

107TH CONGRESS
2D SESSION

H. R. 3450

AN ACT

To amend the Public Health Service Act to reauthorize and strengthen the health centers program and the National Health Service Corps, and for other purposes.

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To amend the Public Health Service Act to reauthorize and strengthen the health centers program and the National Health Service Corps, and for other purposes.

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

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

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Health Care Safety Net Improvement Act”.

4 (b) TABLE OF CONTENTS.—The table of contents for
5 this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—CONSOLIDATED HEALTH CENTER PROGRAM
AMENDMENTS**

Sec. 101. Health centers.

Sec. 102. Migratory and seasonal agricultural workers.

TITLE II—RURAL HEALTH

Subtitle A—Rural Health Care Services Outreach, Rural Health Network Development, and Small Health Care Provider Quality Improvement Grant Programs

Sec. 201. Grant programs.

Subtitle B—Telehealth Grant Consolidation

Sec. 211. Short title.

Sec. 212. Consolidation and reauthorization of provisions.

Subtitle C—Mental Health Services Telehealth Program and Rural Emergency Medical Service Training and Equipment Assistance Program

Sec. 221. Programs.

TITLE III—NATIONAL HEALTH SERVICE CORPS PROGRAM

Sec. 301. National Health Service Corps.

Sec. 302. Designation of health professional shortage areas.

Sec. 303. Assignment of Corps personnel.

Sec. 304. Priorities in assignment of Corps personnel.

Sec. 305. Cost-sharing.

Sec. 306. Eligibility for Federal funds.

Sec. 307. Facilitation of effective provision of Corps services.

Sec. 308. Authorization of appropriations.

Sec. 309. National Health Service Corps Scholarship Program.

Sec. 310. National Health Service Corps Loan Repayment Program.

Sec. 311. Obligated service.

Sec. 312. Private practice.

Sec. 313. Breach of scholarship contract or loan repayment contract.

Sec. 314. Authorization of appropriations.

Sec. 315. Grants to States for loan repayment programs.

Sec. 316. Demonstration grants to States for community scholarship programs.

TITLE IV—ADDITIONAL PROVISIONS

Sec. 401. Community access demonstration program.

Sec. 402. Expanding availability of dental services.

Sec. 403. Study regarding barriers to participation of farmworkers in health programs.

Sec. 404. Eligibility of certain entities for grants.

Sec. 405. Conforming amendments.

1 **TITLE I—CONSOLIDATED** 2 **HEALTH CENTER PROGRAM** 3 **AMENDMENTS**

4 **SEC. 101. HEALTH CENTERS.**

5 (a) INCREASE OF AUTHORIZATION OF APPROPRIA-
6 TIONS FROM \$802,124,000 FOR FISCAL YEAR 1997 TO
7 \$1,293,000,000 FOR FISCAL YEAR 2002.—Section
8 330(l)(1) of the Public Health Service Act (42 U.S.C.
9 254b(l(1))) is amended by striking “\$802,124,000” and
10 all that follows and inserting “\$1,293,000,000 for fiscal
11 year 2002, and such sums as may be necessary for each
12 of the fiscal years 2003 through 2006.”.

13 (b) ADDITIONAL AMENDMENTS.—Section 330 of the
14 Public Health Service Act (42 U.S.C. 254b) is amended—

15 (1) in subsection (b)(1)(A)—

16 (A) in clause (i)(III)(bb), by striking
17 “screening for breast and cervical cancer” and
18 inserting “appropriate cancer screening”;

19 (B) in clause (ii), by inserting “(including
20 specialty referral when medically indicated)”
21 after “medical services”; and

22 (C) in clause (iii), by inserting “housing,”
23 after “social,”;

1 (2) in subsection (b)(2)—

2 (A) by redesignating subparagraphs (A)
3 and (B) as subparagraphs (B) and (C), respec-
4 tively; and

5 (B) by inserting before subparagraph (B)
6 (as so redesignated) the following:

7 “(A) behavioral and mental health and
8 substance abuse services;”;

9 (3) in subsection (c)(1)—

10 (A) in subparagraph (B)—

11 (i) in the heading, by striking “COM-
12 PREHENSIVE SERVICE DELIVERY” and in-
13 serting “MANAGED CARE”;

14 (ii) in the matter preceding clause (i),
15 by striking “network or plan” and all that
16 follows to the period and inserting “man-
17 aged care network or plan.”; and

18 (iii) in the matter following clause (ii),
19 by striking “Any such grant may include”
20 and all that follows through the period;
21 and

22 (B) by adding at the end the following:

23 “(C) PRACTICE MANAGEMENT NET-
24 WORKS.—The Secretary may make grants to
25 health centers that receive assistance under this

1 section to enable the centers to plan and de-
2 velop practice management networks that will
3 enable the centers to—

4 “(i) reduce costs associated with the
5 provision of health care services;

6 “(ii) improve access to, and avail-
7 ability of, health care services provided to
8 individuals served by the centers;

9 “(iii) enhance the quality and coordi-
10 nation of health care services; or

11 “(iv) improve the health status of
12 communities.

13 “(D) USE OF FUNDS.—The activities for
14 which a grant may be made under subpara-
15 graph (B) or (C) may include the purchase or
16 lease of equipment, which may include data and
17 information systems (including paying for the
18 costs of amortizing the principal of, and paying
19 the interest on, loans for equipment), the provi-
20 sion of training and technical assistance related
21 to the provision of health care services on a pre-
22 paid basis or under another managed care ar-
23 rangement, and other activities that promote
24 the development of practice management or
25 managed care networks and plans.”;

1 (4) in subsection (d)—

2 (A) by striking the subsection heading and
3 inserting “LOAN GUARANTEE PROGRAM.—”;

4 (B) in paragraph (1)—

5 (i) in subparagraph (A), by striking
6 “the principal and interest on loans” and
7 all that follows through the period and in-
8 serting “the principal and interest on loans
9 made by non-Federal lenders to health cen-
10 ters, funded under this section, for the
11 costs of developing and operating managed
12 care networks or plans described in sub-
13 section (c)(1)(B), or practice management
14 networks described in subsection (c)(1)(C),
15 and for the costs of acquiring or leasing
16 buildings, or purchasing or leasing equip-
17 ment.”;

18 (ii) in subparagraph (B)—

19 (I) in clause (i), by striking “or”;

20 (II) in clause (ii), by striking the
21 period and inserting “; or”; and

22 (III) by adding at the end the
23 following:

1 “(iii) to refinance a loan to the center
2 or centers, if the Secretary determines
3 that—

4 “(I) such refinancing will result
5 in more favorable terms;

6 “(II) the savings resulting from
7 the refinancing will be beneficial to
8 both the center (or centers) and the
9 Government; and

10 “(III) the center (or centers) can
11 demonstrate an ability to repay the
12 refinanced loan equal to or greater
13 than the ability of the center (or cen-
14 ters) to repay the original loan on the
15 date the original loan was made.”;
16 and

17 (iii) by adding at the end the fol-
18 lowing:

19 “(D) PROVISION DIRECTLY TO NETWORKS
20 OR PLANS.—At the request of health centers re-
21 ceiving assistance under this section, loan guar-
22 antees provided under this paragraph may be
23 made directly to networks or plans that are at
24 least majority controlled and, as applicable, at

1 least majority owned by those health centers.”;

2 and

3 (C)(i) by striking paragraphs (6) and (7);

4 and

5 (ii) by redesignating paragraph (8) as
6 paragraph (6);

7 (5) in subsection (e)—

8 (A) in paragraph (1), by adding at the end
9 the following:

10 “(C) OPERATION OF NETWORKS AND
11 PLANS.—

12 “(i) IN GENERAL.—The Secretary
13 may make grants to health centers that re-
14 ceive assistance under this section, or at
15 the request of the health centers, directly
16 to a network or plan (as described in sub-
17 paragraphs (B) and (C) of subsection
18 (c)(1)) that is at least majority controlled
19 and, as applicable, at least majority owned
20 by such health centers receiving assistance
21 under this section, for the costs associated
22 with the operation of such network or plan,
23 including the purchase or lease of equip-
24 ment (including the costs of amortizing the

principal of, and paying the interest on,
loans for equipment).

“(ii) CERTAIN REQUIREMENTS.—Sub-
section (j) applies with respect to grants
under clause (i) to the same extent and in
the same manner as such subsection ap-
plies with respect to grants under subpara-
graph (A) or (B), except to the extent that
as applied to clause (i) the Secretary
waives any requirement under subsection
(j) on the basis that the requirement is not
necessary with respect to the purposes for
which grants under clause (i) are made.”;
and

(B) in paragraph (5)—

(i) in subparagraph (A), by inserting
“subparagraphs (A) and (B) of” after
“any fiscal year under”;

(ii) by redesignating subparagraphs
(B) and (C) as subparagraphs (C) and
(D), respectively; and

(iii) by inserting after subparagraph
(A) the following:

“(B) NETWORKS AND PLANS.—The total
amount of grant funds made available for any

1 fiscal year under paragraph (1)(C) and sub-
2 paragraphs (B) and (C) of subsection (c)(1) to
3 a health center shall be determined by the Sec-
4 retary, but may not exceed 2 percent of the
5 total amount appropriated under this section
6 for such fiscal year.”;

7 (6) in subsection (h)—

8 (A) in paragraph (1), by striking “home-
9 less children and children at risk of homeless-
10 ness” and inserting “homeless children and
11 youth and children and youth at risk of home-
12 lessness”;

13 (B)(i) by redesignating paragraph (4) as
14 paragraph (5); and

15 (ii) by inserting after paragraph (3) the
16 following:

17 “(4) TEMPORARY CONTINUED PROVISION OF
18 SERVICES TO CERTAIN FORMER HOMELESS INDIVID-
19 UALS.—If any grantee under this subsection has
20 provided services described in this section under the
21 grant to a homeless individual, such grantee may,
22 notwithstanding that the individual is no longer
23 homeless as a result of becoming a resident in per-
24 manent housing, expend the grant to continue to

1 provide such services to the individual for not more
2 than 12 months.”; and

3 (C) in paragraph (5)(C) (as redesignated
4 by subparagraph (B)), by striking “and residen-
5 tial treatment” and inserting “, risk reduction,
6 outpatient treatment, residential treatment, and
7 rehabilitation”;

8 (7) in subsection (j)(3)—

9 (A) in subparagraph (E)—

10 (i) in clause (i)—

11 (I) by striking “(i)” and insert-
12 ing “(i)(I)”;

13 (II) by striking “plan; or” and
14 inserting “plan; and”; and

15 (III) by adding at the end the
16 following:

17 “(II) has or will have a contrac-
18 tual or other arrangement with the
19 State agency administering the pro-
20 gram under title XXI of such Act (42
21 U.S.C. 1397aa et seq.) with respect to
22 individuals who are State children’s
23 health insurance program bene-
24 ficiaries; or”; and

1 (ii) by striking clause (ii) and insert-
2 ing the following:

3 “(ii) has made or will make every rea-
4 sonable effort to enter into arrangements
5 described in subclauses (I) and (II) of
6 clause (i);”;

7 (B) in subparagraph (G)—

8 (i) in clause (ii)(II), by striking “;
9 and” and inserting “;”;

10 (ii) by redesignating clause (iii) as
11 clause (iv); and

12 (iii) by inserting after clause (ii) the
13 following:

14 “(iii)(I) will assure that no patient
15 will be denied health care services due to
16 an individual’s inability to pay for such
17 services; and

18 “(II) will assure that any fees or pay-
19 ments required by the center for such serv-
20 ices will be reduced or waived to enable the
21 center to fulfill the assurance described in
22 subclause (I); and”;

23 (C) in subparagraph (K)(ii), by striking
24 “and” after the semicolon at the end;

1 (D) in subparagraph (L), by striking the
2 period at the end and inserting “; and”; and

3 (E) by adding at the end the following sub-
4 paragraph:

5 “(M) the center encourages persons receiv-
6 ing or seeking health services from the center to
7 participate in any public or private (including
8 employer-offered) health programs or plans for
9 which the persons are eligible.”;

10 (8) by striking subsection (k) and inserting the
11 following:

12 “(k) TECHNICAL ASSISTANCE.—The Secretary shall
13 establish a program through which the Secretary shall
14 provide technical and other assistance to eligible entities
15 to assist such entities to meet the requirements of para-
16 graphs (2) and (3) of subsection (j) and in developing
17 plans for, and operating health centers. Services provided
18 through the program may include necessary technical and
19 nonfinancial assistance, including fiscal and program man-
20 agement assistance, training in program management,
21 operational and administrative support, and the provision
22 of information to the entities of the variety of resources
23 available under this title and how those resources can be
24 best used to meet the health needs of the communities
25 served by the entities.”;

1 (9)(A) in subsection (l) (as amended by sub-
2 section (a) of this section), by striking “(l) AUTHOR-
3 IZATION”;

4 (B) by transferring such undesignated sub-
5 section to the end of the section;

6 (C) by redesignating subsections (m) through
7 (q) as subsections (l) through (p), respectively; and

8 (D) in the subsection transferred by subpara-
9 graph (B), by inserting “(q) AUTHORIZATION” be-
10 fore “OF APPROPRIATIONS.—”; and

11 (10) in subsection (q) (as transferred and re-
12 designated by paragraph (9)), in paragraph (2)—

13 (A) in subparagraph (A), by striking
14 “(j)(3)(G)(ii)” and inserting “(j)(3)(H)”; and

15 (B) by striking subparagraph (B) and in-
16 serting the following:

17 “(B) DISTRIBUTION OF GRANTS.—For fis-
18 cal year 2002 and each of the following fiscal
19 years, the Secretary, in awarding grants under
20 this section, shall ensure that the proportion of
21 the amount made available under each of sub-
22 sections (g), (h), and (i), relative to the total
23 amount appropriated to carry out this section
24 for that fiscal year, is equal to the proportion
25 of the amount made available under that sub-

1 section for fiscal year 2001, relative to the total
 2 amount appropriated to carry out this section
 3 for fiscal year 2001.”.

