

110TH CONGRESS
1ST SESSION

S. 2112

To amend the Public Health Service Act to establish the Nurse-Managed Health Clinic Investment program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 27, 2007

Mr. INOUE (for himself, Mr. ALEXANDER, and Mr. AKAKA) 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 establish the Nurse-Managed Health Clinic Investment program, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Nurse-Managed
5 Health Clinic Investment Act of 2007”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) Nurse-managed health clinics (referred to in
2 this section as “NMHCs”) offer their patients pri-
3 mary care based on the nursing model, which em-
4 phasizes the protection, promotion, and optimization
5 of health along with the prevention of illness, and
6 the alleviation of suffering in conjunction with diag-
7 nosis and treatment. Nurses are advocates and edu-
8 cators providing care for individuals, families, com-
9 munities, and populations.

10 (2) More than 200 NMHCs are currently in op-
11 eration across the United States. These clinics
12 record over 2,000,000 client encounters annually.

13 (3) NMHCs meet the Institute of Medicine’s
14 definition of safety-net provider by providing care re-
15 gardless of their patient’s ability to pay. A substan-
16 tial share of their patient mix is made up of unin-
17 sured individuals, Medicaid recipients, and other vul-
18 nerable populations. A recent study funded by the
19 Centers for Medicare & Medicaid Services reported
20 that more than 45 percent of the payor mix for
21 NMHCs is uninsured, and 37 percent are Medicaid
22 recipients.

23 (4) NMHCs provide a medical home for the un-
24 derserved, and are viable partners with the Federal
25 Government to reduce health disparities. They pro-

1 vide a full range of health care services, including
2 primary care, health promotion, disease prevention,
3 and behavioral health care to the residents of rural
4 and urban underserved communities. Because
5 NMHCs are often located in public housing develop-
6 ments, senior living arrangements, schools, and com-
7 munity centers, they help remove barriers preventing
8 access to care and are instrumental in addressing
9 and eliminating the factors contributing to health
10 disparities.

11 (5) Nurse-managed clinics are playing an ever-
12 increasing role in the Nation's health care safety-
13 net, and are currently being under-utilized and
14 under-funded by both Federal and State govern-
15 ments.

16 (6) Lack of adequate funding has caused 39
17 percent of the NMHCs established between 1993
18 and 2001 to close. These clinics are frequently the
19 only source of health care for their patients. These
20 closures have had a negative impact on the ability of
21 the underserved to access primary care.

22 (7) The goal of this Act is to provide NMHCs
23 with access to a stable source of funding that will
24 enable them to continue expanding primary care
25 services in underserved communities, while reducing

1 the level of health disparities suffered by vulnerable
2 populations.

3 (b) PURPOSE.—It is the purpose of this Act to fund
4 the development and operation of nurse-managed health
5 clinics to—

6 (1) provide comprehensive and accessible pri-
7 mary health care services to vulnerable populations
8 living in underserved communities around the Na-
9 tion; and

10 (2) reduce the level of health disparities experi-
11 enced by vulnerable populations.

12 **SEC. 3. NURSE-MANAGED HEALTH CLINICS.**

13 Title III of the Public Health Service Act (42 U.S.C.
14 241 et seq.) is amended by adding at the end the fol-
15 lowing:

16 **“PART S—NURSE-MANAGED HEALTH CLINIC**
17 **PROGRAM**

18 **“SEC. 399JJ. GRANTS TO NURSE-MANAGED HEALTH CLIN-**
19 **ICS.**

20 **“(a) DEFINITION; ESTABLISHMENT OF CRITERIA.—**
21 **In this section:**

22 **“(1) COMPREHENSIVE PRIMARY HEALTH CARE**
23 **SERVICES.—**The term ‘comprehensive primary
24 health care services’ means health care related to
25 adult, family, and pediatric health consisting of

adult health, pediatrics, obstetrics, or gynecology services that are furnished by nurse practitioners, physician assistants, physicians, nurse midwives, and other qualified health care professionals. In addition to primary care services, specific services may include—

“(A) preventive health services;

“(B) prenatal and perinatal services;

“(C) appropriate cancer screening;

“(D) well-child services;

“(E) immunizations against vaccine-preventable diseases;

“(F) screenings for elevated blood lead levels;

“(G) screening for communicable diseases;

“(H) cholesterol screenings;

“(I) pediatric eye and ear screenings to determine the need for vision and hearing correction;

“(J) emergency medical services;

“(K) diagnostic laboratory and radiologic services;

“(L) care navigation services;

“(M) pharmaceutical services as may be appropriate for each clinic; and

1 “(N) voluntary family planning.

