

109TH CONGRESS
1ST SESSION

S. 1058

To amend the Public Health Service Act to provide liability protections for volunteer practitioners at health centers under section 330 of such Act.

IN THE SENATE OF THE UNITED STATES

MAY 17, 2005

Mr. SANTORUM (for himself and Mr. WYDEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide liability protections for volunteer practitioners at health centers under section 330 of such Act.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Health
5 Center Volunteer Physician Protection Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) As there are over 45,000,000 individuals
9 lacking health insurance or who have inadequate

1 health care coverage in the United States, health
2 centers under section 330 of the Public Health Serv-
3 ice Act (42 U.S.C. 254b), including community
4 health centers, are increasingly called upon to pro-
5 vide care to the uninsured and underinsured. While
6 low-income individuals have access to Medicaid and
7 the elderly and disabled have access to Medicare,
8 such health centers offer an affordable alternative to
9 costly emergency room care.

10 (2) These health centers are being challenged
11 by increasing financial pressures that jeopardize
12 their ability to provide access to health services for
13 a number of large medically underserved popu-
14 lations, including the elderly, the uninsured, and
15 lower-income individuals.

16 (3) Granting volunteer physician liability cov-
17 erage through the program under section 224(g) of
18 the Public Health Service Act (relating to the provi-
19 sions of title 28, United States Code, that are com-
20 monly referred to as the Federal Tort Claims Act)
21 (42 U.S.C. 233(g)) would significantly increase the
22 number of physicians available onsite at such health
23 centers. Federal studies have concluded that by of-
24 fering liability coverage, such centers are able to re-
25 direct funds to recruit full-time physicians and pro-

1 vide needed health care services to their commu-
2 nities.

3 (4) In addition, an increase in volunteer physi-
4 cians at the health centers will result in a direct im-
5 provement in the ability of the centers to offer qual-
6 ity health care services where the services are needed
7 most.

8 **SEC. 3. HEALTH CENTERS UNDER PUBLIC HEALTH SERV-**
9 **ICE ACT; LIABILITY PROTECTIONS FOR VOL-**
10 **UNTEER PRACTITIONERS.**

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

13 (1) in subsection (g)(1)(A)—

14 (A) in the first sentence, by striking “or
15 employee” and inserting “employee, or (subject
16 to subsection (k)(4)) volunteer practitioner”;
17 and

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

21 (2) in each of subsections (g), (i), (j), (k), (l),
22 and (m), by striking “employee, or contractor” each
23 place such term appears and inserting “employee,
24 volunteer practitioner, or contractor”.

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

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

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

13 “(i) The practitioner is a licensed physician or
14 a licensed clinical psychologist.

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

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

1 icy or health plan, or under any Federal or State
2 health benefits program).”.

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