4 (c) **TELEMEDICINE; INCENTIVE GRANTS REGARDING**
 5 **COORDINATION AMONG STATES.—**

6 (1) **IN GENERAL.**—The Secretary of Health and
 7 Human Services may make grants to State profes-
 8 sional licensing boards to carry out programs under
 9 which such licensing boards of various States co-
 10 operate to develop and implement State policies that
 11 will reduce statutory and regulatory barriers to tele-
 12 medicine.

13 (2) **AUTHORIZATION OF APPROPRIATIONS.**—For
 14 the purpose of carrying out paragraph (1), there are
 15 authorized to be appropriated \$10,000,000 for fiscal
 16 year 2002, and such sums as may be necessary for
 17 each of the fiscal years 2002 through 2006.

18 **SEC. 102. MIGRATORY AND SEASONAL AGRICULTURAL**
 19 **WORKERS.**

20 Section 330(g) of the Public Health Service Act (42
 21 U.S.C. 254b(g)) is amended—

22 (1) in paragraph (2)—

23 (A) in subparagraph (A), by inserting
 24 “and seasonal agricultural worker” after “agri-
 25 cultural worker”; and

1 (B) in subparagraph (B), by striking “and
 2 members of their families” and inserting “and
 3 seasonal agricultural workers, and members of
 4 their families,”; and
 5 (2) in paragraph (3)(A), by striking “on a sea-
 6 sonal basis”.

7 **TITLE II—RURAL HEALTH**
 8 **Subtitle A—Rural Health Care**
 9 **Services Outreach, Rural Health**
 10 **Network Development, and**
 11 **Small Health Care Provider**
 12 **Quality Improvement Grant**
 13 **Programs**

14 **SEC. 201. GRANT PROGRAMS.**

15 Section 330A of the Public Health Service Act (42
 16 U.S.C. 254c) is amended to read as follows:

17 **“SEC. 330A. RURAL HEALTH CARE SERVICES OUTREACH,**
 18 **RURAL HEALTH NETWORK DEVELOPMENT,**
 19 **AND SMALL HEALTH CARE PROVIDER QUAL-**
 20 **ITY IMPROVEMENT GRANT PROGRAMS.**

21 **“(a) PURPOSE.—**The purpose of this section is to
 22 provide grants for expanded delivery of health care serv-
 23 ices in rural areas, for the planning and implementation
 24 of integrated health care networks in rural areas, and for

1 the planning and implementation of small health care pro-
2 vider quality improvement activities.

3 “(b) DEFINITIONS.—

4 “(1) DIRECTOR.—The term ‘Director’ means
5 the Director specified in subsection (d).

6 “(2) FEDERALLY QUALIFIED HEALTH CENTER;
7 RURAL HEALTH CLINIC.—The terms ‘Federally
8 qualified health center’ and ‘rural health clinic’ have
9 the meanings given the terms in section 1861(aa) of
10 the Social Security Act (42 U.S.C. 1395x(aa)).

11 “(3) HEALTH PROFESSIONAL SHORTAGE
12 AREA.—The term ‘health professional shortage area’
13 means a health professional shortage area des-
14 ignated under section 332.

15 “(4) MEDICALLY UNDERSERVED COMMUNITY.—
16 The term ‘medically underserved community’ has the
17 meaning given the term in section 799B.

18 “(5) MEDICALLY UNDERSERVED POPU-
19 LATION.—The term ‘medically underserved popu-
20 lation’ has the meaning given the term in section
21 330(b)(3).

22 “(c) PROGRAM.—The Secretary shall establish, under
23 section 301, a small health care provider quality improve-
24 ment grant program.

25 “(d) ADMINISTRATION.—

1 “(1) PROGRAMS.—The rural health care serv-
2 ices outreach, rural health network development, and
3 small health care provider quality improvement
4 grant programs established under section 301 shall
5 be administered by the Director of the Office of
6 Rural Health Policy of the Health Resources and
7 Services Administration, in consultation with State
8 offices of rural health or other appropriate State
9 government entities.

10 “(2) GRANTS.—

11 “(A) IN GENERAL.—In carrying out the
12 programs described in paragraph (1), the Di-
13 rector may award grants under subsections (e),
14 (f), and (g) to expand access to, coordinate, and
15 improve the quality of essential health care
16 services, and enhance the delivery of health
17 care, in rural areas.

18 “(B) TYPES OF GRANTS.—The Director
19 may award the grants—

20 “(i) to promote expanded delivery of
21 health care services in rural areas under
22 subsection (e);

23 “(ii) to provide for the planning and
24 implementation of integrated health care

1 networks in rural areas under subsection
2 (f); and
3 “(iii) to provide for the planning and
4 implementation of small health care pro-
5 vider quality improvement activities under
6 subsection (g).

7 “(e) RURAL HEALTH CARE SERVICES OUTREACH
8 GRANTS.—

9 “(1) GRANTS.—The Director may award grants
10 to eligible entities to promote rural health care serv-
11 ices outreach by expanding the delivery of health
12 care services to include new and enhanced services
13 in rural areas. The Director may award the grants
14 for periods of not more than 3 years.

15 “(2) ELIGIBILITY.—To be eligible to receive a
16 grant under this subsection for a project, an
17 entity—

18 “(A) shall be a rural public or private enti-
19 ty;

20 “(B) shall represent a consortium com-
21 posed of members—

22 “(i) that include 3 or more health
23 care providers; and

24 “(ii) that may be nonprofit or for-
25 profit entities; and

1 “(C) shall not previously have received a
2 grant under this subsection for the same or a
3 similar project, unless the entity is proposing to
4 expand the scope of the project or the area that
5 will be served through the project.

6 “(3) APPLICATIONS.—To be eligible to receive a
7 grant under this subsection, an eligible entity, in
8 consultation with the appropriate State office of
9 rural health or another appropriate State entity,
10 shall prepare and submit to the Secretary an appli-
11 cation, at such time, in such manner, and containing
12 such information as the Secretary may require,
13 including—

14 “(A) a description of the project that the
15 eligible entity will carry out using the funds
16 provided under the grant;

17 “(B) a description of the manner in which
18 the project funded under the grant will meet
19 the health care needs of rural underserved pop-
20 ulations in the local community or region to be
21 served;

22 “(C) a description of how the local commu-
23 nity or region to be served will be involved in
24 the development and ongoing operations of the
25 project;

1 “(D) a plan for sustaining the project after
2 Federal support for the project has ended; and

3 “(E) a description of how the project will
4 be evaluated.

5 “(f) RURAL HEALTH NETWORK DEVELOPMENT
6 GRANTS.—

7 “(1) GRANTS.—

8 “(A) IN GENERAL.—The Director may
9 award rural health network development grants
10 to eligible entities to promote, through planning
11 and implementation, the development of inte-
12 grated health care networks that have combined
13 the functions of the entities participating in the
14 networks in order to—

15 “(i) achieve efficiencies;

16 “(ii) expand access to, coordinate, and
17 improve the quality of essential health care
18 services; and

19 “(iii) strengthen the rural health care
20 system as a whole.

21 “(B) GRANT PERIODS.—The Director may
22 award such a rural health network development
23 grant for implementation activities for a period
24 of 3 years. The Director may also award such
25 a rural health network development grant for

1 planning activities for a period of 1 year, to as-
2 sist in the development of an integrated health
3 care network, if the proposed participants in
4 the network do not have a history of collabo-
5 rative efforts and a 3-year grant would be inap-
6 propriate.

7 “(2) ELIGIBILITY.—To be eligible to receive a
8 grant under this subsection, an entity—

9 “(A) shall be a rural public or private enti-
10 ty;

11 “(B) shall represent a network composed
12 of participants—

13 “(i) that include 3 or more health
14 care providers; and

15 “(ii) that may be nonprofit or for-
16 profit entities; and

17 “(C) shall not previously have received a
18 grant under this subsection (other than a grant
19 for planning activities) for the same or a simi-
20 lar project.

21 “(3) APPLICATIONS.—To be eligible to receive a
22 grant under this subsection, an eligible entity, in
23 consultation with the appropriate State office of
24 rural health or another appropriate State entity,
25 shall prepare and submit to the Secretary an appli-

1 cation, at such time, in such manner, and containing
2 such information as the Secretary may require,
3 including—

4 “(A) a description of the project that the
5 eligible entity will carry out using the funds
6 provided under the grant;

7 “(B) an explanation of the reasons why
8 Federal assistance is required to carry out the
9 project;

10 “(C) a description of—

11 “(i) the history of collaborative activi-
12 ties carried out by the participants in the
13 network;

14 “(ii) the degree to which the partici-
15 pants are ready to integrate their func-
16 tions; and

17 “(iii) how the local community or re-
18 gion to be served will benefit from and be
19 involved in the activities carried out by the
20 network;

21 “(D) a description of how the local com-
22 munity or region to be served will experience in-
23 creased access to quality health care services
24 across the continuum of care as a result of the

1 integration activities carried out by the net-
2 work;

3 “(E) a plan for sustaining the project after
4 Federal support for the project has ended; and

5 “(F) a description of how the project will
6 be evaluated.

7 “(g) SMALL HEALTH CARE PROVIDER QUALITY IM-
8 PROVEMENT GRANTS.—

9 “(1) GRANTS.—The Director may award grants
10 to provide for the planning and implementation of
11 small health care provider quality improvement ac-
12 tivities. The Director may award the grants for peri-
13 ods of 1 to 3 years.

14 “(2) ELIGIBILITY.—To be eligible for a grant
15 under this subsection, an entity—

16 “(A)(i) shall be a rural public or rural non-
17 profit private health care provider or provider
18 of health care services, such as a critical access
19 hospital or a rural health clinic; or

20 “(ii) shall be another rural provider or net-
21 work of small rural providers identified by the
22 Secretary as a key source of local care; and

23 “(B) shall not previously have received a
24 grant under this subsection for the same or a
25 similar project.

1 “(3) APPLICATIONS.—To be eligible to receive a
2 grant under this subsection, an eligible entity, in
3 consultation with the appropriate State office of
4 rural health, another appropriate State entity, or a
5 hospital association, shall prepare and submit to the
6 Secretary an application, at such time, in such man-
7 ner, and containing such information as the Sec-
8 retary may require, including—

9 “(A) a description of the project that the
10 eligible entity will carry out using the funds
11 provided under the grant;

12 “(B) an explanation of the reasons why
13 Federal assistance is required to carry out the
14 project;

15 “(C) a description of the manner in which
16 the project funded under the grant will assure
17 continuous quality improvement in the provision
18 of services by the entity;

19 “(D) a description of how the local com-
20 munity or region to be served will experience in-
21 creased access to quality health care services
22 across the continuum of care as a result of the
23 activities carried out by the entity;

24 “(E) a plan for sustaining the project after
25 Federal support for the project has ended; and

1 “(F) a description of how the project will
2 be evaluated.

3 “(4) EXPENDITURES FOR SMALL HEALTH CARE
4 PROVIDER QUALITY IMPROVEMENT GRANTS.—In
5 awarding a grant under this subsection, the Director
6 shall ensure that the funds made available through
7 the grant will be used to provide services to resi-
8 dents of rural areas. The Director shall award not
9 less than 50 percent of the funds made available
10 under this subsection to providers located in and
11 serving rural areas.

12 “(h) GENERAL REQUIREMENTS.—

13 “(1) PROHIBITED USES OF FUNDS.—An entity
14 that receives a grant under this section may not use
15 funds provided through the grant—

16 “(A) to build or acquire real property; or

17 “(B) for construction, except that such
18 funds may be expended for minor renovations
19 relating to the installation of equipment.

20 “(2) COORDINATION WITH OTHER AGENCIES.—

21 The Secretary shall coordinate activities carried out
22 under grant programs described in this section, to
23 the extent practicable, with Federal and State agen-
24 cies and nonprofit organizations that are operating

1 similar grant programs, to maximize the effect of
2 public dollars in funding meritorious proposals.

3 “(3) PREFERENCE.—In awarding grants under
4 this section, the Secretary shall give preference to
5 entities that—

6 “(A) are located in health professional
7 shortage areas or medically underserved com-
8 munities, or serve medically underserved popu-
9 lations; or

10 “(B) propose to develop projects with a
11 focus on primary care, and wellness and preven-
12 tion strategies.

13 “(i) REPORT.—Not later than September 30, 2005,
14 the Secretary shall prepare and submit to the appropriate
15 committees of Congress a report on the progress and ac-
16 complishments of the grant programs described in sub-
17 sections (e), (f), and (g).

