

111TH CONGRESS
1ST SESSION

H. R. 3000

To establish a United States Health Service to provide high quality comprehensive health care for all Americans and to overcome the deficiencies in the present system of health care delivery.

IN THE HOUSE OF REPRESENTATIVES

JUNE 23, 2009

Ms. LEE of California introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish a United States Health Service to provide high quality comprehensive health care for all Americans and to overcome the deficiencies in the present system of health care delivery.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Josephine Butler United States Health Service Act”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Purposes.
- Sec. 4. Definitions.

TITLE I—ESTABLISHMENT AND OPERATION OF THE UNITED STATES HEALTH SERVICE

- Sec. 101. Establishment of the Service.
- Sec. 102. Appointment of the National Health Board.
- Sec. 103. Powers and duties of the National Health Board.
- Sec. 104. Representation in local and regional authorities.
- Sec. 105. Public accountability and financial disclosure.
- Sec. 106. Inspector General for Health Services.
- Sec. 107. Establishment of health care delivery regions.

TITLE II—DELIVERY OF HEALTH CARE AND SUPPLEMENTAL SERVICES

Subtitle A—Patients' Rights in Health Care Delivery

- Sec. 201. Basic health rights.
- Sec. 202. Right to paid leave to receive health care services.

Subtitle B—Eligibility for, Nature of, and Scope of Services Provided by the Service

- Sec. 211. Eligibility for services.
- Sec. 212. Entitlement to services.
- Sec. 213. Provision of health care and supplemental services.

Subtitle C—Health Care Facilities and Delivery of Health Care Services

- Sec. 221. Establishment of health care facilities and distribution of delivery of health care and other services.
- Sec. 222. Operation and inspection of health care facilities.
- Sec. 223. Provision of health services relating to reproduction and childbearing.

TITLE III—HEALTH LABOR FORCE

Subtitle A—Job Categories and Certification

- Sec. 301. Effect of State law.
- Sec. 302. Qualifications of health workers.
- Sec. 303. Establishment of job categories and certification standards.

Subtitle B—Education of Health Workers

- Sec. 311. Health team schools.
- Sec. 312. Service requirement.
- Sec. 313. Payment for certain educational loans.

Subtitle C—Employment and Labor-Management Relations Within the Service

- Sec. 321. Employment, transfer, promotion, and receipt of fees.
- Sec. 322. Applicability of laws relating to Federal employees.
- Sec. 323. Applicability of Federal labor-management relations laws.
- Sec. 324. Defense of certain malpractice and negligence suits.

TITLE IV—OTHER FUNCTIONS OF HEALTH BOARDS

Subtitle A—Advocacy, Grievance Procedures, and Trusteeships

- Sec. 401. Advocacy and legal services program.
- Sec. 402. Grievance procedures.

Subtitle B—Occupational Safety and Health Programs

- Sec. 411. Functions of the National Health Board.
- Sec. 412. Community Occupational Safety and Health Activities.
- Sec. 413. Workplace health facilities.
- Sec. 414. Employee rights relating to Occupational Safety and Health.
- Sec. 415. Definitions.

Subtitle C—Health and Health Care Delivery Research, Quality Assurance,
and Health Equity

- Sec. 421. Principles and guidelines for research.
- Sec. 422. Establishment of Institutes.

Subtitle D—Health Planning, Distribution of Drugs and Other Medical
Supplies, and Miscellaneous Functions

- Sec. 431. Health planning and budgeting.
- Sec. 432. Distribution of drugs and other medical supplies.
- Sec. 433. Miscellaneous Functions of the National Health Board.

TITLE V—FINANCING OF THE SERVICE

Subtitle A—Health Service Taxes

- Sec. 501. Individual and corporate income taxes.
- Sec. 502. Other changes in the Internal Revenue Code of 1986.
- Sec. 503. Existing employer-employee health benefit plans.
- Sec. 504. Workers compensation programs.

Subtitle B—Health Service Trust Fund

- Sec. 511. Establishment of Health Service Trust Fund.
- Sec. 512. Transfer of funds to the Health Service Trust Fund.
- Sec. 513. Administration of Health Service Trust Fund.

Subtitle C—Preparation of Plans and Budgets

- Sec. 521. Determination of Fund availability.
- Sec. 522. Preparation of regional budgets.

Subtitle D—Allocation and Distribution of Funds

- Sec. 531. National Budget.
- Sec. 532. Special operating expense Fund.
- Sec. 533. Distribution of funds.
- Sec. 534. Annual statement, records, and audits.

Subtitle E—General Provisions

- Sec. 541. Issuance of obligations.
- Sec. 542. Definitions.

TITLE VI—MISCELLANEOUS PROVISIONS

- Sec. 601. Effective date of Health Services.
Sec. 602. Repeal of provisions.
Sec. 603. Transition provisions.
Sec. 604. Amendment to Budget and Accounting Act.
Sec. 605. Separability.

1 SEC. 2. FINDINGS.

2 The Congress makes the following findings:

3 (1) The health of the Nation's people is a foun-
4 dation of their well-being.

5 (2) High quality health care is a right of all
6 people.

7 (3) Many of the Nation's people are unable
8 fully to exercise this right because of the inability of
9 the present health care delivery system to make high
10 quality health care available to all individuals re-
11 gardless of race, sex, age, national origin, income,
12 marital status, sexual orientation, religion, political
13 belief, place of residence, employment status, or pre-
14 vious health status.

15 (4) The present health care system has failed to
16 provide financial coverage for health care services
17 for more than forty million Americans, and the per-
18 cent lacking such coverage grows each year.

19 (5) The present health care system has failed to
20 provide for sufficient effective preventive measures
21 that would address the deterioration in occupational,

1 environmental, and social conditions affecting the
2 health of the people of this Nation.

3 (6) Unnecessary and excessive profits and ad-
4 ministrative expenses have inflated the cost of health
5 care.

6 (7) The growth of for profit medical care and
7 for profit managed care is making it difficult for
8 health care personnel to provide, and users to re-
9 ceive, the full range of health services they believe to
10 be necessary, appropriate, and desirable.

11 (8) The health professions have failed to control
12 the cost of their services and the imbalance in the
13 number of health workers among geographic areas
14 or health care specialties.

15 (9) The present health care system has failed to
16 make full and efficient use of allied health workers.

17 (10) A United States Health Service is the best
18 means to implement the right to high quality health
19 care and to overcome the deficiencies in the present
20 health care delivery system.

21 **SEC. 3. PURPOSES.**

22 The purposes of this Act are as follows:

23 (1) To create a United States Health Service to
24 provide without charge to all residents, regardless of
25 race, sex, age, national origin, income, marital sta-

1 tus, sexual orientation, religion, political belief, place
2 of residence, employment status, or previous health
3 status, comprehensive health care services delivered
4 by salaried health workers and emphasizing the pro-
5 motion and maintenance of health as well as the
6 treatment of illness.

7 (2) To establish representative and democratic
8 governance of the Service.

9 (3) To provide health workers in the Service
10 with fair and reasonable compensation, secure em-
11 ployment, opportunities for full and equal participa-
12 tion in the governance of health facilities, and oppor-
13 tunities for advancement without regard to race, sex,
14 age, national origin, sexual orientation, religion, or
15 political belief.

16 (4) To increase the availability and continuity
17 of health care by linking local health care facilities
18 to hospitals and specialized care facilities.

19 (5) To overcome present disparities in health
20 and access to health care resources, especially for
21 currently underserved innercity and rural popu-
22 lations, minority groups, prisoners, and occupational
23 groups, by redistributing health care resources to
24 underserved populations, and by enhancing public
25 health and preventive health services.

1 (6) To finance the Service through progressive
2 taxation of individuals and employer contributions,
3 and to distribute these revenues on a capitation
4 basis, supplemented by allocations to meet special
5 health care needs.

6 **SEC. 4. DEFINITIONS.**

7 For the purposes of this Act, unless the context im-
8 plies otherwise:

9 (1) **HEALTH CARE FACILITY.**—The term
10 “health care facility” means an administrative unit
11 composed of specified staff, equipment, and premises
12 and established by a health board as an appropriate
13 unit of organization for the delivery of specified
14 health care or supplemental services under this Act.

15 (2) **HEALTH WORKER.**—The term “health
16 worker” includes—

17 (A) any employee of the Service; and

18 (B) any individual who for remuneration
19 delivers, administers any program in, provides
20 supporting services for, teaches the subject
21 matter of, or performs research in, health care
22 services.

23 (3) **INDIRECT PROVIDER OF HEALTH CARE.**—

24 The term “indirect provider of health care” means
25 an individual who—

1 (A) receives (either directly or through his
2 or her spouse) more than $\frac{1}{10}$ of his or her
3 gross annual income from any one or combina-
4 tion of—

5 (i) fees or other compensation for pro-
6 vision of, research into, or instruction in,
7 the provision of health care,

8 (ii) entities engaged in the provision
9 of health care or in such research or in-
10 struction,

11 (iii) producing or supplying drugs,
12 medical equipment, or other articles for in-
13 dividuals or entities for use in the provi-
14 sion of or in research into or instruction in
15 the provision of health care, or

16 (iv) entities engaged in producing
17 drugs, medical equipment, or such other
18 articles;

19 (B) holds a fiduciary position with, or has
20 a fiduciary interest in, any entity described in
21 clause (ii) or (iv) of subparagraph (A); or

22 (C) is engaged in issuing any policy or con-
23 tract of individual or group health insurance or
24 hospital or medical service benefits.

1 (4) NATIONAL HEALTH BOARD.—The term
2 “National Health Board” means the National
3 Health Board of the Service.

4 (5) SERVICE.—The term “Service” means the
5 United States Health Service established in section
6 101.

7 (6) SERVICE-RELATED TERMS.—

8 (A) HEALTH CARE SERVICES.—The term
9 “health care services” means the services de-
10 scribed in paragraphs (1) through (5) of section
11 213(a).

12 (B) SUPPLEMENTAL SERVICES.—The term
13 “supplemental services” means the services de-
14 scribed in paragraphs (1), (2), and (3) of sec-
15 tion 213(b).

16 (7) USER.—The term “user” means an indi-
17 vidual who is eligible under section 211 to receive
18 health care services from the Service under this Act.

19 **TITLE I—ESTABLISHMENT AND**
20 **OPERATION OF THE UNITED**
21 **STATES HEALTH SERVICE**

22 **SEC. 101. ESTABLISHMENT OF THE SERVICE.**

23 (a) IN GENERAL.—There is established, as an inde-
24 pendent establishment of the executive branch of the
25 United States, the United States Health Service.

1 (b) AUTHORITY.—

2 (1) NATIONAL HEALTH BOARD.—The authority
3 of the Service shall be exercised by the National
4 Health Board and, in accordance with this Act and
5 guidelines established by such Board, by local and
6 regional authorities affiliated with the Board.

7 (2) EMINENT DOMAIN AUTHORITY.—The Serv-
8 ice shall have the authority, under the power of emi-
9 nent domain, to acquire by condemnation under ju-
10 dicial process real estate for the Service for public
11 purposes whenever it is necessary or advantageous
12 to do so.

13 (c) ADMINISTRATION.—The Board shall implement
14 administrative measures as necessary to assure the equi-
15 table distribution and allocation of health care resources
16 and services.

17 (d) ACCOUNTABILITY AND CONTROL.—The Board
18 shall establish mechanisms to assure accountable, rep-
19 resentative and democratic governance of the Service and
20 of health care facilities by health care users and workers,
21 with limits on conflicts of interest as described in this Act.

1 **SEC. 102. APPOINTMENT OF THE NATIONAL HEALTH**
2 **BOARD.**

3 The President shall, no later than 30 days after the
4 date of the enactment of this Act, appoint 21 individ-
5 uals—

6 (1) who are 18 years of age or older;

7 (2) who are concerned about the health care
8 problems of the Nation;

9 (3) who approximate the Nation's population by
10 race, sex, income, language, and region of residence,
11 and approximate the percentage of rural and fron-
12 tier populations; and

13 (4) no more than seven of whom are or have
14 been health workers, indirect providers of health
15 care, or members of the immediate family of such
16 workers or indirect providers within 24 months of
17 the date of such nomination, to serve as members of
18 the National Health Board of the Service.

19 **SEC. 103. POWERS AND DUTIES OF THE NATIONAL HEALTH**
20 **BOARD.**

21 The National Health Board shall—

22 (1) establish the boundaries of health care de-
23 livery regions, in accordance with section 107;

24 (2) establish procedures for creating local and
25 regional authorities within each health care delivery
26 region, to oversee and administer the delivery of

1 health services, pursuant to section 104, and other
2 provisions of this Act in their respective regions and
3 local areas;

4 (3) carry out such duties of the National
5 Health Board as it deems necessary and consistent
6 with the timetable given under this Act and the pur-
7 poses of the Service; and

8 (4) provide for the recording of minutes of each
9 of its meetings, and shall make such records avail-
10 able to the public for inspection and copying.

11 **SEC. 104. REPRESENTATION IN LOCAL AND REGIONAL AU-**
12 **THORITIES.**

13 The governing bodies of the local and regional au-
14 thorities created pursuant to section 103(b) shall consist
15 of representatives of users resident in their local area or
16 region and representatives of health workers employed by
17 the Service in their local area or region. Representatives
18 of such users shall comprise the majority of such rep-
19 resentatives and representatives of such health workers
20 shall comprise a minority.

21 **SEC. 105. PUBLIC ACCOUNTABILITY AND FINANCIAL DIS-**
22 **CLOSURE.**

23 (a) PROHIBITION OF CONFLICTS OF INTEREST.—

24 (1) IN GENERAL.—Individuals with direct or in-
25 direct conflicts of interest shall not serve on health

1 boards or authorities. Subject to paragraph (2), such
2 conflicts may consist of ownership of, employment
3 in, or other financial affiliation with any industry in
4 a position to profit or otherwise benefit from the ac-
5 tivities of the health board.

6 (2) EXCEPTION.—Paragraph (1) shall not
7 apply to employment as a health worker by the Serv-
8 ice as specified in this Act.

9 (b) DISCLOSURE.—Candidates for health boards or
10 authorities shall fully disclose any such potential conflicts
11 of interest, and if elected or appointed shall sever any af-
12 filiations that could result in a conflict.

13 **SEC. 106. INSPECTOR GENERAL FOR HEALTH SERVICES.**

14 Within the United States Health Service there shall
15 be an Office of the Inspector General for Health Services,
16 to be headed by an Inspector General for Health Services,
17 that shall have authority to ensure the effective operation
18 of the services pursuant to this Act and to investigate and
19 pursue any grievances against the National Health Board
20 or its local authorities. The Inspector General shall have
21 the same authority as an Inspector General has under the
22 Inspector General Act of 1978.

1 **SEC. 107. ESTABLISHMENT OF HEALTH CARE DELIVERY RE-**
2 **GIONS.**

3 (a) ESTABLISHMENT OF HEALTH CARE DELIVERY
4 REGIONS.—No later than 6 months after the appointment
5 of members of the National Health Board, such Board
6 shall establish, in accordance with this section, health care
7 delivery regions throughout the United States.

8 (b) REQUIREMENTS FOR DELIVERY REGIONS.—Each
9 health care delivery region shall meet the following re-
10 quirements:

11 (1) The region shall be a contiguous geographic
12 area appropriate for the effective governance, plan-
13 ning, and delivery of all health care and supple-
14 mental services under this Act for residents of the
15 region.

16 (2) The region shall have a population of not
17 less than 500,000 and of not more than 3,000,000
18 individuals, except that—

19 (A) the population of a region may be
20 more than 3,000,000 if the region includes a
21 standard metropolitan statistical area (as deter-
22 mined by the Office of Management and Budg-
23 et) with a population of more than 3,000,000;
24 and

25 (B) the population of a region may be less
26 than 500,000 if the National Health Board de-

1 termines that this is necessary to facilitate the
2 delivery of health care and supplemental serv-
3 ices or the effective governance of the health
4 program within such region.

5 A region under subparagraph (B) may be a sparsely
6 populated frontier area which consists of a very
7 large or multi-state geographic area.

8 (3) The boundaries of each region shall take
9 into account—

10 (A) any economic or geographic barrier to
11 the receipt of health care and supplemental
12 services in nonmetropolitan areas, and

13 (B) the differences in needs between non-
14 metropolitan and metropolitan areas in the
15 planning, development, and delivery of health
16 care and supplemental services.

17 (c) MODIFICATION OF BOUNDARIES.—The National
18 Health Board shall review the boundaries of regions no
19 later than 2 years after each decennial national census,
20 or upon receipt of and at such other times as it deems
21 necessary, and may modify the boundary of any region
22 in which there has been a substantial shift of population
23 justifying such modification or if such modification would
24 better carry out the purposes of this Act, and if such modi-
25 fication is approved in a referendum of residents in an

1 area whose regional identification would be changed by
2 making such modification.

3 (d) PROCESS.—At least 60 days prior to the estab-
4 lishment of the boundaries of any region, or modification
5 of the boundaries, the National Health Board shall col-
6 laborate with its regional authorities to provide for—

7 (1) notice in the area which would be affected
8 by the establishment of such boundaries of the
9 boundaries proposed to be established, and of the
10 date, time, and location of the public hearing on
11 such establishment as provided in paragraph (2);
12 and

13 (2) a public hearing at which individuals can
14 speak or present written statements relating to the
15 establishment of such boundaries.

16 **TITLE II—DELIVERY OF HEALTH**
17 **CARE AND SUPPLEMENTAL**
18 **SERVICES**

19 **Subtitle A—Patients’ Rights in**
20 **Health Care Delivery**

21 **SEC. 201. BASIC HEALTH RIGHTS.**

22 The Service, in its delivery of health care services to
23 users, shall ensure that every such individual is given the
24 following basic health rights:

1 (1) The right to receive high quality health care
2 and supplemental services from any facility within
3 the Service capable of providing such services with-
4 out charge and without discrimination on account of
5 race, sex, age, religion, language, income, marital
6 status, sexual orientation, dress, or previous health
7 status.

