

105TH CONGRESS
2D SESSION

S. 1754

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

IN THE SENATE OF THE UNITED STATES

MARCH 12, 1998

Mr. FRIST (for himself, Mr. KENNEDY, Mr. JEFFORDS, Mr. BINGAMAN, Mr. COCHRAN, and Mr. INOUE) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

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”.

7 (b) TABLE OF CONTENTS.—The table of contents of
8 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. Reauthorization.
- 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. Certain authorities of Centers for Disease Control and Prevention.
- Sec. 407. Community programs on domestic violence.
- Sec. 408. State loan repayment program.
- Sec. 409. Construction of regional centers for research on primates.
- Sec. 410. Peer review.
- Sec. 411. Funding for trauma care.
- Sec. 412. Health information and health promotion.
- Sec. 413. Emergency medical services for children.
- Sec. 414. Administration of certain requirements.
- Sec. 415. Aids drug assistance program.

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 designated health professions schools described in sub-
 16 section (c) for the purpose of assisting the schools in sup-
 17 porting programs of excellence in health professions edu-
 18 cation for under-represented minority individuals.

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

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

10 “(2) to establish, strengthen, or expand pro-
11 grams to enhance the academic performance of
12 under-represented minority students attending the
13 school;

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

19 “(4) to carry out activities to improve the infor-
20 mation resources, clinical education, curricula and
21 cultural competence of the graduates of the school,
22 as it relates to minority health issues;

23 “(5) to facilitate faculty and student research
24 on health issues particularly affecting under-rep-

1 resented minority groups, including research on
2 issues relating to the delivery of health care; and

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

8 “(A) provide such health services; and

9 “(B) are located at a site remote from the
10 main site of the teaching facilities of the school.

11 “(c) CENTERS OF EXCELLENCE.—

12 “(1) DESIGNATED SCHOOLS.—

13 “(A) IN GENERAL.—The designated health
14 professions schools referred to in subsection (a)
15 are such schools that meet each of the condi-
16 tions specified in subparagraphs (B) and (C),
17 and that—

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

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

22 “(iii) meet each of the conditions
23 specified in paragraph (4); or

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

1 “(B) GENERAL CONDITIONS.—The condi-
2 tions specified in this subparagraph are that a
3 designated health professions school—

4 “(i) has a significant number of
5 under-represented minority individuals en-
6 rolled in the school, including individuals
7 accepted for enrollment in the school;

8 “(ii) has been effective in assisting
9 under-represented minority students of the
10 school to complete the program of edu-
11 cation and receive the degree involved;

12 “(iii) has been effective in recruiting
13 under-represented minority individuals to
14 enroll in and graduate from the school, in-
15 cluding providing scholarships and other fi-
16 nancial assistance to such individuals and
17 encouraging under-represented minority
18 students from all levels of the educational
19 pipeline to pursue health professions ca-
20 reers; and

21 “(iv) has made significant recruitment
22 efforts to increase the number of under-
23 represented minority individuals serving in
24 faculty or administrative positions at the
25 school.

“(C) CONSORTIUM.—The condition specified in this subparagraph is that, in accordance with subsection (e)(1), the designated health profession school involved has with other health profession schools (designated or otherwise) formed a consortium to carry out the purposes described in subsection (b) at the schools of the consortium.

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

“(2) CENTERS OF EXCELLENCE AT CERTAIN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES.—

“(A) CONDITIONS.—The conditions specified in this subparagraph are that a designated health professions school—

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

1 “(ii) received a contract under section
 2 788B for fiscal year 1987, as such section
 3 was in effect for such fiscal year.

4 “(B) USE OF GRANT.—In addition to the
 5 purposes described in subsection (b), a grant
 6 under subsection (a) to a designated health pro-
 7 fessions school meeting the conditions described
 8 in subparagraph (A) may be expended—

9 “(i) to develop a plan to achieve insti-
 10 tutional improvements, including financial
 11 independence, to enable the school to sup-
 12 port programs of excellence in health pro-
 13 fessions education for under-represented
 14 minority individuals; and

15 “(ii) to provide improved access to the
 16 library and informational resources of the
 17 school.

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

22 “(3) HISPANIC CENTERS OF EXCELLENCE.—
 23 The conditions specified in this paragraph are
 24 that—

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

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

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

13 “(i) the school will establish an ar-
14 rangement with 1 or more public or non-
15 profit community based Hispanic serving
16 organizations, or public or nonprofit pri-
17 vate institutions of higher education, in-
18 cluding schools of nursing, whose enroll-
19 ment of students has traditionally included
20 a significant number of Hispanic individ-
21 uals, the purposes of which will be to carry
22 out a program—

23 “(I) to identify Hispanic students
24 who are interested in a career in the
25 health profession involved; and

1 “(II) to facilitate the educational
 2 preparation of such students to enter
 3 the health professions school; and

4 “(ii) the school will make efforts to
 5 recruit Hispanic students, including stu-
 6 dents who have participated in the under-
 7 graduate or other matriculation program
 8 carried out under arrangements established
 9 by the school pursuant to clause (i)(II) and
 10 will assist Hispanic students regarding the
 11 completion of the educational requirements
 12 for a degree from the school.

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

16 “(A) with respect to Native Americans,
 17 each of clauses (i) through (iv) of paragraph
 18 (1)(B) applies to the designated health profes-
 19 sions school involved;

20 “(B) the school agrees, as a condition of
 21 receiving a grant under subsection (a), that the
 22 school will, in carrying out the duties described
 23 in subsection (b), give priority to carrying out
 24 the duties with respect to Native Americans;
 25 and

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

3 “(i) the school will establish an ar-
4 rangement with 1 or more public or non-
5 profit private institutions of higher edu-
6 cation, including schools of nursing, whose
7 enrollment of students has traditionally in-
8 cluded a significant number of Native
9 Americans, the purpose of which arrange-
10 ment will be to carry out a program—

11 “(I) to identify Native American
12 students, from the institutions of
13 higher education referred to in clause
14 (i), who are interested in health pro-
15 fessions careers; and

16 “(II) to facilitate the educational
17 preparation of such students to enter
18 the designated health professions
19 school; and

20 “(ii) the designated health professions
21 school will make efforts to recruit Native
22 American students, including students who
23 have participated in the undergraduate
24 program carried out under arrangements
25 established by the school pursuant to

1 clause (i) and will assist Native American
 2 students regarding the completion of the
 3 educational requirements for a degree from
 4 the designated health professions school.

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

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

10 “(B) that the health professions school in-
 11 volved has an enrollment of under-represented
 12 minorities above the national average for such
 13 enrollments of health professions schools.

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

15 “(1) IN GENERAL.—Any designated health pro-
 16 fessions school receiving a grant under subsection
 17 (a) and meeting the conditions described in para-
 18 graph (2) or (5) of subsection (c) shall, for purposes
 19 of this section, be designated by the Secretary as a
 20 Center of Excellence in Under-Represented Minority
 21 Health Professions Education.

22 “(2) HISPANIC CENTERS OF EXCELLENCE.—
 23 Any designated health professions school receiving a
 24 grant under subsection (a) and meeting the condi-
 25 tions described in subsection (c)(3) shall, for pur-

1 poses of this section, be designated by the Secretary
 2 as a Hispanic Center of Excellence in Health Profes-
 3 sions Education.

4 “(3) NATIVE AMERICAN CENTERS OF EXCEL-
 5 LENCE.—Any designated health professions school
 6 receiving a grant under subsection (a) and meeting
 7 the conditions described in subsection (c)(4) shall,
 8 for purposes of this section, be designated by the
 9 Secretary as a Native American Center of Excellence
 10 in Health Professions Education. Any consortium
 11 receiving such a grant pursuant to subsection (e)
 12 shall, for purposes of this section, be so designated.

13 “(e) AUTHORITY REGARDING NATIVE AMERICAN
 14 CENTERS OF EXCELLENCE.—With respect to meeting the
 15 conditions specified in subsection (c)(4), the Secretary
 16 may make a grant under subsection (a) to a designated
 17 health professions school that does not meet such condi-
 18 tions if—

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

21 “(2) the schools of the consortium collectively
 22 meet such conditions, without regard to whether the
 23 schools individually meet such conditions.

24 “(f) DURATION OF GRANT.—The period during
 25 which payments are made under a grant under subsection

1 (a) may not exceed 5 years. Such payments shall be sub-
 2 ject to annual approval by the Secretary and to the avail-
 3 ability of appropriations for the fiscal year involved to
 4 make the payments.

5 “(g) DEFINITIONS.—In this section:

6 “(1) DESIGNATED HEALTH PROFESSIONS
 7 SCHOOL.—

8 “(A) IN GENERAL.—The term ‘health pro-
 9 fessions school’ means, except as provided in
 10 subparagraph (B), a school of medicine, a
 11 school of osteopathic medicine, a school of den-
 12 tistry, a school of pharmacy, or a graduate pro-
 13 gram in behavioral or mental health.

14 “(B) EXCEPTION.—The definition estab-
 15 lished in subparagraph (A) shall not apply to
 16 the use of the term ‘designated health profes-
 17 sions school’ for purposes of subsection (c)(2).

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

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

4 “(h) FUNDING.—

5 “(1) AUTHORIZATION OF APPROPRIATIONS.—
6 For the purpose of making grants under subsection
7 (a), there authorized to be appropriated \$26,000,000
8 for fiscal year 1998, and such sums as may be nec-
9 essary for each of the fiscal years 1999 through
10 2002.

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

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

17 “(i) the Secretary shall make available
18 \$12,000,000 for grants under subsection
19 (a) to health professions schools that meet
20 the conditions described in subsection
21 (c)(2)(A); and

22 “(ii) and available after grants are
23 made with funds under clause (i), the Sec-
24 retary shall make available—

1 “(I) 60 percent of such amount
2 for grants under subsection (a) to
3 health professions schools that meet
4 the conditions described in paragraph
5 (3) or (4) of subsection (c) (including
6 meeting the conditions under sub-
7 section (e)); and

8 “(II) 40 percent of such amount
9 for grants under subsection (a) to
10 health professions schools that meet
11 the conditions described in subsection
12 (c)(5).

13 “(B) FUNDING IN EXCESS OF
14 \$24,000,000.—If amounts appropriated under
15 paragraph (1) for a fiscal year exceed
16 \$24,000,000 but are less than \$30,000,000—

17 “(i) 80 percent of such excess
18 amounts shall be made available for grants
19 under subsection (a) to health professions
20 schools that meet the requirements de-
21 scribed in paragraph (3) or (4) of sub-
22 section (c) (including meeting conditions
23 pursuant to subsection (e)); and

24 “(ii) 20 percent of such excess
25 amount shall be made available for grants

1 under subsection (a) to health professions
 2 schools that meet the conditions described
 3 in subsection (c)(5).

4 “(C) FUNDING IN EXCESS OF
 5 \$30,000,000.—If amounts appropriated under
 6 paragraph (1) for a fiscal year exceed
 7 \$30,000,000, the Secretary shall make avail-
 8 able—

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

13 “(ii) not less than \$12,000,000 for
 14 grants under subsection (a) to health pro-
 15 fessions schools that meet the conditions
 16 described in paragraph (3) or (4) of sub-
 17 section (c) (including meeting conditions
 18 pursuant to subsection (e));

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

23 “(iv) after grants are made with
 24 funds under clauses (i) through (iii), any
 25 remaining funds for grants under sub-

1 section (a) to health professions schools
 2 that meet the conditions described in para-
 3 graph (2)(A), (3), (4), or (5) of subsection
 4 (c).

5 “(3) NO LIMITATION.—Nothing in this sub-
 6 section shall be construed as limiting the centers of
 7 excellence referred to in this section to the des-
 8 ignated amount, or to preclude such entities from
 9 competing for other grants under this section.

10 “(4) MAINTENANCE OF EFFORT.—

11 “(A) IN GENERAL.—With respect to activi-
 12 ties for which a grant made under this part are
 13 authorized to be expended, the Secretary may
 14 not make such a grant to a center of excellence
 15 for any fiscal year unless the center agrees to
 16 maintain expenditures of non-Federal amounts
 17 for such activities at a level that is not less
 18 than the level of such expenditures maintained
 19 by the center for the fiscal year preceding the
 20 fiscal year for which the school receives such a
 21 grant.

22 “(B) USE OF FEDERAL FUNDS.—With re-
 23 spect to any Federal amounts received by a cen-
 24 ter of excellence and available for carrying out
 25 activities for which a grant under this part is

1 authorized to be expended, the Secretary may
 2 not make such a grant to the center for any fis-
 3 cal year unless the center agrees that the center
 4 will, before expending the grant, expend the
 5 Federal amounts obtained from sources other
 6 than the grant.

7 **“SEC. 737. SCHOLARSHIPS FOR DISADVANTAGED STU-**
 8 **DENTS.**

9 “(a) IN GENERAL.—The Secretary may make a grant
 10 to an eligible entity (as defined in subsection (d)(1)) under
 11 this section for the awarding of scholarships by schools
 12 to any full-time student who is an eligible individual as
 13 defined in subsection (d). Such scholarships may be ex-
 14 pended only for tuition expenses, other reasonable edu-
 15 cational expenses, and reasonable living expenses incurred
 16 in the attendance of such school.

17 “(b) PREFERENCE IN PROVIDING SCHOLARSHIPS.—
 18 The Secretary may not make a grant to an entity under
 19 subsection (a) unless the health professions and nursing
 20 schools involved agree that, in providing scholarships pur-
 21 suant to the grant, the schools will give preference to stu-
 22 dents for whom the costs of attending the schools would
 23 constitute a severe financial hardship and, notwithstand-
 24 ing other provisions of this section, to former recipients
 25 of scholarships under sections 736 and 740(d)(2)(B) (as

1 such sections existed on the day before the date of enact-
 2 ment of this section).

3 “(c) AMOUNT OF AWARD.—In awarding grants to eli-
 4 gible entities that are health professions and nursing
 5 schools, the Secretary shall give priority to eligible entities
 6 based on the proportion of graduating students going into
 7 primary care, the proportion of underrepresented minority
 8 students, and the proportion of graduates working in
 9 medically underserved communities.

10 “(d) DEFINITIONS.—In this section:

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

13 “(A) is a school of medicine, osteopathic
 14 medicine, dentistry, nursing (as defined in sec-
 15 tion 801), pharmacy, podiatric medicine, optom-
 16 etry, veterinary medicine, public health, or al-
 17 lied health, a school offering a graduate pro-
 18 gram in behavioral and mental health practice,
 19 or an entity providing programs for the training
 20 of physician assistants; and

21 “(B) is carrying out a program for recruit-
 22 ing and retaining students from disadvantaged
 23 backgrounds, including students who are mem-
 24 bers of racial and ethnic minority groups.

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

3 “(A) is from a disadvantaged background;

4 “(B) has a financial need for a scholar-
5 ship; and

6 “(C) is enrolled (or accepted for enroll-
7 ment) at an eligible health professions or nurs-
8 ing school as a full-time student in a program
9 leading to a degree in a health profession or
10 nursing.