18 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section
20 \$40,000,000 for fiscal year 2002, and such sums as may
21 be necessary for each of fiscal years 2003 through 2006.”.

1 **Subtitle B—Telehealth Grant**
2 **Consolidation**

3 **SEC. 211. SHORT TITLE.**

4 This subtitle may be cited as the “Telehealth Grant
5 Consolidation Act of 2001”.

6 **SEC. 212. CONSOLIDATION AND REAUTHORIZATION OF**
7 **PROVISIONS.**

8 Subpart I of part D of title III of the Public Health
9 Service Act (42 U.S.C. 254b et seq) is amended by adding
10 at the end the following:

11 **“SEC. 330I. TELEHEALTH NETWORK AND TELEHEALTH RE-**
12 **SOURCE CENTERS GRANT PROGRAMS.**

13 “(a) DEFINITIONS.—In this section:

14 “(1) DIRECTOR; OFFICE.—The terms ‘Director’
15 and ‘Office’ mean the Director and Office specified
16 in subsection (c).

17 “(2) FEDERALLY QUALIFIED HEALTH CENTER
18 AND RURAL HEALTH CLINIC.—The term ‘Federally
19 qualified health center’ and ‘rural health clinic’ have
20 the meanings given the terms in section 1861(aa) of
21 the Social Security Act (42 U.S.C. 1395x(aa)).

22 “(3) FRONTIER COMMUNITY.—The term ‘fron-
23 tier community’ means an area with fewer than 6
24 residents per square mile, based on the latest popu-
25 lation data published by the Bureau of the Census.

1 “(4) MEDICALLY UNDERSERVED AREA.—The
2 term ‘medically underserved area’ has the meaning
3 given the term ‘medically underserved community’ in
4 section 799B.

5 “(5) MEDICALLY UNDERSERVED POPU-
6 LATION.—The term ‘medically underserved popu-
7 lation’ has the meaning given the term in section
8 330(b)(3).

9 “(6) TELEHEALTH SERVICES.—The term ‘tele-
10 health services’ means services provided through
11 telehealth technologies.

12 “(7) TELEHEALTH TECHNOLOGIES.—The term
13 ‘telehealth technologies’ means technologies relating
14 to the use of electronic information, and tele-
15 communications technologies, to support and pro-
16 mote, at a distance, health care, patient and profes-
17 sional health-related education, health administra-
18 tion, and public health.

19 “(b) PROGRAMS.—The Secretary shall establish,
20 under section 301, telehealth network and telehealth re-
21 source centers grant programs.

22 “(c) ADMINISTRATION.—

23 “(1) ESTABLISHMENT.—There is established in
24 the Health and Resources and Services Administra-

1 tion an Office for the Advancement of Telehealth.
2 The Office shall be headed by a Director.

3 “(2) DUTIES.—The telehealth network and tele-
4 health resource centers grant programs established
5 under section 301 shall be administered by the Di-
6 rector, in consultation with the State offices of rural
7 health, State offices concerning primary care, or
8 other appropriate State government entities.

9 “(d) GRANTS.—

10 “(1) TELEHEALTH NETWORK GRANTS.—The
11 Director may, in carrying out the telehealth network
12 grant program referred to in subsection (b), award
13 grants to eligible entities for projects to demonstrate
14 how telehealth technologies can be used through tele-
15 health networks in rural areas, frontier communities,
16 and medically underserved areas, and for medically
17 underserved populations, to—

18 “(A) expand access to, coordinate, and im-
19 prove the quality of health care services;

20 “(B) improve and expand the training of
21 health care providers; and

22 “(C) expand and improve the quality of
23 health information available to health care pro-
24 viders, and patients and their families, for deci-
25 sionmaking.

1 “(2) TELEHEALTH RESOURCE CENTERS
2 GRANTS.—The Director may, in carrying out the
3 telehealth resource centers grant program referred
4 to in subsection (b), award grants to eligible entities
5 for projects to demonstrate how telehealth tech-
6 nologies can be used in the areas and communities,
7 and for the populations, described in paragraph (1),
8 to establish telehealth resource centers.

9 “(e) GRANT PERIODS.—The Director may award
10 grants under this section for periods of not more than 4
11 years.

12 “(f) ELIGIBLE ENTITIES.—

13 “(1) TELEHEALTH NETWORK GRANTS.—

14 “(A) GRANT RECIPIENT.—To be eligible to
15 receive a grant under subsection (d)(1), an enti-
16 ty shall be a nonprofit entity.

17 “(B) TELEHEALTH NETWORKS.—

18 “(i) IN GENERAL.—To be eligible to
19 receive a grant under subsection (d)(1), an
20 entity shall demonstrate that the entity
21 will provide services through a telehealth
22 network.

23 “(ii) NATURE OF ENTITIES.—Each
24 entity participating in the telehealth net-

1 work may be a nonprofit or for-profit enti-
2 ty.

3 “(iii) COMPOSITION OF NETWORK.—
4 The telehealth network shall include at
5 least 2 of the following entities (at least 1
6 of which shall be a community-based
7 health care provider):

8 “(I) Community or migrant
9 health centers or other Federally
10 qualified health centers.

11 “(II) Health care providers, in-
12 cluding pharmacists, in private prac-
13 tice.

14 “(III) Entities operating clinics,
15 including rural health clinics.

16 “(IV) Local health departments.

17 “(V) Nonprofit hospitals, includ-
18 ing community access hospitals.

19 “(VI) Other publicly funded
20 health or social service agencies.

21 “(VII) Long-term care providers.

22 “(VIII) Providers of health care
23 services in the home.

24 “(IX) Providers of outpatient
25 mental health services and entities op-

1 erating outpatient mental health fa-
2 cilities.

3 “(X) Local or regional emergency
4 health care providers.

5 “(XI) Institutions of higher edu-
6 cation.

7 “(XII) Entities operating dental
8 clinics.

9 “(2) TELEHEALTH RESOURCE CENTERS
10 GRANTS.—To be eligible to receive a grant under
11 subsection (d)(2), an entity shall be a nonprofit enti-
12 ty.

13 “(g) APPLICATIONS.—To be eligible to receive a
14 grant under subsection (d), an eligible entity, in consulta-
15 tion with the appropriate State office of rural health or
16 another appropriate State entity, shall prepare and submit
17 to the Secretary an application, at such time, in such man-
18 ner, and containing such information as the Secretary may
19 require, including—

20 “(1) a description of the project that the eligi-
21 ble entity will carry out using the funds provided
22 under the grant;

23 “(2) a description of the manner in which the
24 project funded under the grant will meet the health
25 care needs of rural or other populations to be served

1 through the project, or improve the access to serv-
2 ices of, and the quality of the services received by,
3 those populations;

4 “(3) evidence of local support for the project,
5 and a description of how the areas, communities, or
6 populations to be served will be involved in the devel-
7 opment and ongoing operations of the project;

8 “(4) a plan for sustaining the project after Fed-
9 eral support for the project has ended;

10 “(5) information on the source and amount of
11 non-Federal funds that the entity will provide for
12 the project;

13 “(6) information demonstrating the long-term
14 viability of the project, and other evidence of institu-
15 tional commitment of the entity to the project; and

16 “(7) in the case of an application for a project
17 involving a telehealth network, information dem-
18 onstrating how the project will promote the integra-
19 tion of telehealth technologies into the operations of
20 health care providers, to avoid redundancy, and im-
21 prove access to and the quality of care.

22 “(h) TERMS; CONDITIONS; MAXIMUM AMOUNT OF
23 ASSISTANCE.—The Secretary shall establish the terms
24 and conditions of each grant program described in sub-
25 section (b) and the maximum amount of a grant to be

1 awarded to an individual recipient for each fiscal year
2 under this section. The Secretary shall publish, in a publi-
3 cation of the Health Resources and Services Administra-
4 tion, notice of the application requirements for each grant
5 program described in subsection (b) for each fiscal year.

6 “(i) PREFERENCES.—

7 “(1) TELEHEALTH NETWORKS.—In awarding
8 grants under subsection (d)(1) for projects involving
9 telehealth networks, the Secretary shall give pref-
10 erence to an eligible entity that meets at least 1 of
11 the following requirements:

12 “(A) ORGANIZATION.—The eligible entity
13 is a rural community-based organization or an-
14 other community-based organization.

15 “(B) SERVICES.—The eligible entity pro-
16 poses to use Federal funds made available
17 through such a grant to develop plans for, or to
18 establish, telehealth networks that provide men-
19 tal health, public health, long-term care, home
20 care, preventive, or case management services.

21 “(C) COORDINATION.—The eligible entity
22 demonstrates how the project to be carried out
23 under the grant will be coordinated with other
24 relevant federally funded projects in the areas,

1 communities, and populations to be served
2 through the grant.

3 “(D) NETWORK.—The eligible entity dem-
4 onstrates that the project involves a telehealth
5 network that includes an entity that—

6 “(i) provides clinical health care serv-
7 ices, or educational services for health care
8 providers and for patients or their families;
9 and

10 “(ii) is—

11 “(I) a public school;

12 “(II) a public library;

13 “(III) an institution of higher
14 education; or

15 “(IV) a local government entity.

16 “(E) CONNECTIVITY.—The eligible entity
17 proposes a project that promotes local
18 connectivity within areas, communities, or pop-
19 ulations to be served through the project.

20 “(F) INTEGRATION.—The eligible entity
21 demonstrates that health care information has
22 been integrated into the project.

23 “(2) TELEHEALTH RESOURCE CENTERS.—In
24 awarding grants under subsection (d)(2) for projects
25 involving telehealth resource centers, the Secretary

1 shall give preference to an eligible entity that meets
2 at least 1 of the following requirements:

3 “(A) PROVISION OF SERVICES.—The eligi-
4 ble entity has a record of success in the provi-
5 sion of telehealth services to medically under-
6 served areas or medically underserved popu-
7 lations.

8 “(B) COLLABORATION AND SHARING OF
9 EXPERTISE.—The eligible entity has a dem-
10 onstrated record of collaborating and sharing
11 expertise with providers of telehealth services at
12 the national, regional, State, and local levels.

13 “(C) BROAD RANGE OF TELEHEALTH
14 SERVICES.—The eligible entity has a record of
15 providing a broad range of telehealth services,
16 which may include—

17 “(i) a variety of clinical specialty serv-
18 ices;

19 “(ii) patient or family education;

20 “(iii) health care professional edu-
21 cation; and

22 “(iv) rural residency support pro-
23 grams.

24 “(j) DISTRIBUTION OF FUNDS.—

1 “(1) IN GENERAL.—In awarding grants under
2 this section, the Director shall ensure, to the great-
3 est extent possible, that such grants are equitably
4 distributed among the geographical regions of the
5 United States.

6 “(2) TELEHEALTH NETWORKS.—In awarding
7 grants under subsection (d)(1) for a fiscal year, the
8 Director shall ensure that—

9 “(A) not less than 50 percent of the funds
10 awarded shall be awarded for projects in rural
11 areas; and

12 “(B) the total amount of funds awarded
13 for such projects for that fiscal year shall be
14 not less than the total amount of funds award-
15 ed for such projects for fiscal year 2001 under
16 section 330A (as in effect on the day before the
17 date of enactment of the Health Care Safety
18 Net Improvement Act).

19 “(k) USE OF FUNDS.—

20 “(1) TELEHEALTH NETWORK PROGRAM.—The
21 recipient of a grant under subsection (d)(1) may use
22 funds received through such grant for salaries,
23 equipment, and operating or other costs, including
24 the cost of—

1 “(A) developing and delivering clinical tele-
2 health services that enhance access to commu-
3 nity-based health care services in rural areas,
4 frontier communities, or medically underserved
5 areas, or for medically underserved populations;

6 “(B) developing and acquiring, through
7 lease or purchase, computer hardware and soft-
8 ware, audio and video equipment, computer net-
9 work equipment, interactive equipment, data
10 terminal equipment, and other equipment that
11 furthers the objectives of the telehealth network
12 grant program;

13 “(C)(i) developing and providing distance
14 education, in a manner that enhances access to
15 care in rural areas, frontier communities, or
16 medically underserved areas, or for medically
17 underserved populations; or

18 “(ii) mentoring, precepting, or supervising
19 health care providers and students seeking to
20 become health care providers, in a manner that
21 enhances access to care in the areas and com-
22 munities, or for the populations, described in
23 clause (i);

24 “(D) developing and acquiring instruc-
25 tional programming;

1 “(E)(i) providing for transmission of med-
2 ical data, and maintenance of equipment; and

3 “(ii) providing for compensation (including
4 travel expenses) of specialists, and referring
5 health care providers, who are providing tele-
6 health services through the telehealth network,
7 if no third party payment is available for the
8 telehealth services delivered through the tele-
9 health network;

10 “(F) developing projects to use telehealth
11 technology to facilitate collaboration between
12 health care providers;

13 “(G) collecting and analyzing usage statis-
14 tics and data to document the cost-effectiveness
15 of the telehealth services; and

16 “(H) carrying out such other activities as
17 are consistent with achieving the objectives of
18 this section, as determined by the Secretary.