8 (2) The right to humane, respectful, dignified,
9 and comforting health care, and to the reduction of
10 pain and distressful symptoms.

11 (3) The right to have all medically necessary or
12 appropriate health services delivered in a convenient
13 and timely manner. Any decision to deny or post-
14 pone such necessary or appropriate care shall be
15 made only on the basis of temporary and reasonable
16 limitations in the availability of service personnel
17 and physical facilities. Users shall have the oppor-
18 tunity for timely and effective appeal of any decision
19 to deny or postpone care.

20 (4) The right to choose the health workers who
21 shall be responsible for, and the health facilities in
22 which to receive, the individual's health care serv-
23 ices.

24 (5) The right of access to all information, in-
25 cluding the individual's health records and the med-

1 ical dictionary produced under section 433(b), which
2 promotes an understanding of health.

3 (6) The right to have all health care informa-
4 tion, reports, and educational materials translated
5 into the individual's primary language.

6 (7) The right to receive, prior to the delivery of
7 any health care service, a careful, prompt, and intel-
8 ligible—

9 (A) explanation of the indications, diag-
10 noses, benefits, side effects, and risks involved
11 in the delivery of such service, and a description
12 of all medically necessary or appropriate alter-
13 natives to such service (including no treatment);

14 (B) answer to any question relating to
15 such health care service; and

16 (C) explanation of one's health rights de-
17 scribed in this subtitle, and the right to have
18 such health care service delivered only with the
19 individual's prior, voluntary, written consent.

20 (8) The right to refuse the initial or continuing
21 delivery of any health care service whenever such re-
22 fusal does not directly endanger the public health or,
23 in accordance with State law, the health of the indi-
24 vidual if the individual is dangerous to himself or
25 herself.

1 (9) The right to have all individually identifi-
2 able information and documents treated confiden-
3 tially and not disclosed (except for statistical pur-
4 poses and for the control of communicable diseases,
5 drug abuse, and child abuse) without the individual's
6 prior, voluntary, and written consent.

7 (10) The right of access at all times to individ-
8 uals or groups for counseling, health information,
9 and assistance on health matters, including access to
10 user advocates who shall—

11 (A) assist users in choosing the most ap-
12 propriate sites from which to receive health
13 services and the most appropriate health work-
14 ers from whom to receive such services;

15 (B) provide counseling and assistance to
16 users in filing complaints; and

17 (C) investigate instances of poor quality
18 services or improper treatment of users and
19 bring such instances to the attention of the ap-
20 plicable authority.

21 (11) The right to be accompanied and visited at
22 any time by a friend, relative, or independent advo-
23 cate of the individual's choosing, and the right to
24 have routine services, such as feeding, bathing,

1 dressing, and bedding changes, performed by a
2 friend or relative, if the individual so chooses.

3 (12) The right, in the event of terminal illness,
4 to die with a maximum degree of dignity, to be pro-
5 vided all necessary symptom relief, to be provided
6 (and for the individual's family to be provided) coun-
7 seling and comfort, and to be allowed (if desired) to
8 die at home.

9 (13) The right of access to a complaint and
10 grievance system and to legal assistance to enforce
11 these rights.

12 **SEC. 202. RIGHT TO PAID LEAVE TO RECEIVE HEALTH**
13 **CARE SERVICES.**

14 (a) AMENDMENT TO FAIR LABOR STANDARDS
15 ACT.—The Fair Labor Standards Act of 1938 is amended
16 by inserting after section 7 (29 U.S.C. 207) the following
17 new section:

18 “MINIMUM HEALTH LEAVE COMPENSATION

19 “SEC. 7A. Each employee of any employer who in any
20 workweek is engaged in commerce or in the production
21 of goods for commerce, or is employed in an enterprise
22 engaged in commerce or in the production of goods for
23 commerce, shall be entitled to receive from the employer,
24 for each 35 hours he is employed by the employer (not
25 counting more than 35 hours in any workweek), com-
26 pensation for one hour of employment at the regular rate

1 at which the employee is employed (as that term is used
2 in section 7 of this Act) for an hour—

3 “(1) during the period of 52 weeks beginning
4 with the workweek with which the entitlement is
5 earned, and

6 “(2) during which the employee is unable to
7 work because of the need for the employee (or a de-
8 pendent of that employee) to receive necessary
9 health care services.”.

10 (b) CONFORMING AMENDMENTS.—The Fair Labor
11 Standards Act of 1938 is further amended—

12 (1) in section 3(o), by striking “sections 6 and
13 7” and inserting “sections 6, 7, and 7A”;

14 (2) in section 13—

15 (A) in subsection (a) before paragraph (1),
16 by striking “and 7” and inserting “, 7, and
17 7A”;

18 (B) in subsection (a)(3), by striking “sec-
19 tions 6 and 7” and inserting “sections 6, 7, and
20 7A”; and

21 (C) in subsections (d) and (f), by inserting
22 “7A,” after “7,” each place it appears;

23 (3) in section 14(d), by striking “6 and 7” and
24 inserting “6, 7, and 7A”;

1 (4) in section 15(a), by striking “section 6 or
2 section 7” and inserting “section 6, 7, or 7A”;

3 (5) in section 16—

4 (A) in subsection (b), by striking “section
5 6 or section 7” and inserting “section 6, 7, or
6 7A”;

7 (B) in subsection (b), by striking “or their
8 unpaid overtime compensation” and inserting
9 “their unpaid overtime compensation, or their
10 unpaid health leave compensation”;

11 (C) in subsection (b), by inserting “or of
12 unpaid health leave compensation” after
13 “amount of unpaid overtime compensation”;

14 (D) in the first sentence of subsection (c),
15 by striking “section 6 or 7” and inserting “sec-
16 tion 6, 7, or 7A”;

17 (E) in the first sentence of subsection (c),
18 by striking “unpaid overtime compensation”
19 and inserting “, unpaid overtime compensation,
20 or unpaid health leave compensation”;

21 (F) in the second sentence of subsection
22 (c), by striking “or overtime compensation” and
23 inserting “, overtime compensation, or health
24 leave compensation”; and

1 (G) in the third sentence of subsection (c),
2 by striking “or unpaid overtime compensation
3 under sections 6 and 7” and inserting “, unpaid
4 overtime compensation, or unpaid health leave
5 compensation under sections 6, 7, and 7A”; and
6 (6) in section 18(a)—

7 (A) in the first sentence, by inserting “or
8 minimum health leave compensation higher
9 than the minimum health leave compensation
10 established under this Act” before “, and no
11 provision”; and

12 (B) the second sentence, by inserting be-
13 fore the period at the end the following: “, or
14 justify any employer in reducing health leave
15 compensation provided by him which is in ex-
16 cess of the applicable minimum health leave
17 compensation under this Act”.

18 **Subtitle B—Eligibility for, Nature**
19 **of, and Scope of Services Pro-**
20 **vided by the Service**

21 **SEC. 211. ELIGIBILITY FOR SERVICES.**

22 (a) IN GENERAL.—All individuals while within the
23 United States are eligible to receive health care and sup-
24 plemental services under this Act.

1 (b) UNITED STATES DEFINED.—For purposes of this
2 section, the term “United States” includes Indian reserva-
3 tions, the District of Columbia, the Commonwealth of
4 Puerto Rico, the Virgin Islands, Guam, Samoa, and the
5 Northern Mariana Islands.

6 **SEC. 212. ENTITLEMENT TO SERVICES.**

7 (a) IN GENERAL.—Except as provided in subsection
8 (b), the Service shall, on and after the effective date of
9 health services, provide users with all health care services
10 and supplemental services described in section 213 which
11 the Service determines, in accordance with this title, to
12 be necessary or appropriate for the promotion and en-
13 hancement of health, for the prevention of disease, and
14 for the diagnosis and treatment of, and rehabilitation fol-
15 lowing, injury, disability, or disease.

16 (b) EXCLUSION.—Services provided under this Act
17 shall not include personal comfort or cosmetic services un-
18 less the National Health Board or its designee determines
19 that the services are required for health-related reasons.

20 **SEC. 213. PROVISION OF HEALTH CARE AND SUPPLE-**
21 **MENTAL SERVICES.**

22 (a) IN GENERAL.—The Service shall provide in the
23 United States the following health care services in or
24 through facilities established by the Service—

1 (1) the promotion of health and well-being
2 through health education programs to be carried out
3 in facilities of the Service as well as in workplaces,
4 schools, and elsewhere utilizing all appropriate
5 media, and by assisting other Government agencies
6 in taking appropriate actions to promote health and
7 well-being;

8 (2) the prevention of illness, injury, and death
9 through education and advocacy addressed to the so-
10 cial, occupational, and environmental causes of ill
11 health; through the provision of appropriate preven-
12 tive services including social, medical, occupational,
13 and environmental health services, on both an emer-
14 gency and sustained basis; through screening and
15 other early detection programs to identify and ame-
16 liorate the primary causes of ill health; and, where
17 appropriate, through actions taken on an emergency
18 basis to halt environmental threats to life and
19 health;

20 (3) the diagnosis and treatment of illness and
21 injury, including emergency medical services, com-
22 prehensive outpatient and inpatient health care serv-
23 ices, occupational health services, mental health
24 services, dental care, vision care, long-term care, and
25 home health services;

1 (4) the rehabilitation of the sick and disabled,
2 including physical, psychological, occupational, and
3 other specialized therapies; and

4 (5) the provision of drugs, therapeutic devices,
5 appliances, equipment, and other medical supplies
6 (including eyeglasses, other visual aids, dental aids,
7 hearing aids, and prosthetic devices) certified effective
8 in the National Pharmacy and Medical Supply
9 Formulary (published under section 432(a)) and furnished
10 or prescribed by authorized health workers.

11 (b) SUPPLEMENTAL SERVICES.—The Service shall
12 provide the following services supplemental to the delivery
13 of health care services in or through health care facilities
14 established by the Service—

15 (1) ambulance and other transportation services
16 to insure ready and timely access to necessary health
17 care;

18 (2) child care services for individuals who, during
19 the time they receive outpatient health care services
20 from the Service or are working in a health care
21 facility of the Service, are responsible for a child's
22 care;

23 (3) homemaking and home health services—

24 (A) to enable the provision of inpatient
25 health services at a health care facility of the

1 Service to an individual who has the sole re-
2 sponsibility for the care—

3 (i) of a child under 15 years of age,

4 or

5 (ii) of a physically or mentally handi-
6 capped individual who requires the care of
7 another individual, and

8 (B) for the bedfast or severely handicapped
9 individual; and

10 (4) such counseling and social service assistance
11 as will avoid the unnecessary provision of health care
12 services.

13 (c) LOCAL PUBLIC HEALTH SERVICES.—The Service
14 shall maintain the functions, especially those related to en-
15 vironmental health and the prevention of illness, currently
16 performed by the departments of health of the States and
17 localities, to the extent consistent with Federal, State, and
18 local law, and shall cooperate with State and local govern-
19 ments in its conduct of such functions.

20 (d) EMERGENCY HEALTH CARE SERVICES.—The
21 Service shall provide, at rates established by the National
22 Health Board, for reimbursement of the cost of emergency
23 health care services furnished in facilities not operated by
24 the Service or by health workers not employed by the Serv-
25 ice, when an injury or acute illness requires immediate

1 medical attention under circumstances making it medi-
2 cally impractical for the ill or injured individual to receive
3 care in a Service facility or by an employee of the Service.

4 **Subtitle C—Health Care Facilities**
5 **and Delivery of Health Care**
6 **Services**

7 **SEC. 221. ESTABLISHMENT OF HEALTH CARE FACILITIES**
8 **AND DISTRIBUTION OF DELIVERY OF**
9 **HEALTH CARE AND OTHER SERVICES.**

10 (a) HEALTH SERVICE AREAS.—The National Health
11 Board, in consultation with local authorities and residents
12 of the local communities affected, shall establish such
13 health care facilities as are necessary to provide all nec-
14 essary comprehensive primary and specialized health care
15 services, including distributing such health care resources
16 in a manner as to overcome present shortages and ensure
17 equitable access for every resident to needed health care
18 resources. In establishing such facilities, the National
19 Health Board shall rely primarily on existing political
20 boundaries for the purposes of allocating health services,
21 including cities, counties, perinatal services regions,
22 States, and Federal Medicare regions, and shall determine
23 the need to establish additional or supplementary regional
24 health service areas that may cross existing boundaries.

25 (b) HEALTH CARE FACILITIES.—

1 (1) IN GENERAL.—The National Health Board
2 and its local authorities shall, not later than the ef-
3 fective date of health services and to the maximum
4 extent feasible, establish and maintain such health
5 care facilities as are necessary for the efficient and
6 effective delivery to individuals of comprehensive pri-
7 mary health care services (defined in paragraph (2)),
8 specialized health care services (defined in para-
9 graph (3)), special services (defined in paragraph
10 (4)), and community-oriented health measures (de-
11 fined in paragraph (5)). Such health care facilities
12 shall be established and maintained in a manner
13 that, as soon as possible and to the greatest extent
14 feasible, provides services in each community
15 through a single comprehensive health center.

16 (2) COMPREHENSIVE PRIMARY HEALTH CARE
17 SERVICES DEFINED.—As used in paragraph (1), the
18 term “comprehensive primary health care services”
19 means those basic outpatient health care services
20 typically needed for the promotion of health and the
21 prevention and treatment of common illnesses and
22 includes the following health care services—

23 (A) general primary medical and dental
24 care, including diagnosis and treatment, routine
25 physical examinations, laboratory, and

1 radiologic services, and home visits by health
2 workers, as appropriate;

3 (B) preventive health services, including at
4 least immunizations, nutrition counseling and
5 consultation, and periodic screening and assess-
6 ment services;

7 (C) children's health services, including as-
8 sessment of growth and development, education
9 and counseling on childrearing and child devel-
10 opment, and school and day care center health
11 services;

12 (D) obstetrical and gynecological services,
13 including family planning and contraceptive
14 services, pregnancy (prenatal and postnatal)
15 and abortion counseling and services;

16 (E) comprehensive geriatric services;

17 (F) vision and hearing examinations and
18 provision of eyeglasses and other visual aids
19 and hearing aids;

20 (G) 24-hour emergency medical services;

21 (H) provision of pharmaceuticals and
22 therapeutic devices, and medical appliances and
23 equipment;

24 (I) mental health services, including psy-
25 chological and psychiatric counseling;

1 (J) home health services; and

2 (K) occupational safety and health serv-
3 ices, including screening, diagnosis, treatment,
4 and education.

5 (3) SPECIALIZED HEALTH CARE SERVICES DE-
6 FINED.—As used in paragraph (1), the term “spe-
7 cialized health care services” means those health
8 care services of a specialized nature (whether deliv-
9 ered in an inpatient or outpatient setting) which, ap-
10 plying guidelines established by the National Health
11 Board, may be provided most effectively and effi-
12 ciently in a community setting.

13 (4) SPECIAL SERVICES DEFINED.—As used in
14 paragraph (1), the term “special services” means
15 supportive services and the facilities (including nurs-
16 ing homes and multiservice centers) in which such
17 services are provided for individuals who are phys-
18 ically or mentally handicapped, mentally ill, infirm,
19 or chronically ill, so as to promote the integration
20 and functioning of such individuals within the com-
21 munity.

22 (5) COMMUNITY-ORIENTED HEALTH MEASURES
23 DEFINED.—As used in paragraph (1), the term
24 “community-oriented health measures” includes ef-
25 forts to focus organized community activities upon

1 the promotion of health and the prevention of illness
2 and injury, support for self-help and mutual aid
3 groups offering health promotion and rehabilitative
4 support programs; surveillance of potential threats
5 to community health, and prompt action to protect
6 against such threats, and includes outreach efforts
7 to ensure that all residents are aware of and able to
8 utilize the health services of the Service, as needed.

9 (c) ALLOCATION OF HOSPITALS.—The National
10 Health Board, in consultation with its local authorities,
11 shall periodically determine the necessity to establish and
12 maintain inpatient and other specialized health care facili-
13 ties in particular locations. Where found appropriate, it
14 shall establish and maintain—

15 (1) general hospitals for the efficient and effec-
16 tive delivery of health care services to individuals re-
17 quiring inpatient diagnosis, treatment, care, and re-
18 habilitation for injury or illness; and

19 (2) such other health care facilities as are nec-
20 essary, using guidelines established by the National
21 Health Board to promote the efficient and effective
22 delivery of health care services.

23 In addition, the Board shall distribute and provide such
24 health care services of a specialized nature (whether deliv-

1 ered in an inpatient or outpatient setting) as may be pro-
2 vided most effectively and efficiently.

3 (d) SPECIALIZED SERVICES.—The Board shall, not
4 later than the effective date of health services, establish
5 and maintain—

6 (1) specialized medical facilities for the efficient
7 and effective delivery of highly specialized health
8 care services, using guidelines it shall establish, to
9 individuals requiring highly specialized treatment,
10 care, and rehabilitation for injury or illness;

11 (2) health care and supplemental services for
12 individuals whose health care are related to occupa-
13 tional or other factors, including individuals residing
14 within a region on a temporary or seasonal basis (in-
15 cluding migratory agricultural workers) and individ-
16 uals confined to prisons and other correctional insti-
17 tutions; and

18 (3) such other health care facilities as are nec-
19 essary to promote the efficient and effective delivery
20 of health care services.

21 (e) HEALTH SERVICES.—States and the National
22 Health Board, through its local and regional authorities,
23 shall provide the following through health care facilities
24 established pursuant to this section:

1 (1) Health promotion through education on per-
2 sonal health matters, nutrition, the avoidance of ill-
3 ness, and the effective use of health care services
4 with particular emphasis on the appropriate and safe
5 use (discouraging the overuse) of drugs and medical
6 techniques.

7 (2) Maintenance and appropriate transmission
8 and transferal of personal health records for each
9 user of the services consistent with section 201(9).

10 (3) Referral services, including referrals, where
11 appropriate, to other health care facilities.

12 (4) Supplemental services (described in section
13 213(b)), as appropriate.