11 **“SEC. 738. LOAN REPAYMENTS AND FELLOWSHIPS REGARD-**
12 **ING FACULTY POSITIONS.**

13 “(a) LOAN REPAYMENTS.—

14 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
15 retary shall establish a program of entering into con-
16 tracts with individuals described in paragraph (2)
17 under which the individuals agree to serve as mem-
18 bers of the faculties of schools described in para-
19 graph (3) in consideration of the Federal Govern-
20 ment agreeing to pay, for each year of such service,
21 not more than \$20,000 of the principal and interest
22 of the educational loans of such individuals.

23 “(2) ELIGIBLE INDIVIDUALS.—The individuals
24 referred to in paragraph (1) are individuals from
25 disadvantaged backgrounds who—

1 “(A) have a degree in medicine, osteo-
 2 pathic medicine, dentistry, nursing, or another
 3 health profession;

4 “(B) are enrolled in an approved graduate
 5 training program in medicine, osteopathic medi-
 6 cine, dentistry, nursing, or other health profes-
 7 sion; or

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

9 “(i) in an accredited (as determined
 10 by the Secretary) school described in para-
 11 graph (3); and

12 “(ii) in the final year of a course of
 13 a study or program, offered by such insti-
 14 tution and approved by the Secretary, lead-
 15 ing to a degree from such a school.

16 “(3) ELIGIBLE HEALTH PROFESSIONS
 17 SCHOOLS.—The schools described in this paragraph
 18 are schools of medicine, nursing (as schools of nurs-
 19 ing are defined in section 801), osteopathic medi-
 20 cine, dentistry, pharmacy, allied health, podiatric
 21 medicine, optometry, veterinary medicine, or public
 22 health, or schools offering graduate programs in be-
 23 havioral and mental health.

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

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

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

10 “(i) the school will, for each year for
 11 which the individual will serve as a mem-
 12 ber of the faculty under the contract with
 13 the school, make payments of the principal
 14 and interest due on the educational loans
 15 of the individual for such year in an
 16 amount equal to the amount of such pay-
 17 ments made by the Secretary for the year;

18 “(ii) the payments made by the school
 19 pursuant to clause (i) on behalf of the indi-
 20 vidual will be in addition to the pay that
 21 the individual would otherwise receive for
 22 serving as a member of such faculty; and

23 “(iii) the school, in making a deter-
 24 mination of the amount of compensation to
 25 be provided by the school to the individual

1 for serving as a member of the faculty, will
2 make the determination without regard to
3 the amount of payments made (or to be
4 made) to the individual by the Federal
5 Government under paragraph (1).

6 “(5) APPLICABILITY OF CERTAIN PROVI-
7 SIONS.—The provisions of sections 338C, 338G, and
8 338I shall apply to the program established in para-
9 graph (1) to the same extent and in the same man-
10 ner as such provisions apply to the National Health
11 Service Corps Loan Repayment Program established
12 in subpart III of part D of title III, including the
13 applicability of provisions regarding reimbursements
14 for increased tax liability and regarding bankruptcy.

15 “(6) WAIVER REGARDING SCHOOL CONTRIBU-
16 TIONS.—The Secretary may waive the requirement
17 established in paragraph (4)(B) if the Secretary de-
18 termines that the requirement will impose an undue
19 financial hardship on the school involved.

20 “(b) FELLOWSHIPS.—

21 “(1) IN GENERAL.—The Secretary may make
22 grants to and enter into contracts with eligible enti-
23 ties to assist such entities in increasing the number
24 of underrepresented minority individuals who are
25 members of the faculty of such schools.

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

5 “(A) amounts received under such a grant
6 or contract will be used to award a fellowship
7 to an individual only if the individual meets the
8 requirements of paragraphs (3) and (4); and

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

11 “(i) a stipend in an amount not ex-
12 ceeding 50 percent of the regular salary of
13 a similar faculty member for not to exceed
14 3 years of training; and

15 “(ii) an allowance for other expenses,
16 such as travel to professional meetings and
17 costs related to specialized training.

18 “(3) ELIGIBILITY.—To be eligible to receive a
19 grant or contract under paragraph (1), an applicant
20 shall demonstrate to the Secretary that such appli-
21 cant has or will have the ability to—

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

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

9 “(C) provide services designed to assist
10 such individuals in their preparation for an aca-
11 demic career, including the provision of coun-
12 selors; and

13 “(D) provide health services to rural or
14 medically underserved populations.

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

18 “(A) provide an assurance that such appli-
19 cant will make available (directly through cash
20 donations) \$1 for every \$1 of Federal funds re-
21 ceived under this section for the fellowship;

22 “(B) provide an assurance that institu-
23 tional support will be provided for the individ-
24 ual for the second and third years at a level
25 that is equal to the total amount of institutional

1 funds provided in the year in which the grant
2 or contract was awarded;

3 “(C) provide an assurance that the individ-
4 ual that will receive the fellowship will be a
5 member of the faculty of the applicant school;
6 and

7 “(D) provide an assurance that the individ-
8 ual that will receive the fellowship will have, at
9 a minimum, appropriate advanced preparation
10 (such as a master’s or doctoral degree) and spe-
11 cial skills necessary to enable such individual to
12 teach and practice.

13 “(5) DEFINITION.—For purposes of this sub-
14 section, the term ‘underrepresented minority individ-
15 uals’ means individuals who are members of racial
16 or ethnic minority groups that are underrepresented
17 in the health professions including nursing.

18 **“SEC. 739. EDUCATIONAL ASSISTANCE IN THE HEALTH**
19 **PROFESSIONS REGARDING INDIVIDUALS**
20 **FROM DISADVANTAGED BACKGROUNDS.**

21 “(a) IN GENERAL.—

22 “(1) AUTHORITY FOR GRANTS.—For the pur-
23 pose of assisting individuals from disadvantaged
24 backgrounds, as determined in accordance with cri-
25 teria prescribed by the Secretary, to undertake edu-

1 cation to enter a health profession, the Secretary
2 may make grants to and enter into contracts with
3 schools of medicine, osteopathic medicine, public
4 health, dentistry, veterinary medicine, optometry,
5 pharmacy, allied health, chiropractic, and podiatric
6 medicine, public and nonprofit private schools that
7 offer graduate programs in behavioral and mental
8 health, programs for the training of physician assist-
9 ants, and other public or private nonprofit health or
10 educational entities to assist in meeting the costs de-
11 scribed in paragraph (2).

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

15 “(A) identifying, recruiting, and selecting
16 individuals from disadvantaged backgrounds, as
17 so determined, for education and training in a
18 health profession;

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

21 “(C) providing counseling, mentoring, or
22 other services designed to assist such individ-
23 uals to complete successfully their education at
24 such a school;

1 “(D) providing, for a period prior to the
2 entry of such individuals into the regular course
3 of education of such a school, preliminary edu-
4 cation and health research training designed to
5 assist them to complete successfully such regu-
6 lar course of education at such a school, or re-
7 ferring such individuals to institutions providing
8 such preliminary education;

9 “(E) publicizing existing sources of finan-
10 cial aid available to students in the education
11 program of such a school or who are undertak-
12 ing training necessary to qualify them to enroll
13 in such a program;

14 “(F) paying such scholarships as the Sec-
15 retary may determine for such individuals for
16 any period of health professions education at a
17 health professions school;

18 “(G) paying such stipends as the Secretary
19 may approve for such individuals for any period
20 of education in student-enhancement programs
21 (other than regular courses) at any health pro-
22 fessions school, except that such a stipend may
23 not be provided to an individual for more than
24 12 months, and such a stipend shall be in an
25 amount determined appropriate by the Sec-

1 retary (notwithstanding any other provision of
2 law regarding the amount of stipends);

3 “(H) carrying out programs under which
4 such individuals gain experience regarding a ca-
5 reer in a field of primary health care through
6 working at facilities of public or private non-
7 profit community-based providers of primary
8 health services; and

9 “(I) conducting activities to develop a larg-
10 er and more competitive applicant pool through
11 partnerships with institutions of higher edu-
12 cation, school districts, and other community-
13 based entities.

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

18 “(b) REQUIREMENTS FOR AWARDS.—In making
19 awards to eligible entities under subsection (a)(1), the
20 Secretary shall give preference to approved applications
21 for programs that involve a comprehensive approach by
22 several public or nonprofit private health or educational
23 entities to establish, enhance and expand educational pro-
24 grams that will result in the development of a competitive
25 applicant pool of individuals from disadvantaged back-

1 grounds who desire to pursue health professions careers.
2 In considering awards for such a comprehensive partner-
3 ship approach, the following shall apply with respect to
4 the entity involved:

5 “(1) The entity shall have a demonstrated com-
6 mitment to such approach through formal agree-
7 ments that have common objectives with institutions
8 of higher education, school districts, and other com-
9 munity-based entities.

10 “(2) Such formal agreements shall reflect the
11 coordination of educational activities and support
12 services, increased linkages, and the consolidation of
13 resources within a specific geographic area.

14 “(3) The design of the educational activities in-
15 volved shall provide for the establishment of a com-
16 petitive health professions applicant pool of individ-
17 uals from disadvantaged backgrounds by enhancing
18 the total preparation (academic and social) of such
19 individuals to pursue a health professions career.

20 “(4) The programs or activities under the
21 award shall focus on developing a culturally com-
22 petent health care workforce that will serve the
23 unserved and underserved populations within the ge-
24 ographic area.

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

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

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

17 “(a) **SCHOLARSHIPS.**—There are authorized to be ap-
 18 propriated to carry out section 737, \$37,000,000 for fiscal
 19 year 1998, and such sums as may be necessary for each
 20 of the fiscal years 1999 through 2002. Of the amount ap-
 21 propriated in any fiscal year, the Secretary shall ensure
 22 that not less than 16 percent shall be distributed to
 23 schools of nursing.

24 “(b) **LOAN REPAYMENTS AND FELLOWSHIPS.**—For
 25 the purpose of carrying out section 738, there is author-

1 ized to be appropriated \$1,100,000 for fiscal year 1998,
 2 and such sums as may be necessary for each of the fiscal
 3 years 1999 through 2002.

4 “(c) UNDERGRADUATE ASSISTANCE.—For the pur-
 5 pose of grants and contracts under section 739(a)(1),
 6 there is authorized to be appropriated \$29,400,000 for fis-
 7 cal year 1998, and such sums as may be necessary for
 8 each of the fiscal years 1999 through 2002. The Secretary
 9 may use not to exceed 20 percent of the amount appro-
 10 priated for a fiscal year under this subsection to provide
 11 scholarships under section 739(a)(2)(F).

12 “(d) REPORT.—Not later than 6 months after the
 13 date of enactment of this part, the Secretary shall prepare
 14 and submit to the appropriate committees of Congress a
 15 report concerning the efforts of the Secretary to address
 16 the need for a representative mix of individuals from his-
 17 torically minority health professions schools, or from insti-
 18 tutions or other entities that historically or by geographic
 19 location have a demonstrated record of training or educat-
 20 ing underrepresented minorities, within various health
 21 professions disciplines, on peer review councils.”.

22 (b) REPEAL.—

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

18 SEC. 102. TRAINING IN PRIMARY CARE MEDICINE AND DEN-
19 TISTRY.

(1) in the part heading by striking “**PRI-**
MARY HEALTH CARE” and inserting “**FAM-**
ILY MEDICINE, GENERAL INTERNAL
MEDICINE, GENERAL PEDIATRICS,

**PHYSICIAN ASSISTANTS, GENERAL
DENTISTRY, AND PEDIATRIC DEN-
TISTRY”;**

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

(3) in section 747 (42 U.S.C. 293k)—

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

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

(B) in subsection (a)—

(i) in paragraph (1)—

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

(II) by inserting before the semi-
colon the following: “that emphasizes
training for the practice of family
medicine, general internal medicine,
or general pediatrics (as defined by
the Secretary)”;

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

1 (iii) in paragraphs (3) and (4), by in-
 2 serting “, general internal medicine or gen-
 3 eral pediatrics” after “family medicine”;

4 (iv) in paragraphs (3) and (4), by in-
 5 serting “(including geriatrics) after “fam-
 6 ily medicine”;

7 (v) in paragraph (3), by striking
 8 “and” at the end thereof;

9 (vi) in paragraph (4), by striking the
 10 period and inserting a semicolon; and

11 (vii) by adding at the end thereof the
 12 following new paragraphs:

13 “(5) to meet the costs of projects to plan, de-
 14 velop, and operate or maintain programs for the
 15 training of physician assistants (as defined in sec-
 16 tion 799B), and for the training of individuals who
 17 will teach in programs to provide such training; and

18 “(6) to meet the costs of planning, developing,
 19 or operating programs, and to provide financial as-
 20 sistance to residents in such programs, of general
 21 dentistry or pediatric dentistry.

22 For purposes of paragraph (6), entities eligible for such
 23 grants or contracts shall include entities that have pro-
 24 grams in dental schools, approved residency programs in
 25 the general or pediatric practice of dentistry, approved ad-

1 vanced education programs in the general or pediatric
 2 practice of dentistry, or approved residency programs in
 3 pediatric dentistry.”;

4 (C) in subsection (b)—

5 (i) in paragraphs (1) and (2)(A), by
 6 inserting “, general internal medicine, or
 7 general pediatrics” after “family medi-
 8 cine”;

9 (ii) in paragraph (2)—

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

12 (II) in subparagraph (B), by
 13 striking the period and inserting “;
 14 or”; and

15 (iii) by adding at the end the follow-
 16 ing:

17 “(3) PRIORITY IN MAKING AWARDS.—In mak-
 18 ing awards of grants and contracts under paragraph
 19 (1), the Secretary shall give priority to any qualified
 20 applicant for such an award that proposes a collabo-
 21 rative project between departments of primary
 22 care.”;

23 (D) by redesignating subsections (c) and
 24 (d) as subsections (d) and (e), respectively;

1 (E) by inserting after subsection (b), the
2 following new subsection:

3 “(c) PRIORITY.—

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

13 “(2) DISADVANTAGED INDIVIDUALS.—With re-
14 spect to programs for the training of interns, resi-
15 dents, or physician assistants, the Secretary shall
16 give priority in awarding grants under this section
17 to qualified applicants that have a record of training
18 individuals who are from disadvantaged backgrounds
19 (including racial and ethnic minorities underrep-
20 resented among primary care practice or general or
21 pediatric dentistry).

