minute and to revise and extend his remarks.)

Mr. GIBBONS. Mr. Speaker, every day we are reminded of the need for the Department of Homeland Security. Recently, the United States Marines were assaulted and several were killed in a terrorist ambush off the coast of Kuwait; deadly terrorist bombs exploded in Bali, Indonesia, killing hundreds; and a sniper is running loose right here in the District of Columbia.

Terrorism, whether international or domestic, is an unfortunate reality. The Department of Homeland Security can help keep Americans safe by ensuring a coordinated and effective response to terrorism.

On July 6, this House passed bipartisan legislation establishing a Department of Homeland Security. The President supports the House bill because it allows him the flexibility to meet any threat.

Now is the time for the Senate to act and pass this vital legislation for the protection of all Americans.

CONGRESS DID NOT AUTHORIZE COLONIZATION OF IRAQ OR SEIZURE OF ITS OIL

(Mr. KUCINICH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.

Mr. KUCINICH. Mr. Speaker, recent news reports that the administration plans to seize Iraqi oil and use the money to set up a military government in Iraq raise serious questions of the administration's intentions in the region. Congress did not authorize the colonization of Iraq.

Congress did not authorize the seizure of Iraqi oil. These reports released the day after the congressional vote raise serious questions about the administration's intentions for the region, the completeness of their disclosures to Congress, and the role of certain oil companies in U.S. foreign policy.

I believe that had the administration fully disclosed their plans before the congressional vote that they intended not only military occupation but colonization and seizure of oil belonging to the people of Iraq, there may have been a much different outcome in the vote.

The resolution passed by Congress authorizing enforcement of U.N. Security Council resolutions authorized not colonization and not taking things which do not belong to the United States.

HONORING THE LEXINGTON COUNTY MONUMENT FUND

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, I rise today to recognize the Lexington County Monument Fund which, on Veterans Day, will dedicate its monument to the veterans of World War II, Korea, Vietnam, and the homefront.

This monument is one of the first in the Nation to recognize jointly the heroic efforts of the veterans of these three crucial war periods. Very importantly, it is the only one to recognize the sacrifices in support of the people back home who worked the farms, built and furnished equipment and supplies to the military, and kept family members safe.

We are especially honored that Brigadier General Paul W. Tibbets, the pilot of the Enola Gay, will serve as the keynote speaker at the dedication ceremony.

This monument is the result of the tireless efforts of Mr. THOMAS Comerford, chairman of the Monument Committee and Clerk of Court for Lexington County.

I would also like to pay special recognition to Mr. James St. Clair of Gaston, who provided invaluable assistance.

THE ECONOMY

(Ms. SOLIS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SOLIS. Mr. Speaker, while the President and his Republican colleagues continue to focus their attention on foreign policy, they regretfully leave behind a very important issue, one that affects millions of families across the country; that is, the economy. In the past 2 years 1.6 million people have lost their jobs, and 1.4 million more people lost their health care insurance last year alone. Americans have lost over $4.5 million in the stock market since this President took office.

The massive Republican tax cut passed last year was supposed to help working families. It actually left us in a major recession.

We need to increase the minimum wage. We need to extend unemployment insurance for the hardest-working people in our country that lost their jobs because of this recession. Unemployment is at 5.5, and among Hispanics in our country it is a staggering 7.4 percent. In my district alone it is 10 percent.

This problem is real, and it is serious. We need to get to work on it. I ask Congress and the President to stop ignoring this issue and to come up with an economic stimulus plan for working families.

THE STATE OF THE U.S. ECONOMY

(Ms. SANCHEZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SANCHEZ. Mr. Speaker, I rise today to speak about the declining state of our economy. What has happened to our economy in these past 2 years? It is devastating. Health care costs and prescription drug costs are up. Employees are seeing their hard-earned retirement and 401(k) savings evaporate.

Despite these economic hardships, the Republicans continue to support big corporate interests, ignoring the economic troubles of America's working families. It is time that we call upon this administration and this Republican House to acknowledge, to acknowledge the serious economic difficulties that we now face.

We must stop draining the Social Security Trust Fund, and we must pass a Medicare prescription drug benefit that lowers drug prices and helps all seniors. We must get this economy moving in the right direction, and it is my hope that my colleagues will join me in trying to ease the economic strain facing American families.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Any record vote on the postponed question will be taken after debate has concluded on the motion to suspend the rules, but not before 2 p.m. today.

HEALTH CARE SAFETY NET AMENDMENTS OF 2002

Mr. STEARNS. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1533) to amend the Public Health Service Act to reauthorize and strengthen the health centers program and the National Health Service Corps, and to establish the Healthy Communities Access Program, which will help coordinate services for the uninsured and underinsured, and for other purposes, as amended.

The Clerk read as follows:

S. 1533

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Health Care Safety Net Amendments of 2002''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

TITLE I—CONSOLIDATED HEALTH CENTER PROGRAM AMENDMENTS

SEC. 101. HEALTH CENTERS.

Section 330 of the Public Health Service Act (42 U.S.C. 254b) is amended—

(1) in subsection (b)(1)(A)—

(A) in clause (i)(III)(bb), by striking ''screening for breast and cervical cancer'' and inserting ''appropriate cancer screening'';

(B) in clause (ii), by inserting ''(including specialty referral when medically indicated)'' after ''medical services''; and

(C) in clause (iii), by inserting ''housing,'' after ''social,'';

(2) in subsection (b)(2)—

(A) in subparagraph (A)(i), by striking ''associated with water supply;'' and inserting the following: ''associated with—

''(I) water supply;

''(II) chemical and pesticide exposures;

''(III) air quality; or

''(IV) exposure to lead;'';

(B) by redesignating subparagraphs (A) and (B) as subparagraphs (C) and (D), respectively; and

(C) by inserting before subparagraph (C) (as so redesignated by subparagraph (B)) the following:

''(A) behavioral and mental health and substance abuse services;

''(B) recuperative care services;'';

(D) in subparagraph (B)—

(3) in subsection (c)(1)—

(A) in subparagraph (B)—

(i) in the heading, by striking ''COMPREHENSIVE SERVICE DELIVERY'' and inserting ''MANAGED CARE'';

(ii) in the matter preceding clause (i), by striking ''network or plan'' and all that follows to the period and inserting ''managed care network or plan.''; and

(iii) in the matter following clause (ii), by striking ''Any such grant may include'' and all that follows through the period; and

(B) by adding at the end the following:

''(C) PRACTICE MANAGEMENT NETWORKS.—The Secretary may make grants to health centers that receive assistance under this section to enable the centers to plan and develop practice management networks that will enable the centers to—

''(i) reduce costs associated with the provision of health care services;

''(ii) improve access to, and availability of, health care services provided to individuals served by the centers;

''(iii) enhance the quality and coordination of health care services; or

''(iv) improve the health status of communities.

''(D) USE OF FUNDS.—The activities for which a grant may be made under subparagraph (B) or (C) may include the purchase or lease of equipment, which may include data and information systems (including paying for the costs of amortizing the principal of, and paying the interest on, loans for equipment), the provision of training and technical assistance related to the provision of health care services on a prepaid basis or under another managed care arrangement, and other activities that promote the development of practice management or managed care networks and plans.'';

(4) in subsection (d)—

(A) by striking the subsection heading and inserting ''LOAN GUARANTEE PROGRAM.—'';

(B) in paragraph (1)—

(i) in subparagraph (A), by striking ''the principal and interest on loans'' and all that follows through the period and inserting ''up to 90 percent of the principal and interest on loans made by non-Federal lenders to health centers, funded under this section, for the costs of developing and operating managed care networks or plans described in subsection (c)(1)(B), or practice management networks described in subsection (c)(1)(C).'';

(ii) in subparagraph (B)—

(I) in clause (i), by striking ''or'';

(II) in clause (ii), by striking the period and inserting ''; or''; and

(III) by adding at the end the following:

''(iii) to refinance an existing loan (as of the date of refinancing) to the center or centers, if the Secretary determines—

''(I) that such refinancing will be beneficial to the health center and the Federal Government;

''(II) that the center (or centers) can demonstrate an ability to repay the refinanced loan equal to or greater than the ability of the center (or centers) to repay the original loan on the date the original loan was made.''; and

(iii) by adding at the end the following:

''(D) PROVISION DIRECTLY TO NETWORKS OR PLANS.—At the request of health centers receiving assistance under this section, loan guarantees provided under this paragraph may be made directly to networks or plans that are at least majority controlled and, as applicable, at least majority owned by those health centers.

''(E) FEDERAL CREDIT REFORM.—The requirements of the Federal Credit Reform Act of 1990 (2 U.S.C. 661 et seq.) shall apply with respect to loans refinanced under subparagraph (B)(iii).''; and

(C)(i) by striking paragraphs (6) and (7); and

(ii) by redesignating paragraph (8) as paragraph (6);

(4) in subsection (e)—

(A) in paragraph (1)—

(i) in subparagraph (B), by striking ''subsection (j)(3)'' and inserting ''subsection (k)(3)''; and

(ii) by adding at the end the following:

''(C) OPERATION OF NETWORKS AND PLANS.—The Secretary may make grants to health centers that receive assistance under this section, or at the request of the health centers, directly to a network or plan (as described in subparagraphs (B) and (C) of subsection (c)(1)) that is at least majority controlled and, as applicable, at least majority owned by such health centers receiving assistance under this section, for the costs associated with the operation of such network or plan, including the purchase or lease of equipment (including the costs of amortizing the principal of, and paying the interest on, loans for equipment).'';

(B) in paragraph (5)—

(i) in subparagraph (A), by inserting ''subparagraphs (A) and (B) of'' after ''any fiscal year under'';

(ii) by redesignating subparagraphs (B) and (C) as subparagraphs (C) and (D), respectively; and

(iii) by inserting after subparagraph (A) the following:

''(B) NETWORKS AND PLANS.—The total amount of grant funds made available for any fiscal year under paragraph (1)(C) and subparagraphs (B) and (C) of subsection (c)(1) to a health center or to a network or plan shall be determined by the Secretary, but may not exceed 2 percent of the total amount appropriated under this section for such fiscal year.''; and

(C) by redesignating paragraphs (4) and (5) as paragraphs (3) and (4), respectively;

(5) in subsection (g)—

(A) in paragraph (2)—

(i) in subparagraph (A), by inserting ''and seasonal agricultural worker'' after ''agricultural worker''; and

(ii) in subparagraph (B), by striking ''and members of their families'' and inserting ''and seasonal agricultural workers, and members of their families,''; and

(B) in paragraph (3)(A), by striking ''on a seasonal basis'';

(6) in subsection (h)—

(A) in paragraph (1), by striking ''homeless children and children at risk of homelessness'' and inserting ''homeless children and youth and children and youth at risk of homelessness'';

(B)(i) by redesignating paragraph (4) as paragraph (5); and

(ii) by inserting after paragraph (3) the following:

''(4) TEMPORARY CONTINUED PROVISION OF SERVICES TO CERTAIN FORMER HOMELESS INDIVIDUALS.—If any grantee under this subsection has provided services described in this section under the grant to a homeless individual, such grantee may, notwithstanding that the individual is no longer homeless as a result of becoming a resident in permanent housing, expend the grant to continue to provide such services to the individual for not more than 12 months.''; and

(C) in paragraph (5)(C) (as redesignated by subparagraph (B)), by striking ''and residential treatment'' and inserting '', risk reduction, outpatient treatment, residential treatment, and rehabilitation'';

(7) in subsection (j)(3)—

(A) in subparagraph (E)—

(i) in clause (i)—

(I) by striking ''(i)'' and inserting ''(i)(I)'';

(II) by striking ''plan; or'' and inserting ''plan; and''; and

(III) by adding at the end the following:

''(II) has or will have a contractual or other arrangement with the State agency administering the program under title XXI of such Act (42 U.S.C. 1397aa et seq.) with respect to individuals who are State children's health insurance program beneficiaries; or''; and

(ii) by striking clause (ii) and inserting the following:

''(ii) has made or will make every reasonable effort to enter into arrangements described in subclauses (I) and (II) of clause (i);'';

(B) in subparagraph (G)—

(i) in clause (ii)(II), by striking ''; and'' and inserting '';'';

(ii) by redesignating clause (iii) as clause (iv); and

(iii) by inserting after clause (ii) the following:

''(iii)(I) will assure that no patient will be denied health care services due to an individual's inability to pay for such services; and

''(II) will assure that any fees or payments required by the center for such services will be reduced or waived to enable the center to fulfill the assurance described in subclause (I); and'';

(C) in subparagraph (H), in the matter following clause (iii), by striking ''or (p)'' and inserting ''or (q)'';

(D) in subparagraph (K)(ii), by striking ''and'' at the end;

(E) in subparagraph (L), by striking the period and inserting ''; and''; and

(F) by inserting after subparagraph (L), the following:

''(M) the center encourages persons receiving or seeking health services from the center to participate in any public or private (including employer-offered) health programs or plans for which the persons are eligible, so long as the center, in complying with this subparagraph, does not violate the requirements of subparagraph (G)(iii)(I).'';

(8)(A) by redesignating subsection (l) as subsection (s) and moving that subsection (s) to the end of the section;

(B) by redesignating subsections (j), (k), and (m) through (q) as subsections (n), (o), and (