14 (5) Assistance to individuals who, because of
15 language or cultural differences or educational or
16 other handicaps, are unable fully to utilize the serv-
17 ices available from and delivered by the Board.

18 (6) Information (A) on the rights ensured
19 under this Act, (B) on the guidelines and standards
20 established by the Board, and (C) on how the Board
21 is implementing such rights and applying such
22 guidelines and standards.

23 (7) Information on the grievance mechanisms
24 established pursuant to subtitle A of title IV and on

1 legal services available to pursue grievances against
2 the Board.

3 (8) Environmental health inspection and moni-
4 toring services, including investigations relating to
5 the prevention of communicable diseases, in coopera-
6 tion with State and local authorities.

7 (9) Research and data gathering on the leading
8 causes of ill health and injury and on health care de-
9 livery, in accordance with section 421.

10 (10) In the case of each inpatient health care
11 facility, discharge planning and followup services (A)
12 to identify patients who will need continuing care
13 after discharge from the facility, and (B) to plan,
14 with the patient and the patient's family, arrange-
15 ments and referrals to meet such postdischarge
16 needs.

17 (f) AUTHORITIES.—

18 (1) EFFECTIVE DELIVERY.—In its establish-
19 ment of health care facilities, the National Health
20 Board shall seek to minimize fragmentation and du-
21 plication in delivery of health care and other services
22 so as to promote the effective and efficient delivery
23 of such services.

1 (2) COORDINATION.—The Board shall provide
2 mechanisms to coordinate care across political and
3 geographic boundaries as necessary.

4 (3) ASSURING AVAILABILITY AND ACCESSI-
5 BILITY OF SERVICES.—The Board shall take what-
6 ever additional steps are necessary to ensure that all
7 of the health services required under this title are
8 available and accessible in a timely manner to
9 adults, infants, children, and individuals with dis-
10 abilities in its region. Toward that end, it shall—

11 (A) ensure that users have access to a suf-
12 ficient number of each category of health work-
13 er, including primary care providers, specialists,
14 and other health care professionals, in a man-
15 ner so that, to the maximum extent possible,
16 such providers are geographically accessible to
17 all residences and workplaces within the region
18 and are culturally and linguistically appro-
19 priate;

20 (B) ensure that services are available in a
21 manner which ensures continuity of care, avail-
22 ability within reasonable hours of operation,
23 and include emergency and urgent care services
24 which shall be accessible at all times;

1 (C) ensure that any process established to
2 coordinate care shall ensure ongoing direct ac-
3 cess to relevant specialists and shall not impose
4 an undue burden on users with chronic health
5 conditions;

6 (D) ensure that appropriate steps are
7 taken to eliminate any transportation or other
8 barriers to the timely receipt of services;

9 (E) ensure that a user who has a severe,
10 complex, or chronic condition shall have access
11 to the most appropriate health care coordinator
12 (as defined in paragraph (4)(A)); and

13 (F) ensure that priorities in the use of
14 services and facilities shall be set by the appro-
15 priate health care professionals using criteria of
16 medical necessity and that any limitations or
17 delay in access to services shall be based only
18 on limits of available service personnel and
19 physical facilities.

20 (4) DEFINITIONS.—For purposes of this sub-
21 section:

22 (A) HEALTH CARE COORDINATOR.—The
23 “health care coordinator” means a health work-
24 er who performs case management (as defined
25 in subparagraph (B)) functions in consultation

1 with the health care team, the patient, family,
2 and community.

3 (B) CASE MANAGEMENT.—The term “case
4 management” means a coordinated set of activi-
5 ties conducted for the management of an indi-
6 vidual user’s serious, complicated, protracted or
7 chronic health conditions in order to ensure
8 cost-effective and benefit maximizing treatment.

9 (g) GUIDELINES.—The National Health Board shall
10 establish guidelines for distribution and coordination of
11 the delivery of health care and other services described in
12 this section and shall, before the effective date of health
13 services, plan and facilitate the transition to the new dis-
14 tribution of health care facilities and health workers to
15 be effected on and after that date.

16 (h) USE OF EVIDENCE-BASED CLINICAL DECISION
17 CRITERIA.—

18 (1) IN GENERAL.—The National Health Board
19 shall authorize the National Institute of Evaluative
20 Clinical Research described in section 422 to estab-
21 lish evidence-based clinical decision criteria, where
22 feasible, that shall apply throughout the Nation.

23 (2) CLINICAL DECISION CRITERIA DEFINED.—
24 For purposes of this section, the term “clinical deci-
25 sion criteria” means the recorded (written or other-

1 wise) screening procedures, decision abstracts, clin-
2 ical protocols, and practice guidelines used as an im-
3 portant basis to determine the necessity and appro-
4 priateness of health care services, in combination
5 with the facts of particular cases, the judgment of
6 health care professionals, and the preferences of
7 users. Such criteria shall be clearly documented and
8 available to all health workers and shall include a
9 mechanism for periodically updating such criteria.

10 (i) NOTICE OF DETERMINATIONS.—The National
11 Health Board, and its local and regional authorities, shall
12 provide users with timely notice of any determination to
13 provide, deny, or delay provision of a service, and informa-
14 tion about the relevant clinical decision criteria upon
15 which such determination is based, if any. Such notifica-
16 tion shall include information concerning the appropriate
17 procedure to appeal such decision.

18 (j) ACCOUNTABILITY.—In the case that the Health
19 Service fails on the effective date of health services, to sub-
20 stantially and materially provide health care and supple-
21 mental services in accordance with this section, redress
22 and alternative sources of care shall be authorized by an
23 independent authority accountable to Congress and State
24 legislatures. Such redress may include—

25 (1) requiring the provision of services; and

1 (2) providing reimbursement for the provision
2 of specified health care services in accordance with
3 procedures and schedules in effect under title XVIII
4 of the Social Security Act immediately before the ef-
5 fective date of health services.

6 **SEC. 222. OPERATION AND INSPECTION OF HEALTH CARE**
7 **FACILITIES.**

8 (a) ESTABLISHMENT OF POLICIES.—

9 (1) IN GENERAL.—Each health care facility
10 shall be subject to policies and organizational plans
11 consistent with this section and with parts A and C
12 of title III (relating to the health labor force) for the
13 operation of such facility and shall establish proce-
14 dures to ensure that the facility is operated in ac-
15 cordance with such policies and plans.

16 (2) HEALTH WORKER AND USER CONTROL.—
17 The National Health Board and its regional and
18 local authorities shall establish policies and mecha-
19 nisms for control of health care facilities by health
20 care workers who are employed in, and users who re-
21 ceive services from, the respective facility, and shall
22 promulgate rules preventing a financial conflict of
23 interest by decisionmaking bodies.

24 (b) EMPLOYMENT RESTRICTIONS.—

1 (1) IN GENERAL.—No individual entitled to
2 make decisions regarding establishment, allocation,
3 or operation of a health facility may engage in the
4 private delivery of health care services.

5 (2) PRIVATE DELIVERY OF HEALTH CARE
6 SERVICES DEFINED.—For the purposes of this sub-
7 section, the term “private delivery of health care
8 services” means the delivery of health care services
9 for which an individual, group, or organization re-
10 ceives remuneration from any source other than the
11 Health Service Trust Fund established in section
12 511.

13 (c) OPERATIONS OF HEALTH CARE FACILITIES.—

14 (1) HOURS OF OPERATION.—Any health care
15 facility which provides health care services on an
16 outpatient basis shall be open during hours that will
17 permit all users to make use of such services.

18 (2) EFFECTIVE DELIVERY.—In its establish-
19 ment of health care facilities under this section, the
20 Board shall seek to minimize fragmentation and du-
21 plication in delivery of health care and other services
22 so as to promote the effective and efficient delivery
23 of such services.

1 **SEC. 223. PROVISION OF HEALTH SERVICES RELATING TO**
2 **REPRODUCTION AND CHILDBEARING.**

3 (a) **PROVISION OF SERVICES.—**

4 (1) **IN GENERAL.—**The following services shall
5 be provided:

6 (A) **FAMILY PLANNING.—**

7 (i) Complete information on contra-
8 ception and provision of birth control ma-
9 terials or medication of the individual's
10 choosing.

11 (ii) Complete and effective evaluation
12 and treatment of sexually transmitted dis-
13 eases and diseases of the reproductive or-
14 gans.

15 (iii) Complete information and coun-
16 seling with respect to pregnancy, child-
17 bearing, and possible outcomes involving
18 genetically induced anomalies.

19 (B) **PREGNANCY.—**

20 (i) Complete and effective pregnancy
21 testing.

22 (ii) Prenatal services, including phys-
23 ical examination, counseling, and instruc-
24 tion of expectant parents in nutrition,
25 childrearing, and children's health care
26 services.

1 (iii) Safe, comfortable, and convenient
2 abortion services.

3 (iv) Counseling for women in conjunc-
4 tion with the provision of all gynecologic,
5 female contraceptive, and abortion services
6 and counseling for men on male fertility-
7 related services.

8 (2) VOLUNTARY.—The services described in
9 paragraph (1) shall be delivered without coercion or
10 harassment, with complete confidentiality, and with-
11 out prior approval of individuals other than the indi-
12 vidual receiving the services.

13 (3) ACCOMPANIMENT.—An individual shall be
14 permitted to be accompanied by a person of the indi-
15 vidual's choice during the provision of the services
16 described in paragraph (1) to the extent this would
17 not significantly increase the medical risk to the in-
18 dividual.

19 (b) VOLUNTARY CONSENT.—No health care provider
20 may perform upon an individual a treatment or procedure
21 (other than a treatment or procedure required to preserve
22 the life of the individual) which could reasonably be ex-
23 pected to affect the individual's capacity to reproduce chil-
24 dren, unless—

1 (1) the individual has given voluntary written
2 consent to the treatment or procedure after being
3 given complete information on the effect of the
4 treatment or procedure on the individual's reproduc-
5 tive capacity, and on possible alternative treatments
6 and procedures, at least 30 days before beginning
7 the treatment or procedure, and

8 (2) the individual has, after such 30-day wait-
9 ing period, again given written consent to the per-
10 formance of the treatment or procedure, except that
11 in the case of a woman who has given initial written
12 consent to a sterilization she may be sterilized in
13 less than 30 days following such consent (but in no
14 case in less than 72 hours)—

15 (A) if she had given initial written consent
16 at least 30 days before her anticipated delivery
17 date, she delivers before the anticipated date,
18 and the sterilization is performed at the time of
19 delivery;

20 (B) if she undergoes emergency abdominal
21 surgery within the 30-day waiting period and
22 the sterilization is concurrent with the abdom-
23 inal surgery; or

24 (C) in the case of an elective sterilization
25 procedure, such as tubal ligation or vasectomy,

1 that is scheduled and performed separately
2 from the act of childbirth, where prior informed
3 consent is provided and the procedure is per-
4 formed at the next subsequent or any later
5 medical visit after informed consent is obtained.

6 (c) BREAST CANCER TREATMENT.—The National
7 Health Board shall insure that, before a mastectomy or
8 other breast cancer treatment is performed on a woman,
9 the woman shall be provided with complete information
10 on the complete range of medical options available for
11 treatment of her condition and the risks and side effects
12 of each option and an opportunity to consult individuals
13 of her choice, and shall have given voluntary written con-
14 sent to such procedure.

15 (d) BIRTHING OPTIONS.—The National Health
16 Board shall provide that a woman giving birth to an infant
17 shall have the right to choose from a complete range of
18 childbirth options including—

19 (1) giving birth at home, in a birth center (if
20 available), or in a hospital;

21 (2) the presence during childbirth of a person
22 or persons of her choosing;

23 (3) the position for labor and delivery which she
24 chooses;

25 (4) caring for her infant at her bedside;

1 (5) feeding her infant according to the method
2 and schedule of her choice; and

3 (6) selecting the birth attendant of her own
4 choice.

5 She shall be provided with information on the benefits,
6 risks, and side effects of each option and an opportunity
7 to consult individuals and groups of her choosing for infor-
8 mation and assistance on these options.

9 **TITLE III—HEALTH LABOR**

10 **FORCE**

11 **Subtitle A—Job Categories and** 12 **Certification**

13 **SEC. 301. EFFECT OF STATE LAW.**

14 Notwithstanding any law of a State or political sub-
15 division to the contrary, the Service, acting in accordance
16 with the provisions of this Act, shall be the sole judge of
17 the qualifications of its employees.

18 **SEC. 302. QUALIFICATIONS OF HEALTH WORKERS.**

19 (a) **CERTIFICATION OF COMPETENCE.**—The National
20 Health Board shall establish procedures which will ensure
21 that, except in emergency situations, any work which is
22 classified under a job category established under this sub-
23 title is performed by a health worker who at the time of
24 such work was—

1 (1) certified (in accordance with this subtitle)
2 as competent to perform the work under such job
3 category, and

4 (2) authorized to perform such work by the em-
5 ployer of such worker.

6 (b) PERIODIC ASSESSMENTS.—There shall be peri-
7 odic review and assessment of the competency of such
8 workers to perform the work within their job category, and
9 opportunities for health workers to be assessed and cer-
10 tified with respect to skills required for advancement to
11 other job categories.

12 **SEC. 303. ESTABLISHMENT OF JOB CATEGORIES AND CER-**
13 **TIFICATION STANDARDS.**

14 (a) IN GENERAL.—

15 (1) CLASSIFICATION.—The National Health
16 Board shall establish such guidelines for the classi-
17 fication, certification, and employment of health
18 workers by job category as it determines to be nec-
19 essary—

20 (A) to ensure that health workers who per-
21 form work for the Service which requires spe-
22 cialized skills have demonstrated that they pos-
23 sess such skills,

24 (B) to expand the roles of health workers
25 to enable them to participate in health care de-

1 livery to the maximum extent consistent with
2 their skills, and

3 (C) to provide for affiliation of health
4 workers with health care facilities at the com-
5 munity, district, and regional levels.

6 These guidelines shall permit alternative approaches
7 to healing, and practitioners skilled in such ap-
8 proaches, when these approaches have not been dem-
9 onstrated to be injurious to health.

10 (2) CONSIDERATIONS.—In establishing guide-
11 lines under paragraph (1), the National Health
12 Board shall provide for (A) sufficient flexibility to
13 permit utilization of health workers most effectively
14 to meet the health needs of the region, and (B) suf-
15 ficient uniformity to permit mobility of health work-
16 ers among the regions.

17 (b) CERTIFICATION STANDARDS.—

18 (1) ESTABLISHMENT.—For each job category
19 (other than a job category determined by the Na-
20 tional Health Board to involve highly specialized
21 skills requiring advanced specialty training), the Na-
22 tional Health Board shall, taking into account the
23 guidelines established under subsection (a), establish
24 certification standards which shall specify—

1 (A) the functions performed by a health
2 worker employed in such job category;

3 (B) the skills required in the course of
4 properly performing work under such job cat-
5 egory;

6 (C) the initial and continuing training, ex-
7 perience, and performance which must be un-
8 dertaken or demonstrated by a health worker to
9 achieve and maintain competency to perform
10 the work within such job category; and

11 (D) the curriculum which a health worker
12 must follow in studies in a health team school
13 (established under subtitle B) to demonstrate
14 sufficient competence to satisfy the specification
15 of subparagraph (C) for such job category.

16 (2) SPECIFICATIONS.—For each job category
17 established and determined by the National Health
18 Board to involve highly specialized skills requiring
19 advanced specialty training, the National Health
20 Board shall make the specifications described in sub-
21 paragraphs (A) through (D) of paragraph (1).

22 (3) PERIODIC REVIEW.—Standards for a job
23 category under this subsection shall be periodically
24 reviewed to supplement, modify, or eliminate such

1 standards as will facilitate the delivery of quality
2 health care services under this Act.

3 (4) QUALITY PROTECTION.—

4 (A) PROHIBITION OF DOWNGRADES OF
5 LEVELS.—No individual health facility adminis-
6 trator is authorized to downgrade the level of
7 skill, license or certification required to perform
8 duties delineated by the Board.

9 (B) REVIEW.—

10 (i) REVIEW OF STAFFING CHANGES.—

11 Upon enactment of this Act, the Board
12 shall convene a national level task force to
13 review the impact on the safety and health
14 of patients and workers of downgrading
15 and deskilling of health care job categories
16 by replacing licensed with unlicensed work-
17 ers during the 1990s, particularly in the
18 nursing area, and to recommend remedies
19 as appropriate.

20 (ii) WHISTLEBLOWER PROTECTION.—

21 Health care workers who report com-
22 promises in the quality of care shall not be
23 subjected to recriminations.

24 (C) WORKFORCE STAFFING LEVELS.—The

25 Board may establish health workforce staffing

1 levels as it determines will promote the delivery
2 of quality health care services.

3 **Subtitle B—Education of Health**
4 **Workers**

5 **SEC. 311. HEALTH TEAM SCHOOLS.**

6 (a) ESTABLISHMENT.—

7 (1) IN GENERAL.—Except as provided in para-
8 graph (2), the Board shall establish a procedure for
9 converting existing educational facilities for health
10 services workers to create health team schools (each
11 in this subtitle referred to as a “school”) in accord-
12 ance with this section to provide programs of initial
13 and continuing basic education in health care deliv-
14 ery for health workers in all job categories, and to
15 provide initial continuing advanced education in
16 health care specialties and health science specialty
17 fields. Such schools shall be established and func-
18 tioning not later than 4 years after the effective date
19 of health services.

20 (2) USE OF FUNDS.—Schools shall be funded
21 exclusively by the Service, shall not charge nor ac-
22 cept tuition or fees for enrollment, and shall provide
23 each student with an adequate allowance for living
24 expenses, educational supplies, and any child care
25 expenses.

1 (b) OPERATIONAL PRINCIPLES.—Schools shall be op-
2 erated and maintained in accordance with the following
3 principles:

4 (1) The activities of each school shall be de-
5 signed to meet the health needs of the population.

6 (2) The number of students enrolled in each
7 educational program in a school shall be based on
8 the needs for health workers within a given area, de-
9 fined by geographic and political boundaries.