19 “(2) TELEHEALTH RESOURCE CENTERS.—The
20 recipient of a grant under subsection (d)(2) may use
21 funds received through such grant for salaries,
22 equipment, and operating or other costs for—

23 “(A) providing technical assistance, train-
24 ing, and support, and providing for travel ex-
25 penses, for health care providers and a range of

1 health care entities that provide or will provide
2 telehealth services;

3 “(B) disseminating information and re-
4 search findings related to telehealth services;

5 “(C) promoting effective collaboration
6 among telehealth resource centers and the Of-
7 fice;

8 “(D) conducting evaluations to determine
9 the best utilization of telehealth technologies to
10 meet health care needs;

11 “(E) promoting the integration of the tech-
12 nologies used in clinical information systems
13 with other telehealth technologies;

14 “(F) fostering the use of telehealth tech-
15 nologies to provide health care information and
16 education for health care providers and con-
17 sumers in a more effective manner; and

18 “(G) implementing special projects or
19 studies under the direction of the Office.

20 “(I) PROHIBITED USES OF FUNDS.—An entity that
21 receives a grant under this section may not use funds
22 made available through the grant—

23 “(1) to acquire real property;

1 “(2) for expenditures to purchase or lease
2 equipment, to the extent that the expenditures would
3 exceed 40 percent of the total grant funds;

4 “(3) in the case of a project involving a tele-
5 health network, to purchase or install transmission
6 equipment (such as laying cable or telephone lines,
7 or purchasing or installing microwave towers, sat-
8 ellite dishes, amplifiers, or digital switching equip-
9 ment);

10 “(4) to pay for any equipment or transmission
11 costs not directly related to the purposes for which
12 the grant is awarded;

13 “(5) to purchase or install general purpose
14 voice telephone systems;

15 “(6) for construction, except that such funds
16 may be expended for minor renovations relating to
17 the installation of equipment; or

18 “(7) for expenditures for indirect costs (as de-
19 termined by the Secretary), to the extent that the
20 expenditures would exceed 10 percent of the total
21 grant funds.

22 “(m) COLLABORATION.—In providing services under
23 this section, an eligible entity shall collaborate, if feasible,
24 with entities that—

1 “(1)(A) are private or public organizations, that
2 receive Federal or State assistance; or

3 “(B) are public or private entities that operate
4 centers, or carry out programs, that receive Federal
5 or State assistance; and

6 “(2) provide telehealth services or related activi-
7 ties.

8 “(n) COORDINATION WITH OTHER AGENCIES.—The
9 Secretary shall coordinate activities carried out under
10 grant programs described in subsection (b), to the extent
11 practicable, with Federal and State agencies and nonprofit
12 organizations that are operating similar programs, to
13 maximize the effect of public dollars in funding meri-
14 torious proposals.

15 “(o) OUTREACH ACTIVITIES.—The Secretary shall
16 establish and implement procedures to carry out outreach
17 activities to advise potential end users of telehealth serv-
18 ices in rural areas, frontier communities, medically under-
19 served areas, and medically underserved populations in
20 each State about the grant programs described in sub-
21 section (b).

22 “(p) TELEHEALTH.—It is the sense of Congress that,
23 for purposes of this section, States should develop reci-
24 procity agreements so that a provider of services under
25 this section who is a licensed or otherwise authorized

1 health care provider under the law of 1 or more States,
2 and who, through telehealth technology, consults with a
3 licensed or otherwise authorized health care provider in
4 another State, is exempt, with respect to such consulta-
5 tion, from any State law of the other State that prohibits
6 such consultation on the basis that the first health care
7 provider is not a licensed or authorized health care pro-
8 vider under the law of that State.

9 “(q) REPORT.—Not later than September 30, 2005,
10 the Secretary shall prepare and submit to the appropriate
11 committees of Congress a report on the progress and ac-
12 complishments of the grant programs described in sub-
13 section (b).

14 “(r) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this
16 section—

17 “(1) for grants under subsection (d)(1),
18 \$40,000,000 for fiscal year 2002, and such sums as
19 may be necessary for each of fiscal years 2003
20 through 2006; and

21 “(2) for grants under subsection (d)(2),
22 \$20,000,000 for fiscal year 2002, and such sums as
23 may be necessary for each of fiscal years 2003
24 through 2006.”.

1 **Subtitle C—Mental Health Services**
 2 **Telehealth Program and Rural**
 3 **Emergency Medical Service**
 4 **Training and Equipment Assist-**
 5 **ance Program**

6 **SEC. 221. PROGRAMS.**

7 Subpart I of part D of title III of the Public Health
 8 Service Act (42 U.S.C. 254b et seq.) (as amended by sec-
 9 tion 212) is further amended by adding at the end the
 10 following:

11 **“SEC. 330J. RURAL EMERGENCY MEDICAL SERVICE TRAIN-**
 12 **ING AND EQUIPMENT ASSISTANCE PROGRAM.**

13 “(a) GRANTS.—The Secretary, acting through the
 14 Administrator of the Health Resources and Services Ad-
 15 ministration (referred to in this section as the ‘Secretary’)
 16 shall award grants to eligible entities to enable such enti-
 17 ties to provide for improved emergency medical services
 18 in rural areas.

19 “(b) ELIGIBILITY.—To be eligible to receive a grant
 20 under this section, an entity shall—

21 “(1) be—

22 “(A) a State emergency medical services
 23 office;

24 “(B) a State emergency medical services
 25 association;

1 “(C) a State office of rural health;

2 “(D) a local government entity;

3 “(E) a State or local ambulance provider;

4 or

5 “(F) any other entity determined appro-
6 priate by the Secretary; 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, that includes—

11 “(A) a description of the activities to be
12 carried out under the grant; and

13 “(B) an assurance that the eligible entity
14 will comply with the matching requirement of
15 subsection (e).

16 “(c) USE OF FUNDS.—An entity shall use amounts
17 received under a grant made under subsection (a), either
18 directly or through grants to emergency medical service
19 squads that are located in, or that serve residents of, a
20 nonmetropolitan statistical area, an area designated as a
21 rural area by any law or regulation of a State, or a rural
22 census tract of a metropolitan statistical area (as deter-
23 mined under the most recent Goldsmith Modification,
24 originally published in a notice of availability of funds in

1 the Federal Register on February 27, 1992, 57 Fed. Reg.
2 6725), to—

3 “(1) recruit emergency medical service per-
4 sonnel;

5 “(2) recruit volunteer emergency medical serv-
6 ice personnel;

7 “(3) train emergency medical service personnel
8 in emergency response, injury prevention, safety
9 awareness, and other topics relevant to the delivery
10 of emergency medical services;

11 “(4) fund specific training to meet Federal or
12 State certification requirements;

13 “(5) develop new ways to educate emergency
14 health care providers through the use of technology-
15 enhanced educational methods (such as distance
16 learning);

17 “(6) acquire emergency medical services equip-
18 ment, including cardiac defibrillators;

19 “(7) acquire personal protective equipment for
20 emergency medical services personnel as required by
21 the Occupational Safety and Health Administration;
22 and

23 “(8) educate the public concerning
24 cardiopulmonary resuscitation, first aid, injury pre-

1 vention, safety awareness, illness prevention, and
2 other related emergency preparedness topics.

3 “(d) PREFERENCE.—In awarding grants under this
4 section the Secretary shall give preference to—

5 “(1) applications that reflect a collaborative ef-
6 fort by 2 or more of the entities described in sub-
7 paragraphs (A) through (F) of subsection (b)(1);
8 and

9 “(2) applications submitted by entities that in-
10 tend to use amounts provided under the grant to
11 fund activities described in any of paragraphs (1)
12 through (5) of subsection (c).

13 “(e) MATCHING REQUIREMENT.—The Secretary may
14 not award a grant under this section to an entity unless
15 the entity agrees that the entity will make available (di-
16 rectly or through contributions from other public or pri-
17 vate entities) non-Federal contributions toward the activi-
18 ties to be carried out under the grant in an amount equal
19 to 25 percent of the amount received under the grant.

20 “(f) EMERGENCY MEDICAL SERVICES.—In this sec-
21 tion, the term ‘emergency medical services’—

22 “(1) means resources used by a qualified public
23 or private nonprofit entity, or by any other entity
24 recognized as qualified by the State involved, to de-

1 liver medical care outside of a medical facility under
2 emergency conditions that occur—

3 “(A) as a result of the condition of the pa-
4 tient; or

5 “(B) as a result of a natural disaster or
6 similar situation; and

7 “(2) includes services delivered by an emer-
8 gency medical services provider (either compensated
9 or volunteer) or other provider recognized by the
10 State involved that is licensed or certified by the
11 State as an emergency medical technician or its
12 equivalent (as determined by the State), a registered
13 nurse, a physician assistant, or a physician that pro-
14 vides services similar to services provided by such an
15 emergency medical services provider.

16 “(g) AUTHORIZATION OF APPROPRIATIONS.—

17 “(1) IN GENERAL.—There are authorized to be
18 appropriated to carry out this section such sums as
19 may be necessary for each of fiscal years 2002
20 through 2006.

21 “(2) ADMINISTRATIVE COSTS.—The Secretary
22 may use not more than 10 percent of the amount
23 appropriated under paragraph (1) for a fiscal year
24 for the administrative expenses of carrying out this
25 section.

1 **“SEC. 330K. MENTAL HEALTH SERVICES DELIVERED VIA**
2 **TELEHEALTH.**

3 “(a) DEFINITIONS.—In this section:

4 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-
5 tity’ means a public or nonprofit private telehealth
6 provider network that offers services that include
7 mental health services provided by qualified mental
8 health providers.

9 “(2) QUALIFIED MENTAL HEALTH PROFES-
10 SIONALS.—The term ‘qualified mental health profes-
11 sionals’ refers to providers of mental health services
12 reimbursed under the medicare program carried out
13 under title XVIII of the Social Security Act (42
14 U.S.C. 1395 et seq.) who have additional training in
15 the treatment of mental illness in children and ado-
16 lescents or who have additional training in the treat-
17 ment of mental illness in the elderly.

18 “(3) SPECIAL POPULATIONS.—The term ‘spe-
19 cial populations’ refers to the following 2 distinct
20 groups:

21 “(A) Children and adolescents in mental
22 health underserved rural areas or in mental
23 health underserved urban areas.

24 “(B) Elderly individuals located in long-
25 term care facilities in mental health under-

1 served rural areas or in mental health under-
2 served urban areas.

3 “(4) TELEHEALTH.—The term ‘telehealth’
4 means the use of electronic information and tele-
5 communications technologies to support long dis-
6 tance clinical health care, patient and professional
7 health-related education, public health, and health
8 administration.

9 “(b) PROGRAM AUTHORIZED.—

10 “(1) IN GENERAL.—The Secretary, acting
11 through the Director of the Office for the Advance-
12 ment of Telehealth of the Health Resources and
13 Services Administration, shall award grants to eligi-
14 ble entities to establish demonstration projects for
15 the provision of mental health services to special
16 populations as delivered remotely by qualified mental
17 health professionals using telehealth and for the pro-
18 vision of education regarding mental illness as deliv-
19 ered remotely by qualified mental health profes-
20 sionals and qualified mental health education profes-
21 sionals using telehealth.

22 “(2) POPULATIONS SERVED.—The Secretary
23 shall award the grants under paragraph (1) in a
24 manner that distributes the grants so as to serve eq-

1 uitably the populations described in subparagraphs
2 (A) and (B) of subsection (a)(4).

3 “(c) USE OF FUNDS.—

4 “(1) IN GENERAL.—An eligible entity that re-
5 ceives a grant under this section shall use the grant
6 funds—

7 “(A) for the populations described in sub-
8 section (a)(3)(A)—

9 “(i) to provide mental health services,
10 including diagnosis and treatment of men-
11 tal illness, in public elementary and public
12 secondary schools as delivered remotely by
13 qualified mental health professionals using
14 telehealth; and

15 “(ii) to collaborate with local public
16 health entities to provide the mental health
17 services; and

18 “(B) for the populations described in sub-
19 section (a)(3)(B)—

20 “(i) to provide mental health services,
21 including diagnosis and treatment of men-
22 tal illness, in long-term care facilities as
23 delivered remotely by qualified mental
24 health professionals using telehealth; and

1 “(ii) to collaborate with local public
2 health entities to provide the mental health
3 services.

4 “(2) OTHER USES.—An eligible entity that re-
5 ceives a grant under this section may also use the
6 grant funds to—

7 “(A) pay telecommunications costs; and

8 “(B) pay qualified mental health profes-
9 sionals on a reasonable basis as determined by
10 the Secretary for services rendered.

11 “(3) PROHIBITED USES.—An eligible entity
12 that receives a grant under this section shall not use
13 the grant funds to—

14 “(A) purchase or install transmission
15 equipment (other than such equipment used by
16 qualified mental health professionals to deliver
17 mental health services using telehealth under
18 the project involved); or

19 “(B) build upon or acquire real property.

20 “(d) EQUITABLE DISTRIBUTION.—In awarding
21 grants under this section, the Secretary shall ensure, to
22 the greatest extent possible, that such grants are equitably
23 distributed among geographical regions of the United
24 States.

1 “(e) APPLICATION.—An entity that desires a grant
 2 under this section shall submit an application to the Sec-
 3 retary at such time, in such manner, and containing such
 4 information as the Secretary determines to be reasonable.

