

Union Calendar No. 425

110TH CONGRESS
2D SESSION

H. R. 1343

[Report No. 110-680]

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2007

Mr. GENE GREEN of Texas (for himself and Mr. PICKERING) introduced the following bill; which was referred to the Committee on Energy and Commerce

JUNE 4, 2008

Additional sponsors: Mrs. CAPPS, Mr. ENGEL, Mr. ELLISON, Mr. HIGGINS, Mr. UDALL of New Mexico, Mr. CLEAVER, Mr. CAPUANO, Mr. BERMAN, Mr. SHAYS, Mr. TERRY, Ms. LINDA T. SÁNCHEZ of California, Mrs. MALONEY of New York, Mr. GRIJALVA, Mr. MCCOTTER, Ms. HIRONO, Mr. KENNEDY, Mr. SALAZAR, Mr. PRICE of North Carolina, Mr. RENZI, Mr. FARR, Mr. DELAHUNT, Mr. FORBES, Mr. WEXLER, Mr. NADLER, Mr. WAXMAN, Mr. DAVID DAVIS of Tennessee, Mr. KAGEN, Mr. NUNES, Mr. COOPER, Mr. MCNERNEY, Mr. OLVER, Mr. COHEN, Mr. MATHESON, Mr. SIRES, Mr. MARKEY, Mr. EMANUEL, Ms. SCHAKOWSKY, Ms. MCCOLLUM of Minnesota, Mr. BUTTERFIELD, Mr. ABERCROMBIE, Mr. HINOJOSA, Mr. SMITH of New Jersey, Ms. BORDALLO, Ms. NORTON, Mr. LARSEN of Washington, Mr. MICHAUD, Mr. EHLERS, Mr. LANGEVIN, Mr. MCNULTY, Mr. McDERMOTT, Mr. GOODE, Mr. STARK, Mr. FILNER, Mr. CLAY, Mr. HINCHEY, Mr. JOHNSON of Georgia, Mr. SARBANES, Mr. BARROW, Mr. INSLEE, Mr. BOSWELL, Mr. UPTON, Ms. BALDWIN, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. WOOLSEY, Mrs. GILLIBRAND, Mr. MELANCON, Mr. LATHAM, Ms. GRANGER, Mr. CANNON, Mr. MITCHELL, Mr. LINCOLN DAVIS of Tennessee, Mr. WICKER, Mr. ROSS, Mr. ALLEN, Mr. ORTIZ, Mr. SCOTT of Virginia, Ms. SOLIS, Mr. DOOLITTLE, Mr. BAIRD, Mr. WHITFIELD of Kentucky, Mr. SMITH of Texas, Mr. MCINTYRE, Mr. RANGEL, Mr. PLATTS, Mr. BLUMENAUER, Mr. THOMPSON of California, Mr. GONZALEZ, Mr. LANTOS, Mrs. JO ANN DAVIS of Virginia, Mr. DICKS, Mr. BOUSTANY, Mr. BISHOP of New York, Mrs.