22 “(3) SPECIAL CONSIDERATION.—In awarding
23 grants under this section the Secretary shall give
24 special consideration to projects which prepare prac-
25 titioners to care for underserved populations and

1 other high risk groups such as the elderly, individ-
 2 uals with HIV-AIDS, substance abusers, homeless,
 3 and victims of domestic violence.”; and

4 (F) in subsection (e) (as so redesignated
 5 by subparagraph (D))—

6 (i) in paragraph (1), by striking
 7 “\$54,000,000” and all that follows and in-
 8 serting “\$78,300,000 for fiscal year 1998,
 9 and such sums as may be necessary for
 10 each of the fiscal years 1999 through
 11 2002.”; and

12 (ii) by striking paragraph (2) and in-
 13 serting the following:

14 “(2) ALLOCATION.—

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

18 “(i) not less than \$49,300,000 for
 19 awards of grants and contracts under sub-
 20 section (a) to programs of family medicine,
 21 of which not less than \$8,600,000 shall be
 22 made available for awards of grants and
 23 contracts under subsection (b) for family
 24 medicine academic administrative units;

1 “(ii) not less than \$17,700,000 for
 2 awards of grants and contracts under sub-
 3 section (a) to programs of general internal
 4 medicine and general pediatrics;

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

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

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

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

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

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

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. In making such appointments, the
19 Secretary shall ensure a fair balance between the
20 health professions, that at least 75 percent of the
21 members of the Advisory Committee are health pro-
22 fessionals, a broad geographic representation of
23 members and a balance between urban and rural
24 members. Members shall be appointed based on their
25 competence, interest, and knowledge of the mission
26 of the profession involved.

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

5 “(c) TERMS.—

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

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

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

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

15 “(2) VACANCIES.—

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

21 “(B) FILLING UNEXPIRED TERM.—An in-
 22 dividual chosen to fill a vacancy shall be ap-
 23 pointed for the unexpired term of the member
 24 replaced.

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

1 “(1) provide advice and recommendations to the
 2 Secretary concerning policy and program develop-
 3 ment and other matters of significance concerning
 4 the activities under section 747; and

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

14 “(e) MEETINGS AND DOCUMENTS.—

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

19 “(2) DOCUMENTS.—Not later than 14 days
 20 prior to the convening of a meeting under paragraph
 21 (1), the Advisory Committee shall prepare and make
 22 available an agenda of the matters to be considered
 23 by the Advisory Committee at such meeting. At any
 24 such meeting, the Advisory Council shall distribute
 25 materials with respect to the issues to be addressed

1 at the meeting. Not later than 30 days after the ad-
2 journaling of such a meeting, the Advisory Committee
3 shall prepare and make available a summary of the
4 meeting and any actions taken by the Committee
5 based upon the meeting.

6 “(f) COMPENSATION AND EXPENSES.—

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

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

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

1 **SEC. 103. INTERDISCIPLINARY, COMMUNITY-BASED LINK-**
 2 **AGES.**

3 Part D of title VII of the Public Health Service Act
 4 (42 U.S.C. 294 et seq.) is amended to read as follows:

5 **“PART D—INTERDISCIPLINARY, COMMUNITY-**
 6 **BASED LINKAGES**

7 **“SEC. 750. GENERAL PROVISIONS.**

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

11 “(b) **ACTIVITIES.**—An entity shall use assistance
 12 under this part to carry out innovative demonstration
 13 projects for strategic workforce supplementation activities
 14 as needed to meet national goals for interdisciplinary,
 15 community-based linkages. Such assistance may be used
 16 consistent with this part—

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

18 “(2) for faculty development;

19 “(3) for model demonstration programs;

20 “(4) for the provision of stipends for fellowship
 21 trainees;

22 “(5) to provide technical assistance; and

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

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

2 “(a) AUTHORITY FOR PROVISION OF FINANCIAL AS-
3 SISTANCE.—

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

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

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

21 “(ii) increase the number of primary
22 care physicians and other primary care
23 providers who provide services in under-
24 served areas through the offering of an
25 educational continuum of health career re-
26 cruitment through clinical education con-

cerning underserved areas in a comprehensive health workforce strategy;

“(iii) carry out recruitment and health career awareness programs to recruit individuals from underserved areas and underrepresented populations, including minority and other elementary or secondary students, into the health professions;

“(iv) prepare individuals to more effectively provide health services to underserved areas or underserved populations through field placements, preceptorships, the conduct of or support of community-based primary care residency programs, and agreements with community-based organizations such as community health centers, migrant health centers, Indian health centers, public health departments and others;

“(v) conduct health professions education and training activities for students of health professions schools and medical residents;

“(vi) conduct at least 10 percent of medical student required clinical education

1 at sites remote to the primary teaching fa-
 2 cility of the contracting institution; and

3 “(vii) provide information dissemina-
 4 tion and educational support to reduce pro-
 5 fessional isolation, increase retention,
 6 enhance the practice environment, and im-
 7 prove health care through the timely dis-
 8 semination of research findings using rel-
 9 evant resources.

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

15 “(C) PROJECT TERMS.—

16 “(i) IN GENERAL.—Except as pro-
 17 vided in clause (ii), the period during
 18 which payments may be made under an
 19 award under subparagraph (A) may not
 20 exceed—

21 “(I) in the case of a project, 12
 22 years or

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

1 “(ii) EXCEPTION.—The periods de-
 2 scribed in clause (i) shall not apply to
 3 projects that have completed the initial pe-
 4 riod of Federal funding under this section
 5 and that desire to compete for model
 6 awards under paragraph (2)(A).

7 “(2) ASSISTANCE FOR OPERATION OF MODEL
 8 PROGRAMS.—

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

11 “(i) has previously received funds
 12 under this section;

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

15 “(iii) is no longer receiving financial
 16 assistance under paragraph (1);

17 the Secretary may provide financial assistance
 18 to such entity to pay the costs of operating and
 19 carrying out the requirements of the program
 20 as described in paragraph (1).

21 “(B) MATCHING REQUIREMENT.—With re-
 22 spect to the costs of operating a model program
 23 under subparagraph (A), an entity, to be eligi-
 24 ble for financial assistance under subparagraph
 25 (A), shall make available (directly or through

1 contributions from State, county or municipal
 2 governments, or the private sector) recurring
 3 non-Federal contributions in cash toward such
 4 costs in an amount that is equal to not less
 5 than 50 percent of such costs.

6 “(C) LIMITATION.—The aggregate amount
 7 of awards provided under subparagraph (A) to
 8 entities in a State for a fiscal year may not ex-
 9 ceed the lesser of—

10 “(i) \$2,000,000; or

11 “(ii) an amount equal to the product
 12 of \$250,000 and the aggregate number of
 13 area health education centers operated in
 14 the State by such entities.

15 “(b) REQUIREMENTS FOR CENTERS.—

16 “(1) GENERAL REQUIREMENT.—Each area
 17 health education center that receives funds under
 18 this section shall encourage the regionalization of
 19 health professions schools through the establishment
 20 of partnerships with community-based organizations.

21 “(2) SERVICE AREA.—Each area health edu-
 22 cation center that receives funds under this section
 23 shall specifically designate a geographic area or
 24 medically underserved population to be served by the
 25 center. Such area or population shall be in a location

1 removed from the main location of the teaching fa-
2 cilities of the schools participating in the program
3 with such center.

4 “(3) OTHER REQUIREMENTS.—Each area
5 health education center that receives funds under
6 this section shall—

7 “(A) assess the health personnel needs of
8 the area to be served by the center and assist
9 in the planning and development of training
10 programs to meet such needs;

11 “(B) arrange and support rotations for
12 students and residents in family medicine, gen-
13 eral internal medicine or general pediatrics,
14 with at least one center in each program being
15 affiliated with or conducting a rotating osteo-
16 pathic internship or medical residency training
17 program in family medicine (including geri-
18 atrics), general internal medicine (including
19 geriatrics), or general pediatrics in which no
20 fewer than 4 individuals are enrolled in first-
21 year positions;

22 “(C) conduct and participate in inter-
23 disciplinary training that involves physicians
24 and other health personnel including, where
25 practicable, public health professionals, physi-

1 cian assistants, nurse practitioners, nurse mid-
2 wives, and behavioral and mental health provid-
3 ers; and

4 “(D) have an advisory board, at least 75
5 percent of the members of which shall be indi-
6 viduals, including both health service providers
7 and consumers, from the area served by the
8 center.

9 “(c) CERTAIN PROVISIONS REGARDING FUNDING.—

10 “(1) ALLOCATION TO CENTER.—Not less than
11 75 percent of the total amount of Federal funds pro-
12 vided to an entity under this section shall be allo-
13 cated by an area health education center program to
14 the area health education center. Such entity shall
15 enter into an agreement with each center for pur-
16 poses of specifying the allocation of such 75 percent
17 of funds.

18 “(2) OPERATING COSTS.—With respect to the
19 operating costs of the area health education center
20 program of an entity receiving funds under this sec-
21 tion, the entity shall make available (directly or
22 through contributions from State, county or municipi-
23 pal governments, or the private sector) non-Federal
24 contributions in cash toward such costs in an
25 amount that is equal to not less than 50 percent of

1 such costs, except that the Secretary may grant a
 2 waiver for up to 75 percent of the amount of the
 3 required non-Federal match in the first 3 years in
 4 which an entity receives funds under this section.

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

6 “(a) IN GENERAL.—To be eligible for funds under
 7 this section, an health education training center shall be
 8 an entity otherwise eligible for funds under section 751
 9 that—

10 “(1) addresses the persistent and severe unmet
 11 health care needs in States along the border between
 12 the United States and Mexico and in the State of
 13 Florida, and in other urban and rural areas with
 14 populations with serious unmet health care needs;

15 “(2) establishes an advisory board comprised of
 16 health service providers, educators and consumers
 17 from the service area;

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

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

23 “(5) supports health professionals (including
 24 nursing) practicing in the area through educational
 25 and other services.

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

7 **“SEC. 753. EDUCATION AND TRAINING RELATING TO GERI-**
 8 **ATRICS.**

9 “(a) GERIATRIC EDUCATION CENTERS.—

10 “(1) IN GENERAL.—The Secretary shall award
 11 grants or contracts under this section to entities de-
 12 scribed in paragraphs (1), (3), or (4) of section
 13 799B, and section 853(2), for the establishment or
 14 operation of geriatric education centers.

15 “(2) REQUIREMENTS.—A geriatric education
 16 center is a program that—

17 “(A) improves the training of health pro-
 18 fessionals in geriatrics, including geriatric
 19 residencies, traineeships, or fellowships;

20 “(B) develops and disseminates curricula
 21 relating to the treatment of the health problems
 22 of elderly individuals;

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

1 “(D) supports continuing education of
 2 health professionals who provide geriatric care;
 3 and

4 “(E) provides students with clinical train-
 5 ing in geriatrics in nursing homes, chronic and
 6 acute disease hospitals, ambulatory care cen-
 7 ters, and senior centers.

8 “(b) GERIATRIC TRAINING REGARDING PHYSICIANS
 9 AND DENTISTS.—

10 “(1) IN GENERAL.—The Secretary may make
 11 grants to, and enter into contracts with, schools of
 12 medicine, schools of osteopathic medicine, teaching
 13 hospitals, and graduate medical education programs,
 14 for the purpose of providing support (including
 15 residencies, traineeships, and fellowships) for geri-
 16 atric training projects to train physicians, dentists
 17 and behavioral and mental health professionals who
 18 plan to teach geriatric medicine, geriatric behavioral
 19 or mental health, or geriatric dentistry.

20 “(2) REQUIREMENTS.—Each project for which
 21 a grant or contract is made under this subsection
 22 shall—

23 “(A) be staffed by full-time teaching physi-
 24 cians who have experience or training in geri-

1 atric medicine or geriatric behavioral or mental
2 health;

3 “(B) be staffed, or enter into an agree-
4 ment with an institution staffed by full-time or
5 part-time teaching dentists who have experience
6 or training in geriatric dentistry;

7 “(C) be staffed, or enter into an agreement
8 with an institution staffed by full-time or part-
9 time teaching behavioral mental health profes-
10 sionals who have experience or training in geri-
11 atric behavioral or mental health;

12 “(D) be based in a graduate medical edu-
13 cation program in internal medicine or family
14 medicine or in a department of geriatrics or be-
15 havioral or mental health;

16 “(E) provide training in geriatrics and ex-
17 posure to the physical and mental disabilities of
18 elderly individuals through a variety of service
19 rotations, such as geriatric consultation serv-
20 ices, acute care services, dental services, geri-
21 atric behavioral or mental health units, day and
22 home care programs, rehabilitation services, ex-
23 tended care facilities, geriatric ambulatory care
24 and comprehensive evaluation units, and com-

1 munity care programs for elderly mentally re-
2 tarded individuals; and

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

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

9 “(A) A 1-year retraining program in geri-
10 atrics for—

11 “(i) physicians who are faculty mem-
12 bers in departments of internal medicine,
13 family medicine, gynecology, geriatrics, and
14 behavioral or mental health at schools of
15 medicine and osteopathic medicine;

16 “(ii) dentists who are faculty members
17 at schools of dentistry or at hospital de-
18 partments of dentistry; and

19 “(iii) behavioral or mental health pro-
20 fessionals who are faculty members in de-
21 partments of behavioral or mental health;
22 and

23 “(B) A 2-year internal medicine or family
24 medicine fellowship program providing emphasis
25 in geriatrics, which shall be designed to provide

1 training in clinical geriatrics and geriatrics re-
 2 search for—

3 “(i) physicians who have completed
 4 graduate medical education programs in
 5 internal medicine, family medicine, behav-
 6 ioral or mental health, neurology, gyne-
 7 cology, or rehabilitation medicine;

8 “(ii) dentists who have demonstrated
 9 a commitment to an academic career and
 10 who have completed postdoctoral dental
 11 training, including postdoctoral dental edu-
 12 cation programs or who have relevant ad-
 13 vanced training or experience; and

14 “(iii) behavioral or mental health pro-
 15 fessionals who have completed graduate
 16 medical education programs in behavioral
 17 or mental health.

18 “(4) DEFINITIONS.—For purposes of this sub-
 19 section:

20 “(A) The term ‘graduate medical education
 21 program’ means a program sponsored by a
 22 school of medicine, a school of osteopathic med-
 23 icine, a hospital, or a public or private institu-
 24 tion that—

1 “(i) offers postgraduate medical train-
 2 ing in the specialties and subspecialties of
 3 medicine; and

4 “(ii) has been accredited by the Ac-
 5 creditation Council for Graduate Medical
 6 Education or the American Osteopathic
 7 Association through its Committee on
 8 Postdoctoral Training.

9 “(B) The term ‘post-doctoral dental edu-
 10 cation program’ means a program sponsored by
 11 a school of dentistry, a hospital, or a public or
 12 private institution that—

13 “(i) offers post-doctoral training in
 14 the specialties of dentistry, advanced edu-
 15 cation in general dentistry, or a dental
 16 general practice residency; and

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

19 “(c) GERIATRIC FACULTY FELLOWSHIPS.—

20 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
 21 retary shall establish a program to provide Geriatric
 22 Academic Career Awards to eligible individuals to
 23 promote the career development of such individuals
 24 as academic geriatricians.

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

4 “(A) have a degree in internal medicine,
5 family practice, or behavioral or mental health
6 science;

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

9 “(C) have a junior faculty appointment at
10 an accredited (as determined by the Secretary)
11 school of medicine or osteopathic medicine.

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

15 “(A) has submitted to the Secretary an ap-
16 plication, at such time, in such manner, and
17 containing such information as the Secretary
18 may require, and the Secretary has approved
19 such application; and

20 “(B) provides, in such form and manner as
21 the Secretary may require, assurances that the
22 individual will meet the service requirement de-
23 scribed in subsection (e).