5 “(f) REPORT.—Not later than 4 years after the date
 6 of enactment of the Health Care Safety Net Improvement
 7 Act, the Secretary shall prepare and submit to the appro-
 8 priate committees of Congress a report that shall evaluate
 9 activities funded with grants under this section.

10 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 11 are authorized to be appropriated to carry out this section,
 12 \$20,000,000 for fiscal year 2002 and such sums as may
 13 be necessary for fiscal years 2003 through 2006.”.

14 **TITLE III—NATIONAL HEALTH** 15 **SERVICE CORPS PROGRAM**

16 **SEC. 301. NATIONAL HEALTH SERVICE CORPS.**

17 (a) IN GENERAL.—Section 331 of the Public Health
 18 Service Act (42 U.S.C. 254d) is amended—

19 (1) by adding at the end of subsection (a)(3)
 20 the following:

21 “(E)(i) The term ‘behaviorial and mental health
 22 professionals’ means health service psychologists, li-
 23 censed clinical social workers, licensed professional
 24 counselors, marriage and family therapists, psy-
 25 chiatric nurse specialists, and psychiatrists.

1 “(ii) The term ‘graduate program of behavioral
2 and mental health’ means a program that trains
3 behavioral and mental health professionals.”;

4 (2) in subsection (b)—

5 (A) in paragraph (1), by striking “health
6 professions” and inserting “health professions,
7 including schools at which graduate programs
8 of behavioral and mental health are offered,”;
9 and

10 (B) in paragraph (2), by inserting “behav-
11 ioral and mental health professionals,” after
12 “dentists,”; and

13 (3) by striking subsection (c) and inserting the
14 following:

15 “(c)(1) The Secretary may reimburse an applicant
16 for a position in the Corps (including an individual consid-
17 ering entering into a written agreement pursuant to sec-
18 tion 338D) for the actual and reasonable expenses in-
19 curred in traveling to and from the applicant’s place of
20 residence to an eligible site to which the applicant may
21 be assigned under section 333 for the purpose of evalu-
22 ating such site with regard to being assigned at such site.
23 The Secretary may establish a maximum total amount
24 that may be paid to an individual as reimbursement for
25 such expenses.

1 “(2) The Secretary may also reimburse the applicant
2 for the actual and reasonable expenses incurred for the
3 travel of 1 family member to accompany the applicant to
4 such site. The Secretary may establish a maximum total
5 amount that may be paid to an individual as reimburse-
6 ment for such expenses.

7 “(3) In the case of an individual who has entered into
8 a contract for obligated service under the Scholarship Pro-
9 gram or under the Loan Repayment Program, the Sec-
10 retary may reimburse such individual for all or part of
11 the actual and reasonable expenses incurred in trans-
12 porting the individual to the site of the individual’s assign-
13 ment under section 333. The Secretary may establish a
14 maximum total amount that may be paid to an individual
15 as reimbursement for such expenses.”.

16 (b) DEMONSTRATION PROJECTS.—Section 331 of the
17 Public Health Service Act (42 U.S.C. 254d) is amended—

18 (1) by redesignating subsection (i) as subsection
19 (j); and

20 (2) by inserting after subsection (h) the fol-
21 lowing:

22 “(i)(1) In carrying out subpart III, the Secretary
23 may, in accordance with this subsection, carry out dem-
24 onstration projects in which individuals who have entered
25 into a contract for obligated service under the Loan Re-

1 payment Program receive waivers under which the individ-
2 uals are authorized to satisfy the requirement of obligated
3 service through providing clinical service that is not full-
4 time.

5 “(2) A waiver described in paragraph (1) may be pro-
6 vided by the Secretary only if—

7 “(A) the entity for which the service is to be
8 performed—

9 “(i) has been approved under section 333A
10 for assignment of a Corps member; and

11 “(ii) has requested in writing assignment
12 of a health professional who would serve less
13 than full time;

14 “(B) the Secretary has determined that assign-
15 ment of a health professional who would serve less
16 than full time would be appropriate for the area
17 where the entity is located;

18 “(C) a Corps member who is required to per-
19 form obligated service has agreed in writing to be
20 assigned for less than full-time service to an entity
21 described in subparagraph (A);

22 “(D) the entity and the Corps member agree in
23 writing that the less than full-time service provided
24 by the Corps member will not be less than 16 hours
25 of clinical service per week;

1 “(E) the Corps member agrees in writing that
 2 the period of obligated service pursuant to section
 3 338B will be extended so that the aggregate amount
 4 of less than full-time service performed will equal the
 5 amount of service that would be performed through
 6 full-time service under section 338C; and

7 “(F) the Corps member agrees in writing that
 8 if the Corps member begins providing less than full-
 9 time service but fails to begin or complete the period
 10 of obligated service, the method stated in 338E(c)
 11 for determining the damages for breach of the indi-
 12 vidual’s written contract will be used after con-
 13 verting periods of obligated service or of service per-
 14 formed into their full-time equivalents.”.

15 **SEC. 302. DESIGNATION OF HEALTH PROFESSIONAL**
 16 **SHORTAGE AREAS.**

17 (a) IN GENERAL.—Section 332 of the Public Health
 18 Service Act (42 U.S.C. 254e) is amended—

19 (1) in subsection (a)—

20 (A) in paragraph (1), by inserting after
 21 the first sentence the following: “All Federally
 22 qualified health centers and rural health clinics,
 23 as defined in section 1861(aa) of the Social Se-
 24 curity Act (42 U.S.C. 1395x(aa)), that meet the
 25 requirements of section 334 shall be automati-

1 cally designated as having such a shortage. Not
 2 earlier than 6 years after such date of enact-
 3 ment, and every 6 years thereafter, each such
 4 center or clinic shall demonstrate that the cen-
 5 ter or clinic meets the applicable requirements
 6 of the Federal regulations, issued after the date
 7 of enactment of this Act, that revise the defini-
 8 tion of a health professional shortage area for
 9 purposes of this section.”; and

10 (B) in paragraph (3), by striking “340(r))
 11 may be a population group” and inserting
 12 “330(h)(4)), seasonal agricultural workers (as
 13 defined in section 330(g)(3)) and migratory ag-
 14 ricultural workers (as so defined)), and resi-
 15 dents of public housing (as defined in section
 16 3(b)(1) of the United States Housing Act of
 17 1937 (42 U.S.C. 1437a(b)(1))) may be popu-
 18 lation groups”;

19 (2) in subsection (b)(2), by striking “with spe-
 20 cial consideration to the indicators of” and all that
 21 follows through “services.” and inserting a period;
 22 and

23 (3) in subsection (c)(2)(B), by striking “XVIII
 24 or XIX” and inserting “XVIII, XIX, or XXI”.

25 (b) REGULATIONS.—

1 (1) REPORT.—

2 (A) IN GENERAL.—The Secretary shall
3 submit the report described in subparagraph
4 (B) if the Secretary, acting through the Admin-
5 istrator of the Health Resources and Services
6 Administration, issues—

7 (i) a regulation that revises the defini-
8 tion of a health professional shortage area
9 for purposes of section 332 of the Public
10 Health Service Act (42 U.S.C. 254e); or

11 (ii) a regulation that revises the
12 standards concerning priority of such an
13 area under section 333A of that Act (42
14 U.S.C. 254f–1).

15 (B) REPORT.—On issuing a regulation de-
16 scribed in subparagraph (A), the Secretary shall
17 prepare and submit to the Committee on En-
18 ergy and Commerce of the House of Represent-
19 atives and the Committee on Health, Edu-
20 cation, Labor, and Pensions of the Senate a re-
21 port that describes the regulation.

22 (2) EFFECTIVE DATE.—Each regulation de-
23 scribed in paragraph (1)(A) shall take effect 180
24 days after the committees described in paragraph

1 (1)(B) receive a report referred to in paragraph
2 (1)(B) describing the regulation.

3 (c) SCHOLARSHIP AND LOAN REPAYMENT PRO-
4 GRAMS.—The Secretary of Health and Human Services,
5 in consultation with organizations representing individuals
6 in the dental field and organizations representing publicly
7 funded health care providers, shall develop and implement
8 a plan for increasing the participation of dentists and den-
9 tal hygienists in the National Health Service Corps Schol-
10 arship Program under section 338A of the Public Health
11 Service Act (42 U.S.C. 254l) and the Loan Repayment
12 Program under section 338B of such Act (42 U.S.C.
13 254l–1).

14 (d) SITE DESIGNATION PROCESS.—

15 (1) IMPROVEMENT OF DESIGNATION PROC-
16 ESS.—The Administrator of the Health Resources
17 and Services Administration, in consultation with
18 appropriate State and territorial dental directors,
19 dental societies, and other interested parties, shall
20 revise the criteria on which the designations of den-
21 tal health professional shortage areas are based so
22 that such criteria provide a more accurate reflection
23 of oral health care need, particularly in rural areas.

24 (2) PUBLIC HEALTH SERVICE ACT.—Section
25 332 of the Public Health Service Act (42 U.S.C.

1 254e) is amended by adding at the end the fol-
2 lowing:

3 “(i) DISSEMINATION.—The Administrator of the
4 Health Resources and Services Administration shall dis-
5 seminate information concerning the designation criteria
6 described in subsection (b) to—

7 “(1) the Governor of each State;

8 “(2) the representative of any area, population
9 group, or facility selected by any such Governor to
10 receive such information;

11 “(3) the representative of any area, population
12 group, or facility that requests such information;
13 and

14 “(4) the representative of any area, population
15 group, or facility determined by the Administrator to
16 be likely to meet the criteria described in subsection
17 (b).”.

18 (e) GAO STUDY.—Not later than February 1, 2005,
19 the Comptroller General of the United States shall submit
20 to the Congress a report on the appropriateness of the
21 criteria, including but not limited to infant mortality rates,
22 access to health services taking into account the distance
23 to primary health services, the rate of poverty and ability
24 to pay for health services, and low birth rates, established
25 by the Secretary of Health and Human Services for the

1 designation of health professional shortage areas and
2 whether the deeming of Federally qualified health centers
3 and rural health clinics as such areas is appropriate and
4 necessary.

5 **SEC. 303. ASSIGNMENT OF CORPS PERSONNEL.**

6 Section 333 of the Public Health Service Act (42
7 U.S.C. 254f) is amended—

8 (1) in subsection (a)—

9 (A) in paragraph (1)—

10 (i) in the matter before subparagraph
11 (A), by striking “(specified in the agree-
12 ment described in section 334)”;

13 (ii) in subparagraph (A), by striking
14 “nonprofit”; and

15 (iii) by striking subparagraph (C) and
16 inserting the following:

17 “(C) the entity agrees to comply with the
18 requirements of section 334; and”; and

19 (B) in paragraph (3), by adding at the end
20 “In approving such applications, the Secretary
21 shall give preference to applications in which a
22 nonprofit entity or public entity shall provide a
23 site to which Corps members may be as-
24 signed.”; and

25 (2) in subsection (d)—

1 (A) in paragraphs (1), (2), and (4), by
2 striking “nonprofit” each place it appears; and

3 (B) in paragraph (1)—

4 (i) in the second sentence—

5 (I) in subparagraph (C), by strik-
6 ing “and” at the end; and

7 (II) by striking the period and
8 inserting “, and (E) developing long-
9 term plans for addressing health pro-
10 fessional shortages and improving ac-
11 cess to health care.”; and

12 (ii) by adding at the end the fol-
13 lowing: “The Secretary shall encourage en-
14 tities that receive technical assistance
15 under this paragraph to communicate with
16 other communities, State Offices of Rural
17 Health, State Primary Care Associations
18 and Offices, and other entities concerned
19 with site development and community
20 needs assessment.”.

21 **SEC. 304. PRIORITIES IN ASSIGNMENT OF CORPS PER-**
22 **SONNEL.**

23 Section 333A of the Public Health Service Act (42
24 U.S.C. 254f–1) is amended—

1 (1) in subsection (a)(1)(A), by striking “, as de-
2 termined in accordance with subsection (b)”;

3 (2) by striking subsection (b);

4 (3) in subsection (c), by striking the second
5 sentence;

6 (4) in subsection (d)—

7 (A) by redesignating paragraphs (1)
8 through (3) as paragraphs (2) through (4), re-
9 spectively;

10 (B) by inserting before paragraph (2) (as
11 redesignated by subparagraph (A)) the fol-
12 lowing:

13 “(1) PROPOSED LIST.—The Secretary shall pre-
14 pare and publish a proposed list of health profes-
15 sional shortage areas and entities that would receive
16 priority under subsection (a)(1) in the assignment of
17 Corps members. The list shall contain the informa-
18 tion described in paragraph (2), and the relative
19 scores and relative priorities of the entities submit-
20 ting applications under section 333, in a proposed
21 format. All such entities shall have 30 days after the
22 date of publication of the list to provide additional
23 data and information in support of inclusion on the
24 list or in support of a higher priority determination
25 and the Secretary shall reasonably consider such

1 data and information in preparing the final list
2 under paragraph (2).”;

3 (C) in paragraph (2) (as redesignated by
4 subparagraph (A)), in the matter before sub-
5 paragraph (A)—

6 (i) by striking “paragraph (2)” and
7 inserting “paragraph (3)”;

8 (ii) by striking “prepare a list of
9 health professional shortage areas” and in-
10 sserting “prepare and, as appropriate, up-
11 date a list of health professional shortage
12 areas and entities”; and

13 (iii) by striking “for the period appli-
14 cable under subsection (f)”;

15 (D) by striking paragraph (3) (as redesign-
16 ated by subparagraph (A)) and inserting the
17 following:

18 “(3) NOTIFICATION OF AFFECTED PARTIES.—

19 “(A) ENTITIES.—Not later than 30 days
20 after the Secretary has added to a list under
21 paragraph (2) an entity specified as described
22 in subparagraph (A) of such paragraph, the
23 Secretary shall notify such entity that the entity
24 has been provided an authorization to receive
25 assignments of Corps members in the event

1 that Corps members are available for the as-
2 signments.