DRAKE, Mr. BOREN, Mr. DOYLE, Mrs. CAPITO, Mr. DAVIS of Illinois, Mr. THORNBERRY, Ms. VELÁZQUEZ, Mr. GEORGE MILLER of California, Mr. REHBERG, Mr. MURPHY of Connecticut, Mr. SMITH of Washington, Mr. CARTER, Mr. MEEK of Florida, Mrs. DAVIS of California, Mr. BISHOP of Utah, Mr. REYES, Ms. HERSETH SANDLIN, Ms. CLARKE, Mr. STUPAK, Mr. CUELLAR, Mr. TOWNS, Ms. ROS-LEHTINEN, Mr. GUTIERREZ, Mr. COSTELLO, Mrs. CUBIN, Mr. ISSA, Mr. RODRIGUEZ, Mr. HALL of Texas, Mr. BRADY of Texas, Mr. AL GREEN of Texas, Mr. MCCAUL of Texas, Mr. EDWARDS, Ms. JACKSON-LEE of Texas, Mr. DOGGETT, Mr. MARCHANT, Mr. RUSH, Mr. WYNN, Ms. DEGETTE, Mr. SHIMKUS, Mr. LOBIONDO, Mr. ETHERIDGE, Mr. UDALL of Colorado, Mr. WELCH of Vermont, Mr. RAHALL, Mr. MANZULLO, Mr. TIM MURPHY of Pennsylvania, Mr. ALEXANDER, Mr. MCHUGH, Mr. LARSON of Connecticut, Mr. PAYNE, Mr. WAMP, Mr. HARE, Mr. HERGER, Mr. MARSHALL, Mr. WU, Mr. KANJORSKI, Mr. SPRATT, Mr. WALSH of New York, Mr. HALL of New York, Mr. GORDON of Tennessee, Ms. ESHOO, Mr. PERLMUTTER, Mrs. EMERSON, Mr. SHERMAN, Ms. ROYBAL-ALLARD, Mr. LOEBSACK, Mr. HODES, Mr. CONAWAY, Mr. SIMPSON, Mr. FRANK of Massachusetts, Mr. BILIRAKIS, Mr. DAVIS of Kentucky, Mr. JACKSON of Illinois, Mr. GILLMOR, Mr. ISRAEL, Mrs. WILSON of New Mexico, Mr. WELLER of Illinois, Mr. CASTLE, Ms. SHEA-PORTER, Mr. LAMPSON, Mrs. BOYDA of Kansas, Mr. SAXTON, Mr. LYNCH, Mr. WALDEN of Oregon, Mr. BRADY of Pennsylvania, Mr. COURTNEY, Mr. BOUCHER, Ms. HOOLEY, Mr. NEUGEBAUER, Mr. MORAN of Virginia, Mr. SERRANO, Mr. MCGOVERN, Mr. ROGERS of Alabama, Mr. TIERNEY, Mr. REICHERT, Mr. PASTOR, Mr. PASCRELL, Mr. MEEHAN, Mrs. NAPOLITANO, Mr. ENGLISH of Pennsylvania, Mr. WOLF, Mr. BECERRA, Mr. YARMUTH, Mrs. BLACKBURN, Ms. SLAUGHTER, Mr. REYNOLDS, Mr. WEINER, Ms. GIFFORDS, Mr. ARCURI, Mr. PUTNAM, Mr. ROGERS of Kentucky, Ms. HARMAN, Mr. SMITH of Nebraska, Mr. CARNEY, Mr. BISHOP of Georgia, Mr. BOOZMAN, Mr. BRALEY of Iowa, Mr. ALTMIRE, Mr. LAHOOD, Mr. KUHL of New York, Mr. LEWIS of Georgia, Mr. SCOTT of Georgia, Ms. LEE, Mr. GERLACH, Mr. CUMMINGS, Mr. FATTAH, Mr. HOLDEN, Mr. MOORE of Kansas, Mr. MEEKS of New York, Mr. YOUNG of Alaska, Mr. LUCAS, Ms. SCHWARTZ, Mr. ROTHMAN, Mr. JOHNSON of Illinois, Mr. MILLER of North Carolina, Mr. PETRI, Ms. MATSUI, Mr. MURTHA, Mr. HOLT, Mr. FORTUÑO, Mr. WILSON of Ohio, Mr. THOMPSON of Mississippi, Mr. DONNELLY, Ms. MOORE of Wisconsin, Mr. CULBERSON, Ms. GINNY BROWN-WAITE of Florida, Mr. FOSSELLA, Mr. SPACE, Mr. COSTA, Mr. SALLI, Mr. POE, Mr. DEFazio, Mr. CARSON, Mr. JEFFERSON, Mr. HULSHOF, and Mr. FORTENBERRY

JUNE 4, 2008

Reported with amendments, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

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

[For text of introduced bill, see copy of bill as introduced on March 6, 2007]

A BILL

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

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

3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Health Centers Renewal*
 5 *Act of 2008”.*

6 **SEC. 2. ADDITIONAL AUTHORIZATIONS OF APPROPRIA-**
 7 **TIONS FOR HEALTH CENTERS PROGRAM.**

8 *Section 330(r)(1) of the Public Health Service Act (42*
 9 *U.S.C. 254b(r)(1)) is amended to read as follows:*