24 “(4) AMOUNT AND TERM.—

1 “(A) AMOUNT.—The amount of an Award
 2 under this section shall equal \$50,000 for fiscal
 3 year 1998, adjusted for subsequent fiscal years
 4 to reflect the increase in the Consumer Price
 5 Index.

6 “(B) TERM.—The term of any Award
 7 made under this subsection shall not exceed 5
 8 years.

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

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

17 “(a) GRANTS.—The Secretary may make grants or
 18 contracts under this section to help entities fund author-
 19 ized activities under an application approved under sub-
 20 section (c).

21 “(b) USE OF AMOUNTS.—

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

1 “(A) use new and innovative methods to
2 train health care practitioners to provide serv-
3 ices in rural areas;

4 “(B) demonstrate and evaluate innovative
5 interdisciplinary methods and models designed
6 to provide access to cost-effective comprehensive
7 health care;

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

10 “(D) enhance the amount of relevant re-
11 search conducted concerning health care issues
12 in rural areas; and

13 “(E) increase the recruitment and reten-
14 tion of health care practitioners from rural
15 areas and make rural practice a more attractive
16 career choice for health care practitioners.

17 “(2) METHODS.—A recipient of funds under
18 subsection (a) may use various methods in carrying
19 out the projects described in paragraph (1), includ-
20 ing—

21 “(A) the distribution of stipends to stu-
22 dents of eligible applicants;

23 “(B) the establishment of a post-doctoral
24 fellowship program;

1 “(C) the training of faculty in the eco-
2 nomic and logistical problems confronting rural
3 health care delivery systems; or

4 “(D) the purchase or rental of transpor-
5 tation and telecommunication equipment where
6 the need for such equipment due to unique
7 characteristics of the rural area is demonstrated
8 by the recipient.

9 “(3) ADMINISTRATION.—

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

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

19 “(C) LIMITATION.—An institution that re-
20 ceives a grant under this section shall use
21 amounts received under such grant to supple-
22 ment, not supplant, amounts made available by
23 such institution for activities of the type de-
24 scribed in subsection (b)(1) in the fiscal year

1 preceding the year for which the grant is re-
2 ceived.

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

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

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

20 “(d) DEFINITIONS.—For the purposes of this section,
21 the term ‘rural’ means geographic areas that are located
22 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 journment 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 “(c) OBLIGATION OF CERTAIN AMOUNTS.—

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

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

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

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

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

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

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

23 “(A) every State have an area health edu-
 24 cation center program in effect under this sec-
 25 tion; and

1 “(B) the ratio of Federal funding for the
 2 model program under section 751(a)(2) should
 3 increase over time and that Federal funding for
 4 other awards under this section shall decrease
 5 so that the national program will become en-
 6 tirely comprised of programs that are funded at
 7 least 50 percent by State and local partners.”.

8 **SEC. 104. HEALTH PROFESSIONS WORKFORCE INFORMA-**
 9 **TION AND ANALYSIS.**

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

13 **“PART E—HEALTH PROFESSIONS AND PUBLIC**
 14 **HEALTH WORKFORCE**

15 **“Subpart 1—Health Professions Workforce**
 16 **Information and Analysis**

17 **“SEC. 761. HEALTH PROFESSIONS WORKFORCE INFORMA-**
 18 **TION AND ANALYSIS.**

19 “(a) PURPOSE.—It is the purpose of this section to—
 20 “(1) provide for the development of information
 21 describing the health professions workforce and the
 22 analysis of workforce related issues; and
 23 “(2) provide necessary information for decision-
 24 making regarding future directions in health profes-

1 sions and nursing programs in response to societal
2 and professional needs.

3 “(b) GRANTS OR CONTRACTS.—The Secretary may
4 award grants or contracts to State or local governments,
5 health professions schools, schools of nursing, academic
6 health centers, community-based health facilities, and
7 other appropriate public or private nonprofit entities to
8 provide for—

9 “(1) targeted information collection and analy-
10 sis activities related to the purposes described in
11 subsection (a);

12 “(2) research on high priority workforce ques-
13 tions;

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

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

19 “(c) AUTHORIZATION OF APPROPRIATIONS.—

20 “(1) IN GENERAL.—There are authorized to be
21 appropriated to carry out this section, \$750,000 for
22 fiscal year 1998, and such sums as may be nec-
23 essary for each of the fiscal years 1999 through
24 2002.

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

7 “(3) AVAILABILITY OF ADDITIONAL FUNDS.—
 8 Amounts otherwise appropriated for programs or ac-
 9 tivities under this title may be used for activities
 10 under subsection (b) with respect to the programs or
 11 activities from which such amounts were made avail-
 12 able.”.

13 (b) COUNCIL ON GRADUATE MEDICAL EDU-
 14 CATION.—Section 301 of the Health Professions Edu-
 15 cation Extension Amendments of 1992 (Public Law 102-
 16 408) is amended—

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

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

21 (3) by adding at the end thereof the following
 22 new subsection:

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

1 (4) by transferring such section to part E of
 2 title VII of the Public Health Service Act (as
 3 amended by subsection (a));

4 (5) by redesignating such section as section
 5 763; and

6 (6) by inserting such section after section 762.

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

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

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

12 **“SEC. 765. GENERAL PROVISIONS.**

13 “(a) IN GENERAL.—The Secretary may award grants
 14 or contracts to eligible entities to increase the number of
 15 individuals in the public health workforce, to enhance the
 16 quality of such workforce, and to enhance the ability of
 17 the workforce to meet national, State, and local health
 18 care needs.

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

21 “(1) be—

22 “(A) a health professions school, including
 23 an accredited school or program of public
 24 health, health administration, preventive medi-

1 cine, or dental public health or a school provid-
 2 ing health management programs;

3 “(B) an academic health center;

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

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

7 “(2) prepare and submit to the Secretary an
 8 application at such time, in such manner, and con-
 9 taining such information as the Secretary may re-
 10 quire.

11 “(c) PREFERENCE.—In awarding grants or contracts
 12 under this section the Secretary may grant a preference
 13 to entities—

14 “(1) serving individuals who are from disadvan-
 15 tagged backgrounds (including underrepresented ra-
 16 cial and ethnic minorities); and

17 “(2) graduating large proportions of individuals
 18 who serve in underserved communities.

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

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

23 “(2) faculty development;

24 “(3) trainee support;

25 “(4) technical assistance;

1 “(5) to meet the costs of projects—

2 “(A) to plan and develop new residency
3 training programs and to maintain or improve
4 existing residency training programs in preven-
5 tive medicine and dental public health, that
6 have available full-time faculty members with
7 training and experience in the fields of preven-
8 tive medicine and dental public health; and

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

11 “(6) the retraining of existing public health
12 workers as well as for increasing the supply of new
13 practitioners to address priority public health, pre-
14 ventive medicine, public health dentistry, and health
15 administration needs;

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

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

20 “(e) TRAINEESHIPS.—

21 “(1) IN GENERAL.—With respect to amounts
22 used under this section for the training of health
23 professionals, such training programs shall be de-
24 signed to—

1 “(A) make public health education more
2 accessible to the public and private health work-
3 force;

4 “(B) increase the relevance of public
5 health academic preparation to public health
6 practice in the future;

7 “(C) provide education or training for stu-
8 dents from traditional on-campus programs in
9 practice-based sites; or

10 “(D) develop educational methods and dis-
11 tance-based approaches or technology that ad-
12 dress adult learning requirements and increase
13 knowledge and skills related to community-
14 based cultural diversity in public health edu-
15 cation.

16 “(2) SEVERE SHORTAGE DISCIPLINES.—
17 Amounts provided under grants or contracts under
18 this section may be used for the operation of pro-
19 grams designed to award traineeships to students in
20 accredited schools of public health who enter edu-
21 cational programs in fields where there is a severe
22 shortage of public health professionals, including ep-
23 idemiology, biostatistics, environmental health, toxi-
24 cology, public health nursing, nutrition, preventive

1 medicine, maternal and child health, and behavioral
 2 and mental health professions.

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

4 “(a) IN GENERAL.—The Secretary may make grants
 5 or contracts for the operation of public health training
 6 centers.

7 “(b) ELIGIBLE ENTITIES.—

8 “(1) IN GENERAL.—A public health training
 9 center shall be an accredited school of public health,
 10 or another public or nonprofit private institution ac-
 11 credited for the provision of graduate or specialized
 12 training in public health, that plans, develops, oper-
 13 ates, and evaluates projects that are in furtherance
 14 of the goals established by the Secretary for the year
 15 2000 in the areas of preventive medicine, health pro-
 16 motion and disease prevention, or improving access
 17 to and quality of health services in medically under-
 18 served communities.

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

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

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

4 “(2) will involve faculty members and students
5 in collaborative projects to enhance public health
6 services to medically underserved communities;

7 “(3) will specifically designate a geographic
8 area or medically underserved population to be
9 served by the center that shall be in a location re-
10 moved from the main location of the teaching facility
11 of the school that is participating in the program
12 with such center; and

13 “(4) will assess the health personnel needs of
14 the area to be served by the center and assist in the
15 planning and development of training programs to
16 meet such needs.

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

18 “(a) IN GENERAL.—The Secretary may make grants
19 to accredited schools of public health, and to other public
20 or nonprofit private institutions accredited for the provi-
21 sion of graduate or specialized training in public health,
22 for the purpose of assisting such schools and institutions
23 in providing traineeships to individuals described in sub-
24 section (b)(3).

25 “(b) CERTAIN REQUIREMENTS.—

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

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

10 “(3) ELIGIBLE INDIVIDUALS.—The individuals
11 referred to in subsection (a) are individuals who are
12 pursuing a course of study in a health professions
13 field in which there is a severe shortage of health
14 professionals (which fields include the fields of epide-
15 miology, environmental health, biostatistics, toxi-
16 cology, nutrition, and maternal and child health).

17 **“SEC. 768. PREVENTIVE MEDICINE; DENTAL PUBLIC**
18 **HEALTH.**

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

23 “(1) to plan and develop new residency training
24 programs and to maintain or improve existing resi-

1 dency training programs in preventive medicine and
2 dental public health; and

3 “(2) to provide financial assistance to residency
4 trainees enrolled in such programs.

5 “(b) ADMINISTRATION.—

6 “(1) AMOUNT.—The amount of any grant
7 under subsection (a) shall be determined by the Sec-
8 retary.

9 “(2) ELIGIBILITY.—To be eligible for a grant
10 under subsection (a), the applicant must dem-
11 onstrate to the Secretary that it has or will have
12 available full-time faculty members with training and
13 experience in the fields of preventive medicine or
14 dental public health and support from other faculty
15 members trained in public health and other relevant
16 specialties and disciplines.

17 “(3) OTHER FUNDS.—Schools of medicine, os-
18 teopathic medicine, dentistry, and public health may
19 use funds committed by State, local, or county pub-
20 lic health officers as matching amounts for Federal
21 grant funds for residency training programs in pre-
22 ventive medicine.

1 **“SEC. 769. HEALTH ADMINISTRATION TRAINEESHIPS AND**
2 **SPECIAL PROJECTS.**

3 “(a) IN GENERAL.—The Secretary may make grants
4 to State or local governments (that have in effect preven-
5 tive medical and dental public health residency programs)
6 or public or nonprofit private educational entities (includ-
7 ing graduate schools of social work and business schools
8 that have health management programs) that offer a pro-
9 gram described in subsection (b)—

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

12 “(2) to assist accredited programs health ad-
13 ministration in the development or improvement of
14 programs to prepare students for employment with
15 public or nonprofit private entities.

16 “(b) RELEVANT PROGRAMS.—The program referred
17 to in subsection (a) is an accredited program in health
18 administration, hospital administration, or health policy
19 analysis and planning, which program is accredited by a
20 body or bodies approved for such purpose by the Secretary
21 of Education and which meets such other quality stand-
22 ards as the Secretary of Health and Human Services by
23 regulation may prescribe.

24 “(c) PREFERENCE IN MAKING GRANTS.—In making
25 grants under subsection (a), the Secretary shall give pref-

1 erence to qualified applicants that meet the following con-
 2 ditions:

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

6 “(2) The applicant recruits and admits students
 7 from medically underserved communities.

8 “(3) For the purpose of training students, the
 9 applicant has established relationships with public
 10 and nonprofit providers of health care in the com-
 11 munity involved.

12 “(4) In training students, the applicant empha-
 13 sizes employment with public or nonprofit private
 14 entities.

15 “(d) CERTAIN PROVISIONS REGARDING
 16 TRAINEESHIPS.—

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

23 “(2) PREFERENCE FOR CERTAIN STUDENTS.—
 24 Each entity applying for a grant under subsection
 25 (a) for traineeships shall assure to the satisfaction

1 of the Secretary that the entity will give priority to
 2 awarding the traineeships to students who dem-
 3 onstrate a commitment to employment with public
 4 or nonprofit private entities in the fields with respect
 5 to which the traineeships are awarded.

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

7 “(a) IN GENERAL.—For the purpose of carrying out
 8 this subpart, there is authorized to be appropriated
 9 \$9,100,000 for fiscal year 1998, and such sums as may
 10 be necessary for each of the fiscal years 1999 through
 11 2002.

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

16 **SEC. 106. GENERAL PROVISIONS.**

17 (a) IN GENERAL.—

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

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

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

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

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

1 (ii) redesignating subsection (c) as
 2 subsection (b);
 3 (C) by repealing section 793 (42 U.S.C.
 4 2951);
 5 (D) by repealing section 798;
 6 (E) by redesignating section 799 as section
 7 799B; and
 8 (F) by inserting after section 794, the fol-
 9 lowing new sections:

10 **“SEC. 796. APPLICATION.**

11 “(a) IN GENERAL.—To be eligible to receive a grant
 12 or contract under this title, an eligible entity shall prepare
 13 and submit to the Secretary an application that meets the
 14 requirements of this section, at such time, in such manner,
 15 and containing such information as the Secretary may re-
 16 quire.

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

22 “(c) PERFORMANCE OUTCOME STANDARDS.—An ap-
 23 plication submitted under this section shall contain a spec-
 24 ification by the applicant entity of performance outcome
 25 standards that the project to be funded under the grant

1 or contract will be measured against. Such standards shall
 2 address relevant health workforce needs that the project
 3 will meet. The recipient of a grant or contract under this
 4 section shall meet the standards set forth in the grant or
 5 contract application.

6 “(d) LINKAGES.—An application submitted under
 7 this section shall contain a description of the linkages with
 8 relevant educational and health care entities, including
 9 training programs for other health professionals as appro-
 10 priate, that the project to be funded under the grant or
 11 contract will establish. To the extent practicable, grantees
 12 under this section shall establish linkages with health care
 13 providers who provide care for underserved communities
 14 and populations.

15 **“SEC. 797. USE OF FUNDS.**

16 “(a) IN GENERAL.—Amounts provided under a grant
 17 or contract awarded under this title may be used for train-
 18 ing program development and support, faculty develop-
 19 ment, model demonstrations, trainee support including
 20 tuition, books, program fees and reasonable living ex-
 21 penses during the period of training, technical assistance,
 22 workforce analysis, dissemination of information, and ex-
 23 ploring new policy directions, as appropriate to meet rec-
 24 ognized health workforce objectives, in accordance with
 25 this title.