10 (3) Schools shall integrate the education of
11 health workers in the different job categories (estab-
12 lished under subtitle A) so as to permit health work-
13 ers to be educated and certified for successively
14 higher levels of health care work.

15 (4) Each school's admissions policies, cur-
16 riculum policies, faculty hiring procedures, and gov-
17 ernance plan shall be established and implemented
18 in accordance with subsections (c) through (f), re-
19 spectively, and with the fullest possible participation
20 of the community health workers, staff, and students
21 in its region.

22 (5) A school may not use individuals who are
23 from low-income populations or minority groups, or
24 who are women or confined in mental or penal insti-
25 tutions, as subjects for training or demonstration in

1 numbers that are disproportionate to their numbers
2 in the population of the region, and may not use any
3 individuals as subjects for training or demonstration
4 in a manner beyond that required for the immediate
5 purpose of the training or demonstration or without
6 their explicit consent.

7 The National Health Board shall establish, not later than
8 one year after the effective date of health services, guide-
9 lines for the application of these principles and for the
10 phased integration of health worker education programs,
11 including medical, dental, osteopathic, and nursing school
12 programs, in existence on the date of enactment of this
13 Act into the schools established under this section.

14 (c) ADMISSIONS POLICIES.—Admissions policies for
15 education programs in schools shall—

16 (1) emphasize previous health-related work ex-
17 perience, as evaluated by health workers (including
18 peers), by individuals who have received health care
19 services from the applicant, and by faculty members;

20 (2) minimize the use of criteria of academic
21 performance other than such criteria as have been
22 shown to be significantly related to future work per-
23 formance;

1 (3) give preference to segments of the popu-
2 lation of the region underrepresented among health
3 workers;

4 (4) to the extent consistent with paragraph (3),
5 provide for admission of individuals so that the stu-
6 dent body approximates the population of the region
7 by race, sex, family income, and language; and

8 (5) require that the applicant agree, if accepted
9 into the school, to perform health care services in ac-
10 cordance with section 312.

11 (d) CURRICULUM POLICIES.—The National Health
12 Board, in consultation with its local and regional authori-
13 ties, shall establish and implement curriculum policies for
14 educational programs in schools. Such policies shall—

15 (1) give priority in study and field work to the
16 leading causes of illness and death in the region, in-
17 cluding environmental, biological, and social deter-
18 minants of mortality and morbidity;

19 (2) give special consideration to studying the
20 social, as well as biological, causation and prevention
21 of illness and disease, and to the differing health
22 care needs of populations facing special health risks
23 and having special cultures and lifestyles within the
24 region;

1 (3) provide that all students shall take a com-
2 mon, initial sequence of courses and that students
3 preparing for more advanced types of health work
4 shall take studies that are progressively more spe-
5 cialized and differentiated;

6 (4) emphasize work study experience in all
7 types of health care facilities in the region, including
8 community and workplace facilities, facilities for the
9 aged, mentally ill, and mentally retarded, health care
10 facilities in prisons and other correctional institu-
11 tions, alcohol and drug rehabilitation facilities, envi-
12 ronmental health facilities, and all other health care
13 facilities of the Service in communities and districts
14 in the region;

15 (5) emphasize the appropriate and safe use,
16 and discourage the overuse, of drugs and medical
17 techniques; and

18 (6) facilitate the development by all health
19 workers of skills in decisionmaking and assessment
20 of user needs in cooperation with other health work-
21 ers and with users.

22 (e) FACULTY HIRING PROCEDURES.—Faculty hiring
23 procedures in schools shall, to the maximum extent fea-
24 sible, create a faculty which approximates the population
25 of the region by race, sex, and language.

1 (f) GOVERNANCE PLANS.—Governance plans for the
2 management of a school shall give significant decision-
3 making powers to staff and students of the school.

4 **SEC. 312. SERVICE REQUIREMENT.**

5 (a) SERVICE REQUIREMENT.—

6 (1) IN GENERAL.—No individual may be en-
7 rolled in a school unless the individual agrees to per-
8 form health care services as an employee of the
9 Service in the job category for which training is
10 being provided—

11 (A) for a period of time equal to the period
12 of such enrollment in the school but not less
13 than 2 years;

14 (B) beginning not later than 1 year after
15 the date of the individual's graduation from the
16 school; and

17 (C) for an area with the highest priority
18 ranking under subsection (c) that agrees to em-
19 ploy the individual.

20 (2) DEFERRAL.—An individual's obligation to
21 perform service under an agreement described in
22 paragraph (1) shall be deferred only for a period
23 during which the individual is physically or mentally
24 incapable of performing such service.

1 (3) COMPLETION OF SERVICE REQUIRED.—No
2 individual who has made an agreement described in
3 paragraph (1) may be employed other than in ac-
4 cordance with subsection (c), until the individual has
5 completed the period of obligated service in accord-
6 ance with this section.

7 (4) PENALTY FOR BREACH OF AGREEMENT.—
8 Except as provided in paragraph (5), if an individual
9 breaches an agreement under paragraph (1) by fail-
10 ing (for any reason) either to begin such individual's
11 service obligation or to complete such service obliga-
12 tion, the Service shall be entitled to recover from the
13 individual an amount determined in accordance with
14 the formula $A = C (1 - s/(t))$ in which—

15 (A) "A" is the amount the Service is enti-
16 tled to recover;

17 (B) "C" is an amount determined by the
18 National Health Board to be the costs to the
19 Service of the education program and allowance
20 received by the individual and the interest on
21 such costs which would be payable if at the
22 time the costs were undertaken they were loans
23 bearing interest at the maximum legal pre-
24 vailing rate, as determined by the Treasurer of
25 the United States;

1 (C) “t” is the total number of months in
2 the individual’s period of obligated service; and

3 (D) “s” is the number of months of such
4 period served by the individual. Any amount of
5 damages which the Service is entitled to recover
6 under this paragraph shall, within the 1-year
7 period beginning on the date of the breach of
8 the agreement, be paid to the Service.

9 (5) CANCELLATION.—

10 (A) UPON DEATH.—Any obligation of an
11 individual under this subsection for service or
12 payment of damages shall be canceled upon the
13 death of the individual.

14 (B) EXTREME HARDSHIP EXCEPTION.—
15 The National Health Board shall provide for
16 the waiver or suspension of any obligation of
17 service or payment by an individual under this
18 subtitle whenever compliance by the individual
19 is impossible or would involve extreme hardship
20 to the individual and if enforcement of such ob-
21 ligation with respect to any individual would be
22 unconscionable.

23 (C) LIMITATION ON DISCHARGE IN BANK-
24 RUPTCY.—Any obligation of an individual under
25 this subtitle for payment of damages may be re-

1 leased by a discharge in bankruptcy under title
2 11 of the United States Code only if such dis-
3 charge is granted after the expiration of the 5-
4 year period beginning on the first date that
5 payment of such damages is required.

6 (b) PERIODIC REASSESSMENT OF WORKER RA-
7 TIOS.—The National Health Board shall periodically as-
8 sess the ratio of the number of health workers employed
9 by the Board in each job category (established under sub-
10 title A) in an area to the number of residents in the area.

11 (c) WORKER MATCHES.—The National Health Board
12 shall establish a program to match the locational pref-
13 erences of graduates of schools with the needs and pref-
14 erences of regions.

15 **SEC. 313. PAYMENT FOR CERTAIN EDUCATIONAL LOANS.**

16 (a) LOAN PAYMENT PROGRAM.—In the case of any
17 individual who has incurred any educational loan before
18 the fourth year after the effective date of health services
19 and for the individual's costs for an educational program
20 in health care delivery, health care specialties, or health
21 science specialty fields, the National Health Board shall
22 make payments, in accordance with subsection (b), for and
23 on behalf of that individual, on the principal of and inter-
24 est on any such loan which is outstanding on the date the
25 individual begins to work for the Service.

1 (b) MAKING OF PAYMENT.—The payments described
2 in subsection (a) shall be made by the National Health
3 Board as follows:

4 (1) Upon completion by the individual for whom
5 the payments are to be made of the first year of em-
6 ployment with the Service, the National Health
7 Board shall pay 30 percent of the principal of, and
8 the interest on, each loan described in subsection (a)
9 which is outstanding on the date he began such em-
10 ployment.

11 (2) Upon completion by that individual of the
12 second year of such employment, the National
13 Health Board shall pay another 30 percent of the
14 principal of, and the interest on, each such loan.

15 (3) Upon completion by that individual of a
16 third year of such employment, the National Health
17 Board shall pay another 25 percent of the principal
18 of, and the interest on, each such loan.

19 (4) Upon completion by that individual of a
20 fourth year of such employment, the National
21 Health Board shall pay the remaining 15 percent of
22 the principal of, and all remaining interest on, each
23 such loan.

24 No payment may be made under this subsection with re-
25 spect to a loan unless the person on whose behalf the pay-

1 ment is to be made has submitted to the National Health
2 Board a certified copy of the agreement under which such
3 loan was made.

4 (c) PAYMENT DURING EMPLOYMENT.—Notwith-
5 standing the requirement of completion of employment
6 specified in subsection (b), the National Health Board
7 shall on or before the due date thereof, pay any loan or
8 loan installment which may fall due within the period of
9 employment for which the borrower may receive payments
10 under this section, upon the declaration of such borrower,
11 at such times and in such manner as the National Health
12 Board may prescribe (and supported by such other evi-
13 dence as the National Health Board may reasonably re-
14 quire), that the borrower is then employed as described
15 in subsection (b) and that the borrower will continue to
16 be so engaged for the period required (in the absence of
17 this subsection) to entitle the borrower to have made the
18 payments provided by this section for such period, except
19 that not more than 85 percent of the principal of any such
20 loan shall be paid pursuant to this subsection.

1 **Subtitle C—Employment and**
2 **Labor-Management Relations**
3 **Within the Service**

4 **SEC. 321. EMPLOYMENT, TRANSFER, PROMOTION, AND RE-**
5 **CEIPT OF FEES.**

6 (a) SERVICE EMPLOYEES.—The National Health
7 Board shall employ, classify, and fix the salaries and bene-
8 fits of all employees of the Service employed in the Serv-
9 ice’s facilities.

10 (b) POLICIES.—The National Health Board, in estab-
11 lishing guidelines and standards under this subtitle, shall,
12 to the extent feasible and consistent with the provisions
13 of this subtitle, provide for—

14 (1) employment and promotion in the Service in
15 the same manner as is provided for employment and
16 promotion under the Federal civil service system;

17 (2) meaningful opportunities for career ad-
18 vancement;

19 (3) encouragement of health workers to use up
20 to 10 percent of their work time for continuing edu-
21 cation under subtitle B without loss of pay or other
22 job rights; and

23 (4) full protection of employees’ rights by pro-
24 viding an opportunity for a fair hearing on adverse
25 actions with representation of their own choosing.

1 (c) **HIRING PREFERENCES.**—The National Health
2 Board, in hiring for employees to fill vacancies in newly
3 created positions, shall give preference to individuals who
4 were employed as health workers, or self-employed while
5 delivering health services, before the date of enactment of
6 this Act. The National Health Board shall ensure, through
7 such steps as it deems necessary, that all such individuals
8 desiring to be employed within the Service shall find ap-
9 propriate employment in the Service.

10 (d) **PROMOTION AND TRANSFER.**—Employees of the
11 Service shall be eligible for promotion or transfer to any
12 position in the Service for which they are qualified. A job
13 placement service in each region shall assist health work-
14 ers in its region in identifying suitable employment oppor-
15 tunities and in transferring between jobs. The authority
16 given by this subsection shall be used to provide a max-
17 imum degree of career opportunities for employees and to
18 ensure continued improvement of health care services.

19 (e) **NO UNDUE FINANCIAL INCENTIVES.**—No health
20 worker should benefit financially from the provision or de-
21 nial of services to individual patients, beyond their regular
22 remuneration.

23 (f) **SOLE EMPLOYER.**—An employee of the Service
24 may not receive any fee or perquisite on account of duties

1 performed by virtue of such employment except from the
2 Service.

3 (g) GRANDFATHER CLAUSE.—The National Health
4 Board shall support alternative procedures to assure that
5 health care professionals meet required standards, par-
6 ticularly those currently practicing in health professional
7 shortage areas in inner cities and in rural communities.

8 (h) TRANSITIONAL EMPLOYMENT.—Up to 1 percent
9 of the budget of the United States Health Service for each
10 of its first 2 years may be expended for the retraining
11 and hiring of sales, administrative, clerical, and service
12 employees displaced as a result of this Act, including those
13 in the health insurance industry.

14 **SEC. 322. APPLICABILITY OF LAWS RELATING TO FEDERAL**
15 **EMPLOYEES.**

16 (a) IN GENERAL.—Chapter 75 of title 5, United
17 States Code (relating to adverse actions against employ-
18 ees), apply to employees of the Service (other than employ-
19 ees serving on the personal staff of members of health
20 boards) except to the extent provided—

21 (1) in a collective bargaining agreement nego-
22 tiated on behalf of and applicable to them; or

23 (2) in procedures established by the Service and
24 approved by the Office of Personnel Management.

1 (b) COVERAGE UNDER WORKERS COMPENSATION.—
2 Employees of the Service are covered by subchapter I of
3 chapter 81 of title 5, United States Code (relating to com-
4 pensation for work injuries).

5 (c) CIVIL SERVICE.—

6 (1) APPLICATION OF CIVIL SERVICE RETIRE-
7 MENT.—Chapter 83 of title 5, United States Code
8 (relating to civil service retirement), applies to em-
9 ployees of the Service except to the extent provided
10 in a collective bargaining agreement negotiated on
11 behalf of and applicable to them.

12 (2) WITHHOLDING.—The Service shall withhold
13 from pay and shall pay into the Civil Service Retire-
14 ment and Disability Fund the amounts specified in
15 chapter 83 of title 5, United States Code, as re-
16 quired under paragraph (1). The Service, upon re-
17 quest of the Office of Personnel Management, but
18 not less frequently than annually, shall pay to the
19 Office the costs reasonably related to the adminis-
20 tration of Fund activities for employees of the Serv-
21 ice.

22 (d) ACCRUAL OF SICK AND ANNUAL LEAVE.—Sick
23 and annual leave and compensatory time of employees of
24 the Service, whether accrued prior to or after the com-

1 mencement of operations of the Service, shall be obliga-
2 tions of the Service.

3 (e) APPLICATION OF CONDITIONS.—

4 (1) TERMS OF EMPLOYMENT.—Compensation,
5 benefits, and other terms and conditions of employ-
6 ment in effect on the effective date of health services
7 for employees of the Federal Government performing
8 functions that are provided under this Act by the
9 Service, shall apply to all employees of the Service
10 performing similar functions until changed by the
11 Service in accordance with this Act. Subject to the
12 provisions of this Act, the provisions of subchapter
13 I of chapter 85 and chapter 87 of title 5, United
14 States Code (relating to unemployment compensa-
15 tion and life insurance), apply to employees of the
16 Service unless varied, added to, or substituted for in
17 accordance with paragraph (2).

18 (2) LIMITATION ON VARIATION.—No variation,
19 addition, or substitution with respect to fringe bene-
20 fits shall result in a program of fringe benefits which
21 on the whole is less favorable to employees of the
22 Service than fringe benefits in effect for employees
23 of the Federal Government on the effective date of
24 health services. No variation, addition, or substi-
25 tution with respect to fringe benefits of employees

1 for whom there is a collective bargaining representa-
2 tive shall be made except by agreement between such
3 representative and the Service.

4 **SEC. 323. APPLICABILITY OF FEDERAL LABOR-MANAGE-**
5 **MENT RELATIONS LAWS.**

6 (a) APPLICATION OF NLRA.—

7 (1) IN GENERAL.—The provisions of the Na-
8 tional Labor Relations Act (42 U.S.C. 141 et seq.)
9 shall apply to the Service and its employees to the
10 extent, not inconsistent with subsection (b), to which
11 such provisions apply to employers (as defined in
12 section 2(2) of such Act), except that—

13 (A) the phrase “or any individual employed
14 as a supervisor” in section 2(3) of such Act
15 shall not apply (thereby making such Act apply,
16 for these purposes, to such individuals);

17 (B) section 9(b)(1) of such Act (providing
18 for separate treatment for professional and
19 nonprofessional employees) shall not apply;

20 (C) sections 206 through 210 of such Act
21 (relating to national emergencies) shall, for pur-
22 poses of this Act, have the phrases “the Presi-
23 dent of the United States” and “the Presi-
24 dent”, wherever they appear, replaced by the
25 phrase “the National Health Board (or a com-

1 mittee thereof to which it has delegated such
2 authority)” and the phrase “national health or
3 safety” replaced by the phrase “health or safety
4 of the residents of any region”; and

5 (D) section 213 (providing for intervention
6 in a strike or lockout by the Director of the
7 Federal Mediation and Conciliation Service)
8 shall not apply.

9 (2) STRIKES PERMITTED.—Paragraphs (3) and
10 (4) of section 7311 of title 5, United States Code
11 (prohibiting participation in a strike or an organiza-
12 tion asserting the right to strike), shall not apply to
13 employees of the Service.

14 (b) NEUTRALITY IN UNION MATTERS.—The Na-
15 tional Health Board shall adopt as a matter of general
16 policy that governing boards at each level of the Service,
17 and employers acting as agents of these boards, agree to
18 determine employee preference on the subject of labor
19 union representation, and to determine which one if union
20 representation is preferred, by a card check procedure con-
21 ducted by a neutral third party in lieu of a formal election.

22 (c) COLLECTIVE BARGAINING.—

23 (1) IN GENERAL.—Collective bargaining agree-
24 ments between the National Health Board and duly
25 recognized bargaining representatives of employees

1 of the Service may include procedures for resolution
2 by the parties of grievances and adverse actions arising
3 under the agreement, including procedures culminating
4 in binding third party arbitration.