10 *“(1) IN GENERAL.—For the purpose of carrying*
 11 *out this section, in addition to the amounts author-*
 12 *ized to be appropriated under subsection (d), there*
 13 *are authorized to be appropriated—*

14 *“(A) for fiscal year 2008, \$2,213,020,000;*

15 *“(B) for fiscal year 2009, \$2,451,394,400;*

16 *“(C) for fiscal year 2010, \$2,757,818,700;*

17 *“(D) for fiscal year 2011, \$3,116,335,131;*

18 *and*

1 “(E) for fiscal year 2012, \$3,537,040,374.”.

2 **SEC. 3. RECOGNITION OF HIGH POVERTY AREAS.**

3 (a) *IN GENERAL.*—Section 330(c) of the Public Health
4 Service Act (42 U.S.C. 254b(c)) is amended by adding at
5 the end the following new paragraph:

6 “(3) *RECOGNITION OF HIGH POVERTY AREAS.*—

7 “(A) *IN GENERAL.*—In making grants
8 under this subsection, the Secretary may recog-
9 nize the unique needs of high poverty areas.

10 “(B) *HIGH POVERTY AREA DEFINED.*—For
11 purposes of subparagraph (A), the term ‘high
12 poverty area’ means a catchment area which is
13 established in a manner that is consistent with
14 the factors in subsection (k)(3)(J), and the pov-
15 erty rate of which is greater than the national
16 average poverty rate as determined by the Bu-
17 reau of the Census.”.

18 (b) *EFFECTIVE DATE.*—The amendment made by sub-
19 section (a) shall apply to grants made on or after January
20 1, 2009.

21 **SEC. 4. LIABILITY PROTECTIONS FOR HEALTH CENTER**
22 **VOLUNTEER PRACTITIONERS.**

23 (a) *IN GENERAL.*—Section 224 of the Public Health
24 Service Act (42 U.S.C. 233) is amended—

25 (1) in subsection (g)(1)(A)—

1 (A) *in the first sentence, by striking “or em-*
2 *ployee” and inserting “employee, or (subject to*
3 *subsection (k)(4)) volunteer practitioner”;* and

4 (B) *in the second sentence, by inserting*
5 *“and subsection (k)(4)” after “subject to para-*
6 *graph (5)”;* and

7 (2) *in each of subsections (g), (i), (j), (k), (l),*
8 *and (m)—*

9 (A) *by striking the term “employee, or con-*
10 *tractor” each place such term appears and in-*
11 *serting “employee, volunteer practitioner, or con-*
12 *tractor”;*

13 (B) *by striking the term “employee, and*
14 *contractor” each place such term appears and*
15 *inserting “employee, volunteer practitioner, and*
16 *contractor”;*

17 (C) *by striking the term “employee, or any*
18 *contractor” each place such term appears and*
19 *inserting “employee, volunteer practitioner, or*
20 *contractor”;* and

21 (D) *by striking the term “employees, or con-*
22 *tractors” each place such term appears and in-*
23 *serting “employees, volunteer practitioners, or*
24 *contractors”.*

1 (b) *APPLICABILITY; DEFINITION.*—Section 224(k) of
2 *the Public Health Service Act (42 U.S.C. 233(k)) is amend-*
3 *ed by adding at the end the following paragraph:*

4 “(4)(A) *Subsections (g) through (m) apply with respect*
5 *to volunteer practitioners beginning with the first fiscal*
6 *year for which an appropriations Act provides that*
7 *amounts in the fund under paragraph (2) are available*
8 *with respect to such practitioners.*

9 “(B) *For purposes of subsections (g) through (m), the*
10 *term ‘volunteer practitioner’ means a practitioner who,*
11 *with respect to an entity described in subsection (g)(4),*
12 *meets the following conditions:*

13 “(i) *In the State involved, the practitioner is a*
14 *licensed physician, a licensed clinical psychologist, or*
15 *other licensed or certified health care practitioner.*