3 “(B) INDIVIDUALS.—In the case of an in-
4 dividual obligated to provide service under the
5 Scholarship Program, not later than 3 months
6 before the date described in section 338C(b)(5),
7 the Secretary shall provide to such individual
8 the names of each of the entities specified as
9 described in paragraph (2)(B)(i) that is appro-
10 priate for the individual’s medical specialty and
11 discipline.”; and

12 (E) by striking paragraph (4) (as redesign-
13 ated by subparagraph (A)) and inserting the
14 following:

15 “(4) REVISIONS.—If the Secretary proposes to
16 make a revision in the list under paragraph (2), and
17 the revision would adversely alter the status of an
18 entity with respect to the list, the Secretary shall no-
19 tify the entity of the revision. Any entity adversely
20 affected by such a revision shall be notified in writ-
21 ing by the Secretary of the reasons for the revision
22 and shall have 30 days to file a written appeal of the
23 determination involved which shall be reasonably
24 considered by the Secretary before the revision to
25 the list becomes final. The revision to the list shall

1 be effective with respect to assignment of Corps
 2 members beginning on the date that the revision be-
 3 comes final.”;

4 (5) by striking subsection (e) and inserting the
 5 following:

6 “(e) LIMITATION ON NUMBER OF ENTITIES OF-
 7 FERED AS ASSIGNMENT CHOICES IN SCHOLARSHIP PRO-
 8 GRAM.—

9 “(1) DETERMINATION OF AVAILABLE CORPS
 10 MEMBERS.—By April 1 of each calendar year, the
 11 Secretary shall determine the number of participants
 12 in the Scholarship Program who will be available for
 13 assignments under section 333 during the program
 14 year beginning on July 1 of that calendar year.

15 “(2) DETERMINATION OF NUMBER OF ENTI-
 16 TIES.—At all times during a program year, the
 17 number of entities specified under subsection
 18 (c)(2)(B)(i) shall be—

19 “(A) not less than the number of partici-
 20 pants determined with respect to that program
 21 year under paragraph (1); and

22 “(B) not greater than twice the number of
 23 participants determined with respect to that
 24 program year under paragraph (1).”;

25 (6) by striking subsection (f); and

1 (7) by redesignating subsections (c), (d), and
2 (e) as subsections (b), (c), and (d) respectively.

3 **SEC. 305. COST-SHARING.**

4 Subpart II of part D of title III of the Public Health
5 Service Act (42 U.S.C. 254d et seq.) is amended by strik-
6 ing section 334 and inserting the following:

7 **“SEC. 334. CHARGES FOR SERVICES BY ENTITIES USING**
8 **CORPS MEMBERS.**

9 “(a) AVAILABILITY OF SERVICES REGARDLESS OF
10 ABILITY TO PAY OR PAYMENT SOURCE.—An entity to
11 which a Corps member is assigned shall not deny re-
12 quested health care services, and shall not discriminate in
13 the provision of services to an individual—

14 “(1) because the individual is unable to pay for
15 the services; or

16 “(2) because payment for the services would be
17 made under—

18 “(A) the medicare program under title
19 XVIII of the Social Security Act (42 U.S.C.
20 1395 et seq.);

21 “(B) the medicaid program under title
22 XIX of such Act (42 U.S.C. 1396 et seq.); or

23 “(C) the State children’s health insurance
24 program under title XXI of such Act (42
25 U.S.C. 1397aa et seq.).

1 “(b) CHARGES FOR SERVICES.—The following rules
2 shall apply to charges for health care services provided by
3 an entity to which a Corps member is assigned:

4 “(1) IN GENERAL.—

5 “(A) SCHEDULE OF FEES OR PAY-
6 MENTS.—Except as provided in paragraph (2),
7 the entity shall prepare a schedule of fees or
8 payments for the entity’s services, consistent
9 with locally prevailing rates or charges and de-
10 signed to cover the entity’s reasonable cost of
11 operation.

12 “(B) SCHEDULE OF DISCOUNTS.—Except
13 as provided in paragraph (2), the entity shall
14 prepare a corresponding schedule of discounts
15 (including, in appropriate cases, waivers) to be
16 applied to such fees or payments. In preparing
17 the schedule, the entity shall adjust the dis-
18 counts on the basis of a patient’s ability to pay.

19 “(C) USE OF SCHEDULES.—The entity
20 shall make every reasonable effort to secure
21 from patients fees and payments for services in
22 accordance with such schedules, and fees or
23 payments shall be sufficiently discounted in ac-
24 cordance with the schedule described in sub-
25 paragraph (B).

1 “(2) SERVICES TO BENEFICIARIES OF FEDERAL
2 AND FEDERALLY ASSISTED PROGRAMS.—In the case
3 of health care services furnished to an individual
4 who is a beneficiary of a program listed in sub-
5 section (a)(2), the entity—

6 “(A) shall accept an assignment pursuant
7 to section 1842(b)(3)(B)(ii) of the Social Secu-
8 rity Act (42 U.S.C. 1395u(b)(3)(B)(ii)) with re-
9 spect to an individual who is a beneficiary
10 under the medicare program; and

11 “(B) shall enter into an appropriate agree-
12 ment with—

13 “(i) the State agency administering
14 the program under title XIX of such Act
15 with respect to an individual who is a ben-
16 eficiary under the medicaid program; and

17 “(ii) the State agency administering
18 the program under title XXI of such Act
19 with respect to an individual who is a ben-
20 eficiary under the State children’s health
21 insurance program.

22 “(3) COLLECTION OF PAYMENTS.—The entity
23 shall take reasonable and appropriate steps to collect
24 all payments due for health care services provided by
25 the entity, including payments from any third party

1 (including a Federal, State, or local government
 2 agency and any other third party) that is responsible
 3 for part or all of the charge for such services.”.

4 **SEC. 306. ELIGIBILITY FOR FEDERAL FUNDS.**

5 Section 335(e)(1)(B) of the Public Health Service
 6 Act (42 U.S.C. 254h(e)(1)(B)) is amended by striking
 7 “XVIII or XIX” and inserting “XVIII, XIX, or XXI”.

8 **SEC. 307. FACILITATION OF EFFECTIVE PROVISION OF**
 9 **CORPS SERVICES.**

10 (a) **HEALTH PROFESSIONAL SHORTAGE AREAS.**—
 11 Section 336 of the Public Health Service Act (42 U.S.C.
 12 254h–1) is amended—

13 (1) in subsection (c), by striking “health man-
 14 power” and inserting “health professional”; and

15 (2) in subsection (f)(1), by striking “health
 16 manpower” and inserting “health professional”.

17 (b) **TECHNICAL AMENDMENT.**—Section 336A(8) of
 18 the Public Health Service Act (42 U.S.C. 254i(8)) is
 19 amended by striking “agreements under”.

20 **SEC. 308. AUTHORIZATION OF APPROPRIATIONS.**

21 Section 338(a) of the Public Health Service Act (42
 22 U.S.C. 254k(a)) is amended—

23 (1) by striking “(1) For” and inserting “For”;

24 (2) by striking “1991 through 2000” and in-
 25 serting “2002 through 2006”; and

1 (3) by striking paragraph (2).

2 **SEC. 309. NATIONAL HEALTH SERVICE CORPS SCHOLAR-**
3 **SHIP PROGRAM.**

4 Section 338A of the Public Health Service Act (42
5 U.S.C. 254l) is amended—

6 (1) in subsection (a)(1), by inserting “behav-
7 ioral and mental health professionals,” after “den-
8 tists,”;

9 (2) in subsection (b)(1)(B), by inserting “, or
10 an appropriate degree from a graduate program of
11 behavioral and mental health” after “other health
12 profession”;

13 (3) in subsection (c)(1)—

14 (A) in subparagraph (A), by striking
15 “338D” and inserting “338E”; and

16 (B) in subparagraph (B), by striking
17 “338C” and inserting “338D”;

18 (4) in subsection (d)(1)—

19 (A) in subparagraph (A), by striking
20 “and” at the end;

21 (B) by redesignating subparagraph (B) as
22 subparagraph (C); and

23 (C) by inserting after subparagraph (A)
24 the following:

1 “(B) the Secretary, in considering applica-
2 tions from individuals accepted for enrollment
3 or enrolled in dental school, shall consider ap-
4 plications from all individuals accepted for en-
5 rollment or enrolled in any accredited dental
6 school in a State; and”;

7 (5) in subsection (f)—

8 (A) in paragraph (1)(B)—

9 (i) in clause (iii), by striking “and”
10 after the semicolon;

11 (ii) by redesignating clause (iv) as
12 clause (v); and

13 (iii) by inserting after clause (iii) the
14 following new clause:

15 “(iv) if pursuing a degree from a
16 school of medicine or osteopathic medicine,
17 to complete a residency in a specialty that
18 the Secretary determines is consistent with
19 the needs of the Corps; and”; and

20 (B) in paragraph (3), by striking “338D”
21 and inserting “338E”; and

22 (6) by striking subsection (i).

1 **SEC. 310. NATIONAL HEALTH SERVICE CORPS LOAN REPAY-**
2 **MENT PROGRAM.**

3 Section 338B of the Public Health Service Act (42
4 U.S.C. 254l–1) is amended—

5 (1) in subsection (a)—

6 (A) in paragraph (1), by inserting “behav-
7 ioral and mental health professionals,” after
8 “dentists,”; and

9 (B) in paragraph (2), by striking “(includ-
10 ing mental health professionals)”;

11 (2) in subsection (b)(1), by striking subpara-
12 graph (A) and inserting the following:

13 “(A) have a degree in medicine, osteopathic
14 medicine, dentistry, or another health profession, or
15 an appropriate degree from a graduate program of
16 behavioral and mental health, or be certified as a
17 nurse midwife, nurse practitioner, or physician as-
18 sistant;”;

19 (3) in subsection (e), by striking “(1) IN GEN-
20 ERAL.—”; and

21 (4) by striking subsection (i).

22 **SEC. 311. OBLIGATED SERVICE.**

23 Section 338C of the Public Health Service Act (42
24 U.S.C. 254m) is amended—

25 (1) in subsection (b)—

1 (A) in paragraph (1), in the matter pre-
2 ceding subparagraph (A), by striking “section
3 338A(f)(1)(B)(iv)” and inserting “section
4 338A(f)(1)(B)(v)”; and

5 (B) in paragraph (5)—

6 (i) by striking all that precedes sub-
7 paragraph (C) and inserting the following:

8 “(5)(A) In the case of the Scholarship Program, the
9 date referred to in paragraphs (1) through (4) shall be
10 the date on which the individual completes the training
11 required for the degree for which the individual receives
12 the scholarship, except that—

13 “(i) for an individual receiving such a degree
14 after September 30, 2000, from a school of medicine
15 or osteopathic medicine, such date shall be the date
16 the individual completes a residency in a specialty
17 that the Secretary determines is consistent with the
18 needs of the Corps; and

19 “(ii) at the request of an individual, the Sec-
20 retary may, consistent with the needs of the Corps,
21 defer such date until the end of a period of time re-
22 quired for the individual to complete advanced train-
23 ing (including an internship or residency).”;

24 (ii) by striking subparagraph (D);

1 (iii) by redesignating subparagraphs
 2 (C) and (E) as subparagraphs (B) and
 3 (C), respectively; and
 4 (iv) in clause (i) of subparagraph (C)
 5 (as redesignated by clause (iii)) by striking
 6 “subparagraph (A), (B), or (D)” and in-
 7 serting “subparagraph (A)”; and
 8 (2) by striking subsection (e).

9 **SEC. 312. PRIVATE PRACTICE.**

10 Section 338D of the Public Health Service Act (42
 11 U.S.C. 254n) is amended by striking subsection (b) and
 12 inserting the following:

13 “(b)(1) The written agreement described in sub-
 14 section (a) shall—

15 “(A) provide that, during the period of private
 16 practice by an individual pursuant to the agreement,
 17 the individual shall comply with the requirements of
 18 section 334 that apply to entities; and

19 “(B) contain such additional provisions as the
 20 Secretary may require to carry out the objectives of
 21 this section.

22 “(2) The Secretary shall take such action as may be
 23 appropriate to ensure that the conditions of the written
 24 agreement prescribed by this subsection are adhered to.”.