5 (2) ALTERNATIVE PROCEDURES.—The National
6 Health Board and duly recognized bargaining representatives
7 of employees of the Service may by mutual agreement
8 adopt procedures for the resolution by the parties—

10 (A) of grievances and adverse actions arising
11 under collective bargaining agreements, and

12 (B) of disputes or impasses arising in the
13 negotiation of such agreements.

14 (d) CONFORMING AMENDMENT.—Section 3(e) of the
15 Labor-Management Reporting and Disclosure Act of 1959
16 (42 U.S.C. 402(e)) is amended by inserting “the United
17 States Health Service and” after “and includes”.

18 **SEC. 324. DEFENSE OF CERTAIN MALPRACTICE AND NEGLIGENCE SUITS.**

20 (a) EXCLUSIVE REMEDY.—The remedy against the
21 United States provided by sections 1346(b) and 2672 of
22 title 28, United States Code, or by alternative benefits
23 provided by the United States where the availability of
24 such benefits precludes a remedy under section 1346(b)
25 of such title, for damage for personal injury, including

1 death, resulting from the performance of medical, surgical,
2 dental, or related functions, including the conduct of clin-
3 ical studies or investigations, by any employee of the Serv-
4 ice while acting within the scope of the employee's employ-
5 ment, shall be exclusive of any other civil action or pro-
6 ceeding by reason of the same subject matter against the
7 employee (or the employee's estate) whose act or omission
8 gave rise to the claim.

9 (b) DEFENSE.—The Attorney General shall defend
10 any civil action or proceeding brought in any court against
11 any person referred to in subsection (a) (or the person's
12 estate) for any such damage or injury. Any such person
13 against whom such civil action or proceeding is brought
14 shall deliver within such time after date of service or
15 knowledge of service as determined by the Attorney Gen-
16 eral, all process served upon the person or an attested true
17 copy thereof to the person's immediate superior or to
18 whomever was designated by the appropriate National
19 Health Board to receive such papers and such person shall
20 promptly furnish copies of the pleading and process there-
21 in to the United States attorney for the district embracing
22 the place wherein the proceeding is brought, to the Attor-
23 ney General, and to the National Health Board.

24 (c) PROCEDURE.—

1 (1) REMOVAL FROM STATE COURTS.—Upon a
2 certification by the Attorney General that the de-
3 fendant was acting in the scope of employment at
4 the time of the incident out of which the suit arose,
5 any such civil action or proceeding commenced in a
6 State court shall be removed without bond at any
7 time before trial by the Attorney General to the dis-
8 trict court of the United States of the district and
9 division embracing the place wherein it is pending
10 and the proceeding deemed a tort action brought
11 against the United States under the provision of
12 title 28, United States Code, and all references
13 thereto.

14 (2) MOTIONS TO REMAND.—If a United States
15 district court determines on a hearing on a motion
16 to remand held before a trial on the merits that the
17 case so removed is one in which a remedy by suit
18 within the meaning of subsection (a) is not available
19 against the United States, the case shall be re-
20 manded to the State court.

21 (3) EFFECT OF ALTERNATIVE REMEDIES.—
22 Where a remedy by suit within the meaning of sub-
23 section (a) is not available because of the availability
24 of a remedy through proceedings for compensation
25 or other benefits from the United States as provided

1 by any other law, the case shall be dismissed, but in
2 the event the running of any limitation of time for
3 commencing, or filing an application or claim in,
4 such proceedings for compensation or other benefits
5 shall be deemed to have been suspended during the
6 pendency of the civil action or proceeding under this
7 section.

8 (d) SETTLEMENT.—The Attorney General may com-
9 promise or settle any claim asserted in such civil action
10 or proceeding in the manner provided in section 2677 of
11 title 28, United States Code, and with the same effect.

12 (e) LIMITATION.—For purposes of this section, the
13 provisions of section 2680(h) of title 28, United States
14 Code, shall not apply to assault or battery arising out of
15 negligence in the performance of medical, surgical, dental,
16 or related functions, including the conduct of clinical stud-
17 ies or investigations.

18 (f) LIABILITY INSURANCE.—The appropriate Na-
19 tional Health Board may, to the extent it deems appro-
20 priate, hold harmless or provide liability insurance for any
21 employee of the Service for damage for personal injury,
22 including death, negligently caused by such employee while
23 acting within the scope of employment and as a result of
24 the performance of medical, surgical, dental, or related
25 functions, including the conduct of clinical studies or in-

1 vestigations, if the employee is assigned to a foreign coun-
 2 try or detailed to a State or political subdivision thereof
 3 or to a nonprofit institution, and if the circumstances are
 4 such as are likely to preclude the remedies of third persons
 5 against the United States described in section 2679(b) of
 6 title 28, United States Code, for such damage or injury.

7 **TITLE IV—OTHER FUNCTIONS**
 8 **OF HEALTH BOARDS**

9 **Subtitle A—Advocacy, Grievance**
 10 **Procedures, and Trusteeships**

11 **SEC. 401. ADVOCACY AND LEGAL SERVICES PROGRAM.**

12 (a) ESTABLISHMENT OF PROGRAM.—The National
 13 Health Board shall establish a program of health advocacy
 14 to ensure the full realization of the patient rights enumer-
 15 ated in subtitle A of title II. Such a program shall in-
 16 clude—

17 (1) the employment of individuals having basic
 18 legal knowledge and skills as health advocates;

19 (2) the presence of health advocates—

20 (A) in inpatient health care facilities at all
 21 times; and

22 (B) in other health care facilities during
 23 the provision of health care services;

24 (3) provision for health advocates to (A) in-
 25 form, on an ongoing basis, users and health workers

1 of such patient rights and (B) report to the National
2 Health Board any infraction of such rights which is
3 not promptly corrected;

4 (4) provision for regular meetings between
5 health workers and health advocates, users, and any
6 user representatives to discuss ways of ensuring the
7 fulfillment of such rights through affirmative action
8 of such workers and the National Health Board; and

9 (5) appropriate action by the National Health
10 Board to ensure that infractions of such rights are
11 promptly and sufficiently corrected.

12 (b) HEALTH RIGHTS LEGAL SERVICES.—

13 (1) ESTABLISHMENT OF PROGRAM.—The Na-
14 tional Health Board shall establish a health rights
15 legal services program and shall provide such pro-
16 gram with sufficient legal and administrative per-
17 sonnel, funding, and facilities (A) to ensure that
18 users and health workers receive, free of charge,
19 high quality legal services (including representation
20 in grievance proceedings commenced under section
21 402) for legal problems related to health rights and
22 health care services, and (B) to improve, through
23 litigation and other activities, the health care system
24 and expand the rights of users and health workers.

1 (2) SERVICES.—The health rights legal services
2 program shall provide directly, by contract with the
3 Legal Services Corporation, or by contract with
4 members of the private bar, for—

5 (A) establishment of a legal services office
6 in each region to provide representation (other
7 than representation provided under subpara-
8 graph (B)) of users, health workers, and vol-
9 untary associations having a demonstrated in-
10 terest in health care in proceedings and hear-
11 ings under sections 324 and 402; and

12 (B) establishment of legal services offices
13 in such communities and districts as are deter-
14 mined, in accordance with guidelines established
15 by the National Health Board, to have inad-
16 equate legal services to provide the legal serv-
17 ices described in paragraph (1)(A).

18 (3) USE OF CONTRACTS.—The National Health
19 Board may carry out the functions described in
20 paragraph (1)(B) directly, by contract, or otherwise.

21 **SEC. 402. GRIEVANCE PROCEDURES.**

22 (a) GRIEVANCE PROCEEDINGS.—

23 (1) IN GENERAL.—The National Health Board
24 shall provide, in accordance with this section, that
25 any user, health worker, or any user association hav-

1 ing a demonstrated interest in health care may com-
2 mence a grievance proceeding before the Board (or
3 a person or committee designated by such Board)
4 with respect to an alleged violation of this Act. The
5 National Health Board may commence a grievance
6 proceeding before itself (or a person or committee
7 designated by such Board) with respect to an alleged
8 violation of this Act.

9 (2) GRIEVANCES AGAINST NATIONAL HEALTH
10 BOARD.—Grievances against the National Health
11 Board may be presented to and adjudicated by the
12 Inspector General for Health Services or the Inspec-
13 tor’s General local designees. Grievants shall also
14 have access to review in the courts.

15 (b) REVIEW.—

16 (1) BY NATIONAL HEALTH BOARD.—The Na-
17 tional Health Board shall provide, subject to para-
18 graphs (2) and (3), for its review (or a review by a
19 person or committee designated by the Board), by
20 appeal to the Board by any party to a proceeding
21 described in subsection (a)(1) or on its own initia-
22 tive, of an adverse decision.

23 (2) LIMITATION ONCE SUIT COMMENCED.—On
24 and after the date a suit with respect to an adverse
25 determination in a grievance proceeding or review

1 proceeding is filed under subsection (e), no review
2 proceeding respecting such proceeding may be com-
3 menced by appeal to the Board under paragraph (1),
4 and any such review proceeding which was com-
5 menced by appeal to the Board under such para-
6 graph before the date of filing of such suit and is
7 pending on such date shall promptly be discon-
8 tinued.

9 (3) TIME LIMIT.—No review of an adverse ad-
10 ministrative decision may be made by appeal or by
11 initiative under this subsection unless the appeal is
12 filed or notice of the initiative is published (as the
13 case may be) not later than 30 days after the publi-
14 cation of the decision.

15 (c) INVESTIGATION.—Whenever a grievance pro-
16 ceeding is commenced under subsection (a), the entity be-
17 fore which the proceeding is held shall investigate the
18 grievance.

19 (d) RIGHT TO SUE.—Any party to a grievance pro-
20 ceeding or review proceeding commenced under this sec-
21 tion may bring suit in the United States district court for
22 the judicial district in which such proceeding, or review
23 proceeding, was brought, for the review of an adverse de-
24 termination in such proceeding or review proceeding. Such
25 court shall affirm such determination unless it finds that

1 such determination is not supported by substantial evi-
2 dence or is arbitrary and capricious.

3 **Subtitle B—Occupational Safety**
4 **and Health Programs**

5 **SEC. 411. FUNCTIONS OF THE NATIONAL HEALTH BOARD.**

6 (a) OVERSIGHT AUTHORITY.—On and after the effec-
7 tive date of health services, the National Health Board
8 shall oversee occupational safety and health programs con-
9 ducted at the regional level, and shall participate in the
10 establishment and administration of occupational safety
11 and health standards under the Occupational Safety and
12 Health Act of 1970.

13 (b) CONFORMING AMENDMENTS.—

14 (1) IN GENERAL.—To provide for participation
15 of the National Health Board in the establishment
16 and administration of occupational safety and health
17 standards, the Occupational Safety and Health Act
18 of 1970 (29 U.S.C. 651 et seq.) is amended—

19 (A) in section 3, by adding at the end the
20 following new paragraph:

21 “(15) The term ‘National Health Board’ means
22 the National Health Board of the United States
23 Health Services.”;

24 (B) by striking “Secretary of Health and
25 Human Services” each place it appears (other

1 than in section 22(b)) and inserting “National
2 Health Board”;

3 (C) in the first sentence of section 6(b)(1),
4 by inserting “shall request the National Health
5 Board and” before “may request”;

6 (D) in the second sentence of section
7 6(b)(1), by inserting “the Board and” after
8 “The Secretary shall provide”;

9 (E) in the third sentence of section
10 6(b)(1), by striking “An” and inserting “The
11 Board and an”;

12 (F) in the third sentence of section
13 6(b)(1), by striking “its” each place it appears
14 and inserting “their”;

15 (G) in the fourth sentence of section
16 6(b)(6)(A), by inserting “after consultation
17 with the National Health Board and” after
18 “may be granted only”;

19 (H) in the third sentence of section 6(d),
20 by inserting “after consultation with the Na-
21 tional Health Board and” before “after oppor-
22 tunity for”;

23 (I) in section 8(g)(2), by striking “The
24 Secretary” and all that follows through “shall
25 each” and inserting “The Secretary shall”;

1 (J) in section 8(g)(2), by striking “their”
2 and inserting “his”;

3 (K) in section 16, by inserting “after con-
4 sultation with the National Health Board and”
5 before “after notice and opportunity”;

6 (L) in section 18(e), by inserting “(after
7 consultation with the National Health Board)”
8 after “in his judgment”;

9 (M) in section 19(d), by inserting “and the
10 National Health Board” after “Secretary” each
11 place it appears; and

12 (N) in section 20(a), by striking the first
13 sentence of paragraph (5).

14 (2) EFFECTIVE DATE.—The amendments made
15 by paragraph (1) shall take effect on the effective
16 date of health services.

17 (c) GUIDELINES.—The National Health Board shall
18 establish guidelines—

19 (1) for its participation in the establishment
20 and administration of occupational safety and health
21 standards under the Occupational Safety and Health
22 Act of 1970; and

23 (2) for the establishment and operation of
24 workplace health facilities under section 413.

1 **SEC. 412. COMMUNITY OCCUPATIONAL SAFETY AND**
2 **HEALTH ACTIVITIES.**

3 The Occupational Safety and Health Administration,
4 under the direction of the National Health Board, shall
5 develop and provide staff support for local and regional
6 occupational safety and health programs, to include com-
7 munity-based occupational safety and health councils that
8 represent community workers and residents. Such pro-
9 grams shall—

10 (1) promote and assist in the establishment of
11 workplace occupational safety and health committees
12 in workplaces in the community, and advise and fa-
13 cilitate such committees' actions relating to safety
14 and health hazards in workplaces in the community;

15 (2) assist employees in determining methods of,
16 and requirements for, inspections of workplaces in
17 the community for safety and health hazards;

18 (3) implement training programs to enhance
19 the ability of employees in the region to monitor
20 safety and health conditions in their workplaces and
21 to assist safety and health inspectors in the conduct
22 of workplace inspections;

23 (4) facilitate communication among workers
24 employed in similar industries in the region and the
25 Nation with respect to occupational health and safe-
26 ty hazards they face in common;

1 (5) conduct baseline and periodic biologic
2 screening of employees in the region;

3 (6) develop and maintain environmental moni-
4 toring programs to identify and isolate hazardous
5 workplaces and work areas in the region; and

6 (7) analyze employment-related injuries and ill-
7 nesses occurring in the region.

8 **SEC. 413. WORKPLACE HEALTH FACILITIES.**

9 (a) ESTABLISHMENT.—The Occupational Safety and
10 Health Administration, under the direction of the Na-
11 tional Health Board, shall develop a program to establish
12 worksite health facilities, distributed to make available oc-
13 cupational and emergency health care services to individ-
14 uals employed in the workplace in accordance with this
15 section and guidelines and standards for such facilities es-
16 tablished by the National Health Board. Such facilities
17 may be maintained by each employer where the facility
18 is located, or by the group of employers covered by a facil-
19 ity.

20 (b) APPLICATION OF GUIDELINES.—Each workplace
21 health facility established pursuant to subsection (a) shall,
22 taking into account guidelines established by the National
23 Health Board—

24 (1) be organized in a manner so as to provide
25 an appropriate number of appropriately skilled

1 health workers to meet occupational and emergency
2 health care needs of employees in the workplace; and

3 (2) be operated by the community for the com-
4 munity in which the workplace is predominantly lo-
5 cated, or, where the National Health Board or its
6 local authority deems appropriate, by the employer,
7 with the cost in either case borne by the employer
8 in each workplace.

9 **SEC. 414. EMPLOYEE RIGHTS RELATING TO OCCUPATIONAL**
10 **SAFETY AND HEALTH.**

11 (a) **WORKPLACE COMMITTEES.**—

12 (1) **ESTABLISHMENT.**—Employees in each
13 workplace having 25 or more employees shall have
14 the right to establish workplace occupational safety
15 and health committees (each in this subsection re-
16 ferred to as a “committee”) with members of their
17 choosing.

18 (2) **MEMBERSHIP.**—Members of committees
19 (composed of the greater of 3 members or one mem-
20 ber for each 100 employees in the workplace) shall,
21 without any loss of pay or other job rights—

22 (A) be permitted to spend eight hours of
23 each month inspecting their workplace and con-
24 ducting such other functions relating to occupa-

1 tional safety and health as are determined by
2 the employees in the workplace; and

3 (B) be permitted to accompany any safety
4 and health inspectors during inspections of the
5 workplace.

6 (b) SAFETY-RELATED RIGHTS.—Employees in each
7 workplace shall have the right, without any loss of pay
8 or other job rights—

9 (1) to monitor safety and health conditions in
10 their workplace whenever they reasonably deem it
11 necessary and with whatever reasonable scientific in-
12 struments and expert assistance they choose; and

13 (2) to remove themselves from the site of any
14 hazard to their safety or health until an authorized
15 inspector has certified that the hazard has been
16 eliminated.

17 (c) SAFE WORKPLACES.—Employers shall adopt all
18 feasible engineering measures that will minimize occupa-
19 tional safety and health hazards in the workplace. Where
20 such measures are not adequate to protect employees from
21 such hazards, employers shall furnish their employees
22 with, or reimburse their employees for the reasonable cost
23 of, equipment and clothing needed to protect an employee
24 from any residual occupational safety and health hazards
25 in the workplace.

1 (d) RIGHT TO INSPECT MEDICAL RECORDS.—Em-
2 ployees or their duly chosen representatives shall have the
3 right to inspect all medical records maintained by their
4 employers on the condition of their health, and shall have
5 the right to be assisted during such inspections by persons
6 of their choosing.

7 (e) COPIES OF REPORTS.—Employers shall provide
8 their employees with copies of all reports, studies, and
9 data concerning conditions affecting the health and safety
10 of employees within their workplaces, with annual reports
11 on the morbidity and mortality experience of present and
12 former employees, and with timely notification of the pres-
13 ence within the workplace of any materials, agents, or con-
14 ditions which may have a deleterious effect on the safety
15 and health of their employees, along with relevant infor-
16 mation on hazards and precautions, symptoms, remedies,
17 and antidotes.

18 (f) RIGHT TO NEGOTIATE STANDARDS.—Employees
19 shall have the right to seek, through collective bargaining,
20 occupational safety and health standards, including stand-
21 ards relating to physical and mental stress and speed of
22 work, more restrictive than such standards established
23 under the Occupational Safety and Health Act of 1970.

