

110TH CONGRESS
1ST SESSION

H. R. 3294

To amend the Rehabilitation Act of 1973 and the Public Health Service Act to set standards for medical diagnostic equipment and to establish a program for promoting good health, disease prevention, and wellness and for the prevention of secondary conditions for individuals with disabilities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 1, 2007

Mrs. LOWEY (for herself, Mr. TOWNS, Ms. ROYBAL-ALLARD, Mr. DAVIS of Illinois, Ms. BORDALLO, and Ms. CARSON) 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 amend the Rehabilitation Act of 1973 and the Public Health Service Act to set standards for medical diagnostic equipment and to establish a program for promoting good health, disease prevention, and wellness and for the prevention of secondary conditions for individuals with disabilities, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Promoting Wellness
3 for Individuals with Disabilities Act of 2007”.

4 **SEC. 2. ESTABLISHMENT OF STANDARDS FOR ACCESSIBLE**
5 **MEDICAL DIAGNOSTIC EQUIPMENT.**

6 (a) IN GENERAL.—Title V of the Rehabilitation Act
7 of 1973 (29 U.S.C. 791 et seq.) is amended by adding
8 at the end the following:

9 **“SEC. 510. ESTABLISHMENT OF STANDARDS FOR ACCES-**
10 **SIBLE MEDICAL DIAGNOSTIC EQUIPMENT.**

11 “(a) STANDARDS.—Not later than 9 months after the
12 date of the enactment of the Promoting Wellness for Indi-
13 viduals with Disabilities Act of 2007, the Architectural
14 and Transportation Barriers Compliance Board shall issue
15 (including publishing) standards setting forth the min-
16 imum technical criteria for medical diagnostic equipment
17 used in (or in conjunction with) physician’s offices, clinics,
18 emergency rooms, hospitals, and other medical settings.
19 The standards shall ensure that such equipment is acces-
20 sible to, and usable by, individuals with disabilities, and
21 shall allow independent entry to, use of, and exit from the
22 equipment by such individuals to the maximum extent pos-
23 sible.

24 “(b) MEDICAL DIAGNOSTIC EQUIPMENT COV-
25 ERED.—The standards issued under subsection (a) for
26 medical diagnostic equipment shall apply to equipment

1 that includes examination tables, examination chairs (in-
2 cluding chairs used for eye examinations or procedures,
3 and dental examinations or procedures), weight scales,
4 mammography equipment, x-ray machines, and other radi-
5 ological equipment commonly used for diagnostic purposes
6 by health professionals.

7 “(c) INTERIM STANDARDS.—Until the date that the
8 standards described under subsection (a) are in effect,
9 purchases of examination tables, weight scales, and mam-
10 mography equipment made after January 1, 2008, and
11 used in (or in conjunction with) medical settings as de-
12 scribed in subsection (a), shall meet the following interim
13 accessibility requirements:

14 “(1) Examination tables shall be height-adjust-
15 able between a range of at least 18 inches to 37
16 inches.

17 “(2) Weight scales shall be capable of weighing
18 individuals who remain seated in a wheelchair or
19 other personal mobility aid.

20 “(3) Mammography machines and equipment
21 shall be capable of being used by individuals in a
22 standing, seated, or recumbent position, including
23 individuals who remain seated in a wheelchair or
24 other personal mobility aid.

1 “(d) REVIEW AND AMENDMENT.—The Architectural
2 and Transportation Barriers Compliance Board shall peri-
3 odically review and, as appropriate, amend the stand-
4 ards.”.

5 (b) CLERICAL AMENDMENT.—The table of contents
6 in section 1(b) of the Rehabilitation Act of 1973 is amend-
7 ed by inserting after the item relating to section 509 the
8 following new item:

“Sec. 510. Establishment of standards for accessible medical diagnostic equip-
ment.”.

9 **SEC. 3. WELLNESS GRANT PROGRAM FOR INDIVIDUALS**
10 **WITH DISABILITIES.**

11 Part P of title III of the Public Health Service Act
12 (42 U.S.C. 280g et seq.) is amended by adding at the end
13 the following new section:

14 **“SEC. 399R. ESTABLISHMENT OF WELLNESS GRANT PRO-**
15 **GRAM FOR INDIVIDUALS WITH DISABILITIES.**

16 “(a) IN GENERAL.—

17 “(1) INDIVIDUAL WITH A DISABILITY DE-
18 FINED.—For purposes of this section, the term ‘in-
19 dividual with a disability’ has the meaning given the
20 term in section 7(20) of the Rehabilitation Act of
21 1973 (29 U.S.C. 705(20)), for purposes of title V of
22 such Act (29 U.S.C. 791 et seq.).