1 **SEC. 313. BREACH OF SCHOLARSHIP CONTRACT OR LOAN**
2 **REPAYMENT CONTRACT.**

3 (a) IN GENERAL.—Section 338E of the Public
4 Health Service Act (42 U.S.C. 254o) is amended—

5 (1) in subsection (a)(1)—

6 (A) in subparagraph (A), by striking the
7 comma and inserting a semicolon;

8 (B) in subparagraph (B), by striking the
9 comma and inserting “; or”;

10 (C) in subparagraph (C), by striking “or”
11 at the end; and

12 (D) by striking subparagraph (D);

13 (2) in subsection (b)—

14 (A) in paragraph (1)(A)—

15 (i) by striking “338F(d)” and insert-
16 ing “338G(d)”;

17 (ii) by striking “either”;

18 (iii) by striking “338D or” and insert-
19 ing “338D,”; and

20 (iv) by inserting “or to complete a re-
21 quired residency as specified in section
22 338A(f)(1)(B)(iv),” before “the United
23 States”; and

24 (B) by adding at the end the following new
25 paragraph:

1 “(3) The Secretary may terminate a contract with an
2 individual under section 338A if, not later than 30 days
3 before the end of the school year to which the contract
4 pertains, the individual—

5 “(A) submits a written request for such termi-
6 nation; and

7 “(B) repays all amounts paid to, or on behalf
8 of, the individual under section 338A(g).”;

9 (3) in subsection (c)—

10 (A) in paragraph (1)—

11 (i) in the matter preceding subpara-
12 graph (A), by striking “338F(d)” and in-
13 serting “338G(d)”; and

14 (ii) by striking subparagraphs (A)
15 through (C) and inserting the following:

16 “(A) the total of the amounts paid by the
17 United States under section 338B(g) on behalf of
18 the individual for any period of obligated service not
19 served;

20 “(B) an amount equal to the product of the
21 number of months of obligated service that were not
22 completed by the individual, multiplied by \$7,500;
23 and

24 “(C) the interest on the amounts described in
25 subparagraphs (A) and (B), at the maximum legal

1 prevailing rate, as determined by the Treasurer of
2 the United States, from the date of the breach;
3 except that the amount the United States is entitled to
4 recover under this paragraph shall not be less than
5 \$31,000.”;

6 (B) by striking paragraphs (2) and (3) and
7 inserting the following:

8 “(2) The Secretary may terminate a contract with an
9 individual under section 338B if, not later than 45 days
10 before the end of the fiscal year in which the contract was
11 entered into, the individual—

12 “(A) submits a written request for such termi-
13 nation; and

14 “(B) repays all amounts paid on behalf of the
15 individual under section 338B(g).”; and

16 (C) by redesignating paragraph (4) as
17 paragraph (3);

18 (4) in subsection (d)(3)(A), by striking “only if
19 such discharge is granted after the expiration of the
20 five-year period” and inserting “only if such dis-
21 charge is granted after the expiration of the 7-year
22 period”; and

23 (5) by adding at the end the following new sub-
24 section:

1 “(e) Notwithstanding any other provision of Federal
2 or State law, there shall be no limitation on the period
3 within which suit may be filed, a judgment may be en-
4 forced, or an action relating to an offset or garnishment,
5 or other action, may be initiated or taken by the Secretary,
6 the Attorney General, or the head of another Federal
7 agency, as the case may be, for the repayment of the
8 amount due from an individual under this section.”.

9 (b) EFFECTIVE DATE.—The amendment made by
10 subsection (a)(4) shall apply to any obligation for which
11 a discharge in bankruptcy has not been granted before the
12 date that is 31 days after the date of enactment of this
13 Act.

14 **SEC. 314. AUTHORIZATION OF APPROPRIATIONS.**

15 Section 338H of the Public Health Service Act (42
16 U.S.C. 254q) is amended to read as follows:

17 **“SEC. 338H. AUTHORIZATION OF APPROPRIATIONS.**

18 “(a) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purposes of carrying out this subpart, there are authorized
20 to be appropriated \$146,250,000 for fiscal year 2002, and
21 such sums as may be necessary for each of fiscal years
22 2003 through 2006.

23 “(b) SCHOLARSHIPS AND LOAN REPAYMENTS.—
24 With respect to certification as a nurse practitioner, nurse
25 midwife, or physician assistant, the Secretary shall, from

1 amounts appropriated under subsection (a) for a fiscal
 2 year, obligate not less than a total of 10 percent for con-
 3 tracts for both scholarships under the Scholarship Pro-
 4 gram under section 338A and loan repayments under the
 5 Loan Repayment Program under section 338B to individ-
 6 uals who are entering the first year of a course of study
 7 or program described in section 338A(b)(1)(B) that leads
 8 to such a certification or individuals who are eligible for
 9 the loan repayment program as specified in section
 10 338B(b) for a loan related to such certification.”.

11 **SEC. 315. GRANTS TO STATES FOR LOAN REPAYMENT PRO-**
 12 **GRAMS.**

13 Section 338I of the Public Health Service Act (42
 14 U.S.C. 254q-1) is amended—

15 (1) in subsection (a), by striking paragraph (1)
 16 and inserting the following:

17 “(1) **AUTHORITY FOR GRANTS.**—The Secretary,
 18 acting through the Administrator of the Health Re-
 19 sources and Services Administration, may make
 20 grants to States for the purpose of assisting the
 21 States in operating programs described in paragraph
 22 (2) in order to provide for the increased availability
 23 of primary health care services in health professional
 24 shortage areas. The National Advisory Council es-

1 tablished under section 337 shall advise the Admin-
2 istrator regarding the program under this section.”;

3 (2) in subsection (e), by striking paragraph (1)
4 and inserting the following:

5 “(1) to submit to the Secretary such reports re-
6 garding the States loan repayment program, as are
7 determined to be appropriate by the Secretary; and”;
8 and

9 (3) in subsection (i), by striking paragraph (1)
10 and inserting the following:

11 “(1) IN GENERAL.—For the purpose of making
12 grants under subsection (a), there are authorized to
13 be appropriated \$12,000,000 for fiscal year 2002
14 and such sums as may be necessary for each of fis-
15 cal years 2003 through 2006.”.

16 **SEC. 316. DEMONSTRATION GRANTS TO STATES FOR COM-**
17 **MUNITY SCHOLARSHIP PROGRAMS.**

18 Section 338L of the Public Health Service Act (42
19 U.S.C. 254t) is repealed.

TITLE IV—ADDITIONAL PROVISIONS

SEC. 401. COMMUNITY ACCESS DEMONSTRATION PROGRAM.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after subpart IV the following new subpart:

“Subpart V—Community Access Demonstration Program

“SEC. 340. GRANTS TO STRENGTHEN EFFECTIVENESS, EFFICIENCY, AND COORDINATION OF SERVICES FOR THE UNINSURED AND UNDERINSURED.

“(a) IN GENERAL.—

“(1) GRANTS.—The Secretary may make not more than 35 grants for the purpose of carrying out demonstration projects to improve the effectiveness, efficiency, and coordination of services for uninsured and underinsured individuals.

“(2) PROJECT PERIOD.—A demonstration project under this section may not receive funding under this section for more than three fiscal years.

“(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity must—

“(1) be an entity that is a public or private entity such as—

1 “(A) a Federally qualified health center
2 (as defined under section 1861(aa)(4) of the
3 Social Security Act);

4 “(B) a hospital that meets the require-
5 ments of section 340B(a)(4)(L) (or, if none are
6 available in the area, a hospital that is a pro-
7 vider of a substantial volume of non-emergency
8 health services to uninsured individuals and
9 families without regard to their ability to pay)
10 without regard to 340B (a)(4)(L)(iii); or

11 “(C) a public health department; or

12 “(2) represent a consortium of providers and,
13 as appropriate, related agencies or entities—

14 “(A) whose principal purpose is to provide
15 a broad range of coordinated health care serv-
16 ices in a geographic area defined in the entity’s
17 grant application;

18 “(B) that includes health care providers
19 that serve such geographic area and that have
20 traditionally provided care (beyond emergency
21 services) to uninsured and underinsured individ-
22 uals without regard to the individuals’ ability to
23 pay; and

1 “(C) that may include other health care
2 providers and related agencies and organiza-
3 tions;

4 except that preference may be given to applicants that are
5 health care providers identified in paragraph (1).

6 “(c) APPLICATIONS.—To be eligible to receive a grant
7 under this section, an eligible entity shall submit to the
8 Secretary an application, in such form and manner as the
9 Secretary shall prescribe, that shall—

10 “(1) define a geographic area of uninsured and
11 underinsured individuals;

12 “(2) identify the providers who will participate
13 in the consortium’s program under the grant, and
14 specify each one’s contribution to the care of unin-
15 sured and underinsured individuals in such geo-
16 graphic area, including the volume of care it pro-
17 vides to medicare and medicaid beneficiaries, to indi-
18 viduals served by the program under title XXI of the
19 Social Security Act (relating to SCHIP), and to pri-
20 vately paid patients;

21 “(3) describe the activities that the applicant
22 and the consortium propose to perform under the
23 grant to further the purposes of this section;

24 “(4) demonstrate the consortium’s ability to
25 build on the current system for serving uninsured

1 and underinsured individuals by involving providers
2 who have traditionally provided a significant volume
3 of care for that community;

4 “(5) demonstrate the consortium’s ability to de-
5 velop coordinated systems of care that either directly
6 provide or ensure the prompt provision of a broad
7 range of high-quality, accessible services, including,
8 as appropriate, primary, secondary, and tertiary
9 services, as well as substance abuse treatment and
10 mental health services in a manner which assures
11 continuity of care in the community;

12 “(6) provide evidence of community involvement
13 in the development, implementation, and direction of
14 the program that it proposes to operate;

15 “(7) demonstrate the consortium’s ability to en-
16 sure that individuals participating in the program
17 are enrolled in public insurance programs for which
18 they are eligible (or know of private insurance op-
19 tions available to them, if any);

20 “(8) present a plan for leveraging other sources
21 of revenue, which may include State and local
22 sources and private grant funds, and integrating
23 current and proposed new funding sources in a way
24 to assure long-term sustainability;

1 “(9) describe a plan for evaluation of the activi-
2 ties carried out under the grant, including measure-
3 ment of progress toward the goals and objectives of
4 the program;

5 “(10) demonstrate fiscal responsibility through
6 the use of appropriate accounting procedures and
7 appropriate management systems;

8 “(11) include such other information as the
9 Secretary may prescribe; and

10 “(12) demonstrate the commitment to serve in-
11 dividuals in the geographic area without regard to
12 the ability of the individual or family to pay by ar-
13 ranging for or providing free or reduced charge care
14 for the poor.

15 “(d) PRIORITIES.—In awarding grants under this
16 section, the Secretary may accord priority to applicants—

17 “(1) whose consortium includes public hospitals,
18 Federally qualified health centers (as defined in sec-
19 tion 1905(l)(2)(B) of the Social Security Act), and
20 other providers that are covered entities as defined
21 by section 340B(a)(4) of this Act (or that would be
22 covered entities as so defined but for subparagraph
23 (L)(iii) of such section);

1 “(2) that identify a geographic area has a high
2 or increasing percentage of individuals who are unin-
3 sured;

4 “(3) whose consortium includes other health
5 care providers that have a tradition of serving unin-
6 sured individuals and underinsured individuals in
7 the community;

8 “(4) who show evidence that the program would
9 expand utilization of preventive and primary care
10 services for uninsured and underinsured individuals
11 and families in the community, including mental
12 health services or substance abuse services;

13 “(5) whose proposed program would improve
14 coordination between health care providers and ap-
15 propriate social service providers, including local and
16 regional human services agencies, school systems,
17 and agencies on aging;

18 “(6) that demonstrate collaboration with State
19 and local governments;

20 “(7) that make use of non-Federal contribu-
21 tions to the greatest extent possible; or

22 “(8) that demonstrate a significant likelihood
23 that the proposed program will continue after sup-
24 port under this section ceases.

25 “(e) USE OF FUNDS.—

1 “(1) USE BY GRANTEES.—

2 “(A) IN GENERAL.—Except as provided in
3 paragraphs (2) and (3), a grantee may use
4 amounts provided under this section only for—

5 “(i) direct expenses associated with
6 operating the greater integration of a
7 health care delivery system so that it either
8 directly provides or ensures the provision
9 of a broad range of services, as appro-
10 priate, including primary, secondary, and
11 tertiary services, as well as substance
12 abuse treatment and mental health serv-
13 ices; and

14 “(ii) direct patient care and service
15 expansions to fill identified or documented
16 gaps within an integrated delivery system.

17 “(B) SPECIFIC USES.—The following are
18 examples of purposes for which a grantee may
19 use grant funds, when such use meets the con-
20 ditions stated in subparagraph (A):

21 “(i) Increase in outreach activities.

22 “(ii) Improvements to case manage-
23 ment.

24 “(iii) Development of provider net-
25 works.

1 “(iv) Recruitment, training, and com-
2 pensation of necessary personnel.

3 “(v) Acquisition of technology for the
4 purpose of coordinating health care.

5 “(vi) Identifying and closing gaps in
6 health care services being provided.

7 “(vii) Improvements to provider com-
8 munication, including implementation of
9 shared information systems or shared clin-
10 ical systems.

11 “(viii) Other activities that may be
12 appropriate to a community that would in-
13 crease access to the uninsured.

14 “(2) RESERVATION OF FUNDS FOR NATIONAL
15 PROGRAM PURPOSES.—The Secretary may use not
16 more than 3 percent of funds appropriated to carry
17 out this section for technical assistance to grantees,
18 obtaining assistance of experts and consultants,
19 meetings, dissemination of information, evaluation,
20 and activities that will extend the benefits of funded
21 programs to communities other than the one funded.