1 **SEC. 415. DEFINITIONS.**

2 (a) **WORKPLACE.**—For purposes of this subtitle, the
3 term “workplace” means the regular location where work
4 is performed by one or more employees of an employer.

5 (b) **EMPLOYER; EMPLOYEE.**—For the purposes of
6 sections 413 and 414, the terms “employer” and “em-
7 ployee” have the same meanings those terms have in sec-
8 tion 3 of the Occupational Safety and Health Act of 1970
9 (42 U.S.C. 653).

10 **Subtitle C—Health and Health**
11 **Care Delivery Research, Quality**
12 **Assurance, and Health Equity**

13 **SEC. 421. PRINCIPLES AND GUIDELINES FOR RESEARCH.**

14 (a) **CONDUCT.**—On and after the effective date of
15 health services, the Service shall conduct a program of re-
16 search concerning health and health care delivery. On and
17 after 2 years after such date, such research program shall
18 conform to the following principles:

19 (1) The research shall, to the maximum extent
20 possible, be performed under the direction of, and in
21 association with, agencies representative of the popu-
22 lation.

23 (2) No research shall be conducted within, or
24 using the resources of, an area health facility until
25 it has been reviewed and approved by the National

1 Health Board, or a designated local authority re-
2 sponsible for such facility.

3 (3) Priority shall be given in health research to
4 the prevention and correction of the leading causes
5 of illness and death, particularly environmental, oc-
6 cupational, nutritional, social, and economic causes.

7 (4) Priority shall be given in health care deliv-
8 ery research to improvement of the effectiveness and
9 efficiency of ambulatory and primary health care de-
10 livery, including research on alternative systems of
11 health care delivery and alternative conceptions of
12 health and health care.

13 (5) The National Health Board shall encourage
14 and support the conduct of clinical trials that may
15 improve the health of the public. Any clinical trial
16 conducted with the intention of evaluating new pre-
17 ventive, diagnostic, or therapeutic methods or agents
18 shall be conducted only in accordance with estab-
19 lished ethical procedures that protect subjects from
20 undue harm. If benefit becomes apparent, by sci-
21 entific consensus, before the scheduled conclusion of
22 any clinical trial, such trial shall nevertheless be ter-
23 minated, and the benefit made available to trial par-
24 ticipants and the public at large.

1 (6) No research shall be conducted on a human
2 subject without the subject's informed written con-
3 sent.

4 (7) No research shall be conducted on a human
5 subject while the subject is involuntarily confined to
6 an institution.

7 (8) The planning and conduct of research under
8 the program, shall take place in cooperation with ap-
9 propriate officials conducting related research in the
10 Federal Government and agencies and departments
11 of State, territorial, and local governments.

12 (9) The results of research shall be dissemi-
13 nated to the public and to National Health Board in
14 a manner that will most readily permit the use of
15 such results to improve the health of users and the
16 delivery of health care services.

17 (b) GUIDELINES.—The National Health Board shall
18 establish guidelines for the conduct of research in con-
19 formance with the principles described in subsection (a).

20 **SEC. 422. ESTABLISHMENT OF INSTITUTES.**

21 (a) IN GENERAL.—On the effective date of health
22 services, the agencies of the Department of Health and
23 Human Services that conduct research on health and
24 health care are transferred to the National Health Board.
25 These include the Agency for Healthcare Research and

1 Quality, the Agency for Toxic Substances and Disease
2 Registry, the Centers for Disease Control and Prevention,
3 the National Institutes of Health (established under title
4 IV of the Public Health Service Act), and the Substance
5 Abuse and Mental Health Services Administration. In ad-
6 dition, the National Health Board shall establish the fol-
7 lowing institutes:

8 (1) NATIONAL INSTITUTE OF EPIDEMIOLOGY.—

9 A National Institute of Epidemiology, which shall—

10 (A) gather and analyze disease-related sta-
11 tistics collected by the Service;

12 (B) plan, conduct, support, and assist in
13 epidemiologic research conducted by the Serv-
14 ice;

15 (C) conduct and support research on epi-
16 demologic methodology and experimental epi-
17 demiology;

18 (D) establish and maintain an early warn-
19 ing system for the detection of new diseases
20 and epidemics;

21 (E) assist in the formulation of policies to
22 eliminate or reduce the causes of illness and in-
23 jury and to prevent and curtail epidemics of
24 these conditions; and

1 (F) provide technical assistance and sup-
2 port to regional and local jurisdictions related
3 to measures to prevent and curtail outbreaks of
4 illness and injury.

5 (2) NATIONAL INSTITUTE OF EVALUATIVE
6 CLINICAL RESEARCH.—A National Institute of Eval-
7 uative Clinical Research, which shall—

8 (A) create a uniform electronic data base
9 for research on quality improvement in clinical
10 care and the organization and delivery of serv-
11 ices, and for research on outcomes of care;

12 (B) assess and analyze evidence on newly
13 discovered or proposed preventive, diagnostic,
14 and therapeutic methods and agents, including
15 new technologies, and assist the National
16 Health Board, in cooperation with other bodies,
17 including the National Institute of Pharmacy
18 and Medical Supply, in developing guidelines
19 and standards for their introduction;

20 (C) analyze evidence on newly discovered
21 or proposed preventive, diagnostic, and thera-
22 peutic methods and agents;

23 (D) plan and conduct clinical trials, in con-
24 formance with the limitations of subtitle A of
25 title II;

1 (E) assist the National Health Board, in
2 cooperation with other bodies, including the Na-
3 tional Institute of Pharmacy and Medical Sup-
4 ply, in developing guidelines and standards for
5 the introduction of new methods of prevention,
6 diagnosis, and treatment;

7 (F)(i) regularly assess and recommend
8 measures to improve the health status of the
9 population, which methods shall include anal-
10 ysis of the national health data base, regular
11 surveys of the population regarding their expe-
12 rience and evaluation of their health and health
13 services, and such other methods as designated
14 by the Institute;

15 (ii) identify the most effective methods of
16 prevention, diagnosis and treatment, as deter-
17 mined by the most recent evidence, and assist
18 the National Health Board, in cooperation with
19 other bodies, in establishing guidelines to im-
20 prove clinical practice, including clinical deci-
21 sion criteria per section 221(f);

22 (iii) regularly monitor and report to the
23 National Health Board for further action the
24 extent of inappropriate care, including under-

1 service and overservice, and its consequences;
2 and

3 (iv) develop additional methods of quality
4 improvement for implementation by the Na-
5 tional Health Board and other entities, includ-
6 ing systematic review of patterns of practice
7 that compromise the quality of care and rec-
8 ommendations to redress such practices, edu-
9 cation for health care workers to improve the
10 quality of care, and guidelines for the optimal
11 organization of health services and the use of
12 tertiary care facilities;

13 (G) administer the periodic convening of
14 the U.S. Preventive Health Services Task
15 Force, which shall recommend to the National
16 Health Board a schedule for preventive health
17 services based on age and sex, which schedule
18 shall reflect the most recent medical evidence;
19 and

20 (H) provide education for users on clinical
21 effectiveness guidelines and the most effective
22 preventive, diagnostic, and treatment practices.

23 (3) NATIONAL INSTITUTE OF HEALTH CARE
24 SERVICES.—A National Institute of Health Care
25 Services, which shall—

1 (A) analyze data and statistics on the
2 health care resources and needs of the Nation
3 and on the quality of present services;

4 (B) conduct comparative studies of health
5 care services in the various regions of the Na-
6 tion, and make recommendations for the im-
7 provement of health care services in areas with
8 inferior quality of health care services;

9 (C) plan and conduct research on alter-
10 native methods of health care delivery, on the
11 functions, tasks, performance and work rela-
12 tionships of various kinds and categories of
13 health workers, on patterns of organization of
14 health care, and on the effectiveness and bene-
15 fits of health care in relation to costs; and

16 (D) assist the National Health Board in
17 formulating national policies to improve the
18 quality of health care services.

19 (4) NATIONAL INSTITUTE OF PHARMACY AND
20 MEDICAL SUPPLY.—A National Institute of Phar-
21 macy and Medical Supply, which shall—

22 (A) recommend to the National Health
23 Board standards regarding the quality, dis-
24 tribution, and price of all drugs, therapeutic de-

1 vices, appliances and equipment to be used by
2 the Service;

3 (B) certify drugs, therapeutic devices, ap-
4 pliances, and equipment for use in the health
5 facilities of the Service, and for furnishing to
6 users of such health facilities;

7 (C) assist the National Health Board in
8 issuing a National Pharmacy and Medical Sup-
9 ply Formulary; and

10 (D) conduct a comprehensive program of
11 pharmaceutical and medical supply research
12 and utilization education using regional facili-
13 ties to the maximum extent possible.

14 (5) NATIONAL INSTITUTE OF SOCIOLOGY OF
15 HEALTH AND HEALTH CARE.—A National Institute
16 of Sociology of Health and Health Care, which
17 shall—

18 (A) conduct ongoing analyses of the basic
19 epistemological assumptions of health and
20 health care;

21 (B) assess critically the effects of scientific
22 medicine and of divisions in institutional and
23 technical skills in health care;

1 (C) evaluate the effects of health care
2 measures and policies upon population groups
3 and subgroups in the Nation;

4 (D) identify and analyze the social, cul-
5 tural, economic, occupational, distributional,
6 and environmental factors in modern society af-
7 fecting health and well-being;

8 (E) analyze alternative, holistic approaches
9 to the human body, health, and causality of ill
10 health and the lack of social and psychological
11 well-being; and

12 (F) assist the National Health Board in
13 formulating national policies relating to the pro-
14 motion of health and the provision of health
15 care.

16 (b) COORDINATION OF EFFORT.—The National
17 Health Board will establish mechanisms for internal co-
18 ordination of research among the five Institutes, and will
19 also coordinate effort with agencies under the Department
20 of Health and Human Services, including the Food and
21 Drug Administration and the Health Resources and Serv-
22 ices Administration.

1 **Subtitle D—Health Planning, Dis-**
2 **tribution of Drugs and Other**
3 **Medical Supplies, and Miscella-**
4 **neous Functions**

5 **SEC. 431. HEALTH PLANNING AND BUDGETING.**

6 (a) **IN GENERAL.**—The National Health Board shall
7 develop and implement guidelines to collect data on the
8 supply of and demand for health workers in facilities
9 under its supervision, and on the delivery of health care
10 and supplemental services in health care facilities under
11 its supervision, shall evaluate such data in relation to the
12 health care needs of their respective area, and shall trans-
13 mit such data and evaluation as necessary for implementa-
14 tion, and shall make available such data and evaluations
15 to residents of their respective area.

16 (b) **COORDINATION.**—The National Health Board
17 shall coordinate the planning and administration of the
18 delivery of health care services, health worker education,
19 and health research within regions, and shall facilitate the
20 planning and administration of such programs.

21 (c) **PLANS.**—The National Health Board shall formu-
22 late a 1-year and 5-year national health plan and budget,
23 taking into account the regional budgets prepared in ac-
24 cordance with section 522.

1 **SEC. 432. DISTRIBUTION OF DRUGS AND OTHER MEDICAL**
2 **SUPPLIES.**

3 (a) NATIONAL FORMULARY.—

4 (1) PUBLICATION.—The National Health
5 Board, shall, not later than the effective date of
6 health services, publish and disseminate a National
7 Pharmacy and Medical Supply Formulary (in this
8 section referred to as the “Formulary”).

9 (2) CONTENTS.—The Formulary shall contain a
10 listing of drugs, therapeutic devices, appliances,
11 equipment, and other medical supplies (including
12 eyeglasses, other visual aids, hearing aids, and pros-
13 thetic devices) (in this section referred to as “drugs
14 and other medical supplies”). For each item on such
15 listing the Formulary shall contain (A) the stand-
16 ards of quality for the production of such item, (B)
17 the medical conditions for which the item is certified
18 as effective for purposes of the provision of health
19 care services under this Act, and (C) such other in-
20 formation on such item as the National Health
21 Board determines to be appropriate for the effective
22 and efficient delivery of health care services under
23 this Act.

24 (3) UPDATING.—The National Health Board
25 shall, at regular intervals, update the contents of the
26 Formulary and publish a price list for items listed

1 in the Formulary, which prices shall reflect the ac-
2 tual costs of manufacture.

3 (b) DRUG PURCHASE PROGRAMS.—

4 (1) IN GENERAL.—The National Health Board
5 shall establish a program, in accordance with this
6 subsection for the purchase and distribution of
7 drugs and other medical supplies for use in health
8 care facilities.

9 (2) PRICING.—Such program shall provide for
10 the purchase of each drug or other medical supply
11 item only (A) following competitive bidding on such
12 item or (B) based on the price listed for such item
13 in the price list published under subsection (a)(3).

14 (3) GENERIC DISTRIBUTION.—Such program
15 shall provide for the distribution and dispensing of
16 drugs under their generic names.

17 (4) GENERIC NAMES DEFINED.—For purposes
18 of paragraph (3), the term “generic names” means
19 the established names, as defined in section
20 502(e)(2) of the Federal Food, Drug, and Cosmetic
21 Act (21 U.S.C. 352(e)(2)).

22 (c) AUTHORITY TO MANUFACTURE.—The National
23 Health Board is authorized to establish and operate drug
24 and medical supply manufacturing facilities, if it deter-

1 mines that such operation will result in reduced expendi-
2 tures by the Service.

3 **SEC. 433. MISCELLANEOUS FUNCTIONS OF THE NATIONAL**
4 **HEALTH BOARD.**

5 (a) ANNUAL REPORT.—The appropriate National
6 Health Board shall publish, not later than December 31
7 of each year, a report presenting and evaluating oper-
8 ations of the Service during the fiscal year ending in such
9 year and surveying the future health needs of the Nation
10 and plans the Board has for the Service to meet such
11 needs.

12 (b) DISSEMINATION.—The National Health Board
13 shall, not later than the effective date of health services,
14 prepare and disseminate, for use by users, information
15 about health and health services deemed essential to en-
16 sure users' active and informed participation in the health
17 care system, including information that is culturally ap-
18 propriate for each area's principal cultural and ethnic
19 groupings, a comprehensive dictionary of terms used in
20 health care records and services maintained or provided
21 by the Service. Such dictionary shall explain terms related
22 to symptoms, signs, diagnoses, etiologic agents and condi-
23 tions, diagnostic procedures, and the treatment and pre-
24 vention of, and rehabilitation following, illnesses, and shall
25 include extensive citations of lay and professional sources

1 which a user might consult for additional information on
2 such terms.

3 **TITLE V—FINANCING OF THE**
4 **SERVICE**
5 **Subtitle A—Health Service Taxes**

6 **SEC. 501. INDIVIDUAL AND CORPORATE INCOME TAXES.**

7 (a) HEALTH SERVICE TAXES.—

8 (1) IN GENERAL.—Subchapter A of chapter 1
9 of the Internal Revenue Code of 1986 (relating to
10 normal taxes and surtaxes) is amended by adding at
11 the end the following new part:

12 **“PART VIII—HEALTH SERVICE TAXES**

“Sec. 59B. Tax imposed.

13 **“SEC. 59B. TAX IMPOSED.**

14 “(a) INDIVIDUALS, ESTATES, AND TRUSTS.—In ad-
15 dition to other taxes, there is hereby imposed for each tax-
16 able year on the taxable income of every individual and
17 of every estate and trust taxable under section 1(d), a tax
18 in an amount equal to 10 percent of the total tax imposed
19 by section 1 for such taxable year.

20 “(b) CORPORATION.—In addition to the other taxes,
21 there is hereby imposed for each taxable year on the tax-
22 able income of every corporation, a tax in an amount equal
23 to 90 percent of the total amount of the normal tax and
24 surtax imposed by section 11 for such taxable year.”.

1 (2) CLERICAL AMENDMENT.—The table of
 2 parts of such subchapter A is amended by adding
 3 after the item relating to part VII the following new
 4 item:

“PART VIII. HEALTH SERVICE TAXES”.

5 (b) EFFECTIVE DATE.—The amendments made in
 6 this section shall apply to taxable years beginning on or
 7 after the effective date of health services.

8 **SEC. 502. OTHER CHANGES IN THE INTERNAL REVENUE**
 9 **CODE OF 1986.**

10 (a) DENIAL OF EXCLUSION FROM GROSS INCOME
 11 FOR AMOUNTS PAID BY THIRD PARTIES FOR MEDICAL
 12 CARE.—Section 105 of the Internal Revenue Code of 1986
 13 (relating to amounts received under accident and health
 14 plans) is amended by striking subsection (b).

15 (b) DENIAL OF EXCLUSION FROM GROSS INCOME OF
 16 CERTAIN CONTRIBUTIONS BY THE EMPLOYER TO
 17 HEALTH PLANS.—Subsection (a) of section 106 of such
 18 Code (relating to contributions by employer to accident
 19 and health plans) is amended to read as follows:

20 “(a) GENERAL RULE.—Except as otherwise provided
 21 in this section, gross income does not include contributions
 22 by the employer to accident or health plans for compensa-
 23 tion (through insurance or otherwise) to his employees for
 24 personal injuries or sickness to the extent that such con-
 25 tributions do not provide for health care and supplemental

1 services available to such employees under the Josephine
2 Butler United States Health Service Act.”.

3 (c) DENIAL OF DEDUCTION OF HEALTH CARE EX-
4 PENSES AS TRADE OR BUSINESS EXPENSES.—Section
5 162 of such Code (relating to trade or business expenses)
6 is amended by redesignating subsection (p) as subsection
7 (q) and by adding after subsection (o) the following new
8 subsection:

9 “(p) PAYMENTS FOR HEALTH CARE.—No deduction
10 shall be allowed under subsection (a) for any amount paid
11 for health care services (other than any amount of tax im-
12 posed by section 59B and paid by the employer on behalf
13 of his employees) which an individual was eligible to re-
14 ceive under title II of the Josephine Butler United States
15 Health Service Act.”.