23 “(2) WELLNESS GRANT PROGRAM FOR INDIVID-
24 UALS WITH DISABILITIES.—The Secretary, in col-

1 laboration with the National Advisory Committee on
2 Wellness for Individuals With Disabilities established
3 under subsection (d)(1), may make grants on a com-
4 petitive basis to public and nonprofit private entities
5 for the purpose of carrying out programs for pro-
6 moting good health, disease prevention, and wellness
7 for individuals with disabilities and for preventing
8 secondary conditions in such individuals.

9 “(b) REQUIREMENT OF APPLICATION.—To be eligi-
10 ble to receive a grant under subsection (a)(2), a public
11 or nonprofit private entity shall submit to the Secretary
12 an application at such time, in such manner, and con-
13 taining such agreements, assurances, and information as
14 the Secretary determines to be necessary to carry out this
15 section.

16 “(c) AUTHORIZED ACTIVITIES.—With respect to pro-
17 moting good health and wellness for individuals with dis-
18 abilities, activities for which the Secretary may make a
19 grant under subsection (a) include—

20 “(1) programs or activities for smoking ces-
21 sation, weight control, nutrition, or fitness that
22 focus on the unique challenges faced by individuals
23 with disabilities regarding these issues;

1 “(2) preventive health screening programs for
2 individuals with disabilities to reduce the incidence
3 of secondary conditions; and

4 “(3) athletic, exercise, or sports programs that
5 provide individuals with disabilities (including chil-
6 dren with disabilities) an opportunity to increase
7 their physical activity in a dedicated or adaptive rec-
8 reational environment.

9 “(d) PRIORITIES.—

10 “(1) ADVISORY COMMITTEE.—The Secretary
11 shall establish a National Advisory Committee on
12 Wellness for Individuals With Disabilities that shall
13 set priorities to carry out this section, review grant
14 proposals, and make recommendations for funding,
15 and annually evaluate the progress of the program
16 under this section in implementing the priorities.

17 “(2) REPRESENTATION.—The Advisory Com-
18 mittee established under paragraph (1) shall include
19 representation by the Department of Health and
20 Human Services Office on Disability, the United
21 States Surgeon General or his designee, the Centers
22 for Disease Control and Prevention, private non-
23 profit organizations that represent the civil rights
24 and interests of individuals with disabilities, and in-
25 dividuals with disabilities or their family members.

1 “(e) DISSEMINATION OF INFORMATION.—The Sec-
 2 retary shall, in addition to the usual methods of the Sec-
 3 retary, disseminate information about the availability of
 4 grants under subsection (a) in a manner designed to reach
 5 public entities and nonprofit private organizations that are
 6 dedicated to providing outreach, advocacy, or independent
 7 living services to individuals with disabilities.

8 “(f) REPORTS TO CONGRESS.—The Secretary shall,
 9 not later than 180 days after the date of the enactment
 10 of the Promoting Wellness for Individuals with Disabilities
 11 Act of 2007, and annually thereafter, submit to Congress
 12 a report summarizing activities, findings, outcomes, and
 13 recommendations resulting from the grant projects funded
 14 under this section during the preceding fiscal year.

15 “(g) AUTHORIZATION OF APPROPRIATIONS.—For the
 16 purpose of making grants under this section, there are au-
 17 thorized to be appropriated such sums as may be nec-
 18 essary.”.

19 **SEC. 4. IMPROVING EDUCATION AND TRAINING TO PRO-**
 20 **VIDE MEDICAL SERVICES TO INDIVIDUALS**
 21 **WITH DISABILITIES.**

22 (a) COORDINATED PROGRAM TO IMPROVE PEDI-
 23 ATRIC ORAL HEALTH.—Section 320A(b) of the Public
 24 Health Service Act (42 U.S.C. 247d–8(b)) is amended
 25 by—

1 (1) striking “, or to increase” and inserting “,
2 to increase”; and

3 (2) striking the period and inserting the fol-
4 lowing “, or to provide training to improve com-
5 petency and clinical skills in providing oral health
6 services to, and communicating with, patients with
7 disabilities (including those with intellectual disabil-
8 ities) through training integrated into the core cur-
9 riculum and patient interaction in community-based
10 settings.”.