2 “(2) HEALTH PROMOTION AND DISEASE PRE-
3 VENTION SERVICES.—The term ‘health promotion
4 and disease prevention services’ means the full con-
5 tinuum of educational services as well as physical
6 and mental assessment services designed to enable
7 patients to take control over and improve their
8 health through the prevention of disease as well as
9 the reduction of existing symptoms.

10 “(3) MEDICALLY UNDERSERVED POPU-
11 LATIONS.—The term ‘medically underserved popu-
12 lation’ has the meaning given such term in section
13 330(b)(3).

14 “(4) NURSE-MANAGED HEALTH CLINIC.—The
15 term ‘nurse-managed health clinic’ means a nurse-
16 practice arrangement, managed by advanced practice
17 nurses, that provides primary care for underserved
18 or vulnerable populations and is associated with a
19 school, college, or department of nursing, federally
20 qualified health center, or an independent nonprofit
21 health or social services agency.

22 “(5) VULNERABLE POPULATION.—The term
23 ‘vulnerable population’ means a population that
24 lacks access to adequate primary care or suffers
25 from increased health disparities due to factors such

1 as health, age, race, ethnicity, sex, insurance status,
2 income level, or ability to communicate effectively.

3 “(b) AUTHORITY TO AWARD GRANTS.—The Sec-
4 retary shall award grants for the cost of the operation of
5 nurse-managed health clinics that meet the requirements
6 of this section.

7 “(c) APPLICATIONS.—To be eligible to receive a grant
8 under this section, an entity shall—

9 “(1) be a nurse-managed health clinic (as de-
10 fined in subsection (a)(4)); and

11 “(2) submit to the Secretary an application at
12 such time, in such manner, and containing an assur-
13 ance that—

14 “(A) the nurse-managed health clinic will
15 continue providing comprehensive primary care
16 services (as defined in subsection (a)(1)) for the
17 duration of the grant period; and

18 “(B) the nurse-managed health clinic will
19 establish, within 90 days of receiving a grant
20 under this section, a community advisory com-
21 mittee composed of individuals, a majority of
22 whom are being served by the clinic, the pur-
23 pose of which is to provide input into the nurse-
24 managed health clinic decisionmaking process.

1 “(d) WAIVER OF REQUIREMENTS.—The Secretary
2 may, upon a showing of good cause, waive the requirement
3 that the nurse-managed health clinic provide all required
4 comprehensive primary health services for a period of not
5 to exceed 2 years.

6 “(e) USE OF FUNDS.—

7 “(1) IN GENERAL.—Funds awarded under a
8 grant under this section may be used for the provi-
9 sion of primary care services and additional health
10 services, for the management of nurse-managed
11 health clinic programs, for the payment of salaries
12 for nurse-managed health clinic personnel, and for
13 providing training for the provision of required
14 health services. Funds may also be used for acquir-
15 ing, and the leasing of, buildings and equipment (in-
16 cluding the cost of amortizing the principle of, and
17 paying interest on, loans for such buildings and
18 equipment).

19 “(2) AMOUNT.—The amount of any grant made
20 in any fiscal year to a nurse-managed health clinic
21 shall be determined by the Secretary, taking into ac-
22 count—

23 “(A) the financial need of the nurse-man-
24 aged health clinic;

1 “(B) State, local, and other operational
2 funding provided to the nurse-managed health
3 clinic; and

4 “(C) other factors as determined appro-
5 priate by the Secretary.

6 “(f) TECHNICAL ASSISTANCE.—The Secretary shall
7 establish a program through which the Secretary shall
8 provide (either through the Department of Health and
9 Human Services or by grant or contract) technical and
10 other assistance to nurse-managed health clinics to assist
11 such clinics in meeting the requirements of this section.
12 Services provided under this section may include necessary
13 technical and nonfinancial assistance, including fiscal and
14 program management assistance, training in fiscal and
15 program management, operational and administrative
16 support, and the provision of information to nurse-man-
17 aged health clinics regarding the various resources avail-
18 able under this section and how those resources can best
19 be used to meet the health needs of the communities
20 served by nurse-managed health clinics.

21 “(g) EVALUATION.—The Secretary shall develop and
22 implement a plan for evaluating nurse-managed health
23 clinics funded under this section. Such evaluations shall
24 monitor and track the performance of the grantee as well

1 as the quality of the services that are provided under the
2 grant.

3 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purposes of carrying out this section, there are authorized
5 to be appropriated \$50,000,000 for the fiscal year 2008,
6 and such sums as may be necessary for each of the fiscal
7 years 2009 through 2012.”.

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