16 (d) DENIAL OF DEDUCTION FOR CONTRIBUTIONS TO
17 CERTAIN MEDICAL AND HOSPITAL FACILITIES.—

18 (1) Paragraph (2) of section 170(c) of such
19 Code (relating to charitable, etc., contributions and
20 gifts) is amended by inserting “(other than an orga-
21 nization described in subsection (b)(1)(A)(iii))” after
22 “(2) A corporation, trust, or community chest, fund,
23 or foundation”.

1 (2) Subsection (e) of section 501 of such Code
2 (relating to cooperative hospital service organiza-
3 tions) is amended by striking the last sentence.

4 (e) DENIAL OF DEDUCTION FOR MEDICAL, DENTAL,
5 ETC., EXPENSES.—

6 (1) Section 213 of such Code (relating to med-
7 ical, dental, etc., expenses) is repealed.

8 (2) The table of sections of part VII of sub-
9 chapter B of chapter 1 of such Code is amended by
10 striking the item relating to section 213.

11 (f) HOSPITAL INSURANCE TAX.—

12 (1) Subsection (b) of section 1401 of such Code
13 (relating to rate of tax on self-employment income)
14 is repealed.

15 (2) Subsection (b) of section 3101 of such Code
16 (relating to rate of tax on employees under the Fed-
17 eral Insurance Contributions Act) is repealed.

18 (3) Section 3201(a) of such Code (relating to
19 rate of tax imposed on employees under the Railroad
20 Retirement Tax Act) is amended by striking “the
21 sum of the rates of tax in effect under subsections
22 (a) and (b) of section 3101” and inserting “the rate
23 of tax in effect under section 3101(a)”.

24 (4) Section 3211(a)(1) of such Code (relating
25 to rate of tax on employee representatives under the

1 Railroad Retirement Tax Act) is amended by strik-
2 ing “subsections (a) and (b)” the first place it ap-
3 pears and inserting “subsection (a)”.

4 (5) Subsection (e) of section 6051 of such Code
5 (relating to railroad employees) is repealed.

6 (g) EFFECTIVE DATE.—The amendments made by
7 this section shall apply to taxable years beginning on or
8 after the effective date of health services.

9 **SEC. 503. EXISTING EMPLOYER-EMPLOYEE HEALTH BEN-**
10 **EFIT PLANS.**

11 No contractual or other nonstatutory obligation of
12 any employer to pay for or provide any health care and
13 supplemental service to his present and former employees
14 and their dependents and survivors, or to any of such per-
15 sons, shall apply on and after the effective date of health
16 services to the extent such individuals are eligible to re-
17 ceive such health care and supplemental services under
18 this Act.

19 **SEC. 504. WORKERS COMPENSATION PROGRAMS.**

20 No workers compensation program, whether estab-
21 lished pursuant to Federal or State law or private initia-
22 tive, shall pay for or provide any health care and supple-
23 mental services on and after the effective date of health
24 services, to the extent such health care and supplemental
25 services are available under this Act.

1 **Subtitle B—Health Service Trust**
2 **Fund**

3 **SEC. 511. ESTABLISHMENT OF HEALTH SERVICE TRUST**
4 **FUND.**

5 (a) ESTABLISHMENT.—There is hereby created on
6 the books of the Treasury of the United States a trust
7 fund to be known as the Health Service Trust Fund (in
8 this title referred to as the “Trust Fund”). The Trust
9 Fund shall consist of such gifts and bequests as may be
10 made to the Service and such amounts as may be depos-
11 ited in, or appropriated to, such fund as provided in this
12 subtitle.

13 (b) APPROPRIATION.—There is hereby appropriated
14 to the Trust Fund for each fiscal year beginning in the
15 fiscal year in which the effective date of health services
16 (as defined in title VI) falls, and for each fiscal year there-
17 after, out of any moneys in the Treasury not otherwise
18 appropriated, an amount equal to 100 percent of expected
19 net receipts from the taxes imposed by sections 59B and
20 3111(b) of the Internal Revenue Code of 1986 (as esti-
21 mated by the Secretary of the Treasury). The amount ap-
22 propriated by the preceding sentence shall be transferred
23 from time to time from the general fund in the Treasury
24 to the Trust Fund in such smaller amounts to be deter-
25 mined on the basis of estimates by the Secretary of the

1 Treasury of the receipts specified in the preceding sen-
2 tence; and proper adjustments shall be made in the
3 amounts subsequently transferred to the extent prior esti-
4 mates were in excess of or were less than the receipts spec-
5 ified in such sentence.

6 **SEC. 512. TRANSFER OF FUNDS TO THE HEALTH SERVICE**
7 **TRUST FUND.**

8 (a) OF MEDICARE TRUST FUNDS.—On the effective
9 date of health services, there are transferred to the Trust
10 Fund all of the assets and liabilities of the Federal Hos-
11 pital Insurance Trust Fund and the Federal Supple-
12 mentary Medical Insurance Trust Fund.

13 (b) ADDITIONAL AMOUNTS.—In addition to the sums
14 appropriated by section 511(b), there is appropriated to
15 the Trust Fund for each fiscal year, out of any moneys
16 in the Treasury not otherwise appropriated, a govern-
17 mental contribution equal to 40 percent of the sums ap-
18 propriated by section 511(b) for such fiscal year. There
19 shall be deposited in the Trust Fund all recoveries of over-
20 payments, and all receipts under loans or other agree-
21 ments entered into, under this Act.

22 **SEC. 513. ADMINISTRATION OF HEALTH SERVICE TRUST**
23 **FUND.**

24 (a) BOARD OF TRUSTEES.—With respect to the
25 Trust Fund, there is hereby created a body to be known

1 as the Board of Trustees of the Trust Fund (in this sec-
2 tion referred to as the “Board of Trustees”) composed of
3 the Secretary of the Treasury, the Secretary of Health and
4 Human Services, and the Chairperson of the National
5 Health Board, all ex officio. The Secretary of the Treasury
6 shall be the Managing Trustee of the Board of Trustees
7 (in this section referred to as the “Managing Trustee”).
8 The Chairperson of the National Health Board shall serve
9 as the Secretary of the Board of Trustees. The Board of
10 Trustees shall meet not less frequently than once each cal-
11 endar year. It shall be the duty of the Board of Trustees
12 to—

- 13 (1) hold the Trust Fund;
- 14 (2) report to the Congress not later than the
15 first day of April of each year on the operation and
16 status of the Trust Fund during the preceding fiscal
17 year and on its expected operation and status during
18 the current fiscal year and the next 2 fiscal years;
- 19 (3) report immediately to the Congress when-
20 ever the Board is of the opinion that the amount of
21 the Trust Fund is unduly small; and
- 22 (4) review the general policies followed in man-
23 aging the Trust Fund, and recommend changes in
24 such policies, including necessary changes in the

1 provisions of law which govern the way in which the
2 Trust Fund is to be managed.

3 The report provided for in paragraph (2) shall include a
4 statement of the assets of, and the disbursements made
5 from, the Trust Fund during the preceding fiscal year,
6 an estimate of the expected income to, and disbursements
7 to be made from, the Trust Fund during the current fiscal
8 year and each of the next 2 fiscal years, and a statement
9 of the actuarial status of the Trust Fund. Such report
10 shall be printed as a House document of the session of
11 the Congress to which the report is made.

12 (b) INVESTMENT.—It shall be the duty of the Man-
13 aging Trustee to invest such portion of the Trust Fund
14 as is not, in his judgment, required to meet current with-
15 draws. Such investments may be made only in interest
16 bearing obligations of the United States or in obligations
17 guaranteed as to both principal and interest by the United
18 States. For such purpose such obligations may be acquired
19 (1) on original issue at the issue price, or (2) by purchase
20 of outstanding obligations at the market price. The pur-
21 poses for which obligations of the United States may be
22 issued under the Second Liberty Bond Act, as amended,
23 are hereby extended to authorize the issuance at par of
24 public debt obligations for purchase by the Trust Fund.

1 (2) LIMITATION.—Such amount shall not ex-
2 ceed for a fiscal year the lesser of—

3 (A) 140 percent of the expected net re-
4 ceipts during the fiscal year (as estimated by
5 the Secretary of the Treasury) from the taxes
6 imposed by sections 59 and 3111(b) of the In-
7 ternal Revenue Code of 1986;

8 (B) the amount of the aggregate obliga-
9 tions that the National Health Board deter-
10 mines were (or will be) incurred by the Service
11 from the Trust Fund during the previous fiscal
12 year, adjusted to reflect changes in the cost of
13 living, in the number of users, and in the capac-
14 ity of the Service to provide services under this
15 Act; or

16 (C) the amount fixed under subsection (b).

17 (3) REFIXING.—The National Health Board
18 may at any time refix such amount to reflect
19 changes—

20 (A) of one percent or more in the expected
21 net tax receipts (described in paragraph
22 (2)(A)); or

23 (B) of five percent or more in the cost of
24 living, number of users, or the capacity of the
25 Service to provide services under this Act.

1 The National Health Board shall promptly report to
2 Congress any increase made in such amount and the
3 reasons therefor.

4 (b) LESSER AMOUNT.—The National Health Board
5 shall fix in a fiscal year an amount, which the maximum
6 amount described in subsection (a)(1) may not exceed in
7 the fiscal year, which is less than the amount described
8 in subsection (a)(2)(A) if the Board determines that—

9 (1) restriction of the amount to be made avail-
10 able for obligation will not materially impair the ade-
11 quacy or quality of health care and supplemental
12 services provided to users, or

13 (2) improvement in the organization, delivery,
14 or utilization of such services has lessened their ag-
15 gregate cost (or increase in such cost).

16 (c) OBLIGATION.—The National Health Board may
17 obligate for expenditure from the Trust Fund, in addition
18 to the maximum amount which may be obligated in a fis-
19 cal year under subsection (a), such funds as are necessary
20 to provide health care and supplemental services needed
21 because of an epidemic, disaster, or other occurrence
22 which was not, and could not have been, reasonably
23 planned for by the Board and for which the contingency
24 fund provided in section 532(b)(7) is insufficient. The Na-
25 tional Health Board shall promptly report to Congress any

1 obligation made pursuant to this subsection and the rea-
2 sons therefor.

3 (d) OBLIGATION OF BORROWED AMOUNTS.—In addi-
4 tion to the maximum amounts which may be obligated
5 pursuant to subsection (a), the National Health Board
6 may allocate funds borrowed in accordance with section
7 541 for such purposes as it deems necessary and appro-
8 priate.

9 **SEC. 522. PREPARATION OF REGIONAL BUDGETS.**

10 (a) POPULATION NEED.—In preparing its annual
11 budget the National Health Board, in coordination with
12 its local and regional authorities, shall determine the pro-
13 jected per capita health expenditures for each region,
14 based on the evaluation of health care needs described in
15 this Act.

16 (b) BUDGET BREAKDOWNS.—In preparing its annual
17 budget the National Health Board shall specify its oper-
18 ating, prevention, capital, and research expenses antici-
19 pated for the fiscal year covered by the budget and for
20 the 5-year period beginning with such fiscal year for each
21 such region.

1 **Subtitle D—Allocation and**
2 **Distribution of Funds**

3 **SEC. 531. NATIONAL BUDGET.**

4 (a) PREPARATION.—The National Health Board
5 shall prepare, taking into consideration the budgets pre-
6 pared under section 522, as soon after April 1 of each
7 year as is practicable, a national health budget for the fis-
8 cal year beginning on October 1 of such year. Such budget
9 shall divide the total funds available for obligation in such
10 year, as determined under section 521, into funds for—

11 (1) ordinary operating expenses;

12 (2) preventive health measures, and which
13 measures shall include primary prevention to im-
14 prove the conditions under which people live that af-
15 fect health status;

16 (3) capital expenses;

17 (4) research expenses; and

18 (5) special operating expenses, as described in
19 section 532.

20 (b) ORDINARY OPERATING EXPENSES.—Funds for
21 ordinary operating expenses, for preventive health meas-
22 ures, and for research expenses shall be divided among
23 regions in the proportion which the number of residents
24 in each region bears to the total population of the Nation,
25 adjusted for population need as defined in this Act.

1 (c) CAPITAL EXPENSES.—Funds for capital expenses
2 shall be allocated, to the extent consistent with the effi-
3 cient and equitable use of resources, except that during
4 the first 10 fiscal years following the effective date of
5 health services, priority shall be given to regions lacking
6 adequate health care facilities on such effective date.

7 **SEC. 532. SPECIAL OPERATING EXPENSE FUND.**

8 (a) IN GENERAL.—A fund for special operating ex-
9 penses shall be incorporated into each budget prepared by
10 the National Health Board. For the purposes of this title,
11 the term “special operating expenses” means operating ex-
12 penses associated with—

13 (1) the care and treatment of users 65 years of
14 age or older;

15 (2) the care and treatment of persons confined
16 to full-time residential care institutions, including
17 nursing homes and facilities for the treatment of
18 mental illness;

19 (3) the special health care needs of low-income
20 users;

21 (4) the special health care needs of communities
22 of color that experience disparities in health status
23 compared to White populations;

1 (5) the special health care needs of residents of
2 rural or frontier areas, or noncontiguous States and
3 territories;

4 (6) special health care needs arising from envi-
5 ronmental or occupational health conditions;

6 (7) special health care needs arising from unex-
7 pected occurrences, including epidemics and natural
8 disasters; and

9 (8) the conduct of environmental health inspec-
10 tion and monitoring services.

11 (b) ALLOCATION.—The special operating expense
12 fund shall be allocated as follows:

13 (1) Funds for the additional operating expenses
14 associated with the care and treatment of users 65
15 years of age or older shall be allocated and shall con-
16 sist of uniform basic capitation amounts multiplied
17 by the number of residents 65 years of age or older
18 in the respective areas. The basic capitation
19 amounts for areas shall be determined by the Na-
20 tional Health Board, based upon studies of the addi-
21 tional operating expenses associated with the care
22 and treatment of such residents in such areas.

23 (2) Funds for the additional operating expenses
24 associated with the care and treatment of persons
25 confined to full-time residential care institutions

1 shall be allocated and shall consist of a uniform
2 basic capitation amount for each kind of institution,
3 multiplied by the number of residents in such insti-
4 tutions in the respective areas. The basic capitation
5 amounts shall be determined by the National Health
6 Board, based upon studies of the additional oper-
7 ating expenses associated with the care and treat-
8 ment of such persons and the maintenance of such
9 institutions.

10 (3) Funds shall be allocated to areas for the ad-
11 ditional operating expenses associated with the spe-
12 cial health care needs of low-income persons. Such
13 payments shall be allocated in proportion to the
14 number of residents in these areas having incomes
15 below the poverty level (as defined by the Secretary
16 of Commerce). The total funds allocated for this
17 purpose shall be no less than 2 percent of the ordi-
18 nary operating expense funds allocated in accord-
19 ance with section 531(a).

20 (4) Funds shall be allocated for the additional
21 operating expenses associated with the special health
22 care needs of communities of color to the extent that
23 they experience disparities in health status compared
24 to White populations. The basic capitation amounts
25 shall be determined by the National Health Board,

1 based upon studies of the additional operating ex-
2 penses associated with providing the necessary or
3 appropriate health services for communities of color,
4 and the additional expenses associated with elimi-
5 nating such disparities in health status.

6 (5) Funds for the additional operating expenses
7 associated with the special health care needs of resi-
8 dents of rural or frontier areas, or noncontiguous
9 States and territories, shall be allocated to commu-
10 nities serving areas of low population density and
11 shall consist of basic capitation amounts multiplied
12 by the number of residents in the respective areas.
13 The basic capitation amounts shall be determined by
14 the National Health Board based upon studies of
15 the additional operating expenses associated with the
16 provision of health care in areas of low population
17 density or extreme geographic access barriers, or
18 both.

19 (6) Funds for the additional operating expenses
20 associated with special regional health care needs
21 arising from environmental and occupational health
22 problems shall be allocated by the National Health
23 Board in accordance with its determination of such
24 special needs. The total funds allocated for this pur-
25 pose shall be no greater than $\frac{1}{2}$ of 1 percent of the

1 ordinary operating expense funds allocated in ac-
2 cordance with section 531(a).

3 (7) Funds for the additional operating expenses
4 associated with special health care needs arising
5 from unexpected occurrences shall be retained by the
6 National Health Board in a contingency fund and
7 shall be allocated by the National Health Board in
8 accordance with its determination of such needs.
9 The total funds retained for this purpose in any one
10 fiscal year shall be no greater than $\frac{1}{2}$ of 1 percent
11 of the ordinary operating expense funds allocated in
12 such year in accordance with section 531(a).

13 (8) Funds for the additional operating expenses
14 associated with the conduct of environmental health
15 inspection and monitoring services shall be allocated
16 by the National Health Board for providing such
17 services.

18 **SEC. 533. DISTRIBUTION OF FUNDS.**

19 (a) IN GENERAL.—Funds allocated under the na-
20 tional health budget shall be distributed by the National
21 Health Board from the Trust Fund. Participating pro-
22 viders may not request or receive funds from any other
23 source.

24 (b) PAYMENTS AND EXPENDITURES.—All payments
25 shall be expended in accordance with the budget adopted

1 under section 531. If the budget for any fiscal year is not
2 adopted before the beginning of the fiscal year, until such
3 budget is adopted the National Health Service shall con-
4 tinue to receive ordinary operating expense funds, preven-
5 tion expense funds, and research expense funds at the rate
6 at which it was receiving such funds during the preceding
7 fiscal year, and it shall receive special operating expense
8 funds in accordance with section 532.

9 (c) ACCOUNTS.—The National Health Board shall
10 maintain separate accounts for—

11 (1) funds for operating expenses, including or-
12 dinary operating expenses and special operating ex-
13 penses;

14 (2) funds for preventive health measures;

15 (3) funds for capital expenses; and

16 (4) funds for research expenses.

