

105TH CONGRESS
2D SESSION

S. 1754

AN ACT

To amend the Public Health Service Act to consolidate and reauthorize health professions and minority and disadvantaged health education programs, and for other purposes.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Health Professions Education Partnerships Act of
6 1998”.

- 1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Programs

- Sec. 101. Under-represented minority health professions grant program.
 Sec. 102. Training in primary care medicine and dentistry.
 Sec. 103. Interdisciplinary, community-based linkages.
 Sec. 104. Health professions workforce information and analysis.
 Sec. 105. Public health workforce development.
 Sec. 106. General provisions.
 Sec. 107. Preference in certain programs.
 Sec. 108. Definitions.
 Sec. 109. Technical amendment on National Health Service Corps.
 Sec. 110. Savings provision.

Subtitle B—Nursing Workforce Development

- Sec. 121. Short title.
 Sec. 122. Purpose.
 Sec. 123. Amendments to Public Health Service Act.
 Sec. 124. Savings provision.

Subtitle C—Financial Assistance

CHAPTER 1—SCHOOL-BASED REVOLVING LOAN FUNDS

- Sec. 131. Primary care loan program.
 Sec. 132. Loans for disadvantaged students.
 Sec. 133. Student loans regarding schools of nursing.
 Sec. 134. General provisions.

CHAPTER 2—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

- Sec. 141. Health Education Assistance Loan Program.
 Sec. 142. HEAL lender and holder performance standards.
 Sec. 143. Insurance Program.
 Sec. 144. HEAL bankruptcy.
 Sec. 145. HEAL refinancing.

TITLE II—OFFICE OF MINORITY HEALTH

- Sec. 201. Revision and extension of programs of Office of Minority Health.

TITLE III—SELECTED INITIATIVES

- Sec. 301. State offices of rural health.
 Sec. 302. Demonstration projects regarding Alzheimer's Disease.
 Sec. 303. Project grants for immunization services.

TITLE IV—MISCELLANEOUS PROVISIONS

- Sec. 401. Technical corrections regarding Public Law 103–183.
- Sec. 402. Miscellaneous amendments regarding PHS commissioned officers.
- Sec. 403. Clinical traineeships.
- Sec. 404. Project grants for screenings, referrals, and education regarding lead poisoning.
- Sec. 405. Project grants for preventive health services regarding tuberculosis.
- Sec. 406. CDC loan repayment program.
- Sec. 407. Community programs on domestic violence.
- Sec. 408. State loan repayment program.
- Sec. 409. Authority of the director of NIH.
- Sec. 410. Raise in maximum level of loan repayments.
- Sec. 411. Construction of regional centers for research on primates.
- Sec. 412. Peer review.
- Sec. 413. Funding for trauma care.
- Sec. 414. Health information and health promotion.
- Sec. 415. Emergency medical services for children.
- Sec. 416. Administration of certain requirements.
- Sec. 417. Aids drug assistance program.
- Sec. 418. National Foundation for Biomedical Research.
- Sec. 419. Fetal Alcohol Syndrome prevention and services.

1 **TITLE I—HEALTH PROFESSIONS**
 2 **EDUCATION AND FINANCIAL**
 3 **ASSISTANCE PROGRAMS**
 4 **Subtitle A—Health Professions**
 5 **Education Programs**

6 **SEC. 101. UNDER-REPRESENTED MINORITY HEALTH PRO-**
 7 **FESSIONS GRANT PROGRAM.**

8 (a) IN GENERAL.—Part B of title VII of the Public
 9 Health Service Act (42 U.S.C. 293 et seq.) is amended
 10 to read as follows:

11 **“PART B—HEALTH PROFESSIONS TRAINING FOR**
 12 **DIVERSITY**

13 **“SEC. 736. CENTERS OF EXCELLENCE.**

14 “(a) IN GENERAL.—The Secretary shall make grants
 15 to, and enter into contracts with, designated health profes-
 16 sions schools described in subsection (c), and other public

1 and nonprofit health or educational entities, for the pur-
2 pose of assisting the schools in supporting programs of
3 excellence in health professions education for under-rep-
4 resented minority individuals.

5 “(b) REQUIRED USE OF FUNDS.—The Secretary
6 may not make a grant under subsection (a) unless the des-
7 ignated health professions school involved agrees, subject
8 to subsection (c)(1)(C), to expend the grant—

9 “(1) to develop a large competitive applicant
10 pool through linkages with institutions of higher
11 education, local school districts, and other commu-
12 nity-based entities and establish an education pipe-
13 line for health professions careers;

14 “(2) to establish, strengthen, or expand pro-
15 grams to enhance the academic performance of
16 under-represented minority students attending the
17 school;

18 “(3) to improve the capacity of such school to
19 train, recruit, and retain under-represented minority
20 faculty including the payment of such stipends and
21 fellowships as the Secretary may determine appro-
22 priate;

23 “(4) to carry out activities to improve the infor-
24 mation resources, clinical education, curricula and

1 cultural competence of the graduates of the school,
2 as it relates to minority health issues;

3 “(5) to facilitate faculty and student research
4 on health issues particularly affecting under-rep-
5 resented minority groups, including research on
6 issues relating to the delivery of health care;

7 “(6) to carry out a program to train students
8 of the school in providing health services to a signifi-
9 cant number of under-represented minority individ-
10 uals through training provided to such students at
11 community-based health facilities that—

12 “(A) provide such health services; and

13 “(B) are located at a site remote from the
14 main site of the teaching facilities of the school;
15 and

16 “(7) to provide stipends as the Secretary deter-
17 mines appropriate, in amounts as the Secretary de-
18 termines appropriate.

19 “(c) CENTERS OF EXCELLENCE.—

20 “(1) DESIGNATED SCHOOLS.—

21 “(A) IN GENERAL.—The designated health
22 professions schools referred to in subsection (a)
23 are such schools that meet each of the condi-
24 tions specified in subparagraphs (B) and (C),
25 and that—

1 “(i) meet each of the conditions speci-
2 fied in paragraph (2)(A);

3 “(ii) meet each of the conditions spec-
4 ified in paragraph (3);

5 “(iii) meet each of the conditions
6 specified in paragraph (4); or

7 “(iv) meet each of the conditions spec-
8 ified in paragraph (5).

9 “(B) GENERAL CONDITIONS.—The condi-
10 tions specified in this subparagraph are that a
11 designated health professions school—

12 “(i) has a significant number of
13 under-represented minority individuals en-
14 rolled in the school, including individuals
15 accepted for enrollment in the school;

16 “(ii) has been effective in assisting
17 under-represented minority students of the
18 school to complete the program of edu-
19 cation and receive the degree involved;

20 “(iii) has been effective in recruiting
21 under-represented minority individuals to
22 enroll in and graduate from the school, in-
23 cluding providing scholarships and other fi-
24 nancial assistance to such individuals and
25 encouraging under-represented minority

1 students from all levels of the educational
2 pipeline to pursue health professions ca-
3 reers; and

4 “(iv) has made significant recruitment
5 efforts to increase the number of under-
6 represented minority individuals serving in
7 faculty or administrative positions at the
8 school.

9 “(C) CONSORTIUM.—The condition speci-
10 fied in this subparagraph is that, in accordance
11 with subsection (e)(1), the designated health
12 profession school involved has with other health
13 profession schools (designated or otherwise)
14 formed a consortium to carry out the purposes
15 described in subsection (b) at the schools of the
16 consortium.

17 “(D) APPLICATION OF CRITERIA TO
18 OTHER PROGRAMS.—In the case of any criteria
19 established by the Secretary for purposes of de-
20 termining whether schools meet the conditions
21 described in subparagraph (B), this section may
22 not, with respect to racial and ethnic minorities,
23 be construed to authorize, require, or prohibit
24 the use of such criteria in any program other
25 than the program established in this section.

1 “(2) CENTERS OF EXCELLENCE AT CERTAIN
 2 HISTORICALLY BLACK COLLEGES AND UNIVER-
 3 SITIES.—

4 “(A) CONDITIONS.—The conditions speci-
 5 fied in this subparagraph are that a designated
 6 health professions school—

7 “(i) is a school described in section
 8 799B(1); and

9 “(ii) received a contract under section
 10 788B for fiscal year 1987, as such section
 11 was in effect for such fiscal year.

12 “(B) USE OF GRANT.—In addition to the
 13 purposes described in subsection (b), a grant
 14 under subsection (a) to a designated health pro-
 15 fessions school meeting the conditions described
 16 in subparagraph (A) may be expended—

17 “(i) to develop a plan to achieve insti-
 18 tutional improvements, including financial
 19 independence, to enable the school to sup-
 20 port programs of excellence in health pro-
 21 fessions education for under-represented
 22 minority individuals; and

23 “(ii) to provide improved access to the
 24 library and informational resources of the
 25 school.

1 “(C) EXCEPTION.—The requirements of
2 paragraph (1)(C) shall not apply to a histori-
3 cally black college or university that receives
4 funding under paragraphs (2) or (5).

5 “(3) HISPANIC CENTERS OF EXCELLENCE.—
6 The conditions specified in this paragraph are
7 that—

8 “(A) with respect to Hispanic individuals,
9 each of clauses (i) through (iv) of paragraph
10 (1)(B) applies to the designated health profes-
11 sions school involved;

12 “(B) the school agrees, as a condition of
13 receiving a grant under subsection (a), that the
14 school will, in carrying out the duties described
15 in subsection (b), give priority to carrying out
16 the duties with respect to Hispanic individuals;
17 and

18 “(C) the school agrees, as a condition of
19 receiving a grant under subsection (a), that—

20 “(i) the school will establish an ar-
21 rangement with 1 or more public or non-
22 profit community based Hispanic serving
23 organizations, or public or nonprofit pri-
24 vate institutions of higher education, in-
25 cluding schools of nursing, whose enroll-

1 ment of students has traditionally included
2 a significant number of Hispanic individ-
3 uals, the purposes of which will be to carry
4 out a program—

5 “(I) to identify Hispanic students
6 who are interested in a career in the
7 health profession involved; and

8 “(II) to facilitate the educational
9 preparation of such students to enter
10 the health professions school; and

11 “(ii) the school will make efforts to
12 recruit Hispanic students, including stu-
13 dents who have participated in the under-
14 graduate or other matriculation program
15 carried out under arrangements established
16 by the school pursuant to clause (i)(II) and
17 will assist Hispanic students regarding the
18 completion of the educational requirements
19 for a degree from the school.

20 “(4) NATIVE AMERICAN CENTERS OF EXCEL-
21 LENCE.—Subject to subsection (e), the conditions
22 specified in this paragraph are that—

23 “(A) with respect to Native Americans,
24 each of clauses (i) through (iv) of paragraph

1 (1)(B) applies to the designated health profes-
2 sions school involved;

3 “(B) the school agrees, as a condition of
4 receiving a grant under subsection (a), that the
5 school will, in carrying out the duties described
6 in subsection (b), give priority to carrying out
7 the duties with respect to Native Americans;
8 and

9 “(C) the school agrees, as a condition of
10 receiving a grant under subsection (a), that—

11 “(i) the school will establish an ar-
12 rangement with 1 or more public or non-
13 profit private institutions of higher edu-
14 cation, including schools of nursing, whose
15 enrollment of students has traditionally in-
16 cluded a significant number of Native
17 Americans, the purpose of which arrange-
18 ment will be to carry out a program—

19 “(I) to identify Native American
20 students, from the institutions of
21 higher education referred to in clause
22 (i), who are interested in health pro-
23 fessions careers; and

24 “(II) to facilitate the educational
25 preparation of such students to enter

1 the designated health professions
2 school; and

3 “(ii) the designated health professions
4 school will make efforts to recruit Native
5 American students, including students who
6 have participated in the undergraduate
7 program carried out under arrangements
8 established by the school pursuant to
9 clause (i) and will assist Native American
10 students regarding the completion of the
11 educational requirements for a degree from
12 the designated health professions school.

13 “(5) OTHER CENTERS OF EXCELLENCE.—The
14 conditions specified in this paragraph are—

15 “(A) with respect to other centers of excel-
16 lence, the conditions described in clauses (i)
17 through (iv) of paragraph (1)(B); and

18 “(B) that the health professions school in-
19 volved has an enrollment of under-represented
20 minorities above the national average for such
21 enrollments of health professions schools.

22 “(d) DESIGNATION AS CENTER OF EXCELLENCE.—

23 “(1) IN GENERAL.—Any designated health pro-
24 fessions school receiving a grant under subsection
25 (a) and meeting the conditions described in para-

1 graph (2) or (5) of subsection (c) shall, for purposes
2 of this section, be designated by the Secretary as a
3 Center of Excellence in Under-Represented Minority
4 Health Professions Education.

5 “(2) HISPANIC CENTERS OF EXCELLENCE.—
6 Any designated health professions school receiving a
7 grant under subsection (a) and meeting the condi-
8 tions described in subsection (c)(3) shall, for pur-
9 poses of this section, be designated by the Secretary
10 as a Hispanic Center of Excellence in Health Profes-
11 sions Education.

12 “(3) NATIVE AMERICAN CENTERS OF EXCEL-
13 LENCE.—Any designated health professions school
14 receiving a grant under subsection (a) and meeting
15 the conditions described in subsection (c)(4) shall,
16 for purposes of this section, be designated by the
17 Secretary as a Native American Center of Excellence
18 in Health Professions Education. Any consortium
19 receiving such a grant pursuant to subsection (e)
20 shall, for purposes of this section, be so designated.

21 “(e) AUTHORITY REGARDING NATIVE AMERICAN
22 CENTERS OF EXCELLENCE.—With respect to meeting the
23 conditions specified in subsection (c)(4), the Secretary
24 may make a grant under subsection (a) to a designated

1 health professions school that does not meet such condi-
 2 tions if—

3 “(1) the school has formed a consortium in ac-
 4 cordance with subsection (d)(1); and

5 “(2) the schools of the consortium collectively
 6 meet such conditions, without regard to whether the
 7 schools individually meet such conditions.

8 “(f) DURATION OF GRANT.—The period during
 9 which payments are made under a grant under subsection
 10 (a) may not exceed 5 years. Such payments shall be sub-
 11 ject to annual approval by the Secretary and to the avail-
 12 ability of appropriations for the fiscal year involved to
 13 make the payments.

14 “(g) DEFINITIONS.—In this section:

15 “(1) DESIGNATED HEALTH PROFESSIONS
 16 SCHOOL.—

17 “(A) IN GENERAL.—The term ‘health pro-
 18 fessions school’ means, except as provided in
 19 subparagraph (B), a school of medicine, a
 20 school of osteopathic medicine, a school of den-
 21 tistry, a school of pharmacy, or a graduate pro-
 22 gram in behavioral or mental health.

23 “(B) EXCEPTION.—The definition estab-
 24 lished in subparagraph (A) shall not apply to

1 the use of the term ‘designated health profes-
 2 sions school’ for purposes of subsection (c)(2).

3 “(2) PROGRAM OF EXCELLENCE.—The term
 4 ‘program of excellence’ means any program carried
 5 out by a designated health professions school with a
 6 grant made under subsection (a), if the program is
 7 for purposes for which the school involved is author-
 8 ized in subsection (b) or (c) to expend the grant.

9 “(3) NATIVE AMERICANS.—The term ‘Native
 10 Americans’ means American Indians, Alaskan Na-
 11 tives, Aleuts, and Native Hawaiians.

12 “(h) FUNDING.—

13 “(1) AUTHORIZATION OF APPROPRIATIONS.—
 14 For the purpose of making grants under subsection
 15 (a), there authorized to be appropriated \$26,000,000
 16 for fiscal year 1998, and such sums as may be nec-
 17 essary for each of the fiscal years 1999 through
 18 2002.

19 “(2) ALLOCATIONS.—Based on the amount ap-
 20 propriated under paragraph (1) for a fiscal year, one
 21 of the following subparagraphs shall apply:

22 “(A) IN GENERAL.—If the amounts appro-
 23 priated under paragraph (1) for a fiscal year
 24 are \$24,000,000 or less—

1 “(i) the Secretary shall make available
2 \$12,000,000 for grants under subsection
3 (a) to health professions schools that meet
4 the conditions described in subsection
5 (c)(2)(A); and

6 “(ii) and available after grants are
7 made with funds under clause (i), the Sec-
8 retary shall make available—

9 “(I) 60 percent of such amount
10 for grants under subsection (a) to
11 health professions schools that meet
12 the conditions described in paragraph
13 (3) or (4) of subsection (c) (including
14 meeting the conditions under sub-
15 section (e)); and

16 “(II) 40 percent of such amount
17 for grants under subsection (a) to
18 health professions schools that meet
19 the conditions described in subsection
20 (c)(5).

21 “(B) FUNDING IN EXCESS OF
22 \$24,000,000.—If amounts appropriated under
23 paragraph (1) for a fiscal year exceed
24 \$24,000,000 but are less than \$30,000,000—

1 “(i) 80 percent of such excess
 2 amounts shall be made available for grants
 3 under subsection (a) to health professions
 4 schools that meet the requirements de-
 5 scribed in paragraph (3) or (4) of sub-
 6 section (c) (including meeting conditions
 7 pursuant to subsection (e)); and

8 “(ii) 20 percent of such excess
 9 amount shall be made available for grants
 10 under subsection (a) to health professions
 11 schools that meet the conditions described
 12 in subsection (c)(5).

13 “(C) FUNDING IN EXCESS OF
 14 \$30,000,000.—If amounts appropriated under
 15 paragraph (1) for a fiscal year are \$30,000,000
 16 or more, the Secretary shall make available—

17 “(i) not less than \$12,000,000 for
 18 grants under subsection (a) to health pro-
 19 fessions schools that meet the conditions
 20 described in subsection (c)(2)(A);

21 “(ii) not less than \$12,000,000 for
 22 grants under subsection (a) to health pro-
 23 fessions schools that meet the conditions
 24 described in paragraph (3) or (4) of sub-

1 section (c) (including meeting conditions
2 pursuant to subsection (e));

3 “(iii) not less than \$6,000,000 for
4 grants under subsection (a) to health pro-
5 fessions schools that meet the conditions
6 described in subsection (c)(5); and

7 “(iv) after grants are made with
8 funds under clauses (i) through (iii), any
9 remaining funds for grants under sub-
10 section (a) to health professions schools
11 that meet the conditions described in para-
12 graph (2)(A), (3), (4), or (5) of subsection
13 (c).

14 “(3) NO LIMITATION.—Nothing in this sub-
15 section shall be construed as limiting the centers of
16 excellence referred to in this section to the des-
17 ignated amount, or to preclude such entities from
18 competing for other grants under this section.

19 “(4) MAINTENANCE OF EFFORT.—

20 “(A) IN GENERAL.—With respect to activi-
21 ties for which a grant made under this part are
22 authorized to be expended, the Secretary may
23 not make such a grant to a center of excellence
24 for any fiscal year unless the center agrees to
25 maintain expenditures of non-Federal amounts

1 for such activities at a level that is not less
2 than the level of such expenditures maintained
3 by the center for the fiscal year preceding the
4 fiscal year for which the school receives such a
5 grant.

6 “(B) USE OF FEDERAL FUNDS.—With re-
7 spect to any Federal amounts received by a cen-
8 ter of excellence and available for carrying out
9 activities for which a grant under this part is
10 authorized to be expended, the Secretary may
11 not make such a grant to the center for any fis-
12 cal year unless the center agrees that the center
13 will, before expending the grant, expend the
14 Federal amounts obtained from sources other
15 than the grant.

16 **“SEC. 737. SCHOLARSHIPS FOR DISADVANTAGED STU-**
17 **DENTS.**

18 “(a) IN GENERAL.—The Secretary may make a grant
19 to an eligible entity (as defined in subsection (d)(1)) under
20 this section for the awarding of scholarships by schools
21 to any full-time student who is an eligible individual as
22 defined in subsection (d). Such scholarships may be ex-
23 pended only for tuition expenses, other reasonable edu-
24 cational expenses, and reasonable living expenses incurred
25 in the attendance of such school.

1 “(b) PREFERENCE IN PROVIDING SCHOLARSHIPS.—
 2 The Secretary may not make a grant to an entity under
 3 subsection (a) unless the health professions and nursing
 4 schools involved agree that, in providing scholarships pur-
 5 suant to the grant, the schools will give preference to stu-
 6 dents for whom the costs of attending the schools would
 7 constitute a severe financial hardship and, notwithstand-
 8 ing other provisions of this section, to former recipients
 9 of scholarships under sections 736 and 740(d)(2)(B) (as
 10 such sections existed on the day before the date of enact-
 11 ment of this section).

12 “(c) AMOUNT OF AWARD.—In awarding grants to eli-
 13 gible entities that are health professions and nursing
 14 schools, the Secretary shall give priority to eligible entities
 15 based on the proportion of graduating students going into
 16 primary care, the proportion of underrepresented minority
 17 students, and the proportion of graduates working in
 18 medically underserved communities.

19 “(d) DEFINITIONS.—In this section:

20 “(1) ELIGIBLE ENTITIES.—The term ‘eligible
 21 entities’ means an entity that—

22 “(A) is a school of medicine, osteopathic
 23 medicine, dentistry, nursing (as defined in sec-
 24 tion 801), pharmacy, podiatric medicine, optom-
 25 etry, veterinary medicine, public health, chiro-

1 practic, or allied health, a school offering a
 2 graduate program in behavioral and mental
 3 health practice, or an entity providing programs
 4 for the training of physician assistants; and

5 “(B) is carrying out a program for recruit-
 6 ing and retaining students from disadvantaged
 7 backgrounds, including students who are mem-
 8 bers of racial and ethnic minority groups.

9 “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible
 10 individual’ means an individual who—

11 “(A) is from a disadvantaged background;

12 “(B) has a financial need for a scholar-
 13 ship; and

14 “(C) is enrolled (or accepted for enroll-
 15 ment) at an eligible health professions or nurs-
 16 ing school as a full-time student in a program
 17 leading to a degree in a health profession or
 18 nursing.

19 **“SEC. 738. LOAN REPAYMENTS AND FELLOWSHIPS REGARD-**
 20 **ING FACULTY POSITIONS.**

21 “(a) LOAN REPAYMENTS.—

22 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
 23 retary shall establish a program of entering into con-
 24 tracts with individuals described in paragraph (2)
 25 under which the individuals agree to serve as mem-

1 bers of the faculties of schools described in para-
2 graph (3) in consideration of the Federal Govern-
3 ment agreeing to pay, for each year of such service,
4 not more than \$20,000 of the principal and interest
5 of the educational loans of such individuals.

6 “(2) ELIGIBLE INDIVIDUALS.—The individuals
7 referred to in paragraph (1) are individuals from
8 disadvantaged backgrounds who—

9 “(A) have a degree in medicine, osteo-
10 pathic medicine, dentistry, nursing, or another
11 health profession;

12 “(B) are enrolled in an approved graduate
13 training program in medicine, osteopathic medi-
14 cine, dentistry, nursing, or other health profes-
15 sion; or

16 “(C) are enrolled as full-time students—

17 “(i) in an accredited (as determined
18 by the Secretary) school described in para-
19 graph (3); and

20 “(ii) in the final year of a course of
21 a study or program, offered by such insti-
22 tution and approved by the Secretary, lead-
23 ing to a degree from such a school.

24 “(3) ELIGIBLE HEALTH PROFESSIONS
25 SCHOOLS.—The schools described in this paragraph

1 are schools of medicine, nursing (as schools of nurs-
2 ing are defined in section 801), osteopathic medi-
3 cine, dentistry, pharmacy, allied health, podiatric
4 medicine, optometry, veterinary medicine, or public
5 health, or schools offering graduate programs in be-
6 havioral and mental health.