11 (b) CHILDREN’S HOSPITALS THAT OPERATE GRAD-
12 UATE MEDICAL EDUCATION PROGRAMS.—Section 340E
13 of the Public Health Service Act (42 U.S.C. 256e) is
14 amended by adding at the end the following:

15 “(h) REQUIREMENT TO PROVIDE TRAINING.—To be
16 eligible to receive a payment under this section, a chil-
17 dren’s hospital shall provide training to improve com-
18 petency and clinical skills in providing health care to, and
19 communicating with, patients with disabilities, including
20 those with intellectual disabilities, as part of any approved
21 graduate medical residency training program provided by
22 the hospital. Such training shall include treating patients
23 with disabilities in community-based settings as part of
24 the usual training or residency placement.”.

1 (c) CENTERS OF EXCELLENCE.—Section 736(b) of
2 the Public Health Service Act (42 U.S.C. 293(b)) is
3 amended—

4 (1) in paragraph (6)(B), by striking “; and”
5 and inserting a semicolon;

6 (2) by redesignating paragraph (7) as para-
7 graph (8); and

8 (3) by inserting after paragraph (6) the fol-
9 lowing:

10 “(7) to carry out a program to improve com-
11 petency and clinical skills of students in providing
12 health services to, and communicating with, patients
13 with disabilities, including those with intellectual dis-
14 abilities; and”.

15 (d) FAMILY MEDICINE, GENERAL INTERNAL MEDI-
16 CINE, GENERAL PEDIATRICS, GENERAL DENTISTRY, PE-
17 DIATRIC DENTISTRY, AND PHYSICIAN ASSISTANTS.—Sec-
18 tion 747(a) of the Public Health Service Act (42 U.S.C.
19 293k(a)) is amended—

20 (1) in paragraph (5), by striking “; and” and
21 inserting a semicolon;

22 (2) in paragraph (6), by striking “pediatric
23 dentistry.” and inserting the following: “pediatric
24 dentistry; and

1 “(7) to plan, develop, and operate a program
2 for the training of physicians or dentists, or medical
3 or dental residents, to improve competency and clin-
4 ical skills of physicians and dentists in providing
5 services to, and communicating with, patients with
6 disabilities, including those with intellectual disabil-
7 ities.”; and

8 (3) by inserting at the end the following: “The
9 training described in paragraph (7) shall include
10 training integrated into the core curriculum, as well
11 as patient interaction with individuals with disabil-
12 ities in community-based settings, as part of the
13 usual training or residency placement.”.

14 (e) ADVISORY COUNCIL ON GRADUATE MEDICAL
15 EDUCATION.—Section 762(a)(1) of the Public Health
16 Service Act (42 U.S.C. 294o(a)(1)) is amended—

17 (1) in subparagraph (E), by striking “; and”
18 and inserting a semicolon;

19 (2) by adding at the end the following:

20 “(G) appropriate efforts to be carried out
21 by hospitals, schools of medicine, schools of os-
22 teopathic medicine, schools of dentistry, and ac-
23 crediting bodies with respect to changes in un-
24 dergraduate and graduate medical training to
25 improve competency and clinical skills of physi-

1 cians in providing health care services to, and
2 communicating with, patients with disabilities,
3 including those with intellectual disabilities;
4 and”.

5 (f) MEDICARE GRADUATE MEDICAL EDUCATION
6 PROGRAMS.—Section 1886(h) of the Social Security Act
7 (42 U.S.C. 1395ww(h)) is amended by adding at the end
8 the following:

9 “(8) REQUIREMENT TO PROVIDE TRAINING.—
10 To be eligible to receive a payment under this sub-
11 section, a hospital shall provide training to improve
12 competency and clinical skills in providing health
13 care to, and communicating with, patients with dis-
14 abilities, including those with intellectual disabilities,
15 as part of any approved medical residency training
16 program provided by the hospital. Such training
17 shall include treating patients with disabilities in
18 community-based settings, as part of the usual
19 training or residency placement.”.

20 (g) EFFECTIVE DATE.—The amendments made by
21 subsections (b), (c), and (f) shall take effect 180 days
22 after the date of the enactment of this Act.

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