22 “(f) MAINTENANCE OF EFFORT.—With respect to
23 activities for which a grant under this section is author-
24 ized, the Secretary may award such a grant only if the
25 recipient of the grant and each of the participating pro-

1 viders agree that each one will maintain its expenditures
2 of non-Federal funds for such activities at a level that is
3 not less than the level of such expenditures during the year
4 immediately preceding the fiscal year for which the appli-
5 cant is applying to receive such grant.

6 “(g) REPORTS TO THE SECRETARY.—The recipient
7 of a grant under this section shall report to the Secretary
8 annually regarding—

9 “(1) progress in meeting the goals stated in its
10 grant application; and

11 “(2) such additional information as the Sec-
12 retary may require.

13 The Secretary may not renew an annual grant under this
14 section unless the Secretary is satisfied that the consor-
15 tium has made reasonable and demonstrable progress in
16 meeting the goals set forth in its grant application for the
17 preceding year.

18 “(h) AUDITS.—Each entity which receives a grant
19 under this section shall provide for an independent annual
20 financial audit of all records that relate to the disposition
21 of funds received through this grant.

22 “(i) TECHNICAL ASSISTANCE.—The Secretary may,
23 either directly or by grant or contract, provide any funded
24 entity with technical and other non-financial assistance
25 necessary to meet the requirements of this section.

1 “(j) REPORT.—Not later than September 30, 2005,
 2 the Secretary shall submit to the Congress a report de-
 3 scribing the extent to which demonstration projects under
 4 this section have been successful in improving the effec-
 5 tiveness, efficiency, and coordination of services for unin-
 6 sured and underinsured individuals in the geographic
 7 areas served by such projects, including providing better
 8 quality health care for such individuals, and at lower costs,
 9 than would have been the case in the absence of such
 10 projects.

11 “(k) AUTHORIZATION OF APPROPRIATIONS.—For the
 12 purpose of carrying out this section, there are authorized
 13 to be appropriated \$40,000,000 for fiscal year 2002, and
 14 such sums as may be necessary for each of fiscal years
 15 2003 through 2006.”.

16 **SEC. 402. EXPANDING AVAILABILITY OF DENTAL SERVICES.**

17 Part D of title III of the Public Health Service Act
 18 (42 U.S.C. 254b et seq.) is amended by adding at the end
 19 the following:

20 **“Subpart X—Primary Dental Programs**

21 **“SEC. 340F. DESIGNATED DENTAL HEALTH PROFESSIONAL**
 22 **SHORTAGE AREA.**

23 “‘In this subpart, the term ‘designated dental health
 24 professional shortage area’ means an area, population
 25 group, or facility that is designated by the Secretary as

1 a dental health professional shortage area under section
 2 332 or designated by the applicable State as having a den-
 3 tal health professional shortage.

4 **“SEC. 340G. GRANTS FOR INNOVATIVE PROGRAMS.**

5 “(a) GRANT PROGRAM AUTHORIZED.—The Sec-
 6 retary, acting through the Administrator of the Health
 7 Resources and Services Administration, is authorized to
 8 award grants to States for the purpose of helping States
 9 develop and implement innovative programs to address the
 10 dental workforce needs of designated dental health profes-
 11 sional shortage areas in a manner that is appropriate to
 12 the States’ individual needs.

13 “(b) STATE ACTIVITIES.—A State receiving a grant
 14 under subsection (a) may use funds received under the
 15 grant for—

16 “(1) loan forgiveness and repayment programs
 17 for dentists who—

18 “(A) agree to practice in designated dental
 19 health professional shortage areas;

20 “(B) are dental school graduates who
 21 agree to serve as public health dentists for the
 22 Federal, State, or local government; and

23 “(C) agree to—

1 “(i) provide services to patients re-
2 gardless of such patients’ ability to pay;
3 and

4 “(ii) use a sliding payment scale for
5 patients who are unable to pay the total
6 cost of services;

7 “(2) dental recruitment and retention efforts;

8 “(3) grants and low-interest or no-interest loans
9 to help dentists who participate in the medicaid pro-
10 gram under title XIX of the Social Security Act (42
11 U.S.C. 1396 et seq.) to establish or expand practices
12 in designated dental health professional shortage
13 areas by equipping dental offices or sharing in the
14 overhead costs of such practices;

15 “(4) the establishment or expansion of dental
16 residency programs in coordination with accredited
17 dental training institutions in States without dental
18 schools;

19 “(5) programs developed in consultation with
20 State and local dental societies to expand or estab-
21 lish oral health services and facilities in designated
22 dental health professional shortage areas, including
23 services and facilities for children with special needs,
24 such as—

1 “(A) the expansion or establishment of a
2 community-based dental facility, free-standing
3 dental clinic, consolidated health center dental
4 facility, school-linked dental facility, or United
5 States dental school-based facility;

6 “(B) the establishment of a mobile or port-
7 able dental clinic; and

8 “(C) the establishment or expansion of pri-
9 vate dental services to enhance capacity through
10 additional equipment or additional hours of op-
11 eration;

12 “(6) placement and support of dental students,
13 dental residents, and advanced dentistry trainees;

14 “(7) continuing dental education, including dis-
15 tance-based education;

16 “(8) practice support through teledentistry con-
17 ducted in accordance with State laws;

18 “(9) community-based prevention services such
19 as water fluoridation and dental sealant programs;

20 “(10) coordination with local educational agen-
21 cies within the State to foster programs that pro-
22 mote children going into oral health or science pro-
23 fessions;

24 “(11) the establishment of faculty recruitment
25 programs at accredited dental training institutions

1 whose mission includes community outreach and
2 service and that have a demonstrated record of serv-
3 ing underserved States;

4 “(12) the development of a State dental officer
5 position or the augmentation of a State dental office
6 to coordinate oral health and access issues in the
7 State; and

8 “(13) any other activities determined to be ap-
9 propriate by the Secretary.

10 “(c) APPLICATION.—

11 “(1) IN GENERAL.—Each State desiring a
12 grant under this section shall submit an application
13 to the Secretary at such time, in such manner, and
14 containing such information as the Secretary may
15 reasonably require.

16 “(2) ASSURANCES.—The application shall in-
17 clude assurances that the State will meet the re-
18 quirements of subsection (d) and that the State pos-
19 sesses sufficient infrastructure to manage the activi-
20 ties to be funded through the grant and to evaluate
21 and report on the outcomes resulting from such ac-
22 tivities.

23 “(d) MATCHING REQUIREMENT.—The Secretary may
24 not make a grant to a State under this section unless that
25 State agrees that, with respect to the costs to be incurred

1 by the State in carrying out the activities for which the
 2 grant was awarded, the State will provide non-Federal
 3 contributions in an amount equal to not less than 40 per-
 4 cent of Federal funds provided under the grant. The State
 5 may provide the contributions in cash or in kind, fairly
 6 evaluated, including plant, equipment, and services and
 7 may provide the contributions from State, local, or private
 8 sources.

9 “(e) REPORT.—Not later than 5 years after the date
 10 of enactment of the Health Care Safety Net Improvement
 11 Act, the Secretary shall prepare and submit to the appro-
 12 priate committees of Congress a report containing data
 13 relating to whether grants provided under this section
 14 have increased access to dental services in designated den-
 15 tal health professional shortage areas.

16 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 17 is authorized to be appropriated to carry out this section,
 18 \$50,000,000 for the 5-fiscal year period beginning with
 19 fiscal year 2002.”.

20 **SEC. 403. STUDY REGARDING BARRIERS TO PARTICIPA-**
 21 **TION OF FARMWORKERS IN HEALTH PRO-**
 22 **GRAMS.**

23 (a) IN GENERAL.—The Secretary shall conduct a
 24 study of the problems experienced by farmworkers (includ-

1 ing their families) under Medicaid and SCHIP. Specifi-
2 cally, the Secretary shall examine the following:

3 (1) BARRIERS TO ENROLLMENT.—Barriers to
4 their enrollment, including a lack of outreach and
5 outstationed eligibility workers, complicated applica-
6 tions and eligibility determination procedures, and
7 linguistic and cultural barriers.

8 (2) LACK OF PORTABILITY.—The lack of port-
9 ability of Medicaid and SCHIP coverage for farm-
10 workers who are determined eligible in one State but
11 who move to other States on a seasonal or other
12 periodic basis.

13 (3) POSSIBLE SOLUTIONS.—The development of
14 possible solutions to increase enrollment and access
15 to benefits for farmworkers, because, in part, of the
16 problems identified in paragraphs (1) and (2), and
17 the associated costs of each of the possible solution
18 described in subsection (b).

19 (b) POSSIBLE SOLUTIONS.—Possible solutions to be
20 examined shall include each of the following:

21 (1) INTERSTATE COMPACTS.—The use of inter-
22 state compacts among States that establish port-
23 ability and reciprocity for eligibility for farmworkers
24 under the Medicaid and SCHIP and potential finan-

1 cial incentives for States to enter into such com-
2 pacts.

3 (2) DEMONSTRATION PROJECTS.—The use of
4 multi-state demonstration waiver projects under sec-
5 tion 1115 of the Social Security Act (42 U.S.C.
6 1315) to develop comprehensive migrant coverage
7 demonstration projects.

8 (3) USE OF CURRENT LAW FLEXIBILITY.—Use
9 of current law Medicaid and SCHIP State plan pro-
10 visions relating to coverage of residents and out-of-
11 State coverage.

12 (4) NATIONAL MIGRANT FAMILY COVERAGE.—
13 The development of programs of national migrant
14 family coverage in which States could participate.

15 (5) PUBLIC-PRIVATE PARTNERSHIPS.—The pro-
16 vision of incentives for development of public-private
17 partnerships to develop private coverage alternatives
18 for farmworkers.

19 (6) OTHER POSSIBLE SOLUTIONS.—Such other
20 solutions as the Secretary deems appropriate.

21 (c) CONSULTATIONS.—In conducting the study, the
22 Secretary shall consult with the following:

23 (1) Farmworkers affected by the lack of port-
24 ability of coverage under the Medicaid program or
25 the State children's health insurance program

1 (under titles XIX and XXI of the Social Security
2 Act).

3 (2) Individuals with expertise in providing
4 health care to farmworkers, including designees of
5 national and local organizations representing mi-
6 grant health centers and other providers.

7 (3) Resources with expertise in health care fi-
8 nancing.

9 (4) Representatives of foundations and other
10 nonprofit entities that have conducted or supported
11 research on farmworker health care financial issues.

12 (5) Representatives of Federal agencies which
13 are involved in the provision or financing of health
14 care to farmworkers, including the Health Care Fi-
15 nancing Administration and the Health Research
16 and Services Administration.

17 (6) Representatives of State governments.

18 (7) Representatives from the farm and agricul-
19 tural industries.

20 (8) Designees of labor organizations rep-
21 resenting farmworkers.

22 (d) DEFINITIONS.—For purposes of this section:

23 (1) FARMWORKER.—The term “farmworker”
24 means a migratory agricultural worker or seasonal
25 agricultural worker, as such terms are defined in

1 section 330(g)(3) of the Public Health Service Act
2 (42 U.S.C. 254c(g)(3)), and includes a family mem-
3 ber of such a worker.

4 (2) MEDICAID.—The term “Medicaid” means
5 the program under title XIX of the Social Security
6 Act.

7 (3) SCHIP.—The term “SCHIP” means the
8 State children’s health insurance program under
9 title XXI of the Social Security Act.

10 (e) REPORT.—Not later than one year after the date
11 of the enactment of this Act, the Secretary shall transmit
12 a report to the President and the Congress on the study
13 conducted under this section. The report shall contain a
14 detailed statement of findings and conclusions of the
15 study, together with its recommendations for such legisla-
16 tion and administrative actions as the Secretary considers
17 appropriate.

18 **SEC. 404. ELIGIBILITY OF CERTAIN ENTITIES FOR GRANTS.**

19 If under a program established in this Act (other
20 than section 401), or if pursuant to an amendment made
21 by this Act, a private entity that is not a nonprofit entity
22 is eligible for an award of a grant, contract, or cooperative
23 agreement, such an award may not be made to such pri-
24 vate entity unless the entity is the only available provider
25 of quality health services in the geographic area involved.

1 **SEC. 405. CONFORMING AMENDMENTS.**

2 (a) HOMELESS PROGRAMS.—Subsections
3 (g)(1)(G)(ii), (k)(2), and (n)(1)(C) of section 224, and
4 sections 317A(a)(2), 317E(c), 318A(e), 332(a)(2)(C),
5 340D(c)(5), 799B(6)(B), 1313, and 2652(2) of the Public
6 Health Service Act (42 U.S.C. 233, 247b–1(a)(2), 247b–
7 6(c), 247c–1(e), 254e(a)(2)(C), 256d(c)(5), 295p(6)(B),
8 300e–12, and 300ff–52(2)) are amended by striking
9 “340” and inserting “330(h)”.

10 (b) HOMELESS INDIVIDUAL.—Section 534(2) of the
11 Public Health Service Act (42 U.S.C. 290cc–34(2)) is
12 amended by striking “340(r)” and inserting “330(h)(5)”.

Passed the House of Representatives October 1,
2002.

Attest:

Clerk.