16 “(ii) *At the request of such entity, the practi-*
17 *tioner provides services to patients of the entity, at a*
18 *site at which the entity operates or at a site des-*
19 *ignated by the entity. The weekly number of hours of*
20 *services provided to the patients by the practitioner is*
21 *not a factor with respect to meeting conditions under*
22 *this subparagraph.*

23 “(iii) *The practitioner does not for the provision*
24 *of such services receive any compensation from such*
25 *patients, from the entity, or from third-party payors*

1 *(including reimbursement under any insurance policy*
2 *or health plan, or under any Federal or State health*
3 *benefits program).”.*

4 **SEC. 5. LIABILITY PROTECTIONS FOR HEALTH CENTER**
5 **PRACTITIONERS PROVIDING SERVICES IN**
6 **EMERGENCY AREAS.**

7 *Section 224(g) of the Public Health Service Act (42*
8 *U.S.C. 233(g)) is amended—*

9 *(1) in paragraph (1)(B)(ii), by striking “sub-*
10 *paragraph (C)” and inserting “subparagraph (C)*
11 *and paragraph (6)”;* and

12 *(2) by adding at the end the following para-*
13 *graph:*

14 *“(6)(A) Subject to subparagraph (C), paragraph*
15 *(1)(B)(ii) applies to health services provided to individuals*
16 *who are not patients of the entity involved if, as determined*
17 *under criteria issued by the Secretary, the following condi-*
18 *tions are met:*

19 *“(i) The services are provided by a contractor,*
20 *volunteer practitioner (as defined in subsection*
21 *(k)(4)(B)), or employee of the entity who is a physi-*
22 *cian or other licensed or certified health care practi-*
23 *tioner and who is otherwise deemed to be an employee*
24 *for purposes of paragraph (1)(A) when providing*
25 *services with respect to the entity.*

1 “(ii) *The services are provided in an emergency*
2 *area (as defined in subparagraph (D)), with respect*
3 *to a public health emergency or major disaster de-*
4 *scribed in subparagraph (D), and during the period*
5 *for which such emergency or disaster is determined or*
6 *declared, respectively.*

7 “(iii) *The services of the contractor, volunteer*
8 *practitioner, or employee (referred to in this para-*
9 *graph as the ‘out-of-area practitioner’) are provided*
10 *under an arrangement with—*

11 “(I) *an entity that is deemed to be an em-*
12 *ployee for purposes of paragraph (1)(A) and that*
13 *serves the emergency area involved (referred to in*
14 *this paragraph as an ‘emergency-area entity’);*
15 *or*

16 “(II) *a Federal agency that has responsibil-*
17 *ities regarding the provision of health services in*
18 *such area during the emergency.*

19 “(iv) *The purposes of the arrangement are—*

20 “(I) *to coordinate, to the extent practicable,*
21 *the provision of health services in the emergency*
22 *area by the out-of-area practitioner with the pro-*
23 *vision of services by the emergency-area entity,*
24 *or by the Federal agency, as the case may be;*

1 “(II) to identify a location in the emergency
2 area to which such practitioner should report for
3 purposes of providing health services, and to
4 identify an individual or individuals in the area
5 to whom the practitioner should report for such
6 purposes; and

7 “(III) to verify the identity of the practi-
8 tioner and that the practitioner is licensed or
9 certified by one or more of the States.

10 “(v) With respect to the licensure or certification
11 of health care practitioners, the provision of services
12 by the out-of-area practitioner in the emergency area
13 is not a violation of the law of the State in which the
14 area is located.

15 “(B) In issuing criteria under subparagraph (A), the
16 Secretary shall take into account the need to rapidly enter
17 into arrangements under such subparagraph in order to
18 provide health services in emergency areas promptly after
19 the emergency begins.

20 “(C) Subparagraph (A) applies with respect to an act
21 or omission of an out-of-area practitioner only to the extent
22 that the practitioner is not immune from liability for such
23 act or omission under the Volunteer Protection Act of 1997.

24 “(D) For purposes of this paragraph, the term ‘emer-
25 gency area’ means a geographic area for which—

1 “(i) the Secretary has made a determination
2 under section 319 that a public health emergency ex-
3 ists; or

4 “(ii) a presidential declaration of major disaster
5 has been issued under section 401 of the Robert T.
6 Stafford Disaster Relief and Emergency Assistance
7 Act.”.

