

109TH CONGRESS  
1ST SESSION

# S. 1344

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

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IN THE SENATE OF THE UNITED STATES

JUNE 30, 2005

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

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## 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 Provider 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.

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

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

24 (4) In addition, an increase in volunteer physi-  
25 cians at the health centers will result in a direct im-

1       provement in the ability of the centers to offer qual-  
 2       ity health care services where the services are needed  
 3       most.

4   **SEC. 3. HEALTH CENTERS UNDER PUBLIC HEALTH SERV-**  
 5                   **ICE ACT; LIABILITY PROTECTIONS FOR VOL-**  
 6                   **UNTEER PRACTITIONERS.**

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

9               (1) in subsection (g)(1)(A)—

10                   (A) in the first sentence, by striking “or  
 11                   employee” and inserting “employee, or (subject  
 12                   to subsection (k)(4)) volunteer practitioner”;  
 13                   and

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

17               (2) in each of subsections (g), (i), (j), (k), (l),  
 18                   and (m), by striking “employee, or contractor” each  
 19                   place such term appears and inserting “employee,  
 20                   volunteer practitioner, or contractor”.

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

24               “(4)(A) Subsections (g) through (m) apply with re-  
 25   spect to volunteer practitioners beginning with the first

1 fiscal year for which an appropriations Act provides that  
 2 amounts in the fund under paragraph (2) are available  
 3 with respect to such practitioners.

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

8 “(i) The practitioner is a licensed physician or  
 9 a licensed clinical psychologist.

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

17 “(iii) The practitioner does not for the provision  
 18 of such services receive any compensation from such  
 19 patients, from the entity, or from third-party payors  
 20 (including reimbursement under any insurance pol-  
 21 icy or health plan, or under any Federal or State  
 22 health benefits program).”.

23 **SEC. 4. STUDY ON ADEQUACY OF FUNDING FOR COVERAGE.**

24 (a) STUDY.—The Comptroller General of the United  
 25 States shall conduct a study concerning the adequacy of

1 funding for liability coverage through the program under  
2 section 224(g) of the Public Health Service Act (relating  
3 to the provisions of title 28, United States Code, that are  
4 commonly referred to as the Federal Tort Claims Act) (42  
5 U.S.C. 233(g)) for—

6 (1) public or nonprofit private entities receiving  
7 Federal funds for health centers under section 330  
8 of such Act (42 U.S.C. 254b); and

9 (2) volunteer practitioners serving such health  
10 centers.

11 (b) REPORT.—Not later than 6 months after the date  
12 of enactment of this Act, the Comptroller General of the  
13 United States shall prepare and submit to the appropriate  
14 committees of Congress a report containing findings and  
15 recommendations from the study conducted under sub-  
16 section (a), including recommendations concerning the  
17 adequacy of the funding described in subsection (a).

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