1 “(b) MAINTENANCE OF EFFORT.—With respect to
2 activities for which a grant awarded under this title is to
3 be expended, the entity shall agree to maintain expendi-
4 tures of non-Federal amounts for such activities at a level
5 that is not less than the level of such expenditures main-
6 tained by the entity for the fiscal year preceding the fiscal
7 year for which the entity receives such a grant.

8 **“SEC. 798. MATCHING REQUIREMENT.**

9 “The Secretary may require that an entity that ap-
10 plies for a grant or contract under this title provide non-
11 Federal matching funds, as appropriate, to ensure the in-
12 stitutional commitment of the entity to the projects funded
13 under the grant. As determined by the Secretary, such
14 non-Federal matching funds may be provided directly or
15 through donations from public or private entities and may
16 be in cash or in-kind, fairly evaluated, including plant,
17 equipment, or services.

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

19 “(a) AWARDING OF GRANTS AND CONTRACTS.—The
20 Secretary shall ensure that grants and contracts under
21 this title are awarded on a competitive basis, as appro-
22 priate, to carry out innovative demonstration projects or
23 provide for strategic workforce supplementation activities
24 as needed to meet health workforce goals and in accord-
25 ance with this title. Contracts may be entered into under

1 this title with public or private entities as may be nec-
2 essary.

3 “(b) ELIGIBLE ENTITIES.—Unless specifically re-
4 quired otherwise in this title, the Secretary shall accept
5 applications for grants or contracts under this title from
6 health professions schools, academic health centers, State
7 or local governments, or other appropriate public or pri-
8 vate nonprofit entities for funding and participation in
9 health professions and nursing training activities. The
10 Secretary may accept applications from for-profit private
11 entities if determined appropriate by the Secretary.

12 “(c) INFORMATION REQUIREMENTS.—

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

16 “(2) DATA COLLECTION.—The Secretary shall
17 establish procedures to ensure that, with respect to
18 any data collection required under this title, such
19 data is collected in a manner that takes into account
20 age, gender, race, and ethnicity.

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

1 “(4) EVALUATIONS.—The Secretary shall es-
2 tablish procedures to ensure the annual evaluation of
3 programs and projects operated by recipients of
4 grants or contracts under this title. Such procedures
5 shall ensure that continued funding for such pro-
6 grams and projects will be conditioned upon a dem-
7 onstration that satisfactory progress has been made
8 by the program or project in meeting the objectives
9 of the program or project.

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

13 “(e) DURATION OF ASSISTANCE.—

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

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

7 “(f) PEER REVIEW REGARDING CERTAIN PRO-
8 GRAMS.—

9 “(1) IN GENERAL.—Each application for a
10 grant under this title, except any scholarship or loan
11 program, including those under sections 701, 721, or
12 723, shall be submitted to a peer review group for
13 an evaluation of the merits of the proposals made in
14 the application. The Secretary may not approve such
15 an application unless a peer review group has rec-
16 ommended the application for approval.

17 “(2) COMPOSITION.—Each peer review group
18 under this subsection shall be composed principally
19 of individuals who are not officers or employees of
20 the Federal Government. In providing for the estab-
21 lishment of peer review groups and procedures, the
22 Secretary shall ensure gender, racial, ethnic, and ge-
23 ographic balance among the membership of such
24 groups.

1 “(3) ADMINISTRATION.—This subsection shall
 2 be carried out by the Secretary acting through the
 3 Administrator of the Health Resources and Services
 4 Administration.

5 “(g) PREFERENCE OR PRIORITY CONSIDER-
 6 ATIONS.—In considering a preference or priority for fund-
 7 ing which is based on outcome measures for an eligible
 8 entity under this title, the Secretary may also consider the
 9 future ability of the eligible entity to meet the outcome
 10 preference or priority through improvements in the eligible
 11 entity’s program design.

12 “(h) ANALYTIC ACTIVITIES.—The Secretary shall en-
 13 sure that—

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

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

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

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

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

1 “(1) medical schools shall include osteopathic
2 medical schools; and

3 “(2) medical students shall include osteopathic
4 medical students.

5 **“SEC. 799A. 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 (b) PROFESSION COUNSELORS AS MENTAL HEALTH
10 PROFESSIONALS.—Section 792(a) of the Public Health
11 Service Act (42 U.S.C. 295k(a)) is amended by inserting
12 “professional counselors,” after “clinical psychologists,”.

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

14 (a) IN GENERAL.—Section 791 of the Public Health
15 Service Act (42 U.S.C. 295j), as amended by section
16 105(a)(2)(B), is further amended by adding at the end
17 thereof the following subsection:

18 “(c) EXCEPTIONS FOR NEW PROGRAMS.—

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

24 “(2) DEFINITION.—As used in this subsection,
25 the term ‘new program’ means any program that

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

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

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

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

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

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

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

1 “(F) Student assistance, which is linked to
 2 service in medically underserved communities
 3 following graduation, is available to the stu-
 4 dents in the program.

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

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

11 (1) in paragraph (1), by striking “sections 747”
 12 and all that follows through “767” and inserting
 13 “sections 747 and 750”; and

14 (2) in paragraph (2), by striking “under section
 15 798(a)”.

16 **SEC. 108. DEFINITIONS.**

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

21 (1) by inserting “behavioral health and” before
 22 “mental”; and

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

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

5 (1) in paragraph (1)—

6 (A) in subparagraph (C)—

7 (i) by inserting “and ‘graduate pro-
 8 gram in professional counseling’” after
 9 “graduate program in marriage and family
 10 therapy’”; and

11 (ii) by inserting before the period the
 12 following: “and a concentration leading to
 13 a graduate degree in counseling”;

14 (B) in subparagraph (D), by inserting
 15 “professional counseling,” after “social work,”;
 16 and

17 (C) in subparagraph (E), by inserting
 18 “professional counseling,” after “social work,”;
 19 and

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

23 (c) MEDICALLY UNDERSERVED COMMUNITY.—Sec-
 24 tion 799B(6) of the Public Health Service Act (42 U.S.C.

1 295p(6)) (as so redesignated by section 105(a)(2)(E)) is
 2 amended—

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

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

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

8 “(D) is designated by a State Governor (in
 9 consultation with the medical community) as a
 10 shortage area or medically underserved commu-
 11 nity.”.

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

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

20 “(A) has as its objective the education of
 21 individuals who will, upon completion of their
 22 studies in the program, be qualified to provide
 23 primary care under the supervision of a physi-
 24 cian;

1 “(B) extends for at least one academic
2 year and consists of—

3 “(i) supervised clinical practice; and

4 “(ii) at least four months (in the ag-
5 gregate) of classroom instruction, directed
6 toward preparing students to deliver health
7 care;

8 “(C) has an enrollment of not less than
9 eight students; and

10 “(D) trains students in primary care, dis-
11 ease prevention, health promotion, geriatric
12 medicine, and home health care.”.

13 **SEC. 109. TECHNICAL AMENDMENT ON NATIONAL HEALTH**
14 **SERVICE CORPS.**

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

19 **SEC. 110. SAVINGS PROVISION.**

20 In the case of any authority for making awards of
21 grants or contracts that is terminated by the amendments
22 made by this subtitle, the Secretary of Health and Human
23 Services may, notwithstanding the termination of the au-
24 thority, continue in effect any grant or contract made
25 under the authority that is in effect on the day before the

1 date of the enactment of this Act, subject to the duration
2 of any such grant or contract not exceeding the period
3 determined by the Secretary in first approving such finan-
4 cial assistance, or in approving the most recent request
5 made (before the date of such enactment) for continuation
6 of such assistance, as the case may be.

7 **Subtitle B—Nursing Workforce** 8 **Development**

9 **SEC. 121. SHORT TITLE.**

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

12 **SEC. 122. PURPOSE.**

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

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

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

21 (1) by striking the title heading and all that fol-
22 lows except for subpart II of part B and sections
23 846 and 855; and inserting the following:

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

(2) in subpart II of part B, by striking the subpart 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 exclu-

1 sively a program of education in professional nursing
 2 and related subjects leading to the degree of bach-
 3 elor of arts, bachelor of science, bachelor of nursing,
 4 or to an equivalent degree, or to a graduate degree
 5 in nursing, or to an equivalent degree, and including
 6 advanced training related to such program of edu-
 7 cation provided by such school, but only if such pro-
 8 gram, or such unit, college or university is accred-
 9 ited.

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

20 “(5) DIPLOMA SCHOOL OF NURSING.—The
 21 term ‘diploma school of nursing’ means a school af-
 22 filiated with a hospital or university, or an independ-
 23 ent school, which provides primarily or exclusively a
 24 program of education in professional nursing and al-
 25 lied subjects leading to a diploma or to equivalent

1 indicia that such program has been satisfactorily
2 completed, but only if such program, or such affili-
3 ated school or such hospital or university or such
4 independent school is accredited.

5 “(6) ACCREDITED.—

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

24 “(B) NEW PROGRAMS.—A new program of
25 nursing that, by reason of an insufficient period

1 of operation, is not, at the time of the submis-
2 sion of an application for a grant or contract
3 under this title, eligible for accreditation by
4 such a recognized body or bodies or State agen-
5 cy, shall be deemed accredited for purposes of
6 this title if the Secretary of Education finds,
7 after consultation with the appropriate accredi-
8 tation body or bodies, that there is reasonable
9 assurance that the program will meet the ac-
10 creditation standards of such body or bodies
11 prior to the beginning of the academic year fol-
12 lowing the normal graduation date of students
13 of the first entering class in such a program.

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

21 “(8) STATE.—The term ‘State’ means a State,
22 the Commonwealth of Puerto Rico, the District of
23 Columbia, the Commonwealth of the Northern Mari-
24 ana Islands, Guam, American Samoa, the Virgin Is-
25 lands, or the Trust Territory of the Pacific Islands.

1 **“SEC. 802. APPLICATION.**

2 “(a) IN GENERAL.—To be eligible to receive a grant
3 or contract under this title, an eligible entity shall prepare
4 and submit to the Secretary an application that meets the
5 requirements of this section, at such time, in such manner,
6 and containing such information as the Secretary may re-
7 quire.

8 “(b) PLAN.—An application submitted under this
9 section shall contain the plan of the applicant for carrying
10 out a project with amounts received under this title. Such
11 plan shall be consistent with relevant Federal, State, or
12 regional program plans.

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

22 “(d) LINKAGES.—An application submitted under
23 this section shall contain a description of the linkages with
24 relevant educational and health care entities, including
25 training programs for other health professionals as appro-

1 priate, that the project to be funded under the grant or
2 contract will establish.

3 **“SEC. 803. USE OF FUNDS.**

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

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

20 **“SEC. 804. MATCHING REQUIREMENT.**

21 “The Secretary may require that an entity that ap-
22 plies for a grant or contract under this title provide non-
23 Federal matching funds, as appropriate, to ensure the in-
24 stitutional commitment of the entity to the projects funded
25 under the grant. Such non-Federal matching funds may

1 be provided directly or through donations from public or
2 private entities and may be in cash or in-kind, fairly evalu-
3 ated, including plant, equipment, or services.

4 **“SEC. 805. PREFERENCE.**

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

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

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

20 **“(b) INFORMATION REQUIREMENTS.—**

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

24 “(2) EVALUATIONS.—The Secretary shall es-
25 tablish procedures to ensure the annual evaluation of

1 programs and projects operated by recipients of
2 grants under this title. Such procedures shall ensure
3 that continued funding for such programs and
4 projects will be conditioned upon a demonstration
5 that satisfactory progress has been made by the pro-
6 gram or project in meeting the objectives of the pro-
7 gram or project.

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

11 “(d) DURATION OF ASSISTANCE.—

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

24 “(2) LIMITATION.—In the case of an award to
25 an entity of a grant, cooperative agreement, or con-

1 tract under this title, paragraph (1) shall apply only
2 to the extent not inconsistent with any other provi-
3 sion of this title that relates to the period during
4 which payments may be made under the award.

5 “(e) PEER REVIEW REGARDING CERTAIN PRO-
6 GRAMS.—

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

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

23 “(3) ADMINISTRATION.—This subsection shall
24 be carried out by the Secretary acting through the

1 Administrator of the Health Resources and Services
2 Administration.

3 “(f) ANALYTIC ACTIVITIES.—The Secretary shall en-
4 sure that—

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

8 “(2) discipline-specific workforce information is
9 developed and analytical activities are carried out as
10 part of—

11 “(A) the advanced practice nursing activi-
12 ties under part B;

13 “(B) the workforce diversity activities
14 under part C; and

15 “(C) basic nursing education and practice
16 activities under part D.

17 “(g) STATE AND REGIONAL PRIORITIES.—Activities
18 under grants or contracts under this title shall, to extent
19 practicable, be consistent with related Federal, State, or
20 regional nursing professions program plans and priorities.

21 “(h) FILING OF APPLICATIONS.—

22 “(1) IN GENERAL.—Applications for grants or
23 contracts under this title may be submitted by
24 health professions schools, schools of nursing, aca-
25 demic health centers, State or local governments, or

1 other appropriate public or private nonprofit entities
 2 as determined appropriate by the Secretary in ac-
 3 cordance with this title.

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

8 **“SEC. 807. TECHNICAL ASSISTANCE.**

9 “Funds appropriated under this title may be used by
 10 the Secretary to provide technical assistance in relation
 11 to any of the authorities under this title.

12 **“PART B—NURSE PRACTITIONERS, NURSE MID-**
 13 **WIVES, NURSE ANESTHETISTS, AND OTHER**
 14 **ADVANCED PRACTICE NURSES**

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

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

19 “(1) projects that support the enhancement of
 20 advanced practice nursing education and practice;
 21 and

22 “(2) traineeships for individuals in advanced
 23 practice nursing programs.

24 “(b) DEFINITION OF ADVANCED PRACTICE
 25 NURSES.—For purposes of this section, the term ‘ad-

1 vanced practice nurses' means individuals trained in ad-
 2 vanced degree programs including individuals in combined
 3 R.N./Master's degree programs, post-nursing master's
 4 certificate programs, or, in the case of nurse midwives,
 5 in certificate programs in existence on the date that is one
 6 day prior to the date of enactment of this section, to serve
 7 as nurse practitioners, clinical nurse specialists, nurse
 8 midwives, nurse anesthetists, nurse educators, nurse ad-
 9 ministrators, or public health nurses, or in other nurse
 10 specialties determined by the Secretary to require ad-
 11 vanced education.

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

18 “(1) meet guidelines prescribed by the Sec-
 19 retary; and

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

1 care facilities, acute care, and other health care set-
2 tings.

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

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

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

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

14 “(f) TRAINEESHIPS.—

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

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

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

1 “(2) DOCTORAL PROGRAMS.—The Secretary
 2 may not obligate more than 10 percent of the
 3 traineeships under subsection (a) for individuals in
 4 doctorate degree programs.