8 **SEC. 6. DEMONSTRATION PROJECT FOR INTEGRATED**
9 **HEALTH SYSTEMS TO EXPAND ACCESS TO**
10 **PRIMARY AND PREVENTIVE SERVICES FOR**
11 **THE MEDICALLY UNDERSERVED.**

12 Part D of title III of the Public Health Service Act
13 (42 U.S.C. 259b et seq.) is amended by adding at the end
14 the following new subpart:

15 **“Subpart XI—Demonstration Project for Integrated**
16 **Health Systems to Expand Access to Primary and**
17 **Preventive Services for the Medically Under-**
18 **served**

19 **“SEC. 340H. DEMONSTRATION PROJECT FOR INTEGRATED**
20 **HEALTH SYSTEMS TO EXPAND ACCESS TO**
21 **PRIMARY AND PREVENTIVE CARE FOR THE**
22 **MEDICALLY UNDERSERVED.**

23 “(a) ESTABLISHMENT OF DEMONSTRATION.—

24 “(1) IN GENERAL.—Not later than January 1,
25 2009, the Secretary shall establish a demonstration

1 *project (hereafter in this section referred to as the*
2 *‘demonstration’) under which up to 30 qualifying in-*
3 *tegrated health systems receive grants for the costs of*
4 *their operations to expand access to primary and pre-*
5 *ventive services for the medically underserved.*

6 “(2) *RULE OF CONSTRUCTION.*—*Nothing in this*
7 *section shall be construed as authorizing grants to be*
8 *made or used for the costs of specialty care or hospital*
9 *care furnished by an integrated health system.*

10 “(b) *APPLICATION.*—*Any integrated health system de-*
11 *siring to participate in the demonstration shall submit an*
12 *application in such manner, at such time, and containing*
13 *such information as the Secretary may require.*

14 “(c) *CRITERIA FOR SELECTION.*—*In selecting inte-*
15 *grated health systems to participate in the demonstration*
16 *(hereafter in this section referred to as ‘participating inte-*
17 *grated health systems’), the Secretary shall ensure represen-*
18 *tation of integrated health systems that are located in a*
19 *variety of States (including the District of Columbia and*
20 *the territories and possessions of the United States) and lo-*
21 *cations within States, including rural areas, inner-city*
22 *areas, and frontier areas.*

23 “(d) *DURATION.*—*Subject to the availability of appro-*
24 *priations, the demonstration shall be conducted (and oper-*

1 *ating grants be made to each participating integrated*
2 *health system) for a period of 3 years.*

3 “(e) *REPORTS.*—

4 “(1) *IN GENERAL.*—*The Secretary shall submit*
5 *to the appropriate committees of the Congress interim*
6 *and final reports with respect to the demonstration,*
7 *with an interim report being submitted not later than*
8 *3 months after the demonstration has been in oper-*
9 *ation for 24 months and a final report being sub-*
10 *mitted not later than 3 months after the close of the*
11 *demonstration.*

12 “(2) *CONTENT.*—*Such reports shall evaluate the*
13 *effectiveness of the demonstration in providing greater*
14 *access to primary and preventive care for medically*
15 *underserved populations, and how the coordinated ap-*
16 *proach offered by integrated health systems contrib-*
17 *utes to improved patient outcomes.*

18 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—

19 “(1) *IN GENERAL.*—*There is authorized to be ap-*
20 *propriated \$25,000,000 for each of the fiscal years*
21 *2009, 2010, and 2011 to carry out this section.*

22 “(2) *CONSTRUCTION.*—*Nothing in this section*
23 *shall be construed as requiring or authorizing a re-*
24 *duction in the amounts appropriated for grants to*

1 *health centers under section 330 for the fiscal years*
2 *referred to in paragraph (1).*

3 “(g) *DEFINITIONS.—For purposes of this section:*

4 “(1) *FRONTIER AREA.—The term ‘frontier area’*
5 *has the meaning given to such term in regulations*
6 *promulgated pursuant to section 330I(r).*