7 “(4) REQUIREMENTS REGARDING FACULTY PO-
8 SITIONS.—The Secretary may not enter into a con-
9 tract under paragraph (1) unless—

10 “(A) the individual involved has entered
11 into a contract with a school described in para-
12 graph (3) to serve as a member of the faculty
13 of the school for not less than 2 years; and

14 “(B) the contract referred to in subpara-
15 graph (A) provides that—

16 “(i) the school will, for each year for
17 which the individual will serve as a mem-
18 ber of the faculty under the contract with
19 the school, make payments of the principal
20 and interest due on the educational loans
21 of the individual for such year in an
22 amount equal to the amount of such pay-
23 ments made by the Secretary for the year;

24 “(ii) the payments made by the school
25 pursuant to clause (i) on behalf of the indi-

vidual will be in addition to the pay that the individual would otherwise receive for serving as a member of such faculty; and

“(iii) the school, in making a determination of the amount of compensation to be provided by the school to the individual for serving as a member of the faculty, will make the determination without regard to the amount of payments made (or to be made) to the individual by the Federal Government under paragraph (1).

“(5) APPLICABILITY OF CERTAIN PROVISIONS.—The provisions of sections 338C, 338G, and 338I shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III, including the applicability of provisions regarding reimbursements for increased tax liability and regarding bankruptcy.

“(6) WAIVER REGARDING SCHOOL CONTRIBUTIONS.—The Secretary may waive the requirement established in paragraph (4)(B) if the Secretary determines that the requirement will impose an undue financial hardship on the school involved.

1 “(b) FELLOWSHIPS.—

2 “(1) IN GENERAL.—The Secretary may make
3 grants to and enter into contracts with eligible enti-
4 ties to assist such entities in increasing the number
5 of underrepresented minority individuals who are
6 members of the faculty of such schools.

7 “(2) APPLICATIONS.—To be eligible to receive a
8 grant or contract under this subsection, an entity
9 shall provide an assurance, in the application sub-
10 mitted by the entity, that—

11 “(A) amounts received under such a grant
12 or contract will be used to award a fellowship
13 to an individual only if the individual meets the
14 requirements of paragraphs (3) and (4); and

15 “(B) each fellowship awarded pursuant to
16 the grant or contract will include—

17 “(i) a stipend in an amount not ex-
18 ceeding 50 percent of the regular salary of
19 a similar faculty member for not to exceed
20 3 years of training; and

21 “(ii) an allowance for other expenses,
22 such as travel to professional meetings and
23 costs related to specialized training.

24 “(3) ELIGIBILITY.—To be eligible to receive a
25 grant or contract under paragraph (1), an applicant

1 shall demonstrate to the Secretary that such appli-
2 cant has or will have the ability to—

3 “(A) identify, recruit and select underrep-
4 resented minority individuals who have the po-
5 tential for teaching, administration, or conduct-
6 ing research at a health professions institution;

7 “(B) provide such individuals with the
8 skills necessary to enable them to secure a
9 tenured faculty position at such institution,
10 which may include training with respect to ped-
11 agogical skills, program administration, the de-
12 sign and conduct of research, grants writing,
13 and the preparation of articles suitable for pub-
14 lication in peer reviewed journals;

15 “(C) provide services designed to assist
16 such individuals in their preparation for an aca-
17 demic career, including the provision of coun-
18 selors; and

19 “(D) provide health services to rural or
20 medically underserved populations.

21 “(4) REQUIREMENTS.—To be eligible to receive
22 a grant or contract under paragraph (1) an appli-
23 cant shall—

24 “(A) provide an assurance that such appli-
25 cant will make available (directly through cash

1 donations) \$1 for every \$1 of Federal funds re-
2 ceived under this section for the fellowship;

3 “(B) provide an assurance that institu-
4 tional support will be provided for the individ-
5 ual for the second and third years at a level
6 that is equal to the total amount of institutional
7 funds provided in the year in which the grant
8 or contract was awarded;

9 “(C) provide an assurance that the individ-
10 ual that will receive the fellowship will be a
11 member of the faculty of the applicant school;
12 and

13 “(D) provide an assurance that the individ-
14 ual that will receive the fellowship will have, at
15 a minimum, appropriate advanced preparation
16 (such as a master’s or doctoral degree) and spe-
17 cial skills necessary to enable such individual to
18 teach and practice.

19 “(5) DEFINITION.—For purposes of this sub-
20 section, the term ‘underrepresented minority individ-
21 uals’ means individuals who are members of racial
22 or ethnic minority groups that are underrepresented
23 in the health professions including nursing.

1 **“SEC. 739. EDUCATIONAL ASSISTANCE IN THE HEALTH**
2 **PROFESSIONS REGARDING INDIVIDUALS**
3 **FROM DISADVANTAGED BACKGROUNDS.**

4 “(a) IN GENERAL.—

5 “(1) AUTHORITY FOR GRANTS.—For the pur-
6 pose of assisting individuals from disadvantaged
7 backgrounds, as determined in accordance with cri-
8 teria prescribed by the Secretary, to undertake edu-
9 cation to enter a health profession, the Secretary
10 may make grants to and enter into contracts with
11 schools of medicine, osteopathic medicine, public
12 health, dentistry, veterinary medicine, optometry,
13 pharmacy, allied health, chiropractic, and podiatric
14 medicine, public and nonprofit private schools that
15 offer graduate programs in behavioral and mental
16 health, programs for the training of physician assist-
17 ants, and other public or private nonprofit health or
18 educational entities to assist in meeting the costs de-
19 scribed in paragraph (2).

20 “(2) AUTHORIZED EXPENDITURES.—A grant or
21 contract under paragraph (1) may be used by the
22 entity to meet the cost of—

23 “(A) identifying, recruiting, and selecting
24 individuals from disadvantaged backgrounds, as
25 so determined, for education and training in a
26 health profession;

1 “(B) facilitating the entry of such individ-
2 uals into such a school;

3 “(C) providing counseling, mentoring, or
4 other services designed to assist such individ-
5 uals to complete successfully their education at
6 such a school;

7 “(D) providing, for a period prior to the
8 entry of such individuals into the regular course
9 of education of such a school, preliminary edu-
10 cation and health research training designed to
11 assist them to complete successfully such regu-
12 lar course of education at such a school, or re-
13 ferring such individuals to institutions providing
14 such preliminary education;

15 “(E) publicizing existing sources of finan-
16 cial aid available to students in the education
17 program of such a school or who are undertak-
18 ing training necessary to qualify them to enroll
19 in such a program;

20 “(F) paying such scholarships as the Sec-
21 retary may determine for such individuals for
22 any period of health professions education at a
23 health professions school;

24 “(G) paying such stipends as the Secretary
25 may approve for such individuals for any period

1 of education in student-enhancement programs
2 (other than regular courses), except that such a
3 stipend may not be provided to an individual
4 for more than 12 months, and such a stipend
5 shall be in an amount determined appropriate
6 by the Secretary (notwithstanding any other
7 provision of law regarding the amount of sti-
8 pends);

9 “(H) carrying out programs under which
10 such individuals gain experience regarding a ca-
11 reer in a field of primary health care through
12 working at facilities of public or private non-
13 profit community-based providers of primary
14 health services; and

15 “(I) conducting activities to develop a larg-
16 er and more competitive applicant pool through
17 partnerships with institutions of higher edu-
18 cation, school districts, and other community-
19 based entities.

20 “(3) DEFINITION.—In this section, the term
21 ‘regular course of education of such a school’ as
22 used in subparagraph (D) includes a graduate pro-
23 gram in behavioral or mental health.

24 “(b) REQUIREMENTS FOR AWARDS.—In making
25 awards to eligible entities under subsection (a)(1), the

1 Secretary shall give preference to approved applications
2 for programs that involve a comprehensive approach by
3 several public or nonprofit private health or educational
4 entities to establish, enhance and expand educational pro-
5 grams that will result in the development of a competitive
6 applicant pool of individuals from disadvantaged back-
7 grounds who desire to pursue health professions careers.
8 In considering awards for such a comprehensive partner-
9 ship approach, the following shall apply with respect to
10 the entity involved:

11 “(1) The entity shall have a demonstrated com-
12 mitment to such approach through formal agree-
13 ments that have common objectives with institutions
14 of higher education, school districts, and other com-
15 munity-based entities.

16 “(2) Such formal agreements shall reflect the
17 coordination of educational activities and support
18 services, increased linkages, and the consolidation of
19 resources within a specific geographic area.

20 “(3) The design of the educational activities in-
21 volved shall provide for the establishment of a com-
22 petitive health professions applicant pool of individ-
23 uals from disadvantaged backgrounds by enhancing
24 the total preparation (academic and social) of such
25 individuals to pursue a health professions career.

1 “(4) The programs or activities under the
2 award shall focus on developing a culturally com-
3 petent health care workforce that will serve the
4 unserved and underserved populations within the ge-
5 ographic area.

6 “(c) **EQUITABLE ALLOCATION OF FINANCIAL AS-**
7 **SISTANCE.**—The Secretary, to the extent practicable, shall
8 ensure that services and activities under subsection (a) are
9 adequately allocated among the various racial and ethnic
10 populations who are from disadvantaged backgrounds.

11 “(d) **MATCHING REQUIREMENTS.**—The Secretary
12 may require that an entity that applies for a grant or con-
13 tract under subsection (a), provide non-Federal matching
14 funds, as appropriate, to ensure the institutional commit-
15 ment of the entity to the projects funded under the grant
16 or contract. As determined by the Secretary, such non-
17 Federal matching funds may be provided directly or
18 through donations from public or private entities and may
19 be in cash or in-kind, fairly evaluated, including plant,
20 equipment, or services.

21 **“SEC. 740. AUTHORIZATION OF APPROPRIATION.**

22 “(a) **SCHOLARSHIPS.**—There are authorized to be ap-
23 propriated to carry out section 737, \$37,000,000 for fiscal
24 year 1998, and such sums as may be necessary for each
25 of the fiscal years 1999 through 2002. Of the amount ap-

1 appropriated in any fiscal year, the Secretary shall ensure
2 that not less than 16 percent shall be distributed to
3 schools of nursing.

4 “(b) LOAN REPAYMENTS AND FELLOWSHIPS.—For
5 the purpose of carrying out section 738, there is author-
6 ized to be appropriated \$1,100,000 for fiscal year 1998,
7 and such sums as may be necessary for each of the fiscal
8 years 1999 through 2002.

9 “(c) EDUCATIONAL ASSISTANCE IN HEALTH PRO-
10 FESSIONS REGARDING INDIVIDUALS FOR DISADVAN-
11 TAGED BACKGROUNDS.—For the purpose of grants and
12 contracts under section 739(a)(1), there is authorized to
13 be appropriated \$29,400,000 for fiscal year 1998, and
14 such sums as may be necessary for each of the fiscal years
15 1999 through 2002. The Secretary may use not to exceed
16 20 percent of the amount appropriated for a fiscal year
17 under this subsection to provide scholarships under section
18 739(a)(2)(F).

19 “(d) REPORT.—Not later than 6 months after the
20 date of enactment of this part, the Secretary shall prepare
21 and submit to the appropriate committees of Congress a
22 report concerning the efforts of the Secretary to address
23 the need for a representative mix of individuals from his-
24 torically minority health professions schools, or from insti-
25 tutions or other entities that historically or by geographic

1 location have a demonstrated record of training or educat-
 2 ing underrepresented minorities, within various health
 3 professions disciplines, on peer review councils.”.

4 (b) REPEAL.—

5 (1) IN GENERAL.—Section 795 of the Public
 6 Health Service Act (42 U.S.C. 295n) is repealed.

7 (2) NONTERMINATION OF AUTHORITY.—The
 8 amendments made by this section shall not be con-
 9 strued to terminate agreements that, on the day be-
 10 fore the date of enactment of this Act, are in effect
 11 pursuant to section 795 of the Public Health Service
 12 Act (42 U.S.C. 795) as such section existed on such
 13 date. Such agreements shall continue in effect in ac-
 14 cordance with the terms of the agreements. With re-
 15 spect to compliance with such agreements, any pe-
 16 riod of practice as a provider of primary health serv-
 17 ices shall be counted towards the satisfaction of the
 18 requirement of practice pursuant to such section
 19 795.

20 (c) CONFORMING AMENDMENTS.—Section
 21 481A(c)(3)(D)(i) of the Public Health Service Act (42
 22 U.S.C. 287a–2(c)(3)(D)(i)) is amended by striking “sec-
 23 tion 739” and inserting “part B of title VII”.

1 **SEC. 102. TRAINING IN PRIMARY CARE MEDICINE AND DEN-**
 2 **TISTRY.**

3 Part C of title VII of the Public Health Service Act
 4 (42 U.S.C. 293 et seq.) is amended—

5 (1) in the part heading by striking “**PRI-**
 6 **MARY HEALTH CARE**” and inserting “**FAM-**
 7 **ILY MEDICINE, GENERAL INTERNAL**
 8 **MEDICINE, GENERAL PEDIATRICS,**
 9 **PHYSICIAN ASSISTANTS, GENERAL**
 10 **DENTISTRY, AND PEDIATRIC DEN-**
 11 **TISTRY**”;

12 (2) by repealing section 746 (42 U.S.C. 293j);

13 (3) in section 747 (42 U.S.C. 293k)—

14 (A) by striking the section heading and in-
 15 serting the following:

16 **“SEC. 747. FAMILY MEDICINE, GENERAL INTERNAL MEDI-**
 17 **CINE, GENERAL PEDIATRICS, GENERAL DEN-**
 18 **TISTRY, PEDIATRIC DENTISTRY, AND PHYSI-**
 19 **CIAN ASSISTANTS.”;**

20 (B) in subsection (a)—

21 (i) in paragraph (1)—

22 (I) by inserting “, internal medi-
 23 cine, or pediatrics” after “family med-
 24 icine”; and

25 (II) by inserting before the semi-
 26 colon the following: “that emphasizes

1 training for the practice of family
2 medicine, general internal medicine,
3 or general pediatrics (as defined by
4 the Secretary)”;

5 (ii) in paragraph (2), by inserting “,
6 general internal medicine, or general pedi-
7 atries” before the semicolon;

8 (iii) in paragraphs (3) and (4), by in-
9 serting “(including geriatrics), general in-
10 ternal medicine or general pediatrics” after
11 “family medicine”;

12 (iv) in paragraph (3), by striking
13 “and” at the end thereof;

14 (v) in paragraph (4), by striking the
15 period and inserting a semicolon; and

16 (vii) by adding at the end thereof the
17 following new paragraphs:

18 “(5) to meet the costs of projects to plan, de-
19 velop, and operate or maintain programs for the
20 training of physician assistants (as defined in sec-
21 tion 799B), and for the training of individuals who
22 will teach in programs to provide such training; and

23 “(6) to meet the costs of planning, developing,
24 or operating programs, and to provide financial as-

1 sistance to residents in such programs, of general
2 dentistry or pediatric dentistry.

3 For purposes of paragraph (6), entities eligible for such
4 grants or contracts shall include entities that have pro-
5 grams in dental schools, approved residency programs in
6 the general or pediatric practice of dentistry, approved ad-
7 vanced education programs in the general or pediatric
8 practice of dentistry, or approved residency programs in
9 pediatric dentistry.”;

10 (C) in subsection (b)—

11 (i) in paragraphs (1) and (2)(A), by
12 inserting “, general internal medicine, or
13 general pediatrics” after “family medi-
14 cine”;

15 (ii) in paragraph (2)—

16 (I) in subparagraph (A), by strik-
17 ing “or” at the end; and

18 (II) in subparagraph (B), by
19 striking the period and inserting “;
20 or”; and

21 (iii) by adding at the end the follow-
22 ing:

23 “(3) PRIORITY IN MAKING AWARDS.—In mak-
24 ing awards of grants and contracts under paragraph
25 (1), the Secretary shall give priority to any qualified

1 applicant for such an award that proposes a collabo-
2 rative project between departments of primary
3 care.”;

4 (D) by redesignating subsections (c) and
5 (d) as subsections (d) and (e), respectively;

6 (E) by inserting after subsection (b), the
7 following new subsection:

8 “(c) PRIORITY.—

9 “(1) IN GENERAL.—With respect to programs
10 for the training of interns or residents, the Secretary
11 shall give priority in awarding grants under this sec-
12 tion to qualified applicants that have a record of
13 training the greatest percentage of providers, or that
14 have demonstrated significant improvements in the
15 percentage of providers, which enter and remain in
16 primary care practice or general or pediatric den-
17 tistry.

18 “(2) DISADVANTAGED INDIVIDUALS.—With re-
19 spect to programs for the training of interns, resi-
20 dents, or physician assistants, the Secretary shall
21 give priority in awarding grants under this section
22 to qualified applicants that have a record of training
23 individuals who are from disadvantaged backgrounds
24 (including racial and ethnic minorities underrep-

1 resented among primary care practice or general or
2 pediatric dentistry).

3 “(3) SPECIAL CONSIDERATION.—In awarding
4 grants under this section the Secretary shall give
5 special consideration to projects which prepare prac-
6 titioners to care for underserved populations and
7 other high risk groups such as the elderly, individ-
8 uals with HIV-AIDS, substance abusers, homeless,
9 and victims of domestic violence.”; and

10 (F) in subsection (e) (as so redesignated
11 by subparagraph (D))—

12 (i) in paragraph (1), by striking
13 “\$54,000,000” and all that follows and in-
14 serting “\$78,300,000 for fiscal year 1998,
15 and such sums as may be necessary for
16 each of the fiscal years 1999 through
17 2002.”; and

18 (ii) by striking paragraph (2) and in-
19 serting the following:

20 “(2) ALLOCATION.—

21 “(A) IN GENERAL.—Of the amounts ap-
22 propriated under paragraph (1) for a fiscal
23 year, the Secretary shall make available—

24 “(i) not less than \$49,300,000 for
25 awards of grants and contracts under sub-

1 section (a) to programs of family medicine,
2 of which not less than \$8,600,000 shall be
3 made available for awards of grants and
4 contracts under subsection (b) for family
5 medicine academic administrative units;

6 “(ii) not less than \$17,700,000 for
7 awards of grants and contracts under sub-
8 section (a) to programs of general internal
9 medicine and general pediatrics;

10 “(iii) not less than \$6,800,000 for
11 awards of grants and contracts under sub-
12 section (a) to programs relating to physi-
13 cian assistants; and

14 “(iv) not less than \$4,500,000 for
15 awards of grants and contracts under sub-
16 section (a) to programs of general or pedi-
17 atric dentistry.

18 “(B) RATABLE REDUCTION.—If amounts
19 appropriated under paragraph (1) for any fiscal
20 year are less than the amount required to com-
21 ply with subparagraph (A), the Secretary shall
22 ratably reduce the amount to be made available
23 under each of clauses (i) through (iv) of such
24 subparagraph accordingly.”; and

1 (4) by repealing sections 748 through 752 (42
2 U.S.C. 293l through 293p) and inserting the follow-
3 ing:

4 **“SEC. 748. ADVISORY COMMITTEE ON TRAINING IN PRI-**
5 **MARY CARE MEDICINE AND DENTISTRY.**

6 “(a) ESTABLISHMENT.—The Secretary shall estab-
7 lish an advisory committee to be known as the Advisory
8 Committee on Training in Primary Care Medicine and
9 Dentistry (in this section referred to as the ‘Advisory
10 Committee’).

11 “(b) COMPOSITION.—

12 “(1) IN GENERAL.—The Secretary shall deter-
13 mine the appropriate number of individuals to serve
14 on the Advisory Committee. Such individuals shall
15 not be officers or employees of the Federal Govern-
16 ment.

17 “(2) APPOINTMENT.—Not later than 90 days
18 after the date of enactment of this Act, the Sec-
19 retary shall appoint the members of the Advisory
20 Committee from among individuals who are health
21 professionals. In making such appointments, the
22 Secretary shall ensure a fair balance between the
23 health professions, that at least 75 percent of the
24 members of the Advisory Committee are health pro-
25 fessionals, a broad geographic representation of

1 members and a balance between urban and rural
2 members. Members shall be appointed based on their
3 competence, interest, and knowledge of the mission
4 of the profession involved.

5 “(3) MINORITY REPRESENTATION.—In appoint-
6 ing the members of the Advisory Committee under
7 paragraph (2), the Secretary shall ensure the ade-
8 quate representation of women and minorities.

9 “(c) TERMS.—

10 “(1) IN GENERAL.—A member of the Advisory
11 Committee shall be appointed for a term of 3 years,
12 except that of the members first appointed—

13 “(A) $\frac{1}{3}$ of such members shall serve for a
14 term of 1 year;

15 “(B) $\frac{1}{3}$ of such members shall serve for a
16 term of 2 years; and

17 “(C) $\frac{1}{3}$ of such members shall serve for a
18 term of 3 years.

19 “(2) VACANCIES.—

20 “(A) IN GENERAL.—A vacancy on the Ad-
21 visory Committee shall be filled in the manner
22 in which the original appointment was made
23 and shall be subject to any conditions which ap-
24 plied with respect to the original appointment.

1 “(B) FILLING UNEXPIRED TERM.—An in-
2 dividual chosen to fill a vacancy shall be ap-
3 pointed for the unexpired term of the member
4 replaced.

5 “(d) DUTIES.—The Advisory Committee shall—

6 “(1) provide advice and recommendations to the
7 Secretary concerning policy and program develop-
8 ment and other matters of significance concerning
9 the activities under section 747; and

10 “(2) not later than 3 years after the date of en-
11 actment of this section, and annually thereafter, pre-
12 pare and submit to the Secretary, and the Commit-
13 tee on Labor and Human Resources of the Senate,
14 and the Committee on Commerce of the House of
15 Representatives, a report describing the activities of
16 the Committee, including findings and recommenda-
17 tions made by the Committee concerning the activi-
18 ties under section 747.

19 “(e) MEETINGS AND DOCUMENTS.—

20 “(1) MEETINGS.—The Advisory Committee
21 shall meet not less than 2 times each year. Such
22 meetings shall be held jointly with other related enti-
23 ties established under this title where appropriate.

24 “(2) DOCUMENTS.—Not later than 14 days
25 prior to the convening of a meeting under paragraph

1 (1), the Advisory Committee shall prepare and make
2 available an agenda of the matters to be considered
3 by the Advisory Committee at such meeting. At any
4 such meeting, the Advisory Council shall distribute
5 materials with respect to the issues to be addressed
6 at the meeting. Not later than 30 days after the ad-
7 journing of such a meeting, the Advisory Committee
8 shall prepare and make available a summary of the
9 meeting and any actions taken by the Committee
10 based upon the meeting.

11 “(f) COMPENSATION AND EXPENSES.—

12 “(1) COMPENSATION.—Each member of the
13 Advisory Committee shall be compensated at a rate
14 equal to the daily equivalent of the annual rate of
15 basic pay prescribed for level IV of the Executive
16 Schedule under section 5315 of title 5, United
17 States Code, for each day (including travel time)
18 during which such member is engaged in the per-
19 formance of the duties of the Committee.

20 “(2) EXPENSES.—The members of the Advisory
21 Committee shall be allowed travel expenses, includ-
22 ing per diem in lieu of subsistence, at rates author-
23 ized for employees of agencies under subchapter I of
24 chapter 57 of title 5, United States Code, while

1 away from their homes or regular places of business
 2 in the performance of services for the Committee.

3 “(g) FACA.—The Federal Advisory Committee Act
 4 shall apply to the Advisory Committee under this section
 5 only to the extent that the provisions of such Act do not
 6 conflict with the requirements of this section.”.

7 **SEC. 103. INTERDISCIPLINARY, COMMUNITY-BASED LINK-**
 8 **AGES.**

9 Part D of title VII of the Public Health Service Act
 10 (42 U.S.C. 294 et seq.) is amended to read as follows:

11 **“PART D—INTERDISCIPLINARY, COMMUNITY-**
 12 **BASED LINKAGES**

13 **“SEC. 750. GENERAL PROVISIONS.**

14 “(a) COLLABORATION.—To be eligible to receive as-
 15 sistance under this part, an academic institution shall use
 16 such assistance in collaboration with 2 or more disciplines.

17 “(b) ACTIVITIES.—An entity shall use assistance
 18 under this part to carry out innovative demonstration
 19 projects for strategic workforce supplementation activities
 20 as needed to meet national goals for interdisciplinary,
 21 community-based linkages. Such assistance may be used
 22 consistent with this part—

23 “(1) to develop and support training programs;

24 “(2) for faculty development;

25 “(3) for model demonstration programs;

1 “(4) for the provision of stipends for fellowship
2 trainees;

3 “(5) to provide technical assistance; and

4 “(6) for other activities that will produce out-
5 comes consistent with the purposes of this part.