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

12 **“PART C—INCREASING NURSING WORKFORCE**
 13 **DIVERSITY**

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

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

23 “(b) GUIDANCE.—In carrying out subsection (a), the
 24 Secretary shall take into consideration the recommenda-
 25 tions of the First, Second and Third Invitational Con-

1 gresses for Minority Nurse Leaders on ‘Caring for the
2 Emerging Majority,’ in 1992, 1993 and 1997, and consult
3 with nursing associations including the American Nurses
4 Association, the National League for Nursing, the Amer-
5 ican Association of Colleges of Nursing, the National
6 Black Nurses Association, the National Association of
7 Hispanic Nurses, the Association of Asian American and
8 Pacific Islander Nurses, the Native American Indian and
9 Alaskan Nurses Association, and the National Council of
10 State Boards of Nursing.

11 “(c) REQUIRED INFORMATION AND CONDITIONS FOR
12 AWARD RECIPIENTS.—

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

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

1 “(3) INELIGIBILITY.—A recipient described in
 2 paragraph (2) shall be ineligible for continued fund-
 3 ing under this section if the plan of the recipient
 4 fails to improve the rates within the 1-year period
 5 beginning on the date such plan is implemented.

6 **“PART D—STRENGTHENING CAPACITY FOR**
 7 **BASIC NURSE EDUCATION AND PRACTICE**

8 **“SEC. 831. BASIC NURSE EDUCATION AND PRACTICE**
 9 **GRANTS.**

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

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

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

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

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

8 “(4) developing cultural competencies among
 9 nurses;

10 “(5) expanding the enrollment in baccalaureate
 11 nursing programs;

12 “(6) promoting career mobility for nursing per-
 13 sonnel in a variety of training settings and cross
 14 training or specialty training among diverse popu-
 15 lation groups;

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

18 “(8) other priority areas as determined by the
 19 Secretary.”;

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

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

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

23 “‘There are authorized to be appropriated to carry out
 24 sections 811, 821, and 831, \$65,000,000 for fiscal year

1 1998, and such sums as may be necessary in each of the
 2 fiscal years 1999 through 2002.

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

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

11 “(b) COMPOSITION.—

12 “(1) IN GENERAL.—The Advisory Council shall
 13 be composed of

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

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

21 “(ii) 2 shall be selected from the gen-
 22 eral public;

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

1 “(iv) 9 shall be selected from among
 2 the leading authorities in the various fields
 3 of nursing, higher, and secondary edu-
 4 cation, and from representatives of ad-
 5 vanced practice nursing groups (such as
 6 nurse practitioners, nurse midwives, and
 7 nurse anesthetists), hospitals, and other in-
 8 stitutions and organizations which provide
 9 nursing services; and

10 “(B) the Secretary (or the delegate of the
 11 Secretary (who shall be an ex officio member
 12 and shall serve as the Chairperson)).

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

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

5 “(c) VACANCIES.—

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

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

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

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

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

1 “(3) not later than 3 years after the date of en-
2 actment of this section, and annually thereafter, pre-
3 pare and submit to the Secretary, the Committee on
4 Labor and Human Resources of the Senate, and the
5 Committee on Commerce of the House of Represent-
6 atives, a report describing the activities of the Coun-
7 cil, including findings and recommendations made by
8 the Council concerning the activities under this title.

9 “(e) MEETINGS AND DOCUMENTS.—

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

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

1 “(f) COMPENSATION AND EXPENSES.—

2 “(1) COMPENSATION.—Each member of the
3 Advisory Council shall be compensated at a rate
4 equal to the daily equivalent of the annual rate of
5 basic pay prescribed for level IV of the Executive
6 Schedule under section 5315 of title 5, United
7 States Code, for each day (including travel time)
8 during which such member is engaged in the per-
9 formance of the duties of the Council. All members
10 of the Council who are officers or employees of the
11 United States shall serve without compensation in
12 addition to that received for their services as officers
13 or employees of the United States.

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

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

24 “(h) FACA.—The Federal Advisory Committee Act
25 shall apply to the Advisory Committee under this section

1 only to the extent that the provisions of such Act do not
 2 conflict with the requirements of this section.”; and

3 (6) by redesignating section 855 as section 810,
 4 and transferring such section so as to appear after
 5 section 809 (as added by the amendment made by
 6 paragraph (5)).

7 **SEC. 124. SAVINGS PROVISION.**

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

20 **Subtitle C—Financial Assistance**

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

22 **FUNDS**

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

24 (a) REQUIREMENT FOR SCHOOLS.—Section
 25 723(b)(1) of the Public Health Service Act (42 U.S.C.

1 292s(b)(1)), as amended by section 2014(c)(2)(A)(ii) of
 2 Public Law 103–43 (107 Stat. 216), is amended by strik-
 3 ing “3 years before” and inserting “4 years before”.

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

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

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

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

17 (2) by redesignating subsection (d) as sub-
 18 section (c).

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

20 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
 21 724(f)(1) of the Public Health Service Act (42 U.S.C.
 22 292t(f)(1)) is amended by striking “\$15,000,000 for fiscal
 23 year 1993” and inserting “\$8,000,000 for each of the fis-
 24 cal years 1998 through 2002”.

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

4 **SEC. 133. STUDENT LOANS REGARDING SCHOOLS OF**
 5 **NURSING.**

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

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

10 (2) in paragraph (2)—

11 (A) in subparagraph (A), by striking
 12 “and” at the end; and

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

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

19 (4) by adding at the end the following para-
 20 graph:

21 “(8) pursuant to uniform criteria established by
 22 the Secretary, the repayment period established
 23 under paragraph (2) for any student borrower who
 24 during the repayment period failed to make consecu-
 25 tive payments and who, during the last 12 months

1 of the repayment period, has made at least 12 con-
 2 secutive payments may be extended for a period not
 3 to exceed 10 years.”.

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

7 (c) ELIMINATION OF STATUTE OF LIMITATION FOR
 8 LOAN COLLECTIONS.—

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

12 “(l) ELIMINATION OF STATUTE OF LIMITATION FOR
 13 LOAN COLLECTIONS.—

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

20 “(2) PROHIBITION.—Notwithstanding any other
 21 provision of Federal or State law, no limitation shall
 22 terminate the period within which suit may be filed,
 23 a judgment may be enforced, or an offset, garnish-
 24 ment, or other action may be initiated or taken by
 25 a school of nursing that has an agreement with the

1 Secretary pursuant to section 835 that is seeking
 2 the repayment of the amount due from a borrower
 3 on a loan made under this subpart after the default
 4 of the borrower on such loan.”.

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

9 (d) BREACH OF AGREEMENTS.—Section 338D of the
 10 Public Health Service Act is amended by adding at the
 11 end thereof the following new subsection:

12 “(g) BREACH OF AGREEMENT.—

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

22 “(A) In the case of a program under this
 23 section that makes an award of Federal funds
 24 for attending an accredited program of nursing
 25 (in this section referred to as a ‘nursing pro-

1 gram’), the individual is liable to the Federal
2 Government for the amount of such award (in-
3 cluding amounts provided for expenses related
4 to such attendance), and for interest on such
5 amount at the maximum legal prevailing rate,
6 if the individual—

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

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

14 “(iii) voluntarily terminates the nurs-
15 ing program.

16 “(B) The individual is liable to the Federal
17 Government for the amount of such award (in-
18 cluding amounts provided for expenses related
19 to such attendance), and for interest on such
20 amount at the maximum legal prevailing rate,
21 if the individual fails to provide health services
22 in accordance with the program under this sec-
23 tion for the period of time applicable under the
24 program.

1 “(2) WAIVER OR SUSPENSION OF LIABILITY.—

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

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

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

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

25 (1) in subsection (a)—

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

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

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

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

19 **SEC. 134. GENERAL PROVISIONS.**

20 (a) MAXIMUM STUDENT LOAN PROVISIONS AND
 21 MINIMUM PAYMENTS.—

22 (1) IN GENERAL.—Section 722(a)(1) of the
 23 Public Health Service Act (42 U.S.C. 292r(a)(1)),
 24 as amended by section 2014(b)(1) of Public Law
 25 103–43, is amended by striking “the sum of” and

1 all that follows through the end thereof and insert-
 2 ing “the cost of attendance (including tuition, other
 3 reasonable educational expenses, and reasonable liv-
 4 ing costs) for that year at the educational institution
 5 attended by the student (as determined by such edu-
 6 cational institution).”.

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

17 (3) REPAYMENT PERIOD.—Section 722(c) of
 18 the Public Health Service Act (42 U.S.C. 292r(c)),
 19 as amended by section 2014(b)(1) of Public Law
 20 103–43, is amended—

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

23 (B) by striking “ten-year period which be-
 24 gins” and inserting “period of not less than 10

1 years nor more than 25 years, at the discretion
2 of the institution, which begins”; and

3 (C) by striking “such ten-year period” and
4 inserting “such period”.

5 (4) MINIMUM PAYMENTS.—Section 722(j) of
6 the Public Health Service Act (42 U.S.C. 292r(j)),
7 as amended by section 2014(b)(1) of Public Law
8 103–43, is amended by striking “\$15” and inserting
9 \$40”.

10 (b) ELIMINATION OF STATUTE OF LIMITATION FOR
11 LOAN COLLECTIONS.—

12 (1) IN GENERAL.—Section 722 of the Public
13 Health Service Act (42 U.S.C. 292r), as amended by
14 section 2014(b)(1) of Public Law 103–43, is amend-
15 ed by adding at the end the following new sub-
16 section:

17 “(m) ELIMINATION OF STATUTE OF LIMITATION FOR
18 LOAN COLLECTIONS.—

19 “(1) PURPOSE.—It is the purpose of this sub-
20 section to ensure that obligations to repay loans
21 under this section are enforced without regard to
22 any Federal or State statutory, regulatory, or ad-
23 ministrative limitation on the period within which
24 debts may be enforced.

1 “(2) PROHIBITION.—Notwithstanding any other
2 provision of Federal or State law, no limitation shall
3 terminate the period within which suit may be filed,
4 a judgment may be enforced, or an offset, garnish-
5 ment, or other action may be initiated or taken by
6 a school that has an agreement with the Secretary
7 pursuant to section 721 that is seeking the repay-
8 ment of the amount due from a borrower on a loan
9 made under this subpart after the default of the bor-
10 rower on such loan.”.

11 (2) EFFECTIVE DATE.—The amendment made
12 by paragraph (1) shall be effective with respect to
13 actions pending on or after the date of enactment of
14 this Act.

15 (c) DATE CERTAIN FOR CONTRIBUTIONS.—Para-
16 graph (2) of section 735(e) of the Public Health Service
17 Act (42 U.S.C. 292y(e)(2)) is amended to read as follows:

18 “(2) DATE CERTAIN FOR CONTRIBUTIONS.—
19 Amounts described in paragraph (1) that are re-
20 turned to the Secretary shall be obligated before the
21 end of the succeeding fiscal year.”.

1 **CHAPTER 2—INSURED HEALTH EDUCATION**
 2 **ASSISTANCE LOANS TO GRADUATE STUDENTS**
 3 **SEC. 141. HEALTH EDUCATION ASSISTANCE LOAN PRO-**
 4 **GRAM.**

5 (a) HEALTH EDUCATION ASSISTANCE LOAN
 6 DEFERMENT FOR BORROWERS PROVIDING HEALTH
 7 SERVICES TO INDIANS.—

8 (1) IN GENERAL.—Section 705(a)(2)(C) of the
 9 Public Health Service Act (42 U.S.C.
 10 292d(a)(2)(C)) is amended by striking “and (x)”
 11 and inserting “(x) not in excess of three years, dur-
 12 ing which the borrower is providing health care serv-
 13 ices to Indians through an Indian health program
 14 (as defined in section 108(a)(2)(A) of the Indian
 15 Health Care Improvement Act (25 U.S.C.
 16 1616a(a)(2)(A)); and (xi)”.

17 (2) CONFORMING AMENDMENTS.—Section
 18 705(a)(2)(C) of the Public Health Service Act (42
 19 U.S.C. 292d(a)(2)(C)) is further amended—

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

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

24 (3) EFFECTIVE DATE.—The amendments made
 25 by this subsection shall apply with respect to serv-
 26 ices provided on or after the first day of the third

1 month that begins after the date of the enactment
2 of this Act.

3 (b) REPORT REQUIREMENT.—Section 709(b) of the
4 Public Health Service Act (42 U.S.C. 292h(b)) is
5 amended—

6 (1) in paragraph (4)(B), by adding “and” after
7 the semicolon;

8 (2) in paragraph (5), by striking “; and” and
9 inserting a period; and

10 (3) by striking paragraph (6).

11 (c) COLLECTION FROM ESTATES.—Section 714 of
12 the Public Health Service Act (42 U.S.C. 292m) is amend-
13 ed by adding at the end the following new sentence: “Not-
14 withstanding the first sentence, the Secretary may, in the
15 case of a borrower who dies, collect any remaining unpaid
16 balance owed to the lender, the holder of the loan, or the
17 Federal Government from the borrower’s estate.”.

18 (d) PROGRAM ELIGIBILITY.—

19 (1) LIMITATIONS ON LOANS.—Section 703(a) of
20 the Public Health Service Act (42 U.S.C. 292b(a))
21 is amended by striking “or clinical psychology” and
22 inserting “or behavioral and mental health practice,
23 including clinical psychology”.

24 (2) DEFINITION OF ELIGIBLE INSTITUTION.—
25 Section 719(1) of the Public Health Service Act (42

1 U.S.C. 292o(1)) is amended by striking “or clinical
 2 psychology” and inserting “or behavioral and mental
 3 health practice, including clinical psychology”.

4 **SEC. 142. HEAL LENDER AND HOLDER PERFORMANCE**
 5 **STANDARDS.**

6 (a) GENERAL AMENDMENTS.—Section 707(a) of the
 7 Public Health Service Act (42 U.S.C. 292f) is amended—

8 (1) by striking the last sentence;

9 (2) by striking “determined.” and inserting
 10 “determined, except that, if the insurance bene-
 11 ficiary including any servicer of the loan is not des-
 12 ignated for ‘exceptional performance’, as set forth in
 13 paragraph (2), the Secretary shall pay to the bene-
 14 ficiary a sum equal to 98 percent of the amount of
 15 the loss sustained by the insured upon that loan.”;

16 (3) by striking “Upon” and inserting:

17 “(1) IN GENERAL.—Upon”; and

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

20 “(2) EXCEPTIONAL PERFORMANCE.—

21 “(A) AUTHORITY.—Where the Secretary
 22 determines that an eligible lender, holder, or
 23 servicer has a compliance performance rating
 24 that equals or exceeds 97 percent, the Secretary
 25 shall designate that eligible lender, holder, or

1 servicer, as the case may be, for exceptional
2 performance.

3 “(B) COMPLIANCE PERFORMANCE RAT-
4 ING.—For purposes of subparagraph (A), a
5 compliance performance rating is determined
6 with respect to compliance with due diligence in
7 the disbursement, servicing, and collection of
8 loans under this subpart for each year for
9 which the determination is made. Such rating
10 shall be equal to the percentage of all due dili-
11 gence requirements applicable to each loan, on
12 average, as established by the Secretary, with
13 respect to loans serviced during the period by
14 the eligible lender, holder, or servicer.

15 “(C) ANNUAL AUDITS FOR LENDERS,
16 HOLDERS, AND SERVICERS.—Each eligible lend-
17 er, holder, or servicer desiring a designation
18 under subparagraph (A) shall have an annual
19 financial and compliance audit conducted with
20 respect to the loan portfolio of such eligible
21 lender, holder, or servicer, by a qualified inde-
22 pendent organization from a list of qualified or-
23 ganizations identified by the Secretary and in
24 accordance with standards established by the
25 Secretary. The standards shall measure the

1 lender's, holder's, or servicer's compliance with
2 due diligence standards and shall include a de-
3 fined statistical sampling technique designed to
4 measure the performance rating of the eligible
5 lender, holder, or servicer for the purpose of
6 this section. Each eligible lender, holder, or
7 servicer shall submit the audit required by this
8 section to the Secretary.

9 “(D) SECRETARY’S DETERMINATIONS.—

10 The Secretary shall make the determination
11 under subparagraph (A) based upon the audits
12 submitted under this paragraph and any infor-
13 mation in the possession of the Secretary or
14 submitted by any other agency or office of the
15 Federal Government.

16 “(E) QUARTERLY COMPLIANCE AUDIT.—

17 To maintain its status as an exceptional per-
18 former, the lender, holder, or servicer shall un-
19 dergo a quarterly compliance audit at the end
20 of each quarter (other than the quarter in
21 which status as an exceptional performer is es-
22 tablished through a financial and compliance
23 audit, as described in subparagraph (C)), and
24 submit the results of such audit to the Sec-
25 retary. The compliance audit shall review com-

1 pliance with due diligence requirements for the
2 period beginning on the day after the ending
3 date of the previous audit, in accordance with
4 standards determined by the Secretary.

5 “(F) REVOCATION AUTHORITY.—The Sec-
6 retary shall revoke the designation of a lender,
7 holder, or servicer under subparagraph (A) if
8 any quarterly audit required under subpara-
9 graph (E) is not received by the Secretary by
10 the date established by the Secretary or if the
11 audit indicates the lender, holder, or servicer
12 has failed to meet the standards for designation
13 as an exceptional performer under subpara-
14 graph (A). A lender, holder, or servicer receiv-
15 ing a compliance audit not meeting the stand-
16 ard for designation as an exceptional performer
17 may reapply for designation under subpara-
18 graph (A) at any time.

19 “(G) DOCUMENTATION.—Nothing in this
20 section shall restrict or limit the authority of
21 the Secretary to require the submission of
22 claims documentation evidencing servicing per-
23 formed on loans, except that the Secretary may
24 not require exceptional performers to submit
25 greater documentation than that required for

1 lenders, holders, and servicers not designated
2 under subparagraph (A).

3 “(H) COST OF AUDITS.—Each eligible
4 lender, holder, or servicer shall pay for all the
5 costs associated with the audits required under
6 this section.

7 “(I) ADDITIONAL REVOCATION AUTHOR-
8 ITY.—Notwithstanding any other provision of
9 this section, a designation under subparagraph
10 (A) may be revoked at any time by the Sec-
11 retary if the Secretary determines that the eligi-
12 ble lender, holder, or servicer has failed to
13 maintain an overall level of compliance consist-
14 ent with the audit submitted by the eligible
15 lender, holder, or servicer under this paragraph
16 or if the Secretary asserts that the lender, hold-
17 er, or servicer may have engaged in fraud in se-
18 curing designation under subparagraph (A) or
19 is failing to service loans in accordance with
20 program requirements.

21 “(J) NONCOMPLIANCE.—A lender, holder,
22 or servicer designated under subparagraph (A)
23 that fails to service loans or otherwise comply
24 with applicable program regulations shall be

1 considered in violation of the Federal False
2 Claims Act.”.

3 (b) DEFINITION.—Section 707(e) of the Public
4 Health Service Act (42 U.S.C. 292f(e)) is amended by
5 adding at the end the following new paragraph:

6 “(4) The term ‘servicer’ means any agency act-
7 ing on behalf of the insurance beneficiary.”.

8 (c) EFFECTIVE DATE.—The amendments made by
9 subsections (a) and (b) shall apply with respect to loans
10 submitted to the Secretary for payment on or after the
11 first day of the sixth month that begins after the date
12 of enactment of this Act.

13 **SEC. 143. REAUTHORIZATION.**

14 (a) LOAN PROGRAM.—Section 702(a) of the Public
15 Health Service Act (42 U.S.C. 292a(a)) is amended—

16 (1) by striking “\$350,000,000” and all that fol-
17 lows through “1995” and inserting “\$350,000,000
18 for fiscal year 1998, \$375,000,000 for fiscal year
19 1999, and \$425,000,000 for each of the fiscal years
20 2000 through 2002”;

21 (2) by striking “obtained prior loans insured
22 under this subpart” and inserting “obtained loans
23 insured under this subpart in fiscal year 2002 or in
24 prior fiscal years”;

1 (3) by adding at the end thereof the following
 2 new sentence: “The Secretary may establish guide-
 3 lines and procedures that lenders must follow in dis-
 4 tributing funds under this subpart.”; and

5 (4) by striking “September 30, 1998” and in-
 6 serting “September 30, 2005”.

7 (b) INSURANCE PROGRAM.—Section 710(a)(2)(B) of
 8 the Public Health Service Act (42 U.S.C. 292i(a)(2)(B))
 9 is amended by striking “any of the fiscal years 1993
 10 through 1996” and inserting “fiscal year 1993 and subse-
 11 quent fiscal years”.

12 **SEC. 144. HEAL BANKRUPTCY.**

13 (a) IN GENERAL.—Section 707(g) of the Public
 14 Health Service Act (42 U.S.C. 292f(g)) is amended in the
 15 first sentence by striking “A debt which is a loan insured”
 16 and inserting “Notwithstanding any other provision of
 17 Federal or State law, a debt that is a loan insured”.

18 (b) APPLICATION.—The amendment made by sub-
 19 section (a) shall apply to any loan insured under the au-
 20 thority of subpart I of part A of title VII of the Public
 21 Health Service Act (42 U.S.C. 292 et seq.) that is listed
 22 or scheduled by the debtor in a case under title XI, United
 23 States Code, filed—

24 (1) on or after the date of enactment of this
 25 Act; or

1 (2) prior to such date of enactment in which a
2 discharge has not been granted.

3 **SEC. 145. HEAL REFINANCING.**

4 Section 706 of the Public Health Service Act (42
5 U.S.C. 292e) is amended—

6 (1) in subsection (d)—

7 (A) in the subsection heading, by striking
8 “CONSOLIDATION” and inserting “REFINANC-
9 ING OR CONSOLIDATION”; and

10 (B) in the first sentence, by striking “in-
11 debtedness” and inserting “indebtedness or the
12 refinancing of a single loan”; and

13 (2) in subsection (e)—

14 (A) in the subsection heading, by striking
15 “DEBTS” and inserting “DEBTS AND REFI-
16 NANCING”; and

17 (B) in the first sentence, by striking “all
18 of the borrower’s debts into a single instru-
19 ment” and inserting “all of the borrower’s loans
20 insured under this subpart into a single instru-
21 ment (or, if the borrower obtained only 1 loan
22 insured under this subpart, refinancing the loan
23 1 time)”; and

1 (C) in the second sentence, by striking
 2 “consolidation” and inserting “consolidation or
 3 refinancing”.

4 **TITLE II—OFFICE OF MINORITY** 5 **HEALTH**

6 **SEC. 201. REVISION AND EXTENSION OF PROGRAMS OF OF-** 7 **FICE OF MINORITY HEALTH.**

8 (a) DUTIES AND REQUIREMENTS.—Section 1707 of
 9 the Public Health Service Act (42 U.S.C. 300u–6) is
 10 amended by striking subsection (b) and all that follows
 11 and inserting the following:

12 “(b) DUTIES.—With respect to improving the health
 13 of racial and ethnic minority groups, the Secretary, acting
 14 through the Deputy Assistant Secretary for Minority
 15 Health (in this section referred to as the ‘Deputy Assist-
 16 ant Secretary’), shall carry out the following:

17 “(1) Establish short-range and long-range goals
 18 and objectives and coordinate all other activities
 19 within the Public Health Service that relate to dis-
 20 ease prevention, health promotion, service delivery,
 21 and research concerning such individuals. The heads
 22 of each of the agencies of the Service shall consult
 23 with the Deputy Assistant Secretary to ensure the
 24 coordination of such activities.

1 “(2) Enter into interagency agreements with
2 other agencies of the Public Health Service.

3 “(3) Support research, demonstrations and
4 evaluations to test new and innovative models.

5 “(4) Increase knowledge and understanding of
6 health risk factors.

7 “(5) Develop mechanisms that support better
8 information dissemination, education, prevention,
9 and service delivery to individuals from disadvan-
10 tagged backgrounds, including individuals who are
11 members of racial or ethnic minority groups.

12 “(6) Ensure that the National Center for
13 Health Statistics collects data on the health status
14 of each minority group.

15 “(7) With respect to individuals who lack pro-
16 ficiency in speaking the English language, enter into
17 contracts with public and nonprofit private providers
18 of primary health services for the purpose of increas-
19 ing the access of the individuals to such services by
20 developing and carrying out programs to provide bi-
21 lingual or interpretive services.

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

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

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

4 “(B) Facilitate access to such information.

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

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

11 “(9) Carry out programs to improve access to
 12 health care services for individuals with limited pro-
 13 ficiency in speaking the English language. Activities
 14 under the preceding sentence shall include develop-
 15 ing and evaluating model projects.

16 “(c) ADVISORY COMMITTEE.—

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

21 “(2) DUTIES.—The Committee shall provide
 22 advice to the Deputy Assistant Secretary carrying
 23 out this section, including advice on the development
 24 of goals and specific program activities under para-

1 graphs (1) through (9) of subsection (b) for each ra-
2 cial and ethnic minority group.

3 “(3) CHAIR.—The chairperson of the Commit-
4 tee shall be selected by the Secretary from among
5 the members of the voting members of the Commit-
6 tee. The term of office of the chairperson shall be
7 2 years.

8 “(4) COMPOSITION.—

9 “(A) The Committee shall be composed of
10 12 voting members appointed in accordance
11 with subparagraph (B), and nonvoting, ex offi-
12 cio members designated in subparagraph (C).

13 “(B) The voting members of the Commit-
14 tee shall be appointed by the Secretary from
15 among individuals who are not officers or em-
16 ployees of the Federal Government and who
17 have expertise regarding issues of minority
18 health. The racial and ethnic minority groups
19 shall be equally represented among such mem-
20 bers.

21 “(C) The nonvoting, ex officio members of
22 the Committee shall be such officials of the De-
23 partment of Health and Human Services as the
24 Secretary determines to be appropriate.

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

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

13 “(7) COMPENSATION.—Members of the Com-
14 mittee who are officers or employees of the United
15 States shall serve without compensation. Members of
16 the Committee who are not officers or employees of
17 the United States shall receive compensation, for
18 each day (including travel time) they are engaged in
19 the performance of the functions of the Committee.
20 Such compensation may not be in an amount in ex-
21 cess of the daily equivalent of the annual maximum
22 rate of basic pay payable under the General Sched-
23 ule (under title 5, United States Code) for positions
24 above GS-15.

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

3 “(1) RECOMMENDATIONS REGARDING LAN-
4 GUAGE AS IMPEDIMENT TO HEALTH CARE.—The
5 Deputy Assistant Secretary for Minority Health
6 shall consult with the Director of the Office of Refu-
7 gee Health, the Director of the Office of Civil
8 Rights, and the Directors of other appropriate De-
9 partmental entities regarding recommendations for
10 carrying out activities under subsection (b)(9).

11 “(2) EQUITABLE ALLOCATION REGARDING AC-
12 TIVITIES.—

13 “(A) IN GENERAL.—In making awards of
14 grants, cooperative agreements, or contracts
15 under this section or section 338A, 338C,
16 340A, 404, or 724, or part B of title VII, the
17 Secretary, acting as appropriate through the
18 Deputy Assistant Secretary or the Adminis-
19 trator of the Health Resources and Services Ad-
20 ministration, shall ensure that such awards are
21 equitably allocated with respect to the various
22 racial and minority populations.

23 “(B) REQUIREMENTS.—With respect to
24 grants, cooperative agreements, and contracts

1 that are available under the sections specified in
2 subparagraph (A), the Secretary shall—

3 “(i) carry out activities to inform enti-
4 ties, as appropriate, that the entities may
5 be eligible for awards of such assistance;

6 “(ii) provide technical assistance to
7 such entities in the process of preparing
8 and submitting applications for the awards
9 in accordance with the policies of the Sec-
10 retary regarding such application; and

11 “(iii) inform populations, as appro-
12 priate, that members of the populations
13 may be eligible to receive services or other-
14 wise participate in the activities carried out
15 with such awards.

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

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

24 “(1) IN GENERAL.—In carrying out subsection
25 (b), the Secretary acting through the Deputy Assist-

1 ant Secretary may make awards of grants, coopera-
 2 tive agreements, and contracts to public and non-
 3 profit private entities.

4 “(2) PROCESS FOR MAKING AWARDS.—The
 5 Deputy Assistant Secretary shall ensure that awards
 6 under paragraph (1) are made only on a competitive
 7 basis, and that a grant is awarded for a proposal
 8 only if the proposal has been recommended for such
 9 an award through a process of peer review.

10 “(3) EVALUATION AND DISSEMINATION.—The
 11 Deputy Assistant Secretary, directly or through con-
 12 tracts with public and private entities, shall provide
 13 for evaluations of projects carried out with awards
 14 made under paragraph (1) during the preceding 2
 15 fiscal years. The report shall be included in the re-
 16 port required under subsection (f) for the fiscal year
 17 involved.

18 “(f) REPORTS.—

19 “(1) IN GENERAL.—Not later than February 1
 20 of fiscal year 1999 and of each second year there-
 21 after, the Secretary shall submit to the Committee
 22 on Energy and Commerce of the House of Rep-
 23 resentatives, and to the Committee on Labor and
 24 Human Resources of the Senate, a report describing
 25 the activities carried out under this section during

1 the preceding 2 fiscal years and evaluating the ex-
 2 tent to which such activities have been effective in
 3 improving the health of racial and ethnic minority
 4 groups. Each such report shall include the biennial
 5 reports submitted under sections 201(e)(3) and
 6 201(f)(2) for such years by the heads of the Public
 7 Health Service agencies.

8 “(2) AGENCY REPORTS.—Not later than Feb-
 9 ruary 1, 1999, and biennially thereafter, the heads
 10 of the Public Health Service agencies shall submit to
 11 the Deputy Assistant Secretary a report summariz-
 12 ing the minority health activities of each of the re-
 13 spective agencies.

14 “(g) DEFINITION.—For purposes of this section:

15 “(1) The term ‘racial and ethnic minority
 16 group’ means American Indians (including Alaska
 17 Natives, Eskimos, and Aleuts); Asian Americans and
 18 Pacific Islanders; Blacks; and Hispanics.