7 “(2) *INTEGRATED HEALTH SYSTEM.—The term*
8 *‘integrated health system’ means a health system*
9 *that—*

10 “(A) *has a demonstrated capacity and com-*
11 *mitment to provide a full range of primary care,*
12 *specialty care, and hospital care in both inpa-*
13 *tient and outpatient settings; and*

14 “(B) *is organized to provide such care in a*
15 *coordinated fashion.*

16 “(3) *QUALIFYING INTEGRATED HEALTH SYS-*
17 *TEM.—*

18 “(A) *IN GENERAL.—The term ‘qualifying*
19 *integrated health system’ means a public or pri-*
20 *vate nonprofit entity that is an integrated health*
21 *system that meets the requirements of subpara-*
22 *graph (B) and serves a medically underserved*
23 *population (either through the staff and sup-*
24 *porting resources of the integrated health system*

1 or through contracts or cooperative arrange-
2 ments) by providing—

3 “(i) required primary and preventive
4 health and related services (as defined in
5 paragraph (4)); and

6 “(ii) as may be appropriate for a pop-
7 ulation served by a particular integrated
8 health system, integrative health services (as
9 defined in paragraph (5)) that are nec-
10 essary for the adequate support of the re-
11 quired primary and preventive health and
12 related services and that improve care co-
13 ordination.

14 “(B) OTHER REQUIREMENTS.—The require-
15 ments of this subparagraph are that the inte-
16 grated health system—

17 “(i) will make the required primary
18 and preventive health and related services of
19 the integrated health system available and
20 accessible in the service area of the inte-
21 grated health system promptly, as appro-
22 priate, and in a manner which assures con-
23 tinuity;

24 “(ii) will demonstrate financial re-
25 sponsibility by the use of such accounting

1 *procedures and other requirements as may*
2 *be prescribed by the Secretary;*

3 “(iii) *provides or will provide services*
4 *to individuals who are eligible for medical*
5 *assistance under title XIX of the Social Se-*
6 *curity Act or for assistance under title XXI*
7 *of such Act;*

8 “(iv) *has prepared a schedule of fees or*
9 *payments for the provision of its services*
10 *consistent with locally prevailing rates or*
11 *charges and designed to cover its reasonable*
12 *costs of operation and has prepared a cor-*
13 *responding schedule of discounts to be ap-*
14 *plied to the payment of such fees or pay-*
15 *ments, which discounts are adjusted on the*
16 *basis of the patient’s ability to pay;*

17 “(v) *will assure that no patient will be*
18 *denied health care services due to an indi-*
19 *vidual’s inability to pay for such services;*

20 “(vi) *will assure that any fees or pay-*
21 *ments required by the system for such serv-*
22 *ices will be reduced or waived to enable the*
23 *system to fulfill the assurance described in*
24 *clause (v);*

1 “(vii) provides assurances that any
2 grant funds will be expended to supplement,
3 and not supplant, the expenditures of the
4 integrated health system for primary and
5 preventive health services for the medically
6 underserved; and

7 “(viii) submits to the Secretary such
8 reports as the Secretary may require to de-
9 termine compliance with this subparagraph.

10 “(C) *TREATMENT OF CERTAIN ENTITIES.*—

11 *The term ‘qualifying integrated health system’*
12 *may include a nurse-managed health clinic if*
13 *such clinic meets the requirements of subpara-*
14 *graphs (A) and (B) (except those requirements*
15 *that have been waived under paragraph (4)(B)).*

16 “(4) *REQUIRED PRIMARY AND PREVENTIVE*
17 *HEALTH AND RELATED SERVICES.*—

18 “(A) *IN GENERAL.*—*Except as provided in*
19 *subparagraph (B), the term ‘required primary*
20 *and preventive health and related services’ means*
21 *basic health services consisting of—*

22 “(i) *health services related to family*
23 *medicine, internal medicine, pediatrics, ob-*
24 *stetrics, or gynecology that are furnished by*
25 *physicians where appropriate, physician as-*

