

111TH CONGRESS  
1ST SESSION

# H. R. 1938

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

APRIL 2, 2009

Mrs. LOWEY 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 2009”.

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 2009, 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) physicians 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, 2010, 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—

13 (1) by redesignating the section 399R, as added  
 14 by section 2 of Public Law 110–373, as section  
 15 399S;

16 (2) by redesignating the section 399R, as added  
 17 by section 3 of Public Law 110–374, as section  
 18 399T; and

19 (3) by adding at the end the following new sec-  
 20 tion:

21 **“SEC. 399U. ESTABLISHMENT OF WELLNESS GRANT PRO-**  
 22 **GRAM FOR INDIVIDUALS WITH DISABILITIES.**

23 “(a) IN GENERAL.—

1           “(1) INDIVIDUAL WITH A DISABILITY DE-  
2       FINED.—For purposes of this section, the term ‘in-  
3       dividual with a disability’ has the meaning given the  
4       term in section 7(20) of the Rehabilitation Act of  
5       1973 (29 U.S.C. 705(20)), for purposes of title V of  
6       such Act (29 U.S.C. 791 et seq.).

7           “(2) WELLNESS GRANT PROGRAM FOR INDIVID-  
8       UALS WITH DISABILITIES.—The Secretary, in col-  
9       laboration with the National Advisory Committee on  
10      Wellness for Individuals With Disabilities established  
11      under subsection (d)(1), may make grants on a com-  
12      petitive basis to public and nonprofit private entities  
13      for the purpose of carrying out programs for pro-  
14      moting good health, disease prevention, and wellness  
15      for individuals with disabilities and for preventing  
16      secondary conditions in such individuals.

17      “(b) REQUIREMENT OF APPLICATION.—To be eligi-  
18      ble to receive a grant under subsection (a)(2), a public  
19      or nonprofit private entity shall submit to the Secretary  
20      an application at such time, in such manner, and con-  
21      taining such agreements, assurances, and information as  
22      the Secretary determines to be necessary to carry out this  
23      section.

24      “(c) AUTHORIZED ACTIVITIES.—With respect to pro-  
25      moting good health and wellness for individuals with dis-

1 abilities, activities for which the Secretary may make a  
2 grant under subsection (a) include—

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

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

10 “(3) athletic, exercise, or sports programs that  
11 provide individuals with disabilities (including chil-  
12 dren with disabilities) an opportunity to increase  
13 their physical activity in a dedicated or adaptive rec-  
14 reational environment.

15 “(d) PRIORITIES.—

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

23 “(2) REPRESENTATION.—The Advisory Com-  
24 mittee established under paragraph (1) shall include  
25 representation by the Department of Health and

1 Human Services Office on Disability, the United  
2 States Surgeon General or his designee, the Centers  
3 for Disease Control and Prevention, private non-  
4 profit organizations that represent the civil rights  
5 and interests of individuals with disabilities, and in-  
6 dividuals with disabilities or their family members.

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

14 “(f) REPORTS TO CONGRESS.—The Secretary shall,  
15 not later than 180 days after the date of the enactment  
16 of the Promoting Wellness for Individuals with Disabilities  
17 Act of 2009, and annually thereafter, submit to Congress  
18 a report summarizing activities, findings, outcomes, and  
19 recommendations resulting from the grant projects funded  
20 under this section during the preceding fiscal year.

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

1 **SEC. 4. IMPROVING EDUCATION AND TRAINING TO PRO-**  
2 **VIDE MEDICAL SERVICES TO INDIVIDUALS**  
3 **WITH DISABILITIES.**

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

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

10 (2) striking the period and inserting the fol-  
11 lowing “, or to provide training to improve com-  
12 petency and clinical skills in providing oral health  
13 services to, and communicating with, patients with  
14 disabilities (including those with intellectual disabil-  
15 ities) through training integrated into the core cur-  
16 riculum and patient interaction in community-based  
17 settings.”.

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

22 “(h) REQUIREMENT TO PROVIDE TRAINING.—To be  
23 eligible to receive a payment under this section, a chil-  
24 dren’s hospital shall provide training to improve com-  
25 petency and clinical skills in providing health care to, and  
26 communicating with, patients with disabilities, including



1 those with intellectual disabilities, as part of any approved  
2 graduate medical residency training program provided by  
3 the hospital. Such training shall include treating patients  
4 with disabilities in community-based settings as part of  
5 the usual training or residency placement.”.

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

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

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

13 (3) by inserting after paragraph (6) the fol-  
14 lowing:

15 “(7) to carry out a program to improve com-  
16 petency and clinical skills of students in providing  
17 health services to, and communicating with, patients  
18 with disabilities, including those with intellectual dis-  
19 abilities; and”.

20 (d) FAMILY MEDICINE, GENERAL INTERNAL MEDI-  
21 CINE, GENERAL PEDIATRICS, GENERAL DENTISTRY, PE-  
22 DIATRIC DENTISTRY, AND PHYSICIAN ASSISTANTS.—Sec-  
23 tion 747(a) of the Public Health Service Act (42 U.S.C.  
24 293k(a)) is amended—

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

3           (2) in paragraph (6), by striking “pediatric  
4     dentistry.” and inserting “pediatric dentistry; and”;

5           (3) by inserting after paragraph (6) the fol-  
6     lowing new paragraph:

7           “(7) to plan, develop, and operate a program  
8     for the training of physicians or dentists, or medical  
9     or dental residents, to improve competency and clin-  
10    ical skills of physicians and dentists in providing  
11    services to, and communicating with, patients with  
12    disabilities, including those with intellectual disabil-  
13    ities.”; and

14          (4) by adding at the end the following: “The  
15    training described in paragraph (7) shall include  
16    training integrated into the core curriculum, as well  
17    as patient interaction with individuals with disabil-  
18    ities in community-based settings, as part of the  
19    usual training or residency placement.”.

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

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

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

1           “(G) appropriate efforts to be carried out  
2           by hospitals, schools of medicine, schools of os-  
3           teopathic medicine, schools of dentistry, and ac-  
4           crediting bodies with respect to changes in un-  
5           dergraduate and graduate medical training to  
6           improve competency and clinical skills of physi-  
7           cians in providing health care services to, and  
8           communicating with, patients with disabilities,  
9           including those with intellectual disabilities;  
10          and”.

11          (f) MEDICARE GRADUATE MEDICAL EDUCATION  
12 PROGRAMS.—Section 1886(h) of the Social Security Act  
13 (42 U.S.C. 1395ww(h)) is amended by adding at the end  
14 the following:

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

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

○