6 **“SEC. 751. AREA HEALTH EDUCATION CENTERS.**

7 “(a) AUTHORITY FOR PROVISION OF FINANCIAL AS-
8 SISTANCE.—

9 “(1) ASSISTANCE FOR PLANNING, DEVELOP-
10 MENT, AND OPERATION OF PROGRAMS.—

11 “(A) IN GENERAL.—The Secretary shall
12 award grants to and enter into contracts with
13 schools of medicine and osteopathic medicine,
14 and incorporated consortia made up of such
15 schools, or the parent institutions of such
16 schools, for projects for the planning, develop-
17 ment and operation of area health education
18 center programs that—

19 “(i) improve the recruitment, distribu-
20 tion, supply, quality and efficiency of per-
21 sonnel providing health services in under-
22 served rural and urban areas and person-
23 nel providing health services to populations
24 having demonstrated serious unmet health
25 care needs;

1 “(ii) increase the number of primary
2 care physicians and other primary care
3 providers who provide services in under-
4 served areas through the offering of an
5 educational continuum of health career re-
6 cruitment through clinical education con-
7 cerning underserved areas in a comprehen-
8 sive health workforce strategy;

9 “(iii) carry out recruitment and health
10 career awareness programs to recruit indi-
11 viduals from underserved areas and under-
12 represented populations, including minority
13 and other elementary or secondary stu-
14 dents, into the health professions;

15 “(iv) prepare individuals to more ef-
16 fectively provide health services to under-
17 served areas or underserved populations
18 through field placements, preceptorships,
19 the conduct of or support of community-
20 based primary care residency programs,
21 and agreements with community-based or-
22 ganizations such as community health cen-
23 ters, migrant health centers, Indian health
24 centers, public health departments and
25 others;

1 “(v) conduct health professions edu-
2 cation and training activities for students
3 of health professions schools and medical
4 residents;

5 “(vi) conduct at least 10 percent of
6 medical student required clinical education
7 at sites remote to the primary teaching fa-
8 cility of the contracting institution; and

9 “(vii) provide information dissemina-
10 tion and educational support to reduce pro-
11 fessional isolation, increase retention,
12 enhance the practice environment, and im-
13 prove health care through the timely dis-
14 semination of research findings using rel-
15 evant resources.

16 “(B) OTHER ELIGIBLE ENTITIES.—With
17 respect to a State in which no area health edu-
18 cation center program is in operation, the Sec-
19 retary may award a grant or contract under
20 subparagraph (A) to a school of nursing.

21 “(C) PROJECT TERMS.—

22 “(i) IN GENERAL.—Except as pro-
23 vided in clause (ii), the period during
24 which payments may be made under an

1 award under subparagraph (A) may not
2 exceed—

3 “(I) in the case of a project, 12
4 years or

5 “(II) in the case of a center with-
6 in a project, 6 years.

7 “(ii) EXCEPTION.—The periods de-
8 scribed in clause (i) shall not apply to
9 projects that have completed the initial pe-
10 riod of Federal funding under this section
11 and that desire to compete for model
12 awards under paragraph (2)(A).

13 “(2) ASSISTANCE FOR OPERATION OF MODEL
14 PROGRAMS.—

15 “(A) IN GENERAL.—In the case of any en-
16 tity described in paragraph (1)(A) that—

17 “(i) has previously received funds
18 under this section;

19 “(ii) is operating an area health edu-
20 cation center program; and

21 “(iii) is no longer receiving financial
22 assistance under paragraph (1);

23 the Secretary may provide financial assistance
24 to such entity to pay the costs of operating and

1 carrying out the requirements of the program
2 as described in paragraph (1).

3 “(B) MATCHING REQUIREMENT.—With re-
4 spect to the costs of operating a model program
5 under subparagraph (A), an entity, to be eligi-
6 ble for financial assistance under subparagraph
7 (A), shall make available (directly or through
8 contributions from State, county or municipal
9 governments, or the private sector) recurring
10 non-Federal contributions in cash toward such
11 costs in an amount that is equal to not less
12 than 50 percent of such costs.

13 “(C) LIMITATION.—The aggregate amount
14 of awards provided under subparagraph (A) to
15 entities in a State for a fiscal year may not ex-
16 ceed the lesser of—

17 “(i) \$2,000,000; or

18 “(ii) an amount equal to the product
19 of \$250,000 and the aggregate number of
20 area health education centers operated in
21 the State by such entities.

22 “(b) REQUIREMENTS FOR CENTERS.—

23 “(1) GENERAL REQUIREMENT.—Each area
24 health education center that receives funds under
25 this section shall encourage the regionalization of

1 health professions schools through the establishment
2 of partnerships with community-based organizations.

3 “(2) SERVICE AREA.—Each area health edu-
4 cation center that receives funds under this section
5 shall specifically designate a geographic area or
6 medically underserved population to be served by the
7 center. Such area or population shall be in a location
8 removed from the main location of the teaching fa-
9 cilities of the schools participating in the program
10 with such center.

11 “(3) OTHER REQUIREMENTS.—Each area
12 health education center that receives funds under
13 this section shall—

14 “(A) assess the health personnel needs of
15 the area to be served by the center and assist
16 in the planning and development of training
17 programs to meet such needs;

18 “(B) arrange and support rotations for
19 students and residents in family medicine, gen-
20 eral internal medicine or general pediatrics,
21 with at least one center in each program being
22 affiliated with or conducting a rotating osteo-
23 pathic internship or medical residency training
24 program in family medicine (including geri-
25 atrics), general internal medicine (including

1 geriatrics), or general pediatrics in which no
2 fewer than 4 individuals are enrolled in first-
3 year positions;

4 “(C) conduct and participate in inter-
5 disciplinary training that involves physicians
6 and other health personnel including, where
7 practicable, public health professionals, physi-
8 cian assistants, nurse practitioners, nurse mid-
9 wives, and behavioral and mental health provid-
10 ers; and

11 “(D) have an advisory board, at least 75
12 percent of the members of which shall be indi-
13 viduals, including both health service providers
14 and consumers, from the area served by the
15 center.

16 “(c) CERTAIN PROVISIONS REGARDING FUNDING.—

17 “(1) ALLOCATION TO CENTER.—Not less than
18 75 percent of the total amount of Federal funds pro-
19 vided to an entity under this section shall be allo-
20 cated by an area health education center program to
21 the area health education center. Such entity shall
22 enter into an agreement with each center for pur-
23 poses of specifying the allocation of such 75 percent
24 of funds.

1 “(2) OPERATING COSTS.—With respect to the
 2 operating costs of the area health education center
 3 program of an entity receiving funds under this sec-
 4 tion, the entity shall make available (directly or
 5 through contributions from State, county or municipi-
 6 pal governments, or the private sector) non-Federal
 7 contributions in cash toward such costs in an
 8 amount that is equal to not less than 50 percent of
 9 such costs, except that the Secretary may grant a
 10 waiver for up to 75 percent of the amount of the re-
 11 quired non-Federal match in the first 3 years in
 12 which an entity receives funds under this section.

13 **“SEC. 752. HEALTH EDUCATION AND TRAINING CENTERS.**

14 “(a) IN GENERAL.—To be eligible for funds under
 15 this section, a health education training center shall be
 16 an entity otherwise eligible for funds under section 751
 17 that—

18 “(1) addresses the persistent and severe unmet
 19 health care needs in States along the border between
 20 the United States and Mexico and in the State of
 21 Florida, and in other urban and rural areas with
 22 populations with serious unmet health care needs;

23 “(2) establishes an advisory board comprised of
 24 health service providers, educators and consumers
 25 from the service area;

1 “(3) conducts training and education programs
2 for health professions students in these areas;

3 “(4) conducts training in health education serv-
4 ices, including training to prepare community health
5 workers; and

6 “(5) supports health professionals (including
7 nursing) practicing in the area through educational
8 and other services.

9 “(b) ALLOCATION OF FUNDS.—The Secretary shall
10 make available 50 percent of the amounts appropriated
11 for each fiscal year under section 752 for the establish-
12 ment or operation of health education training centers
13 through projects in States along the border between the
14 United States and Mexico and in the State of Florida.

15 **“SEC. 753. EDUCATION AND TRAINING RELATING TO GERI-**
16 **ATRICS.**

17 “(a) GERIATRIC EDUCATION CENTERS.—

18 “(1) IN GENERAL.—The Secretary shall award
19 grants or contracts under this section to entities de-
20 scribed in paragraphs (1), (3), or (4) of section
21 799B, and section 853(2), for the establishment or
22 operation of geriatric education centers.

23 “(2) REQUIREMENTS.—A geriatric education
24 center is a program that—

1 “(A) improves the training of health pro-
2 fessionals in geriatrics, including geriatric
3 residencies, traineeships, or fellowships;

4 “(B) develops and disseminates curricula
5 relating to the treatment of the health problems
6 of elderly individuals;

7 “(C) supports the training and retraining
8 of faculty to provide instruction in geriatrics;

9 “(D) supports continuing education of
10 health professionals who provide geriatric care;
11 and

12 “(E) provides students with clinical train-
13 ing in geriatrics in nursing homes, chronic and
14 acute disease hospitals, ambulatory care cen-
15 ters, and senior centers.

16 “(b) GERIATRIC TRAINING REGARDING PHYSICIANS
17 AND DENTISTS.—

18 “(1) IN GENERAL.—The Secretary may make
19 grants to, and enter into contracts with, schools of
20 medicine, schools of osteopathic medicine, teaching
21 hospitals, and graduate medical education programs,
22 for the purpose of providing support (including
23 residencies, traineeships, and fellowships) for geri-
24 atric training projects to train physicians, dentists
25 and behavioral and mental health professionals who

1 plan to teach geriatric medicine, geriatric behavioral
2 or mental health, or geriatric dentistry.

3 “(2) REQUIREMENTS.—Each project for which
4 a grant or contract is made under this subsection
5 shall—

6 “(A) be staffed by full-time teaching physi-
7 cians who have experience or training in geri-
8 atric medicine or geriatric behavioral or mental
9 health;

10 “(B) be staffed, or enter into an agree-
11 ment with an institution staffed by full-time or
12 part-time teaching dentists who have experience
13 or training in geriatric dentistry;

14 “(C) be staffed, or enter into an agreement
15 with an institution staffed by full-time or part-
16 time teaching behavioral mental health profes-
17 sionals who have experience or training in geri-
18 atric behavioral or mental health;

19 “(D) be based in a graduate medical edu-
20 cation program in internal medicine or family
21 medicine or in a department of geriatrics or be-
22 havioral or mental health;

23 “(E) provide training in geriatrics and ex-
24 posure to the physical and mental disabilities of
25 elderly individuals through a variety of service

1 rotations, such as geriatric consultation serv-
2 ices, acute care services, dental services, geri-
3 atric behavioral or mental health units, day and
4 home care programs, rehabilitation services, ex-
5 tended care facilities, geriatric ambulatory care
6 and comprehensive evaluation units, and com-
7 munity care programs for elderly mentally re-
8 tarded individuals; and

9 “(F) provide training in geriatrics through
10 one or both of the training options described in
11 subparagraphs (A) and (B) of paragraph (3).

12 “(3) TRAINING OPTIONS.—The training options
13 referred to in subparagraph (F) of paragraph (2)
14 shall be as follows:

15 “(A) A 1-year retraining program in geri-
16 atrics for—

17 “(i) physicians who are faculty mem-
18 bers in departments of internal medicine,
19 family medicine, gynecology, geriatrics, and
20 behavioral or mental health at schools of
21 medicine and osteopathic medicine;

22 “(ii) dentists who are faculty members
23 at schools of dentistry or at hospital de-
24 partments of dentistry; and

1 “(iii) behavioral or mental health pro-
2 fessionals who are faculty members in de-
3 partments of behavioral or mental health;
4 and

5 “(B) A 2-year internal medicine or family
6 medicine fellowship program providing emphasis
7 in geriatrics, which shall be designed to provide
8 training in clinical geriatrics and geriatrics re-
9 search for—

10 “(i) physicians who have completed
11 graduate medical education programs in
12 internal medicine, family medicine, behav-
13 ioral or mental health, neurology, gyne-
14 cology, or rehabilitation medicine;

15 “(ii) dentists who have demonstrated
16 a commitment to an academic career and
17 who have completed postdoctoral dental
18 training, including postdoctoral dental edu-
19 cation programs or who have relevant ad-
20 vanced training or experience; and

21 “(iii) behavioral or mental health pro-
22 fessionals who have completed graduate
23 medical education programs in behavioral
24 or mental health.

1 “(4) DEFINITIONS.—For purposes of this sub-
2 section:

3 “(A) The term ‘graduate medical education
4 program’ means a program sponsored by a
5 school of medicine, a school of osteopathic med-
6 icine, a hospital, or a public or private institu-
7 tion that—

8 “(i) offers postgraduate medical train-
9 ing in the specialties and subspecialties of
10 medicine; and

11 “(ii) has been accredited by the Ac-
12 creditation Council for Graduate Medical
13 Education or the American Osteopathic
14 Association through its Committee on
15 Postdoctoral Training.

16 “(B) The term ‘post-doctoral dental edu-
17 cation program’ means a program sponsored by
18 a school of dentistry, a hospital, or a public or
19 private institution that—

20 “(i) offers post-doctoral training in
21 the specialties of dentistry, advanced edu-
22 cation in general dentistry, or a dental
23 general practice residency; and

24 “(ii) has been accredited by the Com-
25 mission on Dental Accreditation.

1 “(c) GERIATRIC FACULTY FELLOWSHIPS.—

2 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
3 retary shall establish a program to provide Geriatric
4 Academic Career Awards to eligible individuals to
5 promote the career development of such individuals
6 as academic geriatricians.

7 “(2) ELIGIBLE INDIVIDUALS.—To be eligible to
8 receive an Award under paragraph (1), an individual
9 shall—

10 “(A) be board certified or board eligible in
11 internal medicine, family practice, or psychia-
12 try;

13 “(B) have completed an approved fellow-
14 ship program in geriatrics; and

15 “(C) have a junior faculty appointment at
16 an accredited (as determined by the Secretary)
17 school of medicine or osteopathic medicine.

18 “(3) LIMITATIONS.—No Award under para-
19 graph (1) may be made to an eligible individual un-
20 less the individual—

21 “(A) has submitted to the Secretary an ap-
22 plication, at such time, in such manner, and
23 containing such information as the Secretary
24 may require, and the Secretary has approved
25 such application; and

1 “(B) provides, in such form and manner as
2 the Secretary may require, assurances that the
3 individual will meet the service requirement de-
4 scribed in subsection (e).

5 “(4) AMOUNT AND TERM.—

6 “(A) AMOUNT.—The amount of an Award
7 under this section shall equal \$50,000 for fiscal
8 year 1998, adjusted for subsequent fiscal years
9 to reflect the increase in the Consumer Price
10 Index.

11 “(B) TERM.—The term of any Award
12 made under this subsection shall not exceed 5
13 years.

14 “(5) SERVICE REQUIREMENT.—An individual
15 who receives an Award under this subsection shall
16 provide training in clinical geriatrics, including the
17 training of interdisciplinary teams of health care
18 professionals. The provision of such training shall
19 constitute at least 75 percent of the obligations of
20 such individual under the Award.

21 **“SEC. 754. RURAL INTERDISCIPLINARY TRAINING GRANTS.**

22 “(a) GRANTS.—The Secretary may make grants or
23 contracts under this section to help entities fund author-
24 ized activities under an application approved under sub-
25 section (c).

1 “(b) USE OF AMOUNTS.—

2 “(1) IN GENERAL.—Amounts provided under
3 subsection (a) shall be used by the recipients to fund
4 interdisciplinary training projects designed to—

5 “(A) use new and innovative methods to
6 train health care practitioners to provide serv-
7 ices in rural areas;

8 “(B) demonstrate and evaluate innovative
9 interdisciplinary methods and models designed
10 to provide access to cost-effective comprehensive
11 health care;

12 “(C) deliver health care services to individ-
13 uals residing in rural areas;

14 “(D) enhance the amount of relevant re-
15 search conducted concerning health care issues
16 in rural areas; and

17 “(E) increase the recruitment and reten-
18 tion of health care practitioners from rural
19 areas and make rural practice a more attractive
20 career choice for health care practitioners.

21 “(2) METHODS.—A recipient of funds under
22 subsection (a) may use various methods in carrying
23 out the projects described in paragraph (1), includ-
24 ing—

1 “(A) the distribution of stipends to stu-
2 dents of eligible applicants;

3 “(B) the establishment of a post-doctoral
4 fellowship program;

5 “(C) the training of faculty in the eco-
6 nomic and logistical problems confronting rural
7 health care delivery systems; or

8 “(D) the purchase or rental of transpor-
9 tation and telecommunication equipment where
10 the need for such equipment due to unique
11 characteristics of the rural area is demonstrated
12 by the recipient.

13 “(3) ADMINISTRATION.—

14 “(A) IN GENERAL.—An applicant shall not
15 use more than 10 percent of the funds made
16 available to such applicant under subsection (a)
17 for administrative expenses.

18 “(B) TRAINING.—Not more than 10 per-
19 cent of the individuals receiving training with
20 funds made available to an applicant under sub-
21 section (a) shall be trained as doctors of medi-
22 cine or doctors of osteopathy.

23 “(C) LIMITATION.—An institution that re-
24 ceives a grant under this section shall use
25 amounts received under such grant to supple-

1 ment, not supplant, amounts made available by
2 such institution for activities of the type de-
3 scribed in subsection (b)(1) in the fiscal year
4 preceding the year for which the grant is re-
5 ceived.

6 “(c) APPLICATIONS.—Applications submitted for as-
7 sistance under this section shall—

8 “(1) be jointly submitted by at least two eligible
9 applicants with the express purpose of assisting indi-
10 viduals in academic institutions in establishing long-
11 term collaborative relationships with health care pro-
12 viders in rural areas; and

13 “(2) designate a rural health care agency or
14 agencies for clinical treatment or training, including
15 hospitals, community health centers, migrant health
16 centers, rural health clinics, community behavioral
17 and mental health centers, long-term care facilities,
18 Native Hawaiian health centers, or facilities oper-
19 ated by the Indian Health Service or an Indian tribe
20 or tribal organization or Indian organization under
21 a contract with the Indian Health Service under the
22 Indian Self-Determination Act.

23 “(d) DEFINITIONS.—For the purposes of this section,
24 the term ‘rural’ means geographic areas that are located
25 outside of standard metropolitan statistical areas.

1 **“SEC. 755. ALLIED HEALTH AND OTHER DISCIPLINES.**

2 “(a) IN GENERAL.—The Secretary may make grants
3 or contracts under this section to help entities fund activi-
4 ties of the type described in subsection (b).

5 “(b) ACTIVITIES.—Activities of the type described in
6 this subsection include the following:

7 “(1) Assisting entities in meeting the costs as-
8 sociated with expanding or establishing programs
9 that will increase the number of individuals trained
10 in allied health professions. Programs and activities
11 funded under this paragraph may include—

12 “(A) those that expand enrollments in al-
13 lied health professions with the greatest short-
14 ages or whose services are most needed by the
15 elderly;

16 “(B) those that provide rapid transition
17 training programs in allied health fields to indi-
18 viduals who have baccalaureate degrees in
19 health-related sciences;

20 “(C) those that establish community-based
21 allied health training programs that link aca-
22 demic centers to rural clinical settings;

23 “(D) those that provide career advance-
24 ment training for practicing allied health pro-
25 fessionals;

1 “(E) those that expand or establish clinical
2 training sites for allied health professionals in
3 medically underserved or rural communities in
4 order to increase the number of individuals
5 trained;

6 “(F) those that develop curriculum that
7 will emphasize knowledge and practice in the
8 areas of prevention and health promotion, geri-
9 atrics, long-term care, home health and hospice
10 care, and ethics;

11 “(G) those that expand or establish inter-
12 disciplinary training programs that promote the
13 effectiveness of allied health practitioners in
14 geriatric assessment and the rehabilitation of
15 the elderly;

16 “(H) those that expand or establish dem-
17 onstration centers to emphasize innovative mod-
18 els to link allied health clinical practice, edu-
19 cation, and research;

20 “(I) those that provide financial assistance
21 (in the form of traineeships) to students who
22 are participants in any such program; and

23 “(i) who plan to pursue a career in an
24 allied health field that has a demonstrated
25 personnel shortage; and

1 “(ii) who agree upon completion of
2 the training program to practice in a medi-
3 cally underserved community;
4 that shall be utilized to assist in the payment
5 of all or part of the costs associated with tui-
6 tion, fees and such other stipends as the Sec-
7 retary may consider necessary; and

8 “(J) those to meet the costs of projects to
9 plan, develop, and operate or maintain graduate
10 programs in behavioral and mental health prac-
11 tice.

12 “(2) Planning and implementing projects in
13 preventive and primary care training for podiatric
14 physicians in approved or provisionally approved
15 residency programs that shall provide financial as-
16 sistance in the form of traineeships to residents who
17 participate in such projects and who plan to special-
18 ize in primary care.

19 “(3) Carrying out demonstration projects in
20 which chiropractors and physicians collaborate to
21 identify and provide effective treatment for spinal
22 and lower-back conditions.

1 **“SEC. 756. ADVISORY COMMITTEE ON INTERDISCIPLINARY,**
2 **COMMUNITY-BASED LINKAGES.**

3 “(a) ESTABLISHMENT.—The Secretary shall estab-
4 lish an advisory committee to be known as the Advisory
5 Committee on Interdisciplinary, Community-Based Link-
6 ages (in this section referred to as the ‘Advisory Commit-
7 tee’).

8 “(b) COMPOSITION.—

9 “(1) IN GENERAL.—The Secretary shall deter-
10 mine the appropriate number of individuals to serve
11 on the Advisory Committee. Such individuals shall
12 not be officers or employees of the Federal Govern-
13 ment.

14 “(2) APPOINTMENT.—Not later than 90 days
15 after the date of enactment of this Act, the Sec-
16 retary shall appoint the members of the Advisory
17 Committee from among individuals who are health
18 professionals from schools of the types described in
19 sections 751(a)(1)(A), 751(a)(1)(B), 753(b),
20 754(3)(A), and 755(b). In making such appoint-
21 ments, the Secretary shall ensure a fair balance be-
22 tween the health professions, that at least 75 per-
23 cent of the members of the Advisory Committee are
24 health professionals, a broad geographic representa-
25 tion of members and a balance between urban and
26 rural members. Members shall be appointed based

1 on their competence, interest, and knowledge of the
2 mission of the profession involved.

3 “(3) MINORITY REPRESENTATION.—In appoint-
4 ing the members of the Advisory Committee under
5 paragraph (2), the Secretary shall ensure the ade-
6 quate representation of women and minorities.

7 “(c) TERMS.—

8 “(1) IN GENERAL.—A member of the Advisory
9 Committee shall be appointed for a term of 3 years,
10 except that of the members first appointed—

11 “(A) $\frac{1}{3}$ of the members shall serve for a
12 term of 1 year;

13 “(B) $\frac{1}{3}$ of the members shall serve for a
14 term of 2 years; and

15 “(C) $\frac{1}{3}$ of the members shall serve for a
16 term of 3 years.

17 “(2) VACANCIES.—

18 “(A) IN GENERAL.—A vacancy on the Ad-
19 visory Committee shall be filled in the manner
20 in which the original appointment was made
21 and shall be subject to any conditions which ap-
22 plied with respect to the original appointment.

23 “(B) FILLING UNEXPIRED TERM.—An in-
24 dividual chosen to fill a vacancy shall be ap-

1 pointed for the unexpired term of the member
2 replaced.