17 Funds in a capital expense account shall be expended only
18 for capital expenses. Funds in a research expense account
19 shall be expended only for operations, equipment, and fa-
20 cilities for health and health care delivery research con-
21 ducted in accordance with subtitle C of title IV. Separate
22 accounts shall not be required for funds for ordinary oper-
23 ating expenses and for special operating expenses.

1 (d) PAYMENT FREQUENCY.—Service providers under
2 this Act shall be paid at such time or times as the National
3 Health Board finds appropriate.

4 (e) ALLOCATION OF SUPPLEMENTARY PAYMENTS.—
5 Before and during any fiscal year, supplementary funds
6 may be allocated to any Service provider if the National
7 Health Board finds that such funds are required by events
8 occurring or information acquired after the initial alloca-
9 tions were made.

10 (f) USE OF FUNDS.—Service providers may retain
11 funds received from the National Health Board for 2 years
12 following the receipt of such funds. Any funds which are
13 unexpended after such time shall be returned to the Na-
14 tional Health Board for deposit in the Trust Fund.

15 **SEC. 534. ANNUAL STATEMENT, RECORDS, AND AUDITS.**

16 (a) ANNUAL STATEMENT.—Each Service provider
17 shall prepare annually and transmit to the National
18 Health Board a statement which shall accurately show its
19 financial operations and for the year for which such state-
20 ment is prepared.

21 (b) RECORDKEEPING.—Each Service provider shall
22 keep such records as determined to be necessary for the
23 purposes of this Act, including for the facilitation of au-
24 dits.

1 (c) AUDITS.—The National Health Board and the
2 Comptroller General of the United States, or their duly
3 authorized representatives, shall, for the purpose of au-
4 dits, have access to any books, documents, papers, and
5 records which in their opinion are related or pertinent to
6 the operation of the Service.

7 **Subtitle E—General Provisions**

8 **SEC. 541. ISSUANCE OF OBLIGATIONS.**

9 (a) BORROWING AUTHORITY.—The National Health
10 Board is authorized to borrow money and to issue and
11 sell such obligations as it determines necessary to carry
12 out the purposes of this Act, but only in such amounts
13 as may be specified from time to time in appropriation
14 Acts. The aggregate amount of any such obligations out-
15 standing at any one time shall not exceed
16 \$10,000,000,000.

17 (b) PLEDGING OF ASSETS.—The National Health
18 Board may pledge the assets of the Trust Fund and
19 pledge and use its revenues and receipts for the payment
20 of the principal of or interest on such obligations, for the
21 purchase or redemption thereof, and for other purposes
22 incidental thereto. The National Health Board is author-
23 ized to enter into binding covenants with the holders of
24 such obligations, and with the trustee, if any, under any
25 agreement entered into in connection with the issuance

1 thereof with respect to the establishment of reserve, sink-
2 ing, and other funds, stipulations concerning the issuance
3 of obligations or the execution of leases or lease purchases
4 relating to properties of the Service and such other mat-
5 ters as the National Health Board deems necessary or de-
6 sirable to enhance the marketability of such obligations.

7 (c) FORM OF OBLIGATIONS.—Obligations issued by
8 the Service under this section—

9 (1) shall be in such forms and denominations;

10 (2) shall be sold at such times and in such
11 amounts;

12 (3) shall mature at such time or times;

13 (4) shall be sold at such prices;

14 (5) shall bear such rates of interest;

15 (6) may be redeemable before maturity in such
16 manner, at such times, and at such redemption pre-
17 miums;

18 (7) may be entitled to such relative priorities of
19 claim on the assets of the Service with respect to
20 principal and interest payments; and

21 (8) shall be subject to other terms and condi-
22 tions, as the National Health Board determines.

23 (d) CHARACTER OF OBLIGATIONS.—Obligations
24 issued by the Service under this section shall—

1 (1) be negotiable or nonnegotiable and bearer
2 or registered instruments, as specified therein and in
3 any indenture or covenant relating thereto;

4 (2) contain a recital that they are issued under
5 this section, and such recital shall be conclusive evi-
6 dence of the regularity of the issuance and sale of
7 such obligations and of their validity;

8 (3) be lawful investments and may be accepted
9 as security for all fiduciary, trust, and public funds,
10 the investment or deposit of which shall be under
11 the authority or control of any officer or agency of
12 the Government of the United States, and the Sec-
13 retary of the Treasury or any other officer or agency
14 having authority over or control of any such fidu-
15 ciary, trust, or public funds, may at any time sell
16 any of the obligations of the Service acquired under
17 this section;

18 (4) be exempt both as to principal and interest
19 from all taxation now or hereafter imposed by any
20 State or local taxing authority except estate, inherit-
21 ance, and gift taxes; and

22 (5) not be obligations of, nor shall payment of
23 the principal thereof or interest thereon be guaran-
24 teed by, the Government of the United States, ex-
25 cept as provided in subsection (g).

1 (e) CONSULTATION WITH TREASURY.—At least 15
2 days before selling any issue of obligations, the National
3 Health Board shall advise the Secretary of the Treasury
4 of the amount, proposed date of sale, maturities, terms
5 and conditions, and expected maximum rates of interest
6 of the proposed issue in appropriate detail and shall con-
7 sult with him or his designee thereon. The Secretary may
8 elect to purchase such obligations under such terms, in-
9 cluding rates of interest, as he and the National Health
10 Board may agree, but at a rate of yield no less than the
11 prevailing yield on outstanding marketable Treasury secu-
12 rities of comparable maturity, as determined by the Sec-
13 retary. If the Secretary does not purchase such obliga-
14 tions, the National Health Board may proceed to issue
15 and sell them to a party or parties other than the Sec-
16 retary upon notice to the Secretary and upon consultation
17 as to the date of issuance, maximum rates of interest, and
18 other terms and conditions.

19 (f) PURCHASE OF OBLIGATIONS.—Subject to the
20 conditions of subsection (e), the National Health Board
21 may require the Secretary of the Treasury to purchase ob-
22 ligations of the Service in such amounts as will not cause
23 the holding by the Secretary of the Treasury resulting
24 from such required purchases to exceed \$2,000,000,000
25 at any one time. This subsection shall not be construed

1 as limiting the authority of the Secretary to purchase obli-
2 gations of the Service in excess of such amount.

3 (g) FULL FAITH AND CREDIT.—Notwithstanding
4 subsection (d)(5), obligations issued by the Service shall
5 be obligations of the Government of the United States,
6 and payment of principal and interest thereon shall be
7 fully guaranteed by the Government of the United States,
8 such guaranty being expressed on the face thereof, if and
9 to the extent that—

10 (1) the National Health Board requests the
11 Secretary of the Treasury to pledge the full faith
12 and credit of the Government of the United States
13 for the payment of principal and interest thereon;
14 and

15 (2) the Secretary, in his discretion, determines
16 that it would be in the public interest to do so.

17 (h) PUBLIC DEBT TRANSACTION.—For the purpose
18 of any purchase of the obligations of the Service, the Sec-
19 retary of the Treasury is authorized to use as a public
20 debt transaction the proceeds from the sale of any securi-
21 ties issued under the Second Liberty Bond Act, as now
22 or hereafter in force, and the purposes for which securities
23 may be issued under the Second Liberty Bond Act, as now
24 or hereafter in force, are extended to include any pur-
25 chases of the obligations of the Service under this subtitle.

1 The Secretary of the Treasury may, at any time, sell any
2 of the obligations of the Service acquired by him under
3 this chapter. All redemptions, purchases, and sales by the
4 Secretary of the obligations of the Service shall be treated
5 as public debt transactions of the United States.

6 **SEC. 542. DEFINITIONS.**

7 For purposes of this title:

8 (1) **OPERATING EXPENSES.**—The term “oper-
9 ating expenses” means the cost of providing, plan-
10 ning, operating, and maintaining services, facilities,
11 programs, and boards (other than those associated
12 with research) established or furnished under this
13 Act, and of capital buildings and equipment (other
14 than those associated with research) costing less
15 than \$100,000, except for funds associated with the
16 conduct of preventive health measures and research.

17 (2) **CAPITAL EXPENSES.**—The term “capital ex-
18 penses” means expenses which under generally ac-
19 cepted accounting principles are not properly charge-
20 able as expenses of operation and maintenance,
21 which exceed \$100,000, and which are not associ-
22 ated primarily with the conduct of research.

1 **TITLE VI—MISCELLANEOUS**
2 **PROVISIONS**

3 **SEC. 601. EFFECTIVE DATE OF HEALTH SERVICES.**

4 The effective date of health services under this Act
5 is January 1 of the fourth calendar year after the year
6 in which this Act is enacted.

7 **SEC. 602. REPEAL OF PROVISIONS.**

8 (a) IN GENERAL.—Effective on the effective date of
9 health services, the following provisions of law are re-
10 pealed:

11 (1) The Public Health Service Act, except for—

12 (A) title I (relating to short title and defi-
13 nitions), parts F and G of title III (relating to
14 licensing and quarantine authority), and title
15 XIV (relating to safety of public water sys-
16 tems); and

17 (B) titles VII and VIII, which shall remain
18 effective, during the period beginning on such
19 effective date and ending on the date occurring
20 4 years after such effective date, with respect to
21 the provision of assistance to educational insti-
22 tutions, and students thereof, in areas which
23 have not established health team schools under
24 subtitle A of title III of this Act.

1 (2) Titles V, XVIII, XIX, and XXI of the So-
2 cial Security Act (relating to the maternal and child
3 health and crippled children's services, Medicare,
4 Medicaid, and State children's health insurance pro-
5 gram); part B of title XI of such Act (relating to
6 professional standards review); sections 226, 1121
7 through 1124, and 1126 of such Act (relating to en-
8 titlement to hospital insurance benefits, uniform
9 health reporting systems, limitation on Federal par-
10 ticipation for capital expenditures, program for de-
11 termining qualification for certain health care per-
12 sonnel, disclosure of ownership and related informa-
13 tion, and disclosure of certain convictions); and so
14 much of title XX of such Act (relating to grants to
15 States for services) as provides for payments to
16 States for health care and supplemental services.

17 (3) Chapter 89 of title 5, United States Code
18 (relating to health insurance for Federal employees).

19 (4) Chapters 17, 73, and 81 and section 1506
20 of title 38, United States Code (relating to medical
21 benefits and programs relating to veterans).

22 (5) Sections 1079 through 1083 and section
23 1086 of title 10, United States Code (relating to the
24 civilian health and medical program of the uni-
25 formed services).

1 (6) The Comprehensive Alcohol Abuse and Al-
2 coholism Prevention, Treatment, and Rehabilitation
3 Act of 1970; the Comprehensive Alcohol Abuse and
4 Alcoholism Prevention, Treatment, and Rehabilita-
5 tion Act Amendments of 1974; and section 4 of the
6 Comprehensive Drug Abuse Prevention and Control
7 Act of 1970 (relating to medical treatment of nar-
8 cotic addiction).

9 (7) Public Law 83–568 (42 U.S.C. 2001–
10 2004b) (relating to hospital and other health facili-
11 ties for Indians) and Public Law 85–151 (42 U.S.C.
12 2005–2005f) (relating to community hospitals for
13 Indians).

14 (8) The District of Columbia Medical Facilities
15 Construction Act of 1968 and the District of Colum-
16 bia Medical and Dental Manpower Act of 1970.

17 (9) Sections 232 and 242 and title XI of the
18 National Housing Act (relating to mortgage insur-
19 ance for nursing homes, hospitals, and group prac-
20 tice facilities).

21 (10) The Mental Retardation Facilities and
22 Community Mental Health Centers Construction Act
23 of 1963.

24 (11) The Family Planning Services and Popu-
25 lation Research Act of 1970.

1 (12) The National Arthritis Act of 1974 and
2 the National Diabetes Mellitus Research and Edu-
3 cation Act.

4 (13) Titles I and II and section 301 of the
5 Lead-Based Paint Poisoning Prevention Act (42
6 U.S.C. 4801, 4811, 4821) (relating to grant pro-
7 grams for lead-based paint poisoning prevention).

8 (14) The Act of March 2, 1897 (21 U.S.C. 41–
9 50) (relating to tea importation).

10 (15) Subsection (e) of section 20 and section 22
11 of the Occupational Safety and Health Act of 1970
12 (relating to the National Institute for Occupational
13 Safety and Health).

14 (b) PREPARATION OF ADDITIONAL LIST.—

15 (1) IN GENERAL.—Not later than three years
16 after the date of enactment of this Act, the Presi-
17 dent shall prepare, in consultation with the appro-
18 priate National Health Board, and transmit to Con-
19 gress legislation—

20 (A) to repeal or amend such provisions of
21 law as are inconsistent with the purposes of this
22 Act or the provision of health care and supple-
23 mental services by the Service under this Act;
24 and

1 (B) to make such conforming and technical
2 amendments in provisions of law as may be nec-
3 essary to properly effect the repeal of provisions
4 described in subsection (a) and the repeal or
5 amendment of provisions described in subpara-
6 graph (A) of this paragraph.

7 (2) TRANSFER AUTHORITY.—Such legislation
8 shall include the transfers of such authority of the
9 Secretary of Health and Human Services under the
10 provisions of—

11 (A) the Controlled Substances Act;

12 (B) chapter 175 of title 28, United States
13 Code (relating to civil commitment and rehabili-
14 tation of narcotics addicts);

15 (C) chapter 314 of title 18, United States
16 Code (relating to sentencing of narcotic addicts
17 to commitment for treatment);

18 (D) the Narcotic Addict Rehabilitation Act
19 of 1966;

20 (E) the Drug Abuse Office and Treatment
21 Act of 1972;

22 (F) the Occupational Safety and Health
23 Act of 1970;

24 (G) the Lead-Based Paint Poisoning Pre-
25 vention Act;

1 (H) the Federal Cigarette Labeling and
2 Advertising Act;

3 (I) the Federal Food, Drug, and Cosmetic
4 Act;

5 (J) the Fair Packaging and Labeling Act;

6 (K) the Act of March 4, 1923 (21 U.S.C.
7 61–64) (relating to filled milk);

8 (L) the Act of February 15, 1927 (21
9 U.S.C. 141–149) (relating to milk importation);

10 (M) the Federal Caustic Poison Act;

11 (N) the Federal Coal Mine Health and
12 Safety Act of 1969 (other than title IV there-
13 of); and

14 (O) the Solid Waste Disposal Act,

15 to the Service as the President determines, after
16 consultation with the National Health Board, to be
17 appropriate.

18 (c) REVIEW OF PROGRAMS.—

19 (1) IN GENERAL.—The National Health Board
20 shall, immediately upon its initial appointment, and
21 in consultation with the Secretary of Health and
22 Human Services, review the programs conducted
23 under the specified provisions of the Public Health
24 Service Act and the other Acts described in sub-

1 section (a) and shall determine how the Service shall
2 carry out the purposes of such programs.

3 (2) INITIAL REPORT.—Not later than one year
4 after the effective date of health services, the Na-
5 tional Health Board shall report to the President
6 and to the Congress on how the Service is carrying
7 out the purposes of the programs authorized to be
8 conducted under provisions of law which are re-
9 pealed by subsection (a) (other than paragraph
10 (1)(B) thereof).

11 (3) LATER REPORT.—Not later than 5 years
12 after the effective date of health services, the Na-
13 tional Health Board shall report to the President
14 and to the Congress on how the Service is carrying
15 out the purposes of programs described in subsection
16 (a)(1)(B).

17 (d) CODIFICATION PROPOSAL.—Not later than 2
18 years after the effective date of health services, the Na-
19 tional Health Board shall transmit to Congress a proposed
20 codification of all the provisions of law which contain func-
21 tions that are transferred or relate to the Service.

22 **SEC. 603. TRANSITION PROVISIONS.**

23 (a) TRANSFER OF APPROPRIATIONS.—Amounts ap-
24 propriated to carry out the purposes of any provisions of
25 law repealed by this Act and available on the effective date

1 of such repeal shall be transferred on such date to the
2 Health Service Trust Fund (established under section 511
3 of this Act).

4 (b) TRANSFER OF PERSONNEL, ASSETS, ETC.—The
5 President is authorized to transfer so much of the posi-
6 tions, personnel, assets, liabilities, contracts, property, and
7 records employed, held, used, arising from, available to or
8 made available in connection with the functions or pro-
9 grams repealed by this Act to the Service as may be
10 agreed upon by the President and the National Health
11 Board.

12 (c) LAPSES OF OFFICES.—In the case where the au-
13 thority for the establishment of any office or agency, or
14 all the functions of such office or agency, are repealed
15 under section 602, such office or agency shall lapse.

16 (d) APPLICATION OF AMENDMENTS.—The amend-
17 ments made by section 602—

18 (1) shall not apply with respect to any contract
19 entered into before the effective date of such amend-
20 ments, and

21 (2) shall not affect (A) any right or obligation
22 arising out of any matter occurring before the effec-
23 tive date of such amendments, or (B) any adminis-
24 trative or judicial proceeding (whether or not initi-

1 ated before that date) for the adjudication or en-
2 forcement of any such right or obligation.

3 **SEC. 604. AMENDMENT TO BUDGET AND ACCOUNTING ACT.**

4 (a) HEALTH SERVICE BUDGET.—Subsection (h) of
5 section 1105 of title 31, United States Code, is amended
6 to read as follows:

7 “(h) The Budget transmitted pursuant to subsection
8 (a) shall set forth the items enumerated in paragraphs (4)
9 through (9) and (12) of subsection (a) with respect to ex-
10 penditures from and appropriations to the Health Service
11 Trust Fund (established under section 511 of the Jose-
12 phine Butler United States Health Service Act) separately
13 from such items with respect to expenditures and appro-
14 priations relating to other operations of the Government.”.

15 (b) EFFECTIVE DATE.—The amendment made by
16 subsection (a) shall apply with respect to fiscal years be-
17 ginning more than 1 year after the date of enactment of
18 this Act.

19 **SEC. 605. SEPARABILITY.**

20 If any provision of this Act, or the application of such
21 provision to any person or circumstance, shall be held in-
22 valid, the remainder of this Act, or the application of such
23 provision to persons or circumstances other than those as
24 to which it is held invalid, shall not be affected thereby.

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