19 “(2) The term ‘Hispanic’ means individuals
 20 whose origin is Mexican, Puerto Rican, Cuban, Cen-
 21 tral or South American, or any other Spanish-speak-
 22 ing country.

23 “(h) FUNDING.—

24 “(1) AUTHORIZATION OF APPROPRIATIONS.—
 25 For the purpose of carrying out this section, there

1 are authorized to be appropriated \$30,000,000 for
2 fiscal year 1998, such sums as may be necessary for
3 each of the fiscal years 1999 through 2002.

4 “(2) NATIONAL CENTER FOR HEALTH STATIS-
5 TICS.—For the purpose of enabling the National
6 Center for Health Statistics to collect data on His-
7 panics and major Hispanic subpopulation groups,
8 American Indians, and to develop special area popu-
9 lation studies on major Asian American and Pacific
10 Islander populations, there are authorized to be ap-
11 propriated \$1,000,000 for fiscal year 1998, such
12 sums as may be necessary for each of the fiscal
13 years 1999 through 2002.”.

14 (b) MISCELLANEOUS AMENDMENTS.—Section 1707
15 of the Public Health Service Act (42 U.S.C. 300u–6) is
16 amended—

17 (1) in the heading for the section by striking
18 “ESTABLISHMENT OF”; and

19 (2) in subsection (a), by striking “Office of the
20 Assistant Secretary for Health” and inserting “Of-
21 fice of Public Health and Science”.

TITLE III—SELECTED INITIATIVES

SEC. 301. STATE OFFICES OF RURAL HEALTH.

(a) IN GENERAL.—Section 338J of the Public Health Service Act (42 U.S.C. 254r) is amended—

(1) in subsection (b)(1), in the matter preceding subparagraph (A), by striking “in cash”; and

(2) in subsection (j)(1)—

(A) by striking “and” after “1992,”; and

(B) by inserting before the period the following: “, and such sums as may be necessary for each of the fiscal years 1998 through 2002”; and

(3) in subsection (k), by striking “\$10,000,000” and inserting “\$20,000,000”.

(b) REPEAL.—Effective on October 1, 2002, section 338J of the Public Health Service Act is repealed.

SEC. 302. DEMONSTRATION PROJECTS REGARDING ALZHEIMER’S DISEASE.

(a) IN GENERAL.—Section 398(a) of the Public Health Service Act (42 U.S.C. 280c–3(a)) is amended—

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

(2) in paragraph (2)—

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

4 (B) by striking “and” at the end;

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

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

9 “(3) to improve the access of such individuals
 10 to home-based or community-based long-term care
 11 services (subject to the services being provided by
 12 entities that were providing such services in the
 13 State involved as of October 1, 1995), particularly
 14 such individuals who are members of racial or ethnic
 15 minority groups, who have limited proficiency in
 16 speaking the English language, or who live in rural
 17 areas; and”.

18 (b) DURATION.—Section 398A of the Public Health
 19 Service Act (42 U.S.C. 280c–4) is amended—

20 (1) in the heading for the section, by striking
 21 “**LIMITATION**” and all that follows and inserting
 22 “**REQUIREMENT OF MATCHING**
 23 **FUNDS**”;

24 (2) by striking subsection (a);

1 (3) by redesignating subsections (b) and (c) as
2 subsections (a) and (b), respectively;

3 (4) in subsection (a) (as so redesignated), in
4 each of paragraphs (1)(C) and (2)(C), by striking
5 “third year” and inserting “third or subsequent
6 year”.

7 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
8 398B(e) of the Public Health Service Act (42 U.S.C.
9 280c–5(e)) is amended—

10 (1) by striking “and such sums” and inserting
11 “such sums”; and

12 (2) by inserting before the period the following:
13 “, \$8,000,000 for fiscal year 1998, and such sums
14 as may be necessary for each of the fiscal years
15 1999 through 2002”.

16 **SEC. 303. PROJECT GRANTS FOR IMMUNIZATION SERVICES.**

17 Section 317(j) of the Public Health Service Act (42
18 U.S.C. 247b(j)) is amended—

19 (1) in paragraph (1), by striking “individuals
20 against vaccine-preventable diseases” and all that
21 follows through the first period and inserting the fol-
22 lowing: “children, adolescents, and adults against
23 vaccine-preventable diseases, there are authorized to
24 be appropriated such sums as may be necessary for
25 each of the fiscal years 1998 through 2002.”; and

(2) in paragraph (2), by striking “1990” and inserting “1997”.

TITLE IV—MISCELLANEOUS PROVISIONS

SEC. 401. TECHNICAL CORRECTIONS REGARDING PUBLIC LAW 103-183.

(a) AMENDATORY INSTRUCTIONS.—Public Law 103-183 is amended—

(1) in section 601—

(A) in subsection (b), in the matter preceding paragraph (1), by striking “Section 1201 of the Public Health Service Act (42 U.S.C. 300d)” and inserting “Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.)”; and

(B) in subsection (f)(1), by striking “in section 1204(c)” and inserting “in section 1203(c) (as redesignated by subsection (b)(2) of this section)”;

(2) in section 602, by striking “for the purpose” and inserting “For the purpose”; and

(3) in section 705(b), by striking “317D((l)(1))” and inserting “317D(l)(1)”.

1 (b) PUBLIC HEALTH SERVICE ACT.—The Public
2 Health Service Act, as amended by Public Law 103–183
3 and by subsection (a) of this section, is amended—

4 (1) in section 317E(g)(2), by striking “making
5 grants under subsection (b)” and inserting “carrying
6 out subsection (b)”;

7 (2) in section 318, in subsection (e) as in effect
8 on the day before the date of the enactment of Pub-
9 lic Law 103–183, by redesignating the subsection as
10 subsection (f);

11 (3) in subpart 6 of part C of title IV—

12 (A) by transferring the first section 447
13 (added by section 302 of Public Law 103–183)
14 from the current placement of the section;

15 (B) by redesignating the section as section
16 447A; and

17 (C) by inserting the section after section
18 447;

19 (4) in section 1213(a)(8), by striking “provides
20 for for” and inserting “provides for”;

21 (5) in section 1501, by redesignating the second
22 subsection (c) (added by section 101(f) of Public
23 Law 103–183) as subsection (d); and

24 (6) in section 1505(3), by striking “nonprivate”
25 and inserting “private”.

1 (c) MISCELLANEOUS CORRECTION.—Section
 2 401(c)(3) of Public Law 103–183 is amended in the mat-
 3 ter preceding subparagraph (A) by striking “(d)(5)” and
 4 inserting “(e)(5)”.

5 (d) EFFECTIVE DATE.—This section is deemed to
 6 have taken effect immediately after the enactment of Pub-
 7 lic Law 103–183.

8 **SEC. 402. MISCELLANEOUS AMENDMENTS REGARDING PHS**
 9 **COMMISSIONED OFFICERS.**

10 (a) ANTI-DISCRIMINATION LAWS.—Amend section
 11 212 of the Public Health Service Act (42 U.S.C. 213) by
 12 adding the following new subsection at the end thereof:

13 “(f) Active service of commissioned officers of the
 14 Service shall be deemed to be active military service in
 15 the Armed Forces of the United States for purposes of
 16 all laws related to discrimination on the basis of race,
 17 color, gender, ethnicity, age, religion, and disability.”

18 (b) TRAINING IN LEAVE WITHOUT PAY STATUS.—
 19 Section 218 of the Public Health Service Act (42 U.S.C.
 20 218a) is amended by adding at the end the following:

21 “(c) A commissioned officer may be placed in leave
 22 without pay status while attending an educational institu-
 23 tion or training program whenever the Secretary deter-
 24 mines that such status is in the best interest of the Serv-
 25 ice. For purposes of computation of basic pay, promotion,

1 retirement, compensation for injury or death, and the ben-
 2 efits provided by sections 212 and 224, an officer in such
 3 status pursuant to the preceding sentence shall be consid-
 4 ered as performing service in the Service and shall have
 5 an active service obligation as set forth in subsection (b)
 6 of this section.”.

7 (c) UTILIZATION OF ALCOHOL AND DRUG ABUSE
 8 RECORDS THAT APPLY TO THE ARMED FORCES.—Sec-
 9 tion 543(e) of the Public Health Service Act (42 U.S.C.
 10 290dd–2(e)) is amended by striking “Armed Forces” each
 11 place that such term appears and inserting “Uniformed
 12 Services”.

13 **SEC. 403. CLINICAL TRAINEESHIPS.**

14 Section 303(d)(1) of the Public Health Service Act
 15 (42 U.S.C. 242a(d)(1)) is amended by inserting “counsel-
 16 ing,” after “family therapy,”.

17 **SEC. 404. PROJECT GRANTS FOR SCREENINGS, REFERRALS,**
 18 **AND EDUCATION REGARDING LEAD POISON-**
 19 **ING.**

20 Section 317A(l)(1) of the Public Health Service Act
 21 (42 U.S.C. 247b–1(l)(1)) is amended by striking “1998”
 22 and inserting “2004”.

1 **SEC. 405. PROJECT GRANTS FOR PREVENTIVE HEALTH**
2 **SERVICES REGARDING TUBERCULOSIS.**

3 Section 317E(g)(1) of the Public Health Service Act
4 (42 U.S.C. 247b–6(g)(1)) is amended—

5 (1) in subparagraph (A), by striking “1998”
6 and inserting “2004”; and

7 (2) in subparagraph (B), by striking
8 “\$50,000,000” and inserting “25 percent”.

9 **SEC. 406. CERTAIN AUTHORITIES OF CENTERS FOR DIS-**
10 **EASE CONTROL AND PREVENTION.**

11 (a) IN GENERAL.—Part B of title III of the Public
12 Health Service Act is amended by inserting after section
13 317H the following section:

14 “MISCELLANEOUS AUTHORITIES REGARDING CENTERS
15 FOR DISEASE CONTROL AND PREVENTION

16 “SEC. 317I. The Secretary, acting through the Direc-
17 tor of the Centers for Disease Control and Prevention,
18 may, without regard to the provisions of title 5, United
19 States Code, governing appointments in the competitive
20 service, and without regard to the provisions of chapter
21 51 and subchapter III of chapter 53 of such title relating
22 to classification and General Schedule pay rates, establish
23 such technical and scientific peer review groups and sci-
24 entific program advisory committees as are needed to
25 carry out the functions of such Centers and appoint and
26 pay the members of such groups, except that officers and

1 employees of the United States shall not receive additional
2 compensation for service as members of such groups. The
3 Federal Advisory Committee Act shall not apply to the
4 duration of such peer review groups. Not more than one-
5 fourth of the members of any such group shall be officers
6 or employees of the United States.”.

7 (b) EFFECTIVE DATE.—This section is deemed to
8 have taken effect July 1, 1995.

9 **SEC. 407. COMMUNITY PROGRAMS ON DOMESTIC VIO-**
10 **LENCE.**

11 (a) IN GENERAL.—Section 318(h)(2) of the Family
12 Violence Prevention and Services Act (42 U.S.C.
13 10418(h)(2)) is amended by striking “fiscal year 1997”
14 and inserting “for each of the fiscal years 1997 through
15 2002”.

16 (b) STUDY.—The Secretary of Health and Human
17 Services shall request that the Institute of Medicine con-
18 duct a study concerning the training needs of health pro-
19 fessionals with respect to the detection and referral of vic-
20 tims of family or acquaintance violence. Not later than 2
21 years after the date of enactment of this Act, the Institute
22 of Medicine shall prepare and submit to Congress a report
23 concerning the study conducted under this subsection.

1 **SEC. 408. STATE LOAN REPAYMENT PROGRAM.**

2 Section 338I(i)(1) of the Public Health Service Act
3 (42 U.S.C. 254q-1(i)(1)) is amended by inserting before
4 the period “, and such sums as may be necessary for each
5 of the fiscal years 1998 through 2002”.

6 **SEC. 409. CONSTRUCTION OF REGIONAL CENTERS FOR RE-**
7 **SEARCH ON PRIMATES.**

8 Section 481B(a) of the Public Health Service Act (42
9 U.S.C. 287a-3(a)) is amended—

10 (1) by striking “shall” and inserting “may”;
11 and

12 (2) by striking “\$5,000,000” and inserting “up
13 to \$2,500,000”.

14 **SEC. 410. PEER REVIEW.**

15 Section 504(d)(2) of the Public Health Service Act
16 (42 U.S.C. 290aa-3(d)(2)) is amended by striking “coop-
17 erative agreement, or contract” each place that such ap-
18 pears and inserting “or cooperative agreement”.

19 **SEC. 411. FUNDING FOR TRAUMA CARE.**

20 Section 1232(a) of the Public Health Service Act (42
21 U.S.C. 300d-32) is amended by striking “and 1996” and
22 inserting “through 2002”.

1 **SEC. 412. HEALTH INFORMATION AND HEALTH PRO-**
2 **MOTION.**

3 Section 1701(b) of the Public Health Service Act (42
4 U.S.C. 300u(b)) is amended by striking “through 1996”
5 and inserting “through 2002”.

6 **SEC. 413. EMERGENCY MEDICAL SERVICES FOR CHILDREN.**

7 Section 1910 of the Public Health Service Act (42
8 U.S.C. 300w-9) is amended—

9 (1) in subsection (a)—

10 (A) by striking “two-year period” and in-
11 serting “3-year period (with an optional 4th
12 year based on performance)”; and

13 (B) by striking “one grant” and inserting
14 “3 grants”; and

15 (2) in subsection (d), by striking “1997” and
16 inserting “2005”.

17 **SEC. 414. ADMINISTRATION OF CERTAIN REQUIREMENTS.**

18 (a) IN GENERAL.—Section 2004 of Public Law 103–
19 43 (107 Stat. 209) is amended by striking subsection (a).

20 (b) CONFORMING AMENDMENTS.—Section 2004 of
21 Public Law 103–43, as amended by subsection (a) of this
22 section, is amended—

23 (1) by striking “(b) SENSE” and all that follows
24 through “In the case” and inserting the following:

1 “(a) SENSE OF CONGRESS REGARDING PURCHASE
2 OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In
3 the case”;

4 (2) by striking “(2) NOTICE TO RECIPIENTS OF
5 ASSISTANCE” and inserting the following:

6 “(b) NOTICE TO RECIPIENTS OF ASSISTANCE”; and

7 (3) in subsection (b), as redesignated by para-
8 graph (2) of this subsection, by striking “paragraph
9 (1)” and inserting “subsection (a)”.

10 (c) EFFECTIVE DATE.—This section is deemed to
11 have taken effect immediately after the enactment of Pub-
12 lic Law 103–43.

13 **SEC. 415. AIDS DRUG ASSISTANCE PROGRAM.**

14 Section 2618(b)(3) of the Public Health Service Act
15 (42 U.S.C. 300ff–28(b)(3)) is amended—

16 (1) in paragraph (1), by striking “and the
17 Commonwealth of Puerto Rico” and inserting “, the
18 Commonwealth of Puerto Rico, the Virgin Islands,
19 and Guam”; and

20 (2) in paragraph (2), by striking “the Virgin Is-
21 lands, Guam”.

○