3 “(d) DUTIES.—The Advisory Committee shall—

4 “(1) provide advice and recommendations to the
5 Secretary concerning policy and program develop-
6 ment and other matters of significance concerning
7 the activities under this part; and

8 “(2) not later than 3 years after the date of en-
9 actment of this section, and annually thereafter, pre-
10 pare and submit to the Secretary, and the Commit-
11 tee on Labor and Human Resources of the Senate,
12 and the Committee on Commerce of the House of
13 Representatives, a report describing the activities of
14 the Committee, including findings and recommenda-
15 tions made by the Committee concerning the activi-
16 ties under this part.

17 “(e) MEETINGS AND DOCUMENTS.—

18 “(1) MEETINGS.—The Advisory Committee
19 shall meet not less than 3 times each year. Such
20 meetings shall be held jointly with other related enti-
21 ties established under this title where appropriate.

22 “(2) DOCUMENTS.—Not later than 14 days
23 prior to the convening of a meeting under paragraph
24 (1), the Advisory Committee shall prepare and make
25 available an agenda of the matters to be considered

1 by the Advisory Committee at such meeting. At any
2 such meeting, the Advisory Council shall distribute
3 materials with respect to the issues to be addressed
4 at the meeting. Not later than 30 days after the ad-
5 journing of such a meeting, the Advisory Committee
6 shall prepare and make available a summary of the
7 meeting and any actions taken by the Committee
8 based upon the meeting.

9 “(f) COMPENSATION AND EXPENSES.—

10 “(1) COMPENSATION.—Each member of the
11 Advisory Committee shall be compensated at a rate
12 equal to the daily equivalent of the annual rate of
13 basic pay prescribed for level IV of the Executive
14 Schedule under section 5315 of title 5, United
15 States Code, for each day (including travel time)
16 during which such member is engaged in the per-
17 formance of the duties of the Committee.

18 “(2) EXPENSES.—The members of the Advisory
19 Committee shall be allowed travel expenses, includ-
20 ing per diem in lieu of subsistence, at rates author-
21 ized for employees of agencies under subchapter I of
22 chapter 57 of title 5, United States Code, while
23 away from their homes or regular places of business
24 in the performance of services for the Committee.

1 “(g) FACA.—The Federal Advisory Committee Act
 2 shall apply to the Advisory Committee under this section
 3 only to the extent that the provisions of such Act do not
 4 conflict with the requirements of this section.

5 **“SEC. 757. AUTHORIZATION OF APPROPRIATIONS.**

6 “(a) IN GENERAL.—There are authorized to be ap-
 7 propriated to carry out this part, \$55,600,000 for fiscal
 8 year 1998, and such sums as may be necessary for each
 9 of the fiscal years 1999 through 2002.

10 “(b) ALLOCATION.—

11 “(1) IN GENERAL.—Of the amounts appro-
 12 priated under subsection (a) for a fiscal year, the
 13 Secretary shall make available—

14 “(A) not less than \$28,587,000 for awards
 15 of grants and contracts under section 751;

16 “(B) not less than \$3,765,000 for awards
 17 of grants and contracts under section 752, of
 18 which not less than 50 percent of such amount
 19 shall be made available for centers described in
 20 subsection (a)(1) of such section; and

21 “(C) not less than \$22,631,000 for awards
 22 of grants and contracts under sections 753,
 23 754, and 755.

24 “(2) RATABLE REDUCTION.—If amounts appro-
 25 priated under subsection (a) for any fiscal year are

1 less than the amount required to comply with para-
 2 graph (1), the Secretary shall ratably reduce the
 3 amount to be made available under each of subpara-
 4 graphs (A) through (C) of such paragraph accord-
 5 ingly.

6 “(3) INCREASE IN AMOUNTS.—If amounts ap-
 7 propriated for a fiscal year under subsection (a) ex-
 8 ceed the amount authorized under such subsection
 9 for such fiscal year, the Secretary may increase the
 10 amount to be made available for programs and ac-
 11 tivities under this part without regard to the
 12 amounts specified in each of subparagraphs (A)
 13 through (C) of paragraph (2).

14 “(c) OBLIGATION OF CERTAIN AMOUNTS.—

15 “(1) AREA HEALTH EDUCATION CENTER PRO-
 16 GRAMS.—Of the amounts made available under sub-
 17 section (b)(1)(A) for each fiscal year, the Secretary
 18 may obligate for awards under section 751(a)(2)—

19 “(A) not less than 23 percent of such
 20 amounts in fiscal year 1998;

21 “(B) not less than 30 percent of such
 22 amounts in fiscal year 1999;

23 “(C) not less than 35 percent of such
 24 amounts in fiscal year 2000;

1 “(D) not less than 40 percent of such
2 amounts in fiscal year 2001; and

3 “(E) not less than 45 percent of such
4 amounts in fiscal year 2002.

5 “(2) SENSE OF CONGRESS.—It is the sense of
6 the Congress that—

7 “(A) every State have an area health edu-
8 cation center program in effect under this sec-
9 tion; and

10 “(B) the ratio of Federal funding for the
11 model program under section 751(a)(2) should
12 increase over time and that Federal funding for
13 other awards under this section shall decrease
14 so that the national program will become en-
15 tirely comprised of programs that are funded at
16 least 50 percent by State and local partners.”.

17 **SEC. 104. HEALTH PROFESSIONS WORKFORCE INFORMA-**
18 **TION AND ANALYSIS.**

19 (a) IN GENERAL.—Part E of title VII of the Public
20 Health Service Act (42 U.S.C. 294n et seq.) is amended
21 to read as follows:

1 **“PART E—HEALTH PROFESSIONS AND PUBLIC**

2 **HEALTH WORKFORCE**

3 **“Subpart 1—Health Professions Workforce**

4 **Information and Analysis**

5 **“SEC. 761. HEALTH PROFESSIONS WORKFORCE INFORMA-**
6 **TION AND ANALYSIS.**

7 “(a) PURPOSE.—It is the purpose of this section to—

8 “(1) provide for the development of information
9 describing the health professions workforce and the
10 analysis of workforce related issues; and

11 “(2) provide necessary information for decision-
12 making regarding future directions in health profes-
13 sions and nursing programs in response to societal
14 and professional needs.

15 “(b) GRANTS OR CONTRACTS.—The Secretary may
16 award grants or contracts to State or local governments,
17 health professions schools, schools of nursing, academic
18 health centers, community-based health facilities, and
19 other appropriate public or private nonprofit entities to
20 provide for—

21 “(1) targeted information collection and analy-
22 sis activities related to the purposes described in
23 subsection (a);

24 “(2) research on high priority workforce ques-
25 tions;

1 “(3) the development of a non-Federal analytic
2 and research infrastructure related to the purposes
3 described in subsection (a); and

4 “(4) the conduct of program evaluation and as-
5 sessment.

6 “(c) AUTHORIZATION OF APPROPRIATIONS.—

7 “(1) IN GENERAL.—There are authorized to be
8 appropriated to carry out this section, \$750,000 for
9 fiscal year 1998, and such sums as may be nec-
10 essary for each of the fiscal years 1999 through
11 2002.

12 “(2) RESERVATION.—Of the amounts appro-
13 priated under subsection (a) for a fiscal year, the
14 Secretary shall reserve not less than \$600,000 for
15 conducting health professions research and for car-
16 rying out data collection and analysis in accordance
17 with section 792.

18 “(3) AVAILABILITY OF ADDITIONAL FUNDS.—
19 Amounts otherwise appropriated for programs or ac-
20 tivities under this title may be used for activities
21 under subsection (b) with respect to the programs or
22 activities from which such amounts were made avail-
23 able.”.

24 (b) COUNCIL ON GRADUATE MEDICAL EDU-
25 CATION.—Section 301 of the Health Professions Edu-

1 cation Extension Amendments of 1992 (Public Law 102–
2 408) is amended—

3 (1) in subsection (j), by striking “1995” and
4 inserting “2002”;

5 (2) in subsection (k), by striking “1995” and
6 inserting “2002”;

7 (3) by adding at the end thereof the following
8 new subsection:

9 “(l) FUNDING.—Amounts otherwise appropriated
10 under this title may be utilized by the Secretary to support
11 the activities of the Council.”;

12 (4) by transferring such section to part E of
13 title VII of the Public Health Service Act (as
14 amended by subsection (a));

15 (5) by redesignating such section as section
16 762; and

17 (6) by inserting such section after section 761.

18 **SEC. 105. PUBLIC HEALTH WORKFORCE DEVELOPMENT.**

19 Part E of title VII of the Public Health Service Act
20 (as amended by section 104) is further amended by adding
21 at the end the following:

22 **“Subpart 2—Public Health Workforce**

23 **“SEC. 765. GENERAL PROVISIONS.**

24 “(a) IN GENERAL.—The Secretary may award grants
25 or contracts to eligible entities to increase the number of

1 individuals in the public health workforce, to enhance the
 2 quality of such workforce, and to enhance the ability of
 3 the workforce to meet national, State, and local health
 4 care needs.

5 “(b) ELIGIBILITY.—To be eligible to receive a grant
 6 or contract under subsection (a) an entity shall—

7 “(1) be—

8 “(A) a health professions school, including
 9 an accredited school or program of public
 10 health, health administration, preventive medi-
 11 cine, or dental public health or a school provid-
 12 ing health management programs;

13 “(B) an academic health center;

14 “(C) a State or local government; or

15 “(D) any other appropriate public or pri-
 16 vate nonprofit entity; and

17 “(2) prepare and submit to the Secretary an
 18 application at such time, in such manner, and con-
 19 taining such information as the Secretary may re-
 20 quire.

21 “(c) PREFERENCE.—In awarding grants or contracts
 22 under this section the Secretary may grant a preference
 23 to entities—

1 “(1) serving individuals who are from disadvan-
2 taged backgrounds (including underrepresented ra-
3 cial and ethnic minorities); and

4 “(2) graduating large proportions of individuals
5 who serve in underserved communities.

6 “(d) ACTIVITIES.—Amounts provided under a grant
7 or contract awarded under this section may be used for—

8 “(1) the costs of planning, developing, or oper-
9 ating demonstration training programs;

10 “(2) faculty development;

11 “(3) trainee support;

12 “(4) technical assistance;

13 “(5) to meet the costs of projects—

14 “(A) to plan and develop new residency
15 training programs and to maintain or improve
16 existing residency training programs in preven-
17 tive medicine and dental public health, that
18 have available full-time faculty members with
19 training and experience in the fields of preven-
20 tive medicine and dental public health; and

21 “(B) to provide financial assistance to resi-
22 dency trainees enrolled in such programs;

23 “(6) the retraining of existing public health
24 workers as well as for increasing the supply of new
25 practitioners to address priority public health, pre-

1 ventive medicine, public health dentistry, and health
2 administration needs;

3 “(7) preparing public health professionals for
4 employment at the State and community levels; or

5 “(8) other activities that may produce outcomes
6 that are consistent with the purposes of this section

7 “(e) TRAINEESHIPS.—

8 “(1) IN GENERAL.—With respect to amounts
9 used under this section for the training of health
10 professionals, such training programs shall be de-
11 signed to—

12 “(A) make public health education more
13 accessible to the public and private health work-
14 force;

15 “(B) increase the relevance of public
16 health academic preparation to public health
17 practice in the future;

18 “(C) provide education or training for stu-
19 dents from traditional on-campus programs in
20 practice-based sites; or

21 “(D) develop educational methods and dis-
22 tance-based approaches or technology that ad-
23 dress adult learning requirements and increase
24 knowledge and skills related to community-

1 based cultural diversity in public health edu-
2 cation.

3 “(2) SEVERE SHORTAGE DISCIPLINES.—
4 Amounts provided under grants or contracts under
5 this section may be used for the operation of pro-
6 grams designed to award traineeships to students in
7 accredited schools of public health who enter edu-
8 cational programs in fields where there is a severe
9 shortage of public health professionals, including ep-
10 idemiology, biostatistics, environmental health, toxi-
11 cology, public health nursing, nutrition, preventive
12 medicine, maternal and child health, and behavioral
13 and mental health professions.

14 **“SEC. 766. PUBLIC HEALTH TRAINING CENTERS.**

15 “(a) IN GENERAL.—The Secretary may make grants
16 or contracts for the operation of public health training
17 centers.

18 “(b) ELIGIBLE ENTITIES.—

19 “(1) IN GENERAL.—A public health training
20 center shall be an accredited school of public health,
21 or another public or nonprofit private institution ac-
22 credited for the provision of graduate or specialized
23 training in public health, that plans, develops, oper-
24 ates, and evaluates projects that are in furtherance
25 of the goals established by the Secretary for the year

1 2000 in the areas of preventive medicine, health pro-
2 motion and disease prevention, or improving access
3 to and quality of health services in medically under-
4 served communities.

5 “(2) PREFERENCE.—In awarding grants or
6 contracts under this section the Secretary shall give
7 preference to accredited schools of public health.

8 “(c) CERTAIN REQUIREMENTS.—With respect to a
9 public health training center, an award may not be made
10 under subsection (a) unless the program agrees that it—

11 “(1) will establish or strengthen field place-
12 ments for students in public or nonprofit private
13 health agencies or organizations;

14 “(2) will involve faculty members and students
15 in collaborative projects to enhance public health
16 services to medically underserved communities;

17 “(3) will specifically designate a geographic
18 area or medically underserved population to be
19 served by the center that shall be in a location re-
20 moved from the main location of the teaching facility
21 of the school that is participating in the program
22 with such center; and

23 “(4) will assess the health personnel needs of
24 the area to be served by the center and assist in the

1 planning and development of training programs to
2 meet such needs.

3 **“SEC. 767. PUBLIC HEALTH TRAINEESHIPS.**

4 “(a) IN GENERAL.—The Secretary may make grants
5 to accredited schools of public health, and to other public
6 or nonprofit private institutions accredited for the provi-
7 sion of graduate or specialized training in public health,
8 for the purpose of assisting such schools and institutions
9 in providing traineeships to individuals described in sub-
10 section (b)(3).

11 “(b) CERTAIN REQUIREMENTS.—

12 “(1) AMOUNT.—The amount of any grant
13 under this section shall be determined by the Sec-
14 retary.

15 “(2) USE OF GRANT.—Traineeships awarded
16 under grants made under subsection (a) shall pro-
17 vide for tuition and fees and such stipends and al-
18 lowances (including travel and subsistence expenses
19 and dependency allowances) for the trainees as the
20 Secretary may deem necessary.

21 “(3) ELIGIBLE INDIVIDUALS.—The individuals
22 referred to in subsection (a) are individuals who are
23 pursuing a course of study in a health professions
24 field in which there is a severe shortage of health
25 professionals (which fields include the fields of epide-

1 miology, environmental health, biostatistics, toxi-
2 cology, nutrition, and maternal and child health).

3 **“SEC. 768. PREVENTIVE MEDICINE; DENTAL PUBLIC**
4 **HEALTH.**

5 “(a) IN GENERAL.—The Secretary may make grants
6 to and enter into contracts with schools of medicine, osteo-
7 pathic medicine, public health, and dentistry to meet the
8 costs of projects—

9 “(1) to plan and develop new residency training
10 programs and to maintain or improve existing resi-
11 dency training programs in preventive medicine and
12 dental public health; and

13 “(2) to provide financial assistance to residency
14 trainees enrolled in such programs.

15 “(b) ADMINISTRATION.—

16 “(1) AMOUNT.—The amount of any grant
17 under subsection (a) shall be determined by the Sec-
18 retary.

19 “(2) ELIGIBILITY.—To be eligible for a grant
20 under subsection (a), the applicant must dem-
21 onstrate to the Secretary that it has or will have
22 available full-time faculty members with training and
23 experience in the fields of preventive medicine or
24 dental public health and support from other faculty

1 members trained in public health and other relevant
 2 specialties and disciplines.

3 “(3) OTHER FUNDS.—Schools of medicine, os-
 4 teopathic medicine, dentistry, and public health may
 5 use funds committed by State, local, or county pub-
 6 lic health officers as matching amounts for Federal
 7 grant funds for residency training programs in pre-
 8 ventive medicine.

9 **“SEC. 769. HEALTH ADMINISTRATION TRAINEESHIPS AND**
 10 **SPECIAL PROJECTS.**

11 “(a) IN GENERAL.—The Secretary may make grants
 12 to State or local governments (that have in effect preven-
 13 tive medical and dental public health residency programs)
 14 or public or nonprofit private educational entities (includ-
 15 ing graduate schools of social work and business schools
 16 that have health management programs) that offer a pro-
 17 gram described in subsection (b)—

18 “(1) to provide traineeships for students en-
 19 rolled in such a program; and

20 “(2) to assist accredited programs health ad-
 21 ministration in the development or improvement of
 22 programs to prepare students for employment with
 23 public or nonprofit private entities.

24 “(b) RELEVANT PROGRAMS.—The program referred
 25 to in subsection (a) is an accredited program in health

1 administration, hospital administration, or health policy
 2 analysis and planning, which program is accredited by a
 3 body or bodies approved for such purpose by the Secretary
 4 of Education and which meets such other quality stand-
 5 ards as the Secretary of Health and Human Services by
 6 regulation may prescribe.

7 “(c) PREFERENCE IN MAKING GRANTS.—In making
 8 grants under subsection (a), the Secretary shall give pref-
 9 erence to qualified applicants that meet the following con-
 10 ditions:

11 “(1) Not less than 25 percent of the graduates
 12 of the applicant are engaged in full-time practice
 13 settings in medically underserved communities.

14 “(2) The applicant recruits and admits students
 15 from medically underserved communities.

16 “(3) For the purpose of training students, the
 17 applicant has established relationships with public
 18 and nonprofit providers of health care in the com-
 19 munity involved.

20 “(4) In training students, the applicant empha-
 21 sizes employment with public or nonprofit private
 22 entities.

23 “(d) CERTAIN PROVISIONS REGARDING
 24 TRAINEESHIPS.—

1 “(1) USE OF GRANT.—Traineeships awarded
 2 under grants made under subsection (a) shall pro-
 3 vide for tuition and fees and such stipends and al-
 4 lowances (including travel and subsistence expenses
 5 and dependency allowances) for the trainees as the
 6 Secretary may deem necessary.

7 “(2) PREFERENCE FOR CERTAIN STUDENTS.—
 8 Each entity applying for a grant under subsection
 9 (a) for traineeships shall assure to the satisfaction
 10 of the Secretary that the entity will give priority to
 11 awarding the traineeships to students who dem-
 12 onstrate a commitment to employment with public
 13 or nonprofit private entities in the fields with respect
 14 to which the traineeships are awarded.

15 **“SEC. 770. AUTHORIZATION OF APPROPRIATIONS.**

16 “(a) IN GENERAL.—For the purpose of carrying out
 17 this subpart, there is authorized to be appropriated
 18 \$9,100,000 for fiscal year 1998, and such sums as may
 19 be necessary for each of the fiscal years 1999 through
 20 2002.

21 “(b) LIMITATION REGARDING CERTAIN PROGRAM.—
 22 In obligating amounts appropriated under subsection (a),
 23 the Secretary may not obligate more than 30 percent for
 24 carrying out section 767.”.

1 **SEC. 106. GENERAL PROVISIONS.**

2 (a) IN GENERAL.—

3 (1) Part F of title VII of the Public Health
4 Service Act (42 U.S.C. 295 et seq.) is repealed.

5 (2) Part G of title VII of the Public Health
6 Service Act (42 U.S.C. 295j et seq.) is amended—

7 (A) by redesignating such part as part F;

8 (B) in section 791 (42 U.S.C. 295j)—

9 (i) by striking subsection (b); and

10 (ii) redesignating subsection (c) as
11 subsection (b);

12 (C) by repealing section 793 (42 U.S.C.
13 295l);

14 (D) by repealing section 798;

15 (E) by redesignating section 799 as section
16 799B; and

17 (F) by inserting after section 794, the fol-
18 lowing new sections:

19 **“SEC. 796. APPLICATION.**

20 “(a) IN GENERAL.—To be eligible to receive a grant
21 or contract under this title, an eligible entity shall prepare
22 and submit to the Secretary an application that meets the
23 requirements of this section, at such time, in such manner,
24 and containing such information as the Secretary may re-
25 quire.

1 “(b) PLAN.—An application submitted under this
2 section shall contain the plan of the applicant for carrying
3 out a project with amounts received under this title. Such
4 plan shall be consistent with relevant Federal, State, or
5 regional health professions program plans.

6 “(c) PERFORMANCE OUTCOME STANDARDS.—An ap-
7 plication submitted under this section shall contain a spec-
8 ification by the applicant entity of performance outcome
9 standards that the project to be funded under the grant
10 or contract will be measured against. Such standards shall
11 address relevant health workforce needs that the project
12 will meet. The recipient of a grant or contract under this
13 section shall meet the standards set forth in the grant or
14 contract application.

15 “(d) LINKAGES.—An application submitted under
16 this section shall contain a description of the linkages with
17 relevant educational and health care entities, including
18 training programs for other health professionals as appro-
19 priate, that the project to be funded under the grant or
20 contract will establish. To the extent practicable, grantees
21 under this section shall establish linkages with health care
22 providers who provide care for underserved communities
23 and populations.

1 **“SEC. 797. USE OF FUNDS.**

2 “(a) IN GENERAL.—Amounts provided under a grant
3 or contract awarded under this title may be used for train-
4 ing program development and support, faculty develop-
5 ment, model demonstrations, trainee support including
6 tuition, books, program fees and reasonable living ex-
7 penses during the period of training, technical assistance,
8 workforce analysis, dissemination of information, and ex-
9 ploring new policy directions, as appropriate to meet rec-
10 ognized health workforce objectives, in accordance with
11 this title.

12 “(b) MAINTENANCE OF EFFORT.—With respect to
13 activities for which a grant awarded under this title is to
14 be expended, the entity shall agree to maintain expendi-
15 tures of non-Federal amounts for such activities at a level
16 that is not less than the level of such expenditures main-
17 tained by the entity for the fiscal year preceding the fiscal
18 year for which the entity receives such a grant.

19 **“SEC. 798. MATCHING REQUIREMENT.**

20 “The Secretary may require that an entity that ap-
21 plies for a grant or contract under this title provide non-
22 Federal matching funds, as appropriate, to ensure the in-
23 stitutional commitment of the entity to the projects funded
24 under the grant. As determined by the Secretary, such
25 non-Federal matching funds may be provided directly or
26 through donations from public or private entities and may

1 be in cash or in-kind, fairly evaluated, including plant,
2 equipment, or services.

3 **“SEC. 799. GENERALLY APPLICABLE PROVISIONS.**

4 “(a) AWARDING OF GRANTS AND CONTRACTS.—The
5 Secretary shall ensure that grants and contracts under
6 this title are awarded on a competitive basis, as appro-
7 priate, to carry out innovative demonstration projects or
8 provide for strategic workforce supplementation activities
9 as needed to meet health workforce goals and in accord-
10 ance with this title. Contracts may be entered into under
11 this title with public or private entities as may be nec-
12 essary.

13 “(b) ELIGIBLE ENTITIES.—Unless specifically re-
14 quired otherwise in this title, the Secretary shall accept
15 applications for grants or contracts under this title from
16 health professions schools, academic health centers, State
17 or local governments, or other appropriate public or pri-
18 vate nonprofit entities for funding and participation in
19 health professions and nursing training activities. The
20 Secretary may accept applications from for-profit private
21 entities if determined appropriate by the Secretary.

22 “(c) INFORMATION REQUIREMENTS.—

23 “(1) IN GENERAL.—Recipients of grants and
24 contracts under this title shall meet information re-
25 quirements as specified by the Secretary.

1 “(2) DATA COLLECTION.—The Secretary shall
2 establish procedures to ensure that, with respect to
3 any data collection required under this title, such
4 data is collected in a manner that takes into account
5 age, sex, race, and ethnicity.

6 “(3) USE OF FUNDS.—The Secretary shall es-
7 tablish procedures to permit the use of amounts ap-
8 propriated under this title to be used for data collec-
9 tion purposes.

10 “(4) EVALUATIONS.—The Secretary shall es-
11 tablish procedures to ensure the annual evaluation of
12 programs and projects operated by recipients of
13 grants or contracts under this title. Such procedures
14 shall ensure that continued funding for such pro-
15 grams and projects will be conditioned upon a dem-
16 onstration that satisfactory progress has been made
17 by the program or project in meeting the objectives
18 of the program or project.

19 “(d) TRAINING PROGRAMS.—Training programs con-
20 ducted with amounts received under this title shall meet
21 applicable accreditation and quality standards.

22 “(e) DURATION OF ASSISTANCE.—

23 “(1) IN GENERAL.—Subject to paragraph (2),
24 in the case of an award to an entity of a grant, co-
25 operative agreement, or contract under this title, the

1 period during which payments are made to the en-
 2 tity under the award may not exceed 5 years. The
 3 provision of payments under the award shall be sub-
 4 ject to annual approval by the Secretary of the pay-
 5 ments and subject to the availability of appropria-
 6 tions for the fiscal year involved to make the pay-
 7 ments. This paragraph may not be construed as lim-
 8 iting the number of awards under the program in-
 9 volved that may be made to the entity.

10 “(2) LIMITATION.—In the case of an award to
 11 an entity of a grant, cooperative agreement, or con-
 12 tract under this title, paragraph (1) shall apply only
 13 to the extent not inconsistent with any other provi-
 14 sion of this title that relates to the period during
 15 which payments may be made under the award.

16 “(f) PEER REVIEW REGARDING CERTAIN PRO-
 17 GRAMS.—

18 “(1) IN GENERAL.—Each application for a
 19 grant under this title, except any scholarship or loan
 20 program, including those under sections 701, 721, or
 21 723, shall be submitted to a peer review group for
 22 an evaluation of the merits of the proposals made in
 23 the application. The Secretary may not approve such
 24 an application unless a peer review group has rec-
 25 ommended the application for approval.

1 “(2) COMPOSITION.—Each peer review group
2 under this subsection shall be composed principally
3 of individuals who are not officers or employees of
4 the Federal Government. In providing for the estab-
5 lishment of peer review groups and procedures, the
6 Secretary shall ensure sex, racial, ethnic, and geo-
7 graphic balance among the membership of such
8 groups.

9 “(3) ADMINISTRATION.—This subsection shall
10 be carried out by the Secretary acting through the
11 Administrator of the Health Resources and Services
12 Administration.

13 “(g) PREFERENCE OR PRIORITY CONSIDER-
14 ATIONS.—In considering a preference or priority for fund-
15 ing which is based on outcome measures for an eligible
16 entity under this title, the Secretary may also consider the
17 future ability of the eligible entity to meet the outcome
18 preference or priority through improvements in the eligible
19 entity’s program design.

20 “(h) ANALYTIC ACTIVITIES.—The Secretary shall en-
21 sure that—

22 “(1) cross-cutting workforce analytical activities
23 are carried out as part of the workforce information
24 and analysis activities under section 761; and

1 “(2) discipline-specific workforce information
2 and analytical activities are carried out as part of—

3 “(A) the community-based linkage pro-
4 gram under part D; and

5 “(B) the health workforce development
6 program under subpart 2 of part E.

7 “(i) OSTEOPATHIC SCHOOLS.—For purposes of this
8 title, any reference to—

9 “(1) medical schools shall include osteopathic
10 medical schools; and

11 “(2) medical students shall include osteopathic
12 medical students.

13 **“SEC. 799A. TECHNICAL ASSISTANCE.**

14 “Funds appropriated under this title may be used by
15 the Secretary to provide technical assistance in relation
16 to any of the authorities under this title.”.

17 (b) PROFESSIONAL COUNSELORS AS MENTAL
18 HEALTH PROFESSIONALS.—Section 792(a) of the Public
19 Health Service Act (42 U.S.C. 295k(a)) is amended by
20 inserting “professional counselors,” after “clinical psy-
21 chologists,”.

22 **SEC. 107. PREFERENCE IN CERTAIN PROGRAMS.**

23 (a) IN GENERAL.—Section 791 of the Public Health
24 Service Act (42 U.S.C. 295j), as amended by section

1 105(a)(2)(B), is further amended by adding at the end
 2 thereof the following subsection:

3 “(c) EXCEPTIONS FOR NEW PROGRAMS.—

4 “(1) IN GENERAL.—To permit new programs to
 5 compete equitably for funding under this section,
 6 those new programs that meet at least 4 of the cri-
 7 teria described in paragraph (3) shall qualify for a
 8 funding preference under this section.

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

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

18 “(A) The mission statement of the pro-
 19 gram identifies a specific purpose of the pro-
 20 gram as being the preparation of health profes-
 21 sionals to serve underserved populations.

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

1 “(C) Substantial clinical training experi-
 2 ence is required under the program in medically
 3 underserved communities.

4 “(D) A minimum of 20 percent of the clin-
 5 ical faculty of the program spend at least 50
 6 percent of their time providing or supervising
 7 care in medically underserved communities.

8 “(E) The entire program or a substantial
 9 portion of the program is physically located in
 10 a medically underserved community.

11 “(F) Student assistance, which is linked to
 12 service in medically underserved communities
 13 following graduation, is available to the stu-
 14 dents in the program.

15 “(G) The program provides a placement
 16 mechanism for deploying graduates to medically
 17 underserved communities.”.

18 (b) CONFORMING AMENDMENTS.—Section 791(a) of
 19 the Public Health Service Act (42 U.S.C. 295j(a)) is
 20 amended—

21 (1) in paragraph (1), by striking “sections 747”
 22 and all that follows through “767” and inserting
 23 “sections 747 and 750”; and

24 (2) in paragraph (2), by striking “under section
 25 798(a)”.

1 **SEC. 108. DEFINITIONS.**

2 (a) GRADUATE PROGRAM IN BEHAVIORAL AND MEN-
 3 TAL HEALTH PRACTICE.—Section 799B(1)(D) of the
 4 Public Health Service Act (42 U.S.C. 295p(1)(D)) (as so
 5 redesignated by section 106(a)(2)(E)) is amended—

6 (1) by inserting “behavioral health and” before
 7 “mental”; and

8 (2) by inserting “behavioral health and mental
 9 health practice,” before “clinical”.

10 (b) PROFESSIONAL COUNSELING AS A BEHAVIORAL
 11 AND MENTAL HEALTH PRACTICE.—Section 799B of the
 12 Public Health Service Act (42 U.S.C. 295p) (as so reded-
 13 icated by section 106(a)(2)(E)) is amended—

14 (1) in paragraph (1)—

15 (A) in subparagraph (C)—

16 (i) by inserting “and ‘graduate pro-
 17 gram in professional counseling’” after
 18 “graduate program in marriage and family
 19 therapy’”; and

20 (ii) by inserting before the period the
 21 following: “and a concentration leading to
 22 a graduate degree in counseling”;

23 (B) in subparagraph (D), by inserting
 24 “professional counseling,” after “social work,”;
 25 and

1 (C) in subparagraph (E), by inserting
2 “professional counseling,” after “social work,”;
3 and

4 (2) in paragraph (5)(C), by inserting before the
5 period the following: “or a degree in counseling or
6 an equivalent degree”.

7 (c) MEDICALLY UNDERSERVED COMMUNITY.—Sec-
8 tion 799B(6) of the Public Health Service Act (42 U.S.C.
9 295p(6)) (as so redesignated by section 105(a)(2)(E)) is
10 amended—

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

13 (2) in subparagraph (C), by striking the period
14 and inserting “; or”; and

15 (3) by adding at the end the following:

16 “(D) is designated by a State Governor (in
17 consultation with the medical community) as a
18 shortage area or medically underserved commu-
19 nity.”.

20 (d) PROGRAMS FOR THE TRAINING OF PHYSICIAN
21 ASSISTANTS.—Paragraph (3) of section 799B of the Pub-
22 lic Health Service Act (42 U.S.C. 295p) (as so redesign-
23 ated by section 105(a)(2)(E)) is amended to read as fol-
24 lows:

1 “(3) The term ‘program for the training of phy-
2 sician assistants’ means an educational program
3 that—

4 “(A) has as its objective the education of
5 individuals who will, upon completion of their
6 studies in the program, be qualified to provide
7 primary care under the supervision of a physi-
8 cian;

9 “(B) extends for at least one academic
10 year and consists of—

11 “(i) supervised clinical practice; and

12 “(ii) at least four months (in the ag-
13 gregate) of classroom instruction, directed
14 toward preparing students to deliver health
15 care;

16 “(C) has an enrollment of not less than
17 eight students; and

18 “(D) trains students in primary care, dis-
19 ease prevention, health promotion, geriatric
20 medicine, and home health care.”.

21 (e) PSYCHOLOGIST.—Section 799B of the Public
22 Health Service Act (42 U.S.C. 295p) (as so redesignated
23 by section 105(a)(2)(E)) is amended by adding at the end
24 the following:

1 “(11) The term ‘psychologist’ means an individ-
2 ual who—

3 “(A) holds a doctoral degree in psychology;
4 and

5 “(B) is licensed or certified on the basis of
6 the doctoral degree in psychology, by the State
7 in which the individual practices, at the inde-
8 pendent practice level of psychology to furnish
9 diagnostic, assessment, preventive, and thera-
10 peutic services directly to individuals.”.

11 **SEC. 109. TECHNICAL AMENDMENT ON NATIONAL HEALTH**
12 **SERVICE CORPS.**

13 Section 338B(b)(1)(B) of the Public Health Service
14 Act (42 U.S.C. 254l–1(b)(1)(B)) is amended by striking
15 “or other health profession” and inserting “behavioral and
16 mental health, or other health profession”.

17 **SEC. 110. SAVINGS PROVISION.**

18 In the case of any authority for making awards of
19 grants or contracts that is terminated by the amendments
20 made by this subtitle, the Secretary of Health and Human
21 Services may, notwithstanding the termination of the au-
22 thority, continue in effect any grant or contract made
23 under the authority that is in effect on the day before the
24 date of the enactment of this Act, subject to the duration
25 of any such grant or contract not exceeding the period

1 determined by the Secretary in first approving such finan-
 2 cial assistance, or in approving the most recent request
 3 made (before the date of such enactment) for continuation
 4 of such assistance, as the case may be.

5 **Subtitle B—Nursing Workforce** 6 **Development**

7 **SEC. 121. SHORT TITLE.**

8 This title may be cited as the “Nursing Education
 9 and Practice Improvement Act of 1998”.

10 **SEC. 122. PURPOSE.**

11 It is the purpose of this title to restructure the nurse
 12 education authorities of title VIII of the Public Health
 13 Service Act to permit a comprehensive, flexible, and effec-
 14 tive approach to Federal support for nursing workforce
 15 development.

16 **SEC. 123. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.**

17 Title VIII of the Public Health Service Act (42
 18 U.S.C. 296k et seq.) is amended—

19 (1) by striking the title heading and all that fol-
 20 lows except for subpart II of part B and sections
 21 846 and 855; and inserting the following:

22 **“TITLE VIII—NURSING** 23 **WORKFORCE DEVELOPMENT”;**

24 (2) in subpart II of part B, by striking the sub-
 25 part heading and inserting the following:

“PART E—STUDENT LOANS”;

(3) by striking section 837;

(4) by inserting after the title heading the following new parts:

“PART A—GENERAL PROVISIONS

“SEC. 801. DEFINITIONS.

“As used in this title:

“(1) ELIGIBLE ENTITIES.—The term ‘eligible entities’ means schools of nursing, nursing centers, academic health centers, State or local governments, and other public or private nonprofit entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802.

“(2) SCHOOL OF NURSING.—The term ‘school of nursing’ means a collegiate, associate degree, or diploma school of nursing in a State.

“(3) COLLEGIATE SCHOOL OF NURSING.—The term ‘collegiate school of nursing’ means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including

1 advanced training related to such program of edu-
2 cation provided by such school, but only if such pro-
3 gram, or such unit, college or university is accred-
4 ited.

5 “(4) ASSOCIATE DEGREE SCHOOL OF NURS-
6 ING.—The term ‘associate degree school of nursing’
7 means a department, division, or other administra-
8 tive unit in a junior college, community college, col-
9 lege, or university which provides primarily or exclu-
10 sively a two-year program of education in profes-
11 sional nursing and allied subjects leading to an asso-
12 ciate degree in nursing or to an equivalent degree,
13 but only if such program, or such unit, college, or
14 university is accredited.

15 “(5) DIPLOMA SCHOOL OF NURSING.—The
16 term ‘diploma school of nursing’ means a school af-
17 filiated with a hospital or university, or an independ-
18 ent school, which provides primarily or exclusively a
19 program of education in professional nursing and al-
20 lied subjects leading to a diploma or to equivalent
21 indicia that such program has been satisfactorily
22 completed, but only if such program, or such affili-
23 ated school or such hospital or university or such
24 independent school is accredited.

25 “(6) ACCREDITED.—

1 “(A) IN GENERAL.—Except as provided in
2 subparagraph (B), the term ‘accredited’ when
3 applied to any program of nurse education
4 means a program accredited by a recognized
5 body or bodies, or by a State agency, approved
6 for such purpose by the Secretary of Education
7 and when applied to a hospital, school, college,
8 or university (or a unit thereof) means a hos-
9 pital, school, college, or university (or a unit
10 thereof) which is accredited by a recognized
11 body or bodies, or by a State agency, approved
12 for such purpose by the Secretary of Education.
13 For the purpose of this paragraph, the Sec-
14 retary of Education shall publish a list of recog-
15 nized accrediting bodies, and of State agencies,
16 which the Secretary of Education determines to
17 be reliable authority as to the quality of edu-
18 cation offered.

19 “(B) NEW PROGRAMS.—A new program of
20 nursing that, by reason of an insufficient period
21 of operation, is not, at the time of the submis-
22 sion of an application for a grant or contract
23 under this title, eligible for accreditation by
24 such a recognized body or bodies or State agen-
25 cy, shall be deemed accredited for purposes of

1 this title if the Secretary of Education finds,
 2 after consultation with the appropriate accredi-
 3 tation body or bodies, that there is reasonable
 4 assurance that the program will meet the ac-
 5 creditation standards of such body or bodies
 6 prior to the beginning of the academic year fol-
 7 lowing the normal graduation date of students
 8 of the first entering class in such a program.

9 “(7) NONPROFIT.—The term ‘nonprofit’ as ap-
 10 plied to any school, agency, organization, or institu-
 11 tion means one which is a corporation or association,
 12 or is owned and operated by one or more corpora-
 13 tions or associations, no part of the net earnings of
 14 which inures, or may lawfully inure, to the benefit
 15 of any private shareholder or individual.

16 “(8) STATE.—The term ‘State’ means a State,
 17 the Commonwealth of Puerto Rico, the District of
 18 Columbia, the Commonwealth of the Northern Mari-
 19 ana Islands, Guam, American Samoa, the Virgin Is-
 20 lands, or the Trust Territory of the Pacific Islands.

21 **“SEC. 802. APPLICATION.**

22 “(a) IN GENERAL.—To be eligible to receive a grant
 23 or contract under this title, an eligible entity shall prepare
 24 and submit to the Secretary an application that meets the
 25 requirements of this section, at such time, in such manner,

1 and containing such information as the Secretary may re-
2 quire.

3 “(b) PLAN.—An application submitted under this
4 section shall contain the plan of the applicant for carrying
5 out a project with amounts received under this title. Such
6 plan shall be consistent with relevant Federal, State, or
7 regional program plans.

8 “(c) PERFORMANCE OUTCOME STANDARDS.—An ap-
9 plication submitted under this section shall contain a spec-
10 ification by the applicant entity of performance outcome
11 standards that the project to be funded under the grant
12 or contract will be measured against. Such standards shall
13 address relevant national nursing needs that the project
14 will meet. The recipient of a grant or contract under this
15 section shall meet the standards set forth in the grant or
16 contract application.

17 “(d) LINKAGES.—An application submitted under
18 this section shall contain a description of the linkages with
19 relevant educational and health care entities, including
20 training programs for other health professionals as appro-
21 priate, that the project to be funded under the grant or
22 contract will establish.

23 **“SEC. 803. USE OF FUNDS.**

24 “(a) IN GENERAL.—Amounts provided under a grant
25 or contract awarded under this title may be used for train-

1 ing program development and support, faculty develop-
2 ment, model demonstrations, trainee support including
3 tuition, books, program fees and reasonable living ex-
4 penses during the period of training, technical assistance,
5 workforce analysis, and dissemination of information, as
6 appropriate to meet recognized nursing objectives, in ac-
7 cordance with this title.

8 “(b) MAINTENANCE OF EFFORT.—With respect to
9 activities for which a grant awarded under this title is to
10 be expended, the entity shall agree to maintain expendi-
11 tures of non-Federal amounts for such activities at a level
12 that is not less than the level of such expenditures main-
13 tained by the entity for the fiscal year preceding the fiscal
14 year for which the entity receives such a grant.

15 **“SEC. 804. MATCHING REQUIREMENT.**

16 “The Secretary may require that an entity that ap-
17 plies for a grant or contract under this title provide non-
18 Federal matching funds, as appropriate, to ensure the in-
19 stitutional commitment of the entity to the projects funded
20 under the grant. Such non-Federal matching funds may
21 be provided directly or through donations from public or
22 private entities and may be in cash or in-kind, fairly evalu-
23 ated, including plant, equipment, or services.

1 **“SEC. 805. PREFERENCE.**

2 “In awarding grants or contracts under this title, the
3 Secretary shall give preference to applicants with projects
4 that will substantially benefit rural or underserved popu-
5 lations, or help meet public health nursing needs in State
6 or local health departments.

7 **“SEC. 806. GENERALLY APPLICABLE PROVISIONS.**

8 “(a) AWARDING OF GRANTS AND CONTRACTS.—The
9 Secretary shall ensure that grants and contracts under
10 this title are awarded on a competitive basis, as appro-
11 priate, to carry out innovative demonstration projects or
12 provide for strategic workforce supplementation activities
13 as needed to meet national nursing service goals and in
14 accordance with this title. Contracts may be entered into
15 under this title with public or private entities as deter-
16 mined necessary by the Secretary.

17 “(b) INFORMATION REQUIREMENTS.—

18 “(1) IN GENERAL.—Recipients of grants and
19 contracts under this title shall meet information re-
20 quirements as specified by the Secretary.

21 “(2) EVALUATIONS.—The Secretary shall es-
22 tablish procedures to ensure the annual evaluation of
23 programs and projects operated by recipients of
24 grants under this title. Such procedures shall ensure
25 that continued funding for such programs and
26 projects will be conditioned upon a demonstration

1 that satisfactory progress has been made by the pro-
2 gram or project in meeting the objectives of the pro-
3 gram or project.

4 “(c) TRAINING PROGRAMS.—Training programs con-
5 ducted with amounts received under this title shall meet
6 applicable accreditation and quality standards.

7 “(d) DURATION OF ASSISTANCE.—

8 “(1) IN GENERAL.—Subject to paragraph (2),
9 in the case of an award to an entity of a grant, co-
10 operative agreement, or contract under this title, the
11 period during which payments are made to the en-
12 tity under the award may not exceed 5 years. The
13 provision of payments under the award shall be sub-
14 ject to annual approval by the Secretary of the pay-
15 ments and subject to the availability of appropria-
16 tions for the fiscal year involved to make the pay-
17 ments. This paragraph may not be construed as lim-
18 iting the number of awards under the program in-
19 volved that may be made to the entity.

20 “(2) LIMITATION.—In the case of an award to
21 an entity of a grant, cooperative agreement, or con-
22 tract under this title, paragraph (1) shall apply only
23 to the extent not inconsistent with any other provi-
24 sion of this title that relates to the period during
25 which payments may be made under the award.

1 “(e) PEER REVIEW REGARDING CERTAIN PRO-
2 GRAMS.—

3 “(1) IN GENERAL.—Each application for a
4 grant under this title, except advanced nurse
5 traineeship grants under section 811(a)(2), shall be
6 submitted to a peer review group for an evaluation
7 of the merits of the proposals made in the applica-
8 tion. The Secretary may not approve such an appli-
9 cation unless a peer review group has recommended
10 the application for approval.

11 “(2) COMPOSITION.—Each peer review group
12 under this subsection shall be composed principally
13 of individuals who are not officers or employees of
14 the Federal Government. In providing for the estab-
15 lishment of peer review groups and procedures, the
16 Secretary shall, except as otherwise provided, ensure
17 sex, racial, ethnic, and geographic representation
18 among the membership of such groups.

19 “(3) ADMINISTRATION.—This subsection shall
20 be carried out by the Secretary acting through the
21 Administrator of the Health Resources and Services
22 Administration.

23 “(f) ANALYTIC ACTIVITIES.—The Secretary shall en-
24 sure that—

1 “(1) cross-cutting workforce analytical activities
2 are carried out as part of the workforce information
3 and analysis activities under this title; and

4 “(2) discipline-specific workforce information is
5 developed and analytical activities are carried out as
6 part of—

7 “(A) the advanced practice nursing activi-
8 ties under part B;

9 “(B) the workforce diversity activities
10 under part C; and

11 “(C) basic nursing education and practice
12 activities under part D.

13 “(g) STATE AND REGIONAL PRIORITIES.—Activities
14 under grants or contracts under this title shall, to the ex-
15 tent practicable, be consistent with related Federal, State,
16 or regional nursing professions program plans and prior-
17 ities.

18 “(h) FILING OF APPLICATIONS.—

19 “(1) IN GENERAL.—Applications for grants or
20 contracts under this title may be submitted by
21 health professions schools, schools of nursing, aca-
22 demic health centers, State or local governments, or
23 other appropriate public or private nonprofit entities
24 as determined appropriate by the Secretary in ac-
25 cordance with this title.

1 “(2) FOR PROFIT ENTITIES.—Notwithstanding
 2 paragraph (1), a for-profit entity may be eligible for
 3 a grant or contract under this title as determined
 4 appropriated by the Secretary.

5 **“SEC. 807. TECHNICAL ASSISTANCE.**

6 “Funds appropriated under this title may be used by
 7 the Secretary to provide technical assistance in relation
 8 to any of the authorities under this title.

9 **“PART B—NURSE PRACTITIONERS, NURSE MID-**
 10 **WIVES, NURSE ANESTHETISTS, AND OTHER**
 11 **ADVANCED PRACTICE NURSES**

12 **“SEC. 811. ADVANCED PRACTICE NURSING GRANTS.**

13 “(a) IN GENERAL.—The Secretary may award grants
 14 to and enter into contracts with eligible entities to meet
 15 the costs of—

16 “(1) projects that support the enhancement of
 17 advanced practice nursing education and practice;
 18 and

19 “(2) traineeships for individuals in advanced
 20 practice nursing programs.

21 “(b) DEFINITION OF ADVANCED PRACTICE
 22 NURSES.—For purposes of this section, the term ‘ad-
 23 vanced practice nurses’ means individuals trained in ad-
 24 vanced degree programs including individuals in combined
 25 R.N./Master’s degree programs, post-nursing master’s

1 certificate programs, or, in the case of nurse midwives,
2 in certificate programs in existence on the date that is one
3 day prior to the date of enactment of this section, to serve
4 as nurse practitioners, clinical nurse specialists, nurse
5 midwives, nurse anesthetists, nurse educators, nurse ad-
6 ministrators, or public health nurses, or in other nurse
7 specialties determined by the Secretary to require ad-
8 vanced education.

9 “(c) AUTHORIZED NURSE PRACTITIONER AND
10 NURSE-MIDWIFERY PROGRAMS.—Nurse practitioner and
11 nurse midwifery programs eligible for support under this
12 section are educational programs for registered nurses (ir-
13 respective of the type of school of nursing in which the
14 nurses received their training) that—

15 “(1) meet guidelines prescribed by the Sec-
16 retary; and

17 “(2) have as their objective the education of
18 nurses who will upon completion of their studies in
19 such programs, be qualified to effectively provide
20 primary health care, including primary health care
21 in homes and in ambulatory care facilities, long-term
22 care facilities, acute care, and other health care set-
23 tings.

1 “(d) AUTHORIZED NURSE ANESTHESIA PRO-
 2 GRAMS.—Nurse anesthesia programs eligible for support
 3 under this section are education programs that—

4 “(1) provide registered nurses with full-time an-
 5 esthetist education; and

6 “(2) are accredited by the Council on Accredita-
 7 tion of Nurse Anesthesia Educational Programs.

8 “(e) OTHER AUTHORIZED EDUCATIONAL PRO-
 9 GRAMS.—The Secretary shall prescribe guidelines as ap-
 10 propriate for other advanced practice nurse education pro-
 11 grams eligible for support under this section.

12 “(f) TRAINEESHIPS.—

13 “(1) IN GENERAL.—The Secretary may not
 14 award a grant to an applicant under subsection (a)
 15 unless the applicant involved agrees that
 16 traineeships provided with the grant will only pay all
 17 or part of the costs of—

18 “(A) the tuition, books, and fees of the
 19 program of advanced nursing practice with re-
 20 spect to which the traineeship is provided; and

21 “(B) the reasonable living expenses of the
 22 individual during the period for which the
 23 traineeship is provided.

24 “(2) DOCTORAL PROGRAMS.—The Secretary
 25 may not obligate more than 10 percent of the

“(3) SPECIAL CONSIDERATION.—In making awards of grants and contracts under subsection (a)(2), the Secretary shall give special consideration to an eligible entity that agrees to expend the award to train advanced practice nurses who will practice in health professional shortage areas designated under section 332.

12 **“SEC. 821. WORKFORCE DIVERSITY GRANTS.**

“(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities.

“(b) GUIDANCE.—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of the First, Second and Third Invitational Congresses for Minority Nurse Leaders on ‘Caring for the Emerging Majority,’ in 1992, 1993 and 1997, and consult

1 with nursing associations including the American Nurses
2 Association, the National League for Nursing, the Amer-
3 ican Association of Colleges of Nursing, the National
4 Black Nurses Association, the National Association of
5 Hispanic Nurses, the Association of Asian American and
6 Pacific Islander Nurses, the Native American Indian and
7 Alaskan Nurses Association, and the National Council of
8 State Boards of Nursing.

9 “(c) REQUIRED INFORMATION AND CONDITIONS FOR
10 AWARD RECIPIENTS.—

11 “(1) IN GENERAL.—Recipients of awards under
12 this section may be required, where requested, to re-
13 port to the Secretary concerning the annual admis-
14 sion, retention, and graduation rates for individuals
15 from disadvantaged backgrounds and ethnic and ra-
16 cial minorities in the school or schools involved in
17 the projects.

18 “(2) FALLING RATES.—If any of the rates re-
19 ported under paragraph (1) fall below the average of
20 the two previous years, the grant or contract recipi-
21 ent shall provide the Secretary with plans for imme-
22 diately improving such rates.

23 “(3) INELIGIBILITY.—A recipient described in
24 paragraph (2) shall be ineligible for continued fund-
25 ing under this section if the plan of the recipient

1 fails to improve the rates within the 1-year period
2 beginning on the date such plan is implemented.

3 **“PART D—STRENGTHENING CAPACITY FOR**
4 **BASIC NURSE EDUCATION AND PRACTICE**

5 **“SEC. 831. BASIC NURSE EDUCATION AND PRACTICE**
6 **GRANTS.**

7 “(a) IN GENERAL.—The Secretary may award grants
8 to and enter into contracts with eligible entities for
9 projects to strengthen capacity for basic nurse education
10 and practice.

11 “(b) PRIORITY AREAS.—In awarding grants or con-
12 tracts under this section the Secretary shall give priority
13 to entities that will use amounts provided under such a
14 grant or contract to enhance the educational mix and utili-
15 zation of the basic nursing workforce by strengthening
16 programs that provide basic nurse education, such as
17 through—

18 “(1) establishing or expanding nursing practice
19 arrangements in noninstitutional settings to dem-
20 onstrate methods to improve access to primary
21 health care in medically underserved communities;

22 “(2) providing care for underserved populations
23 and other high-risk groups such as the elderly, indi-
24 viduals with HIV-AIDS, substance abusers, the
25 homeless, and victims of domestic violence;

1 “(3) providing managed care, quality improve-
2 ment, and other skills needed to practice in existing
3 and emerging organized health care systems;

4 “(4) developing cultural competencies among
5 nurses;

6 “(5) expanding the enrollment in baccalaureate
7 nursing programs;

8 “(6) promoting career mobility for nursing per-
9 sonnel in a variety of training settings and cross
10 training or specialty training among diverse popu-
11 lation groups;

12 “(7) providing education in informatics, includ-
13 ing distance learning methodologies; or

14 “(8) other priority areas as determined by the
15 Secretary.”;

16 (5) by adding at the end the following:

17 **“PART F—AUTHORIZATION OF APPROPRIATIONS**

18 **“SEC. 841. AUTHORIZATION OF APPROPRIATIONS.**

19 “‘There are authorized to be appropriated to carry out
20 sections 811, 821, and 831, \$65,000,000 for fiscal year
21 1998, and such sums as may be necessary in each of the
22 fiscal years 1999 through 2002.

1 **“PART G—NATIONAL ADVISORY COUNCIL ON**
2 **NURSE EDUCATION AND PRACTICE**
3 **“SEC. 845. NATIONAL ADVISORY COUNCIL ON NURSE EDU-**
4 **CATION AND PRACTICE.**

5 “(a) ESTABLISHMENT.—The Secretary shall estab-
6 lish an advisory council to be known as the National Advi-
7 sory Council on Nurse Education and Practice (in this sec-
8 tion referred to as the ‘Advisory Council’).

9 “(b) COMPOSITION.—

10 “(1) IN GENERAL.—The Advisory Council shall
11 be composed of

12 “(A) not less than 21, nor more than 23
13 individuals, who are not officers or employees of
14 the Federal Government, appointed by the Sec-
15 retary without regard to the Federal civil serv-
16 ice laws, of which—

17 “(i) 2 shall be selected from full-time
18 students enrolled in schools of nursing;

19 “(ii) 2 shall be selected from the gen-
20 eral public;

21 “(iii) 2 shall be selected from practic-
22 ing professional nurses; and

23 “(iv) 9 shall be selected from among
24 the leading authorities in the various fields
25 of nursing, higher, secondary education,
26 and associate degree schools of nursing,

1 and from representatives of advanced prac-
2 tice nursing groups (such as nurse practi-
3 tioners, nurse midwives, and nurse anes-
4 thetists), hospitals, and other institutions
5 and organizations which provide nursing
6 services; and

7 “(B) the Secretary (or the delegate of the
8 Secretary (who shall be an ex officio member
9 and shall serve as the Chairperson)).

10 “(2) APPOINTMENT.—Not later than 90 days
11 after the date of enactment of this Act, the Sec-
12 retary shall appoint the members of the Advisory
13 Council and each such member shall serve a 4 year
14 term. In making such appointments, the Secretary
15 shall ensure a fair balance between the nursing pro-
16 fessions, a broad geographic representation of mem-
17 bers and a balance between urban and rural mem-
18 bers. Members shall be appointed based on their
19 competence, interest, and knowledge of the mission
20 of the profession involved. A majority of the mem-
21 bers shall be nurses.

22 “(3) MINORITY REPRESENTATION.—In appoint-
23 ing the members of the Advisory Council under
24 paragraph (1), the Secretary shall ensure the ade-
25 quate representation of minorities.

1 “(c) VACANCIES.—

2 “(1) IN GENERAL.—A vacancy on the Advisory
3 Council shall be filled in the manner in which the
4 original appointment was made and shall be subject
5 to any conditions which applied with respect to the
6 original appointment.

7 “(2) FILLING UNEXPIRED TERM.—An individ-
8 ual chosen to fill a vacancy shall be appointed for
9 the unexpired term of the member replaced.

10 “(d) DUTIES.—The Advisory Council shall—

11 “(1) provide advice and recommendations to the
12 Secretary and Congress concerning policy matters
13 arising in the administration of this title, including
14 the range of issues relating to the nurse workforce,
15 education, and practice improvement;

16 “(2) provide advice to the Secretary and Con-
17 gress in the preparation of general regulations and
18 with respect to policy matters arising in the adminis-
19 tration of this title, including the range of issues re-
20 lating to nurse supply, education and practice im-
21 provement; and

22 “(3) not later than 3 years after the date of en-
23 actment of this section, and annually thereafter, pre-
24 pare and submit to the Secretary, the Committee on
25 Labor and Human Resources of the Senate, and the

1 Committee on Commerce of the House of Represent-
2 atives, a report describing the activities of the Coun-
3 cil, including findings and recommendations made by
4 the Council concerning the activities under this title.

5 “(e) MEETINGS AND DOCUMENTS.—

6 “(1) MEETINGS.—The Advisory Council shall
7 meet not less than 2 times each year. Such meetings
8 shall be held jointly with other related entities estab-
9 lished under this title where appropriate.

10 “(2) DOCUMENTS.—Not later than 14 days
11 prior to the convening of a meeting under paragraph
12 (1), the Advisory Council shall prepare and make
13 available an agenda of the matters to be considered
14 by the Advisory Council at such meeting. At any
15 such meeting, the Advisory Council shall distribute
16 materials with respect to the issues to be addressed
17 at the meeting. Not later than 30 days after the ad-
18 journing of such a meeting, the Advisory Council
19 shall prepare and make available a summary of the
20 meeting and any actions taken by the Council based
21 upon the meeting.

22 “(f) COMPENSATION AND EXPENSES.—

23 “(1) COMPENSATION.—Each member of the
24 Advisory Council shall be compensated at a rate
25 equal to the daily equivalent of the annual rate of

1 basic pay prescribed for level IV of the Executive
2 Schedule under section 5315 of title 5, United
3 States Code, for each day (including travel time)
4 during which such member is engaged in the per-
5 formance of the duties of the Council. All members
6 of the Council who are officers or employees of the
7 United States shall serve without compensation in
8 addition to that received for their services as officers
9 or employees of the United States.

10 “(2) EXPENSES.—The members of the Advisory
11 Council shall be allowed travel expenses, including
12 per diem in lieu of subsistence, at rates authorized
13 for employees of agencies under subchapter I of
14 chapter 57 of title 5, United States Code, while
15 away from their homes or regular places of business
16 in the performance of services for the Council.

17 “(g) FUNDING.—Amounts appropriated under this
18 title may be utilized by the Secretary to support the nurse
19 education and practice activities of the Council.

20 “(h) FACA.—The Federal Advisory Committee Act
21 shall apply to the Advisory Committee under this section
22 only to the extent that the provisions of such Act do not
23 conflict with the requirements of this section.”; and

24 (6) by redesignating section 855 as section 810,
25 and transferring such section so as to appear after

1 section 809 (as added by the amendment made by
2 paragraph (5)).

3 **SEC. 124. SAVINGS PROVISION.**

4 In the case of any authority for making awards of
5 grants or contracts that is terminated by the amendment
6 made by section 123, the Secretary of Health and Human
7 Services may, notwithstanding the termination of the au-
8 thority, continue in effect any grant or contract made
9 under the authority that is in effect on the day before the
10 date of the enactment of this Act, subject to the duration
11 of any such grant or contract not exceeding the period
12 determined by the Secretary in first approving such finan-
13 cial assistance, or in approving the most recent request
14 made (before the date of such enactment) for continuation
15 of such assistance, as the case may be.

16 **Subtitle C—Financial Assistance**

17 **CHAPTER 1—SCHOOL-BASED REVOLVING LOAN**

18 **FUNDS**

19 **SEC. 131. PRIMARY CARE LOAN PROGRAM.**

20 (a) REQUIREMENT FOR SCHOOLS.—Section
21 723(b)(1) of the Public Health Service Act (42 U.S.C.
22 292s(b)(1)), as amended by section 2014(c)(2)(A)(ii) of
23 Public Law 103–43 (107 Stat. 216), is amended by strik-
24 ing “3 years before” and inserting “4 years before”.

1 (b) NONCOMPLIANCE.—Section 723(a)(3) of the
 2 Public Health Service Act (42 U.S.C. 292s(a)(3)) is
 3 amended to read as follows:

4 “(3) NONCOMPLIANCE BY STUDENT.—Each
 5 agreement entered into with a student pursuant to
 6 paragraph (1) shall provide that, if the student fails
 7 to comply with such agreement, the loan involved
 8 will begin to accrue interest at a rate of 18 percent
 9 per year beginning on the date of such noncompli-
 10 ance.”.

11 (c) REPORT REQUIREMENT.—Section 723 of the
 12 Public Health Service Act (42 U.S.C. 292s) is amended—

13 (1) by striking subsection (c); and

14 (2) by redesignating subsection (d) as sub-
 15 section (c).

16 **SEC. 132. LOANS FOR DISADVANTAGED STUDENTS.**

17 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
 18 724(f)(1) of the Public Health Service Act (42 U.S.C.
 19 292t(f)(1)) is amended by striking “\$15,000,000 for fiscal
 20 year 1993” and inserting “\$8,000,000 for each of the fis-
 21 cal years 1998 through 2002”.

22 (b) REPEAL.—Effective October 1, 2002, paragraph
 23 (1) of section 724(f) of the Public Health Service Act (42
 24 U.S.C. 292t(f)(1)) is repealed.

1 **SEC. 133. STUDENT LOANS REGARDING SCHOOLS OF**
2 **NURSING.**

3 (a) IN GENERAL.—Section 836(b) of the Public
4 Health Service Act (42 U.S.C. 297b(b)) is amended—

5 (1) in paragraph (1), by striking the period at
6 the end and inserting a semicolon;

7 (2) in paragraph (2)—

8 (A) in subparagraph (A), by striking
9 “and” at the end; and

10 (B) by inserting before the semicolon at
11 the end the following: “, and (C) such addi-
12 tional periods under the terms of paragraph (8)
13 of this subsection”;

14 (3) in paragraph (7), by striking the period at
15 the end and inserting “; and”; and

16 (4) by adding at the end the following para-
17 graph:

18 “(8) pursuant to uniform criteria established by
19 the Secretary, the repayment period established
20 under paragraph (2) for any student borrower who
21 during the repayment period failed to make consecu-
22 tive payments and who, during the last 12 months
23 of the repayment period, has made at least 12 con-
24 secutive payments may be extended for a period not
25 to exceed 10 years.”.

1 (b) MINIMUM MONTHLY PAYMENTS.—Section 836(g)
2 of the Public Health Service Act (42 U.S.C. 297b(g)) is
3 amended by striking “\$15” and inserting “\$40”.

4 (c) ELIMINATION OF STATUTE OF LIMITATION FOR
5 LOAN COLLECTIONS.—

6 (1) IN GENERAL.—Section 836 of the Public
7 Health Service Act (42 U.S.C. 297b) is amended by
8 adding at the end the following new subsection:

9 “(l) ELIMINATION OF STATUTE OF LIMITATION FOR
10 LOAN COLLECTIONS.—

11 “(1) PURPOSE.—It is the purpose of this sub-
12 section to ensure that obligations to repay loans
13 under this section are enforced without regard to
14 any Federal or State statutory, regulatory, or ad-
15 ministrative limitation on the period within which
16 debts may be enforced.

17 “(2) PROHIBITION.—Notwithstanding any other
18 provision of Federal or State law, no limitation shall
19 terminate the period within which suit may be filed,
20 a judgment may be enforced, or an offset, garnish-
21 ment, or other action may be initiated or taken by
22 a school of nursing that has an agreement with the
23 Secretary pursuant to section 835 that is seeking
24 the repayment of the amount due from a borrower

1 on a loan made under this subpart after the default
2 of the borrower on such loan.”.

3 (2) EFFECTIVE DATE.—The amendment made
4 by paragraph (1) shall be effective with respect to
5 actions pending on or after the date of enactment of
6 this Act.

7 (d) BREACH OF AGREEMENTS.—Section 846 of the
8 Public Health Service Act (42 U.S.C. 297n) is amended
9 by adding at the end thereof the following new subsection:

10 “(h) BREACH OF AGREEMENT.—

11 “(1) IN GENERAL.—In the case of any program
12 under this section under which an individual makes
13 an agreement to provide health services for a period
14 of time in accordance with such program in consid-
15 eration of receiving an award of Federal funds re-
16 garding education as a nurse (including an award
17 for the repayment of loans), the following applies if
18 the agreement provides that this subsection is appli-
19 cable:

20 “(A) In the case of a program under this
21 section that makes an award of Federal funds
22 for attending an accredited program of nursing
23 (in this section referred to as a ‘nursing pro-
24 gram’), the individual is liable to the Federal
25 Government for the amount of such award (in-

cluding amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

“(i) fails to maintain an acceptable level of academic standing in the nursing program (as indicated by the program in accordance with requirements established by the Secretary);

“(ii) is dismissed from the nursing program for disciplinary reasons; or

“(iii) voluntarily terminates the nursing program.

“(B) The individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to provide health services in accordance with the program under this section for the period of time applicable under the program.

“(2) WAIVER OR SUSPENSION OF LIABILITY.—

In the case of an individual or health facility making an agreement for purposes of paragraph (1), the

1 Secretary shall provide for the waiver or suspension
2 of liability under such subsection if compliance by
3 the individual or the health facility, as the case may
4 be, with the agreements involved is impossible, or
5 would involve extreme hardship to the individual or
6 facility, and if enforcement of the agreements with
7 respect to the individual or facility would be uncon-
8 scionable.

9 “(3) DATE CERTAIN FOR RECOVERY.—Subject
10 to paragraph (2), any amount that the Federal Gov-
11 ernment is entitled to recover under paragraph (1)
12 shall be paid to the United States not later than the
13 expiration of the 3-year period beginning on the date
14 the United States becomes so entitled.

15 “(4) AVAILABILITY.—Amounts recovered under
16 paragraph (1) with respect to a program under this
17 section shall be available for the purposes of such
18 program, and shall remain available for such pur-
19 poses until expended.”.

20 (e) TECHNICAL AMENDMENTS.—Section 839 of the
21 Public Health Service Act (42 U.S.C. 297e) is amended—

22 (1) in subsection (a)—

23 (A) by striking the matter preceding para-
24 graph (1) and inserting the following:

1 “(a) If a school terminates a loan fund established
 2 under an agreement pursuant to section 835(b), or if the
 3 Secretary for good cause terminates the agreement with
 4 the school, there shall be a capital distribution as fol-
 5 lows:”; and

6 (B) in paragraph (1), by striking “at the
 7 close of September 30, 1999,” and inserting
 8 “on the date of termination of the fund”; and
 9 (2) in subsection (b), to read as follows:

10 “(b) If a capital distribution is made under sub-
 11 section (a), the school involved shall, after such capital dis-
 12 tribution, pay to the Secretary, not less often than quar-
 13 terly, the same proportionate share of amounts received
 14 by the school in payment of principal or interest on loans
 15 made from the loan fund established under section 835(b)
 16 as determined by the Secretary under subsection (a).”.

17 **SEC. 134. GENERAL PROVISIONS.**

18 (a) MAXIMUM STUDENT LOAN PROVISIONS AND
 19 MINIMUM PAYMENTS.—

20 (1) IN GENERAL.—Section 722(a)(1) of the
 21 Public Health Service Act (42 U.S.C. 292r(a)(1)),
 22 as amended by section 2014(b)(1) of Public Law
 23 103–43, is amended by striking “the sum of” and
 24 all that follows through the end thereof and insert-
 25 ing “the cost of attendance (including tuition, other

1 reasonable educational expenses, and reasonable liv-
 2 ing costs) for that year at the educational institution
 3 attended by the student (as determined by such edu-
 4 cational institution).”.

5 (2) THIRD AND FOURTH YEARS.—Section
 6 722(a)(2) of the Public Health Service Act (42
 7 U.S.C. 292r(a)(2)), as amended by section
 8 2014(b)(1) of Public Law 103–43, is amended by
 9 striking “the amount \$2,500” and all that follows
 10 through “including such \$2,500)” and inserting “the
 11 amount of the loan may, in the case of the third or
 12 fourth year of a student at a school of medicine or
 13 osteopathic medicine, be increased to the extent nec-
 14 essary”.

15 (3) REPAYMENT PERIOD.—Section 722(c) of
 16 the Public Health Service Act (42 U.S.C. 292r(c)),
 17 as amended by section 2014(b)(1) of Public Law
 18 103–43, is amended—

19 (A) in the subsection heading by striking
 20 “TEN-YEAR” and inserting “REPAYMENT”;

21 (B) by striking “ten-year period which be-
 22 gins” and inserting “period of not less than 10
 23 years nor more than 25 years, at the discretion
 24 of the institution, which begins”; and

1 (C) by striking “such ten-year period” and
2 inserting “such period”.

3 (4) MINIMUM PAYMENTS.—Section 722(j) of
4 the Public Health Service Act (42 U.S.C. 292r(j)),
5 as amended by section 2014(b)(1) of Public Law
6 103–43, is amended by striking “\$15” and inserting
7 “\$40”.

8 (b) ELIMINATION OF STATUTE OF LIMITATION FOR
9 LOAN COLLECTIONS.—

10 (1) IN GENERAL.—Section 722 of the Public
11 Health Service Act (42 U.S.C. 292r), as amended by
12 section 2014(b)(1) of Public Law 103–43, is amend-
13 ed by adding at the end the following new sub-
14 section:

15 “(m) ELIMINATION OF STATUTE OF LIMITATION FOR
16 LOAN COLLECTIONS.—

17 “(1) PURPOSE.—It is the purpose of this sub-
18 section to ensure that obligations to repay loans
19 under this section are enforced without regard to
20 any Federal or State statutory, regulatory, or ad-
21 ministrative limitation on the period within which
22 debts may be enforced.

23 “(2) PROHIBITION.—Notwithstanding any other
24 provision of Federal or State law, no limitation shall
25 terminate the period within which suit may be filed,

1 a judgment may be enforced, or an offset, garnish-
 2 ment, or other action may be initiated or taken by
 3 a school that has an agreement with the Secretary
 4 pursuant to section 721 that is seeking the repay-
 5 ment of the amount due from a borrower on a loan
 6 made under this subpart after the default of the bor-
 7 rower on such loan.”.

8 (2) EFFECTIVE DATE.—The amendment made
 9 by paragraph (1) shall be effective with respect to
 10 actions pending on or after the date of enactment of
 11 this Act.

12 (c) DATE CERTAIN FOR CONTRIBUTIONS.—Para-
 13 graph (2) of section 735(e) of the Public Health Service
 14 Act (42 U.S.C. 292y(e)(2)) is amended to read as follows:

15 “(2) DATE CERTAIN FOR CONTRIBUTIONS.—
 16 Amounts described in paragraph (1) that are re-
 17 turned to the Secretary shall be obligated before the
 18 end of the succeeding fiscal year.”.

19 **CHAPTER 2—INSURED HEALTH EDUCATION**

20 **ASSISTANCE LOANS TO GRADUATE STUDENTS**

21 **SEC. 141. HEALTH EDUCATION ASSISTANCE LOAN PRO-**
 22 **GRAM.**

23 (a) HEALTH EDUCATION ASSISTANCE LOAN
 24 DEFERMENT FOR BORROWERS PROVIDING HEALTH
 25 SERVICES TO INDIANS.—

1 (1) IN GENERAL.—Section 705(a)(2)(C) of the
2 Public Health Service Act (42 U.S.C.
3 292d(a)(2)(C)) is amended by striking “and (x)”
4 and inserting “(x) not in excess of three years, dur-
5 ing which the borrower is providing health care serv-
6 ices to Indians through an Indian health program
7 (as defined in section 108(a)(2)(A) of the Indian
8 Health Care Improvement Act (25 U.S.C.
9 1616a(a)(2)(A)); and (xi)”.

10 (2) CONFORMING AMENDMENTS.—Section
11 705(a)(2)(C) of the Public Health Service Act (42
12 U.S.C. 292d(a)(2)(C)) is further amended—

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

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

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

22 (b) REPORT REQUIREMENT.—Section 709(b) of the
23 Public Health Service Act (42 U.S.C. 292h(b)) is
24 amended—

1 (1) in paragraph (4)(B), by adding “and” after
 2 the semicolon;

3 (2) in paragraph (5), by striking “; and” and
 4 inserting a period; and

5 (3) by striking paragraph (6).