1 *sistants, nurse practitioners, and nurse*
2 *midwives;*

3 *“(ii) diagnostic laboratory services and*
4 *radiologic services;*

5 *“(iii) preventive health services, in-*
6 *cluding prenatal and perinatal care; appro-*
7 *priate cancer screening; well-child services;*
8 *immunizations against vaccine-preventable*
9 *diseases; screenings for elevated blood lead*
10 *levels, communicable diseases, and choles-*
11 *terol; pediatric eye, ear, and dental*
12 *screenings to determine the need for vision*
13 *and hearing correction and dental care; and*
14 *voluntary family planning services;*

15 *“(iv) emergency medical services; and*

16 *“(v) pharmaceutical services, behav-*
17 *ioral, mental health, and substance abuse*
18 *services, preventive dental services, and re-*
19 *cuperative care, as may be appropriate.*

20 *“(B) EXCEPTION.—In the case of an inte-*
21 *grated health system serving a targeted popu-*
22 *lation, the Secretary shall, upon a showing of*
23 *good cause, waive the requirement that the inte-*
24 *grated health system provide each required pri-*
25 *mary and preventive health and related service*

1 *under this paragraph if the Secretary determines*
2 *one or more such services are inappropriate or*
3 *unnecessary for such population.*

4 “(5) *INTEGRATIVE HEALTH SERVICES.*—*The*
5 *term ‘integrative health services’ means services that*
6 *are not included as required primary and preventive*
7 *health and related services and are associated with*
8 *achieving the greater integration of a health care de-*
9 *livery system to improve patient care coordination so*
10 *that the system either directly provides or ensures the*
11 *provision of a broad range of culturally competent*
12 *services. Integrative health services include but are*
13 *not limited to the following:*

14 “(A) *Outreach activities.*

15 “(B) *Case management and patient naviga-*
16 *tion services.*

17 “(C) *Chronic care management.*

18 “(D) *Transportation to health care facili-*
19 *ties.*

20 “(E) *Development of provider networks and*
21 *other innovative models to engage local physi-*
22 *cians and other providers to serve the medically*
23 *underserved within a community.*

24 “(F) *Recruitment, training, and compensa-*
25 *tion of necessary personnel.*

1 “(G) *Acquisition of technology for the pur-*
2 *pose of coordinating care.*

3 “(H) *Improvements to provider communica-*
4 *tion, including implementation of shared infor-*
5 *mation systems or shared clinical systems.*

6 “(I) *Determination of eligibility for Fed-*
7 *eral, State, and local programs that provide, or*
8 *financially support the provision of, medical, so-*
9 *cial, housing, educational, or other related serv-*
10 *ices.*

11 “(J) *Development of prevention and disease*
12 *management tools and processes.*

13 “(K) *Translation services.*

14 “(L) *Development and implementation of*
15 *evaluation measures and processes to assess pa-*
16 *tient outcomes.*

17 “(M) *Integration of primary care and men-*
18 *tal health services.*

19 “(N) *Carrying out other activities that may*
20 *be appropriate to a community and that would*
21 *increase access by the uninsured to health care,*
22 *such as access initiatives for which private enti-*
23 *ties provide non-Federal contributions to supple-*
24 *ment the Federal funds provided through the*
25 *grants for the initiatives.*

1 “(6) *SPECIALTY CARE*.—The term ‘specialty
2 *care*’ means care that is provided through a referral
3 and by a physician or nonphysician practitioner,
4 such as surgical consultative services, radiology serv-
5 ices requiring the immediate presence of a physician,
6 audiology, optometric services, cardiology services,
7 magnetic resonance imagery (MRI) services, comput-
8 erized axial tomography (CAT) scans, nuclear medi-
9 cine studies, and ambulatory surgical services.

10 “(7) *NURSE-MANAGED HEALTH CLINIC*.—The
11 term ‘nurse-managed health clinic’ means a nurse-
12 practice arrangement, managed by advanced practice
13 nurses, that provides care for underserved and vulner-
14 able populations and is associated with a school, col-
15 lege, or department of nursing or an independent
16 nonprofit health or social services agency.”.

Amend the title so as to read: “A bill to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act, and for other purposes.”.

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A BILL

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

JUNE 4, 2008

Reported with amendments, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed