracts with public and nonprofit private entities.  
18      Recipients of assistance under this subsection shall  
19      collect and analyze demographic data utilizing appro-  
20      priate sources as determined by the Secretary.

21           “(2) SUPPLIES AND SERVICES IN LIEU OF  
22      AWARD FUNDS.—

23           “(A) Upon the request of a recipient of an  
24      award of a grant or contract under paragraph  
25      (1), the Secretary may, subject to subparagraph

1       (B), provide supplies, equipment, and services  
2       for the purpose of aiding the recipient in carry-  
3       ing out the purposes for which the award is  
4       made and, for such purposes, may detail to the  
5       recipient any officer or employee of the Depart-  
6       ment of Health and Human Services.

7               “(B) With respect to a request described in  
8       subparagraph (A), the Secretary shall reduce the  
9       amount of payments under the award involved  
10      by an amount equal to the costs of detailing per-  
11      sonnel and the fair market value of any supplies,  
12      equipment, or services provided by the Secretary.  
13      The Secretary shall, for the payment of expenses  
14      incurred in complying with such request, expend  
15      the amounts withheld.

16             “(3) APPLICATION FOR AWARD.—The Secretary  
17      may make an award of a grant or contract under  
18      paragraph (1) only if an application for the award  
19      is submitted to the Secretary and the application is  
20      in such form, is made in such manner, and contains  
21      such agreements, assurances, and information as the  
22      Secretary determines to be necessary to carry out the  
23      purposes for which the award is to be made.

24             “(d) BIENNIAL REPORT.—Not later than February 1  
25      of fiscal year 1995 and of every second such year thereafter,

1 *the Secretary shall submit to the Committee on Energy and*  
2 *Commerce of the House of Representatives, and the Commit-*  
3 *tee on Labor and Human Resources of the Senate, a report*  
4 *that, with respect to the preceding 2 fiscal years—*

5           “(1) contains information regarding the inci-  
6       *dence and prevalence of birth defects and the extent*  
7       *to which birth defects have contributed to the inci-*  
8       *dence and prevalence of infant mortality;*

9           “(2) contains information under paragraph (1)  
10       *that is specific to various racial and ethnic groups;*  
11       *and*

12           “(3) contains an assessment of the extent to  
13       *which each approach to preventing birth defects has*  
14       *been effective, including a description of effectiveness*  
15       *in relation to cost;*

16           “(4) describes the activities carried out under  
17       *this section; and*

18           “(5) contains any recommendations of the Sec-  
19       *retary regarding this section.*

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

1 ***TITLE VI—GENERAL PROVISIONS***

2 ***SEC. 601. EFFECTIVE DATE.***

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

S 1569 RS1S—2

S 1569 RS1S—3

S 1569 RS1S—4

S 1569 RS1S—5

S 1569 RS1S—6

S 1569 RS1S—7

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