6 (c) PROGRAM ELIGIBILITY.—

7 (1) LIMITATIONS ON LOANS.—Section 703(a) of
 8 the Public Health Service Act (42 U.S.C. 292b(a))
 9 is amended by striking “or clinical psychology” and
 10 inserting “or behavioral and mental health practice,
 11 including clinical psychology”.

12 (2) DEFINITION OF ELIGIBLE INSTITUTION.—
 13 Section 719(1) of the Public Health Service Act (42
 14 U.S.C. 292o(1)) is amended by striking “or clinical
 15 psychology” and inserting “or behavioral and mental
 16 health practice, including clinical psychology”.

17 **SEC. 142. HEAL LENDER AND HOLDER PERFORMANCE**
 18 **STANDARDS.**

19 (a) GENERAL AMENDMENTS.—Section 707(a) of the
 20 Public Health Service Act (42 U.S.C. 292f) is amended—

21 (1) by striking the last sentence;

22 (2) by striking “determined.” and inserting
 23 “determined, except that, if the insurance bene-
 24 ficiary including any servicer of the loan is not des-
 25 ignated for ‘exceptional performance’, as set forth in

1 paragraph (2), the Secretary shall pay to the bene-
2 ficiary a sum equal to 98 percent of the amount of
3 the loss sustained by the insured upon that loan.”;

4 (3) by striking “Upon” and inserting:

5 “(1) IN GENERAL.—Upon”; and

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

8 “(2) EXCEPTIONAL PERFORMANCE.—

9 “(A) AUTHORITY.—Where the Secretary
10 determines that an eligible lender, holder, or
11 servicer has a compliance performance rating
12 that equals or exceeds 97 percent, the Secretary
13 shall designate that eligible lender, holder, or
14 servicer, as the case may be, for exceptional
15 performance.

16 “(B) COMPLIANCE PERFORMANCE RAT-
17 ING.—For purposes of subparagraph (A), a
18 compliance performance rating is determined
19 with respect to compliance with due diligence in
20 the disbursement, servicing, and collection of
21 loans under this subpart for each year for
22 which the determination is made. Such rating
23 shall be equal to the percentage of all due dili-
24 gence requirements applicable to each loan, on
25 average, as established by the Secretary, with

1 respect to loans serviced during the period by
2 the eligible lender, holder, or servicer.

3 “(C) ANNUAL AUDITS FOR LENDERS,
4 HOLDERS, AND SERVICERS.—Each eligible lend-
5 er, holder, or servicer desiring a designation
6 under subparagraph (A) shall have an annual
7 financial and compliance audit conducted with
8 respect to the loan portfolio of such eligible
9 lender, holder, or servicer, by a qualified inde-
10 pendent organization from a list of qualified or-
11 ganizations identified by the Secretary and in
12 accordance with standards established by the
13 Secretary. The standards shall measure the
14 lender’s, holder’s, or servicer’s compliance with
15 due diligence standards and shall include a de-
16 fined statistical sampling technique designed to
17 measure the performance rating of the eligible
18 lender, holder, or servicer for the purpose of
19 this section. Each eligible lender, holder, or
20 servicer shall submit the audit required by this
21 section to the Secretary.

22 “(D) SECRETARY’S DETERMINATIONS.—
23 The Secretary shall make the determination
24 under subparagraph (A) based upon the audits
25 submitted under this paragraph and any infor-

1 mation in the possession of the Secretary or
2 submitted by any other agency or office of the
3 Federal Government.

4 “(E) QUARTERLY COMPLIANCE AUDIT.—

5 To maintain its status as an exceptional per-
6 former, the lender, holder, or servicer shall un-
7 dergo a quarterly compliance audit at the end
8 of each quarter (other than the quarter in
9 which status as an exceptional performer is es-
10 tablished through a financial and compliance
11 audit, as described in subparagraph (C)), and
12 submit the results of such audit to the Sec-
13 retary. The compliance audit shall review com-
14 pliance with due diligence requirements for the
15 period beginning on the day after the ending
16 date of the previous audit, in accordance with
17 standards determined by the Secretary.

18 “(F) REVOCATION AUTHORITY.—The Sec-

19 retary shall revoke the designation of a lender,
20 holder, or servicer under subparagraph (A) if
21 any quarterly audit required under subpara-
22 graph (E) is not received by the Secretary by
23 the date established by the Secretary or if the
24 audit indicates the lender, holder, or servicer
25 has failed to meet the standards for designation

1 as an exceptional performer under subpara-
2 graph (A). A lender, holder, or servicer receiv-
3 ing a compliance audit not meeting the stand-
4 ard for designation as an exceptional performer
5 may reapply for designation under subpara-
6 graph (A) at any time.

7 “(G) DOCUMENTATION.—Nothing in this
8 section shall restrict or limit the authority of
9 the Secretary to require the submission of
10 claims documentation evidencing servicing per-
11 formed on loans, except that the Secretary may
12 not require exceptional performers to submit
13 greater documentation than that required for
14 lenders, holders, and servicers not designated
15 under subparagraph (A).

16 “(H) COST OF AUDITS.—Each eligible
17 lender, holder, or servicer shall pay for all the
18 costs associated with the audits required under
19 this section.

20 “(I) ADDITIONAL REVOCATION AUTHOR-
21 ITY.—Notwithstanding any other provision of
22 this section, a designation under subparagraph
23 (A) may be revoked at any time by the Sec-
24 retary if the Secretary determines that the eligi-
25 ble lender, holder, or servicer has failed to

1 maintain an overall level of compliance consist-
2 ent with the audit submitted by the eligible
3 lender, holder, or servicer under this paragraph
4 or if the Secretary asserts that the lender, hold-
5 er, or servicer may have engaged in fraud in se-
6 curing designation under subparagraph (A) or
7 is failing to service loans in accordance with
8 program requirements.

9 “(J) NONCOMPLIANCE.—A lender, holder,
10 or servicer designated under subparagraph (A)
11 that fails to service loans or otherwise comply
12 with applicable program regulations shall be
13 considered in violation of the Federal False
14 Claims Act.”.

15 (b) DEFINITION.—Section 707(e) of the Public
16 Health Service Act (42 U.S.C. 292f(e)) is amended by
17 adding at the end the following new paragraph:

18 “(4) The term ‘servicer’ means any agency act-
19 ing on behalf of the insurance beneficiary.”.

20 (c) EFFECTIVE DATE.—The amendments made by
21 subsections (a) and (b) shall apply with respect to loans
22 submitted to the Secretary for payment on or after the
23 first day of the sixth month that begins after the date
24 of enactment of this Act.

1 **SEC. 143. INSURANCE PROGRAM.**

2 Section 710(a)(2)(B) of the Public Health Service
3 Act (42 U.S.C. 292i(a)(2)(B)) is amended by striking
4 “any of the fiscal years 1993 through 1996” and inserting
5 “fiscal year 1993 and subsequent fiscal years”.

6 **SEC. 144. HEAL BANKRUPTCY.**

7 (a) IN GENERAL.—Section 707(g) of the Public
8 Health Service Act (42 U.S.C. 292f(g)) is amended in the
9 first sentence by striking “A debt which is a loan insured”
10 and inserting “Notwithstanding any other provision of
11 Federal or State law, a debt that is a loan insured”.

12 (b) APPLICATION.—The amendment made by sub-
13 section (a) shall apply to any loan insured under the au-
14 thority of subpart I of part A of title VII of the Public
15 Health Service Act (42 U.S.C. 292 et seq.) that is listed
16 or scheduled by the debtor in a case under title XI, United
17 States Code, filed—

18 (1) on or after the date of enactment of this
19 Act; or

20 (2) prior to such date of enactment in which a
21 discharge has not been granted.

22 **SEC. 145. HEAL REFINANCING.**

23 Section 706 of the Public Health Service Act (42
24 U.S.C. 292e) is amended—

25 (1) in subsection (d)—

1 (A) in the subsection heading, by striking
2 “CONSOLIDATION” and inserting “REFINANC-
3 ING OR CONSOLIDATION”; and

4 (B) in the first sentence, by striking “in-
5 debtedness” and inserting “indebtedness or the
6 refinancing of a single loan”; and

7 (2) in subsection (e)—

8 (A) in the subsection heading, by striking
9 “DEBTS” and inserting “DEBTS AND REFI-
10 NANCING”;

11 (B) in the first sentence, by striking “all
12 of the borrower’s debts into a single instru-
13 ment” and inserting “all of the borrower’s loans
14 insured under this subpart into a single instru-
15 ment (or, if the borrower obtained only 1 loan
16 insured under this subpart, refinancing the loan
17 1 time)”; and

18 (C) in the second sentence, by striking
19 “consolidation” and inserting “consolidation or
20 refinancing”.

1 **TITLE II—OFFICE OF MINORITY**
2 **HEALTH**

3 **SEC. 201. REVISION AND EXTENSION OF PROGRAMS OF OF-**
4 **FICE OF MINORITY HEALTH.**

5 (a) DUTIES AND REQUIREMENTS.—Section 1707 of
6 the Public Health Service Act (42 U.S.C. 300u–6) is
7 amended by striking subsection (b) and all that follows
8 and inserting the following:

9 “(b) DUTIES.—With respect to improving the health
10 of racial and ethnic minority groups, the Secretary, acting
11 through the Deputy Assistant Secretary for Minority
12 Health (in this section referred to as the ‘Deputy Assist-
13 ant Secretary’), shall carry out the following:

14 “(1) Establish short-range and long-range goals
15 and objectives and coordinate all other activities
16 within the Public Health Service that relate to dis-
17 ease prevention, health promotion, service delivery,
18 and research concerning such individuals. The heads
19 of each of the agencies of the Service shall consult
20 with the Deputy Assistant Secretary to ensure the
21 coordination of such activities.

22 “(2) Enter into interagency agreements with
23 other agencies of the Public Health Service.

24 “(3) Support research, demonstrations and
25 evaluations to test new and innovative models.

1 “(4) Increase knowledge and understanding of
2 health risk factors.

3 “(5) Develop mechanisms that support better
4 information dissemination, education, prevention,
5 and service delivery to individuals from disadvan-
6 taged backgrounds, including individuals who are
7 members of racial or ethnic minority groups.

8 “(6) Ensure that the National Center for
9 Health Statistics collects data on the health status
10 of each minority group.

11 “(7) With respect to individuals who lack pro-
12 ficiency in speaking the English language, enter into
13 contracts with public and nonprofit private providers
14 of primary health services for the purpose of increas-
15 ing the access of the individuals to such services by
16 developing and carrying out programs to provide bi-
17 lingual or interpretive services.

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

20 “(A) Facilitate the exchange of informa-
21 tion regarding matters relating to health infor-
22 mation and health promotion, preventive health
23 services, and education in the appropriate use
24 of health 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 “(9) Carry out programs to improve access to
8 health care services for individuals with limited pro-
9 ficiency in speaking the English language. Activities
10 under the preceding sentence shall include develop-
11 ing and evaluating model projects.

12 “(c) ADVISORY COMMITTEE.—

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

17 “(2) DUTIES.—The Committee shall provide
18 advice to the Deputy Assistant Secretary carrying
19 out this section, including advice on the development
20 of goals and specific program activities under para-
21 graphs (1) through (9) of subsection (b) for each ra-
22 cial and ethnic minority group.

23 “(3) CHAIR.—The chairperson of the Commit-
24 tee shall be selected by the Secretary from among
25 the members of the voting members of the Commit-

1 tee. The term of office of the chairperson shall be
2 2 years.

3 “(4) COMPOSITION.—

4 “(A) The Committee shall be composed of
5 12 voting members appointed in accordance
6 with subparagraph (B), and nonvoting, ex offi-
7 cio members designated in subparagraph (C).

8 “(B) The voting members of the Commit-
9 tee shall be appointed by the Secretary from
10 among individuals who are not officers or em-
11 ployees of the Federal Government and who
12 have expertise regarding issues of minority
13 health. The racial and ethnic minority groups
14 shall be equally represented among such mem-
15 bers.

16 “(C) The nonvoting, ex officio members of
17 the Committee shall be such officials of the De-
18 partment of Health and Human Services as the
19 Secretary determines to be appropriate.

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

24 “(6) VACANCIES.—If a vacancy occurs on the
25 Committee, a new member shall be appointed by the

1 Secretary within 90 days from the date that the va-
2 cancy occurs, and serve for the remainder of the
3 term for which the predecessor of such member was
4 appointed. The vacancy shall not affect the power of
5 the remaining members to execute the duties of the
6 Committee.

7 “(7) COMPENSATION.—Members of the Com-
8 mittee who are officers or employees of the United
9 States shall serve without compensation. Members of
10 the Committee who are not officers or employees of
11 the United States shall receive compensation, for
12 each day (including travel time) they are engaged in
13 the performance of the functions of the Committee.
14 Such compensation may not be in an amount in ex-
15 cess of the daily equivalent of the annual maximum
16 rate of basic pay payable under the General Sched-
17 ule (under title 5, United States Code) for positions
18 above GS-15.

19 “(d) CERTAIN REQUIREMENTS REGARDING DU-
20 TIES.—

21 “(1) RECOMMENDATIONS REGARDING LAN-
22 GUAGE AS IMPEDIMENT TO HEALTH CARE.—The
23 Deputy Assistant Secretary for Minority Health
24 shall consult with the Director of the Office of Inter-
25 national and Refugee Health, the Director of the Of-

1 fice of Civil Rights, and the Directors of other ap-
2 propriate Departmental entities regarding rec-
3 ommendations for carrying out activities under sub-
4 section (b)(9).

5 “(2) EQUITABLE ALLOCATION REGARDING AC-
6 TIVITIES.—In carrying out subsection (b), the Sec-
7 retary shall ensure that services provided under such
8 subsection are equitably allocated among all groups
9 served under this section by the Secretary.

10 “(3) CULTURAL COMPETENCY OF SERVICES.—
11 The Secretary shall ensure that information and
12 services provided pursuant to subsection (b) are pro-
13 vided in the language, educational, and cultural con-
14 text that is most appropriate for the individuals for
15 whom the information and services are intended.

16 “(e) GRANTS AND CONTRACTS REGARDING DU-
17 TIES.—

18 “(1) IN GENERAL.—In carrying out subsection
19 (b), the Secretary acting through the Deputy Assist-
20 ant Secretary may make awards of grants, coopera-
21 tive agreements, and contracts to public and non-
22 profit private entities.

23 “(2) PROCESS FOR MAKING AWARDS.—The
24 Deputy Assistant Secretary shall ensure that awards
25 under paragraph (1) are made, to the extent prac-

1 tical, only on a competitive basis, and that a grant
2 is awarded for a proposal only if the proposal has
3 been recommended for such an award through a
4 process of peer review.

5 “(3) EVALUATION AND DISSEMINATION.—The
6 Deputy Assistant Secretary, directly or through con-
7 tracts with public and private entities, shall provide
8 for evaluations of projects carried out with awards
9 made under paragraph (1) during the preceding 2
10 fiscal years. The report shall be included in the re-
11 port required under subsection (f) for the fiscal year
12 involved.

13 “(f) REPORTS.—

14 “(1) IN GENERAL.—Not later than February 1
15 of fiscal year 1999 and of each second year there-
16 after, the Secretary shall submit to the Committee
17 on Energy and Commerce of the House of Rep-
18 resentatives, and to the Committee on Labor and
19 Human Resources of the Senate, a report describing
20 the activities carried out under this section during
21 the preceding 2 fiscal years and evaluating the ex-
22 tent to which such activities have been effective in
23 improving the health of racial and ethnic minority
24 groups. Each such report shall include the biennial
25 reports submitted under sections 201(e)(3) and

1 201(f)(2) for such years by the heads of the Public
2 Health Service agencies.

3 “(2) AGENCY REPORTS.—Not later than Feb-
4 ruary 1, 1999, and biennially thereafter, the heads
5 of the Public Health Service agencies shall submit to
6 the Deputy Assistant Secretary a report summariz-
7 ing the minority health activities of each of the re-
8 spective agencies.

9 “(g) DEFINITION.—For purposes of this section:

10 “(1) The term ‘racial and ethnic minority
11 group’ means American Indians (including Alaska
12 Natives, Eskimos, and Aleuts); Asian Americans and
13 Pacific Islanders; Blacks; and Hispanics.

14 “(2) The term ‘Hispanic’ means individuals
15 whose origin is Mexican, Puerto Rican, Cuban, Cen-
16 tral or South American, or any other Spanish-speak-
17 ing country.

18 “(h) FUNDING.—

19 “(1) AUTHORIZATION OF APPROPRIATIONS.—
20 For the purpose of carrying out this section, there
21 are authorized to be appropriated \$30,000,000 for
22 fiscal year 1998, such sums as may be necessary for
23 each of the fiscal years 1999 through 2002.”.

1 (b) AUTHORIZATION FOR NATIONAL CENTER FOR
 2 HEALTH STATISTICS.—Section 306 of the Public Health
 3 Service Act (42 U.S.C. 242k) is amended—

4 (1) in subsection (m), by adding at the end the
 5 following:

6 “(4)(A) Subject to subparagraph (B), the Secretary,
 7 acting through the Center, shall collect data on Hispanics
 8 and major Hispanic subpopulation groups and American
 9 Indians, and for developing special area population studies
 10 on major Asian American and Pacific Islander popu-
 11 lations.

12 “(B) The provisions of subparagraph (A) shall be ef-
 13 fective with respect to a fiscal year only to the extent that
 14 funds are appropriated pursuant to paragraph (3) of sub-
 15 section (n), and only if the amounts appropriated for such
 16 fiscal year pursuant to each of paragraphs (1) and (2)
 17 of subsection (n) equal or exceed the amounts so appro-
 18 priated for fiscal year 1997.”;

19 (2) in subsection (n)(1), by striking “through
 20 1998” and inserting “through 2003”; and

21 (3) in subsection (n)

22 (A) in the first sentence of paragraph
 23 (2)—

24 (i) by striking “authorized in sub-
 25 section (m)” and inserting “authorized in

1 paragraphs (1) through (3) of subsection
2 (m)”; and

3 (ii) by striking “\$5,000,000” and all
4 that follows through the period and insert-
5 ing “such sums as may be necessary for
6 each of the fiscal years 1999 through
7 2003.”; and

8 (B) by adding at the end the following:

9 “(3) For activities authorized in subsection (m)(4),
10 there are authorized to be appropriated \$1,000,000 for fis-
11 cal year 1998, and such sums as may be necessary for
12 each of the fiscal years 1999 through 2002.”.

13 (c) MISCELLANEOUS AMENDMENTS.—Section 1707
14 of the Public Health Service Act (42 U.S.C. 300u–6) is
15 amended—

16 (1) in the heading for the section by striking
17 “ESTABLISHMENT OF”; and

18 (2) in subsection (a), by striking “Office of the
19 Assistant Secretary for Health” and inserting “Of-
20 fice of Public Health and Science”.

21 **TITLE III—SELECTED** 22 **INITIATIVES**

23 **SEC. 301. STATE OFFICES OF RURAL HEALTH.**

24 Section 338J of the Public Health Service Act (42
25 U.S.C. 254r) is amended—

1 (1) in subsection (b)(1), in the matter preced-
 2 ing subparagraph (A), by striking “in cash”; and

3 (2) in subsection (j)(1)—

4 (A) by striking “and” after “1992,”; and

5 (B) by inserting before the period the fol-
 6 lowing: “, and such sums as may be necessary
 7 for each of the fiscal years 1998 through
 8 2002”; and

9 (3) in subsection (k), by striking
 10 “\$10,000,000” and inserting “\$36,000,000”.

11 **SEC. 302. DEMONSTRATION PROJECTS REGARDING ALZ-**
 12 **HEIMER’S DISEASE.**

13 (a) IN GENERAL.—Section 398(a) of the Public
 14 Health Service Act (42 U.S.C. 280c–3(a)) is amended—

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

17 (2) in paragraph (2)—

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

21 (B) by striking “and” at the end;

22 (3) by redesignating paragraph (3) as para-
 23 graph (4); and

24 (4) by inserting after paragraph (2) the follow-
 25 ing:

1 “(3) to improve the access of such individuals
 2 to home-based or community-based long-term care
 3 services (subject to the services being provided by
 4 entities that were providing such services in the
 5 State involved as of October 1, 1995), particularly
 6 such individuals who are members of racial or ethnic
 7 minority groups, who have limited proficiency in
 8 speaking the English language, or who live in rural
 9 areas; and”.

10 (b) DURATION.—Section 398A of the Public Health
 11 Service Act (42 U.S.C. 280c–4) is amended—

12 (1) in the heading for the section, by striking
 13 “**LIMITATION**” and all that follows and inserting
 14 “**REQUIREMENT OF MATCHING**
 15 **FUNDS**”;

16 (2) by striking subsection (a);

17 (3) by redesignating subsections (b) and (c) as
 18 subsections (a) and (b), respectively; and

19 (4) in subsection (a) (as so redesignated), in
 20 each of paragraphs (1)(C) and (2)(C), by striking
 21 “third year” and inserting “third or subsequent
 22 year”.

23 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
 24 398B(e) of the Public Health Service Act (42 U.S.C.
 25 280c–5(e)) is amended—

1 (1) by striking “and such sums” and inserting
 2 “such sums”; and

3 (2) by inserting before the period the following:
 4 “, \$8,000,000 for fiscal year 1998, and such sums
 5 as may be necessary for each of the fiscal years
 6 1999 through 2002”.

7 **SEC. 303. PROJECT GRANTS FOR IMMUNIZATION SERVICES.**

8 Section 317(j) of the Public Health Service Act (42
 9 U.S.C. 247b(j)) is amended—

10 (1) in paragraph (1), by striking “individuals
 11 against vaccine-preventable diseases” and all that
 12 follows through the first period and inserting the fol-
 13 lowing: “children, adolescents, and adults against
 14 vaccine-preventable diseases, there are authorized to
 15 be appropriated such sums as may be necessary for
 16 each of the fiscal years 1998 through 2002.”; and

17 (2) in paragraph (2), by striking “1990” and
 18 inserting “1997”.

19 **TITLE IV—MISCELLANEOUS**
 20 **PROVISIONS**

21 **SEC. 401. TECHNICAL CORRECTIONS REGARDING PUBLIC**

22 **LAW 103-183.**

23 (a) AMENDATORY INSTRUCTIONS.—Public Law 103-
 24 183 is amended—

25 (1) in section 601—

1 (A) in subsection (b), in the matter preced-
 2 ing paragraph (1), by striking “Section 1201 of
 3 the Public Health Service Act (42 U.S.C.
 4 300d)” and inserting “Title XII of the Public
 5 Health Service Act (42 U.S.C. 300d et seq.)”;
 6 and

7 (B) in subsection (f)(1), by striking “in
 8 section 1204(c)” and inserting “in section
 9 1203(c) (as redesignated by subsection (b)(2) of
 10 this section)”;

11 (2) in section 602, by striking “for the pur-
 12 pose” and inserting “For the purpose”; and

13 (3) in section 705(b), by striking “317D((l)(1))”
 14 and inserting “317D(l)(1)”.

15 (b) PUBLIC HEALTH SERVICE ACT.—The Public
 16 Health Service Act, as amended by Public Law 103–183
 17 and by subsection (a) of this section, is amended—

18 (1) in section 317E(g)(2), by striking “making
 19 grants under subsection (b)” and inserting “carrying
 20 out subsection (b)”;

21 (2) in section 318, in subsection (e) as in effect
 22 on the day before the date of the enactment of Pub-
 23 lic Law 103–183, by redesignating the subsection as
 24 subsection (f);

25 (3) in subpart 6 of part C of title IV—

1 (A) by transferring the first section 447
 2 (added by section 302 of Public Law 103–183)
 3 from the current placement of the section;

4 (B) by redesignating the section as section
 5 447A; and

6 (C) by inserting the section after section
 7 447;

8 (4) in section 1213(a)(8), by striking “provides
 9 for for” and inserting “provides for”;

10 (5) in section 1501, by redesignating the second
 11 subsection (c) (added by section 101(f) of Public
 12 Law 103–183) as subsection (d); and

13 (6) in section 1505(3), by striking “nonprofit”.

14 (c) MISCELLANEOUS CORRECTION.—Section
 15 401(c)(3) of Public Law 103–183 is amended in the mat-
 16 ter preceding subparagraph (A) by striking “(d)(5)” and
 17 inserting “(e)(5)”.

18 (d) CONFORMING AMENDMENT.—Section 308(b) of
 19 the Public Health Service Act (42 U.S.C. 242m(b)) is
 20 amended—

21 (1) in paragraph (2)(A), by striking “306(n)”
 22 and inserting “306(m)”; and

23 (2) in paragraph (2)(C), by striking “306(n)”
 24 and inserting “306(m)”.

1 (e) EFFECTIVE DATE.—This section is deemed to
2 have taken effect immediately after the enactment of Pub-
3 lic Law 103–183.

4 **SEC. 402. MISCELLANEOUS AMENDMENTS REGARDING PHS**
5 **COMMISSIONED OFFICERS.**

6 (a) ANTI-DISCRIMINATION LAWS.—Amend section
7 212 of the Public Health Service Act (42 U.S.C. 213) by
8 adding the following new subsection at the end thereof:

9 “(f) Active service of commissioned officers of the
10 Service shall be deemed to be active military service in
11 the Armed Forces of the United States for purposes of
12 all laws related to discrimination on the basis of race,
13 color, sex, ethnicity, age, religion, and disability.”

14 (b) TRAINING IN LEAVE WITHOUT PAY STATUS.—
15 Section 218 of the Public Health Service Act (42 U.S.C.
16 218a) is amended by adding at the end the following:

17 “(c) A commissioned officer may be placed in leave
18 without pay status while attending an educational institu-
19 tion or training program whenever the Secretary deter-
20 mines that such status is in the best interest of the Serv-
21 ice. For purposes of computation of basic pay, promotion,
22 retirement, compensation for injury or death, and the ben-
23 efits provided by sections 212 and 224, an officer in such
24 status pursuant to the preceding sentence shall be consid-
25 ered as performing service in the Service and shall have

1 an active service obligation as set forth in subsection (b)
2 of this section.”.

3 (c) UTILIZATION OF ALCOHOL AND DRUG ABUSE
4 RECORDS THAT APPLY TO THE ARMED FORCES.—Sec-
5 tion 543(e) of the Public Health Service Act (42 U.S.C.
6 290dd–2(e)) is amended by striking “Armed Forces” each
7 place that such term appears and inserting “Uniformed
8 Services”.

9 **SEC. 403. CLINICAL TRAINEESHIPS.**

10 Section 303(d)(1) of the Public Health Service Act
11 (42 U.S.C. 242a(d)(1)) is amended by inserting “counsel-
12 ing,” after “family therapy,”.

13 **SEC. 404. PROJECT GRANTS FOR SCREENINGS, REFERRALS,**
14 **AND EDUCATION REGARDING LEAD POISON-**
15 **ING.**

16 Section 317A(l)(1) of the Public Health Service Act
17 (42 U.S.C. 247b–1(l)(1)) is amended by striking “1998”
18 and inserting “2002”.

19 **SEC. 405. PROJECT GRANTS FOR PREVENTIVE HEALTH**
20 **SERVICES REGARDING TUBERCULOSIS.**

21 Section 317E(g) of the Public Health Service Act (42
22 U.S.C. 247b–6(g)(1)) is amended—

23 (1) in paragraph (1)—

24 (A) in subparagraph (A), by striking
25 “1998” and inserting “2002”; and

1 (B) in subparagraph (B), by striking
2 “\$50,000,000” and inserting “25 percent”; and
3 (2) in paragraph (2), by striking “1998” and
4 inserting “2002”.

5 **SEC. 406. CDC LOAN REPAYMENT PROGRAM.**

6 Section 317F of the Public Health Service Act (42
7 U.S.C. 247b-7) is amended—

8 (1) in subsection (a)(1), by striking “\$20,000”
9 and inserting “\$35,000”;

10 (2) in subsection (c), by striking “1998” and
11 inserting “2002”; and

12 (3) by adding at the end the following:

13 “(d) AVAILABILITY OF APPROPRIATIONS.—Amounts
14 appropriated for a fiscal year for contracts under sub-
15 section (a) shall remain available until the expiration of
16 the second fiscal year beginning after the fiscal year for
17 which the amounts were appropriated.”.

18 **SEC. 407. COMMUNITY PROGRAMS ON DOMESTIC VIO-**
19 **LENCE.**

20 (a) IN GENERAL.—Section 318(h)(2) of the Family
21 Violence Prevention and Services Act (42 U.S.C.
22 10418(h)(2)) is amended by striking “fiscal year 1997”
23 and inserting “for each of the fiscal years 1997 through
24 2002”.

1 (b) STUDY.—The Secretary of Health and Human
 2 Services shall request that the Institute of Medicine con-
 3 duct a study concerning the training needs of health pro-
 4 fessionals with respect to the detection and referral of vic-
 5 tims of family or acquaintance violence. Not later than 2
 6 years after the date of enactment of this Act, the Institute
 7 of Medicine shall prepare and submit to Congress a report
 8 concerning the study conducted under this subsection.

9 **SEC. 408. STATE LOAN REPAYMENT PROGRAM.**

10 Section 338I(i)(1) of the Public Health Service Act
 11 (42 U.S.C. 254q–1(i)(1)) is amended by inserting before
 12 the period “, and such sums as may be necessary for each
 13 of the fiscal years 1998 through 2002”.

14 **SEC. 409. AUTHORITY OF THE DIRECTOR OF NIH.**

15 Section 402(b) of the Public Health Service Act (42
 16 U.S.C. 282(b)) is amended—

17 (1) in paragraph (11), by striking “and” at the
 18 end thereof;

19 (2) in paragraph (12), by striking the period
 20 and inserting a semicolon; and

21 (3) by adding after paragraph (12), the follow-
 22 ing new paragraphs:

23 “(13) may conduct and support research train-
 24 ing—

1 “(A) for which fellowship support is not
2 provided under section 487; and

3 “(B) which does not consist of residency
4 training of physicians or other health profes-
5 sionals; and

6 “(14) may appoint physicians, dentists, and
7 other health care professionals, subject to the provi-
8 sions of title 5, United States Code, relating to ap-
9 pointments and classifications in the competitive
10 service, and may compensate such professionals sub-
11 ject to the provisions of chapter 74 of title 38,
12 United States Code.”.

13 **SEC. 410. RAISE IN MAXIMUM LEVEL OF LOAN REPAY-**
14 **MENTS.**

15 (a) REPAYMENT PROGRAMS WITH RESPECT TO
16 AIDS.—Section 487A of the Public Health Service Act
17 (42 U.S.C. 288–1) is amended—

18 (1) in subsection (a), by striking “\$20,000”
19 and inserting “\$35,000”; and

20 (2) in subsection (c), by striking “1996” and
21 inserting “2001”.

22 (b) REPAYMENT PROGRAMS WITH RESPECT TO CON-
23 TRACEPTION AND INFERTILITY.—Section 487B(a) of the
24 Public Health Service Act (42 U.S.C. 288–2(a)) is amend-
25 ed by striking “\$20,000” and inserting “\$35,000”.

1 (c) REPAYMENT PROGRAMS WITH RESPECT TO RE-
 2 SEARCH GENERALLY.—Section 487C(a)(1) of the Public
 3 Health Service Act (42 U.S.C. 288–3(a)(1)) is amended
 4 by striking “\$20,000” and inserting “\$35,000”.

5 (d) REPAYMENT PROGRAMS WITH RESPECT TO
 6 CLINICAL RESEARCHERS FROM DISADVANTAGED BACK-
 7 GROUNDS.—Section 487E(a) of the Public Health Service
 8 Act (42 U.S.C. 288–5(a)) is amended—

9 (1) in paragraph (1), by striking “\$20,000”
 10 and inserting “\$35,000”; and

11 (2) in paragraph (3), by striking “338C” and
 12 inserting “338B, 338C”.

13 **SEC. 411. CONSTRUCTION OF REGIONAL CENTERS FOR RE-**
 14 **SEARCH ON PRIMATES.**

15 Section 481B(a) of the Public Health Service Act (42
 16 U.S.C. 287a–3(a)) is amended—

17 (1) by striking “shall” and inserting “may”;
 18 and

19 (2) by striking “\$5,000,000” and inserting “up
 20 to \$2,500,000”.

21 **SEC. 412. PEER REVIEW.**

22 Section 504(d)(2) of the Public Health Service Act
 23 (42 U.S.C. 290aa–3(d)(2)) is amended by striking “coop-
 24 erative agreement, or contract” each place that such ap-
 25 pears and inserting “or cooperative agreement”.

1 **SEC. 413. FUNDING FOR TRAUMA CARE.**

2 Section 1232(a) of the Public Health Service Act (42
3 U.S.C. 300d–32) is amended by striking “and 1996” and
4 inserting “through 2002”.

5 **SEC. 414. HEALTH INFORMATION AND HEALTH PRO-**
6 **MOTION.**

7 Section 1701(b) of the Public Health Service Act (42
8 U.S.C. 300u(b)) is amended by striking “through 1996”
9 and inserting “through 2002”.

10 **SEC. 415. EMERGENCY MEDICAL SERVICES FOR CHILDREN.**

11 Section 1910 of the Public Health Service Act (42
12 U.S.C. 300w–9) is amended—

13 (1) in subsection (a)—

14 (A) by striking “two-year period” and in-
15 serting “3-year period (with an optional 4th
16 year based on performance)”; and

17 (B) by striking “one grant” and inserting
18 “3 grants”; and

19 (2) in subsection (d), by striking “1997” and
20 inserting “2005”.

21 **SEC. 416. ADMINISTRATION OF CERTAIN REQUIREMENTS.**

22 (a) IN GENERAL.—Section 2004 of Public Law 103–
23 43 (107 Stat. 209) is amended by striking subsection (a).

24 (b) CONFORMING AMENDMENTS.—Section 2004 of
25 Public Law 103–43, as amended by subsection (a) of this
26 section, is amended—

1 (1) by striking “(b) SENSE” and all that follows
2 through “In the case” and inserting the following:

3 “(a) SENSE OF CONGRESS REGARDING PURCHASE
4 OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In
5 the case”;

6 (2) by striking “(2) NOTICE TO RECIPIENTS OF
7 ASSISTANCE” and inserting the following:

8 “(b) NOTICE TO RECIPIENTS OF ASSISTANCE”; and

9 (3) in subsection (b), as redesignated by para-
10 graph (2) of this subsection, by striking “paragraph
11 (1)” and inserting “subsection (a)”.

12 (c) EFFECTIVE DATE.—This section is deemed to
13 have taken effect immediately after the enactment of Pub-
14 lic Law 103–43.

15 **SEC. 417. AIDS DRUG ASSISTANCE PROGRAM.**

16 Section 2618(b)(3) of the Public Health Service Act
17 (42 U.S.C. 300ff–28(b)(3)) is amended—

18 (1) in subparagraph (A), by striking “and the
19 Commonwealth of Puerto Rico” and inserting “, the
20 Commonwealth of Puerto Rico, the Virgin Islands,
21 and Guam”; and

22 (2) in subparagraph (B), by striking “the Vir-
23 gin Islands, Guam”.

1 **SEC. 418. NATIONAL FOUNDATION FOR BIOMEDICAL RE-**
2 **SEARCH.**

3 Part I of title IV of the Public Health Service Act
4 (42 U.S.C. 290b et seq.) is amended—

5 (1) by striking the part heading and inserting
6 the following:

7 **“PART I—FOUNDATION FOR THE NATIONAL**
8 **INSTITUTES OF HEALTH”;**

9 and

10 (2) in section 499—

11 (A) in subsection (a), by striking “Na-
12 tional Foundation for Biomedical Research”
13 and inserting “Foundation for the National In-
14 stitutes of Health”;

15 (B) in subsection (k)(10)—

16 (i) by striking “not”; and

17 (ii) by adding at the end the follow-
18 ing: “Any funds transferred under this
19 paragraph shall be subject to all Federal
20 limitations relating to Federally-funded re-
21 search.”; and

22 (C) in subsection (m)(1), by striking
23 “\$200,000” and all that follows through
24 “1995” and inserting “\$500,000 for each fiscal
25 year”.

1 **SEC. 419. FETAL ALCOHOL SYNDROME PREVENTION AND**
2 **SERVICES.**

3 (a) **SHORT TITLE.**—This section may be cited as the
4 “Fetal Alcohol Syndrome and Fetal Alcohol Effect Pre-
5 vention and Services Act”.

6 (b) **FINDINGS.**—Congress finds that—

7 (1) Fetal Alcohol Syndrome is the leading pre-
8 ventable cause of mental retardation, and it is 100
9 percent preventable;

10 (2) estimates on the number of children each
11 year vary, but according to some researchers, up to
12 12,000 infants are born in the United States with
13 Fetal Alcohol Syndrome, suffering irreversible phys-
14 ical and mental damage;

15 (3) thousands more infants are born each year
16 with Fetal Alcohol Effect, also known as Alcohol Re-
17 lated Neurobehavioral Disorder (ARND), a related
18 and equally tragic syndrome;

19 (4) children of women who use alcohol while
20 pregnant have a significantly higher infant mortality
21 rate (13.3 per 1000) than children of those women
22 who do not use alcohol (8.6 per 1000);

23 (5) Fetal Alcohol Syndrome and Fetal Alcohol
24 Effect are national problems which can impact any
25 child, family, or community, but their threat to

1 American Indians and Alaska Natives is especially
2 alarming;

3 (6) in some American Indian communities,
4 where alcohol dependency rates reach 50 percent
5 and above, the chances of a newborn suffering Fetal
6 Alcohol Syndrome or Fetal Alcohol Effect are up to
7 30 times greater than national averages;

8 (7) in addition to the immeasurable toll on chil-
9 dren and their families, Fetal Alcohol Syndrome and
10 Fetal Alcohol Effect pose extraordinary financial
11 costs to the Nation, including the costs of health
12 care, education, foster care, job training, and gen-
13 eral support services for affected individuals;

14 (8) the total cost to the economy of Fetal Alco-
15 hol Syndrome was approximately \$2,500,000,000 in
16 1995, and over a lifetime, health care costs for one
17 Fetal Alcohol Syndrome child are estimated to be at
18 least \$1,400,000;

19 (9) researchers have determined that the possi-
20 bility of giving birth to a baby with Fetal Alcohol
21 Syndrome or Fetal Alcohol Effect increases in pro-
22 portion to the amount and frequency of alcohol con-
23 sumed by a pregnant woman, and that stopping al-
24cohol consumption at any point in the pregnancy re-

1 duces the emotional, physical, and mental con-
2 sequences of alcohol exposure to the baby; and

3 (10) though approximately 1 out of every 5
4 pregnant women drink alcohol during their preg-
5 nancy, we know of no safe dose of alcohol during
6 pregnancy, or of any safe time to drink during preg-
7 nancy, thus, it is in the best interest of the Nation
8 for the Federal Government to take an active role in
9 encouraging all women to abstain from alcohol con-
10 sumption during pregnancy.

11 (c) PURPOSE.—It is the purpose of this section to
12 establish, within the Department of Health and Human
13 Services, a comprehensive program to help prevent Fetal
14 Alcohol Syndrome and Fetal Alcohol Effect nationwide
15 and to provide effective intervention programs and services
16 for children, adolescents and adults already affected by
17 these conditions. Such program shall—

18 (1) coordinate, support, and conduct national,
19 State, and community-based public awareness, pre-
20 vention, and education programs on Fetal Alcohol
21 Syndrome and Fetal Alcohol Effect;

22 (2) coordinate, support, and conduct prevention
23 and intervention studies as well as epidemiologic re-
24 search concerning Fetal Alcohol Syndrome and Fetal
25 Alcohol Effect;

1 (3) coordinate, support and conduct research
2 and demonstration projects to develop effective de-
3 velopmental and behavioral interventions and pro-
4 grams that foster effective advocacy, educational and
5 vocational training, appropriate therapies, counsel-
6 ing, medical and mental health, and other supportive
7 services, as well as models that integrate or coordi-
8 nate such services, aimed at the unique challenges
9 facing individuals with Fetal Alcohol Syndrome or
10 Fetal Alcohol Effect and their families; and

11 (4) foster coordination among all Federal, State
12 and local agencies, and promote partnerships be-
13 tween research institutions and communities that
14 conduct or support Fetal Alcohol Syndrome and
15 Fetal Alcohol Effect research, programs, surveil-
16 lance, prevention, and interventions and otherwise
17 meet the general needs of populations already af-
18 fected or at risk of being impacted by Fetal Alcohol
19 Syndrome and Fetal Alcohol Effect.

20 (d) ESTABLISHMENT OF PROGRAM.—Title III of the
21 Public Health Service Act (42 U.S.C. 241 et seq.) is
22 amended by adding at the end the following:

1 **“PART O—FETAL ALCOHOL SYNDROME**

2 **PREVENTION AND SERVICES PROGRAM**

3 **“SEC. 399G. ESTABLISHMENT OF FETAL ALCOHOL SYN-**
4 **DROME PREVENTION AND SERVICES PRO-**
5 **GRAM.**

6 “(a) FETAL ALCOHOL SYNDROME PREVENTION,
7 INTERVENTION AND SERVICES DELIVERY PROGRAM.—
8 The Secretary shall establish a comprehensive Fetal Alco-
9 hol Syndrome and Fetal Alcohol Effect prevention, inter-
10 vention and services delivery program that shall include—

11 “(1) an education and public awareness pro-
12 gram to support, conduct, and evaluate the effective-
13 ness of—

14 “(A) educational programs targeting medi-
15 cal schools, social and other supportive services,
16 educators and counselors and other service pro-
17 viders in all phases of childhood development,
18 and other relevant service providers, concerning
19 the prevention, identification, and provision of
20 services for children, adolescents and adults
21 with Fetal Alcohol Syndrome and Fetal Alcohol
22 Effect;

23 “(B) strategies to educate school-age chil-
24 dren, including pregnant and high risk youth,
25 concerning Fetal Alcohol Syndrome and Fetal
26 Alcohol Effect;

1 “(C) public and community awareness pro-
2 grams concerning Fetal Alcohol Syndrome and
3 Fetal Alcohol Effect; and

4 “(D) strategies to coordinate information
5 and services across affected community agen-
6 cies, including agencies providing social services
7 such as foster care, adoption, and social work,
8 medical and mental health services, and agen-
9 cies involved in education, vocational training
10 and civil and criminal justice;

11 “(2) a prevention and diagnosis program to
12 support clinical studies, demonstrations and other
13 research as appropriate to—

14 “(A) develop appropriate medical diag-
15 nostic methods for identifying Fetal Alcohol
16 Syndrome and Fetal Alcohol Effect; and

17 “(B) develop effective prevention services
18 and interventions for pregnant, alcohol-depend-
19 ent women; and

20 “(3) an applied research program concerning
21 intervention and prevention to support and conduct
22 service demonstration projects, clinical studies and
23 other research models providing advocacy, edu-
24 cational and vocational training, counseling, medical
25 and mental health, and other supportive services, as

1 well as models that integrate and coordinate such
2 services, that are aimed at the unique challenges fac-
3 ing individuals with Fetal Alcohol Syndrome or
4 Fetal Alcohol Effect and their families.

5 “(b) GRANTS AND TECHNICAL ASSISTANCE.—The
6 Secretary may award grants, cooperative agreements and
7 contracts and provide technical assistance to eligible enti-
8 ties described in section 399H to carry out subsection (a).

9 “(c) DISSEMINATION OF CRITERIA.—In carrying out
10 this section, the Secretary shall develop a procedure for
11 disseminating the Fetal Alcohol Syndrome and Fetal Alco-
12 hol Effect diagnostic criteria developed pursuant to section
13 705 of the ADAMHA Reorganization Act (42 U.S.C. 485n
14 note) to health care providers, educators, social workers,
15 child welfare workers, and other individuals.

16 “(d) NATIONAL TASK FORCE.—

17 “(1) IN GENERAL.—The Secretary shall estab-
18 lish a task force to be known as the National task
19 force on Fetal Alcohol Syndrome and Fetal Alcohol
20 Effect (referred to in this subsection as the ‘task
21 force’) to foster coordination among all govern-
22 mental agencies, academic bodies and community
23 groups that conduct or support Fetal Alcohol Syn-
24 drome and Fetal Alcohol Effect research, programs,
25 and surveillance, and otherwise meet the general

1 needs of populations actually or potentially impacted
2 by Fetal Alcohol Syndrome and Fetal Alcohol Effect.

3 “(2) MEMBERSHIP.—The Task Force estab-
4 lished pursuant to paragraph (1) shall—

5 “(A) be chaired by an individual to be ap-
6 pointed by the Secretary and staffed by the Ad-
7 ministration; and

8 “(B) include the Chairperson of the Inter-
9 agency Coordinating Committee on Fetal Alco-
10 hol Syndrome of the Department of Health and
11 Human Services, individuals with Fetal Alcohol
12 Syndrome and Fetal Alcohol Effect, and rep-
13 resentatives from advocacy and research organi-
14 zation such as the Research Society on Alcohol-
15 ism, the FAS Family Resource Institute, the
16 National Organization of Fetal Alcohol Syn-
17 drome, the Arc, the academic community, and
18 Federal, State and local government agencies
19 and offices.

20 “(3) FUNCTIONS.—The Task Force shall—

21 “(A) advise Federal, State and local pro-
22 grams and research concerning Fetal Alcohol
23 Syndrome and Fetal Alcohol Effect, including
24 programs and research concerning education
25 and public awareness for relevant service pro-

1 viders, school-age children, women at-risk, and
2 the general public, medical diagnosis, interven-
3 tions for women at-risk of giving birth to chil-
4 dren with Fetal Alcohol Syndrome and Fetal
5 Alcohol Effect, and beneficial services for indi-
6 viduals with Fetal Alcohol Syndrome and Fetal
7 Alcohol Effect and their families;

8 “(B) coordinate its efforts with the Inter-
9 agency Coordinating Committee on Fetal Alco-
10 hol Syndrome of the Department of Health and
11 Human Services; and

12 “(C) report on a biennial basis to the Sec-
13 retary and relevant committees of Congress on
14 the current and planned activities of the partici-
15 pating agencies.

16 “(4) TIME FOR APPOINTMENT.—The members
17 of the Task Force shall be appointed by the Sec-
18 retary not later than 6 months after the date of en-
19 actment of this part.

20 **“SEC. 399H. ELIGIBILITY.**

21 “To be eligible to receive a grant, or enter into a co-
22 operative agreement or contract under this part, an entity
23 shall—

1 “(1) be a State, Indian tribal government, local
2 government, scientific or academic institution, or
3 nonprofit organization; and

4 “(2) prepare and submit to the Secretary an
5 application at such time, in such manner, and con-
6 taining such information as the Secretary may pre-
7 scribe, including a description of the activities that
8 the entity intends to carry out using amounts re-
9 ceived under this part.

10 **“SEC. 399I. AUTHORIZATION OF APPROPRIATIONS.**

11 “(a) IN GENERAL.—There are authorized to be ap-
12 propriated to carry out this part, \$27,000,000 for each
13 of the fiscal years 1999 through 2003.

14 “(b) TASK FORCE.—From amounts appropriate for
15 a fiscal year under subsection (a), the Secretary may use
16 not to exceed \$2,000,000 of such amounts for the oper-
17 ations of the National Task Force under section 399G(d).

1 **“SEC. 399J. SUNSET PROVISION.**

2 “**This part shall not apply on the date that is 7 years**
3 **after the date on which all members of the national task**
4 **force have been appointed under section 399G(d)(1).”.**

Passed the Senate July 31, 1998.

Attest:

Secretary.

105TH CONGRESS
2D SESSION

S. 1754

AN ACT

To amend the Public Health Service Act to consolidate and reauthorize health professions and minority and disadvantaged health education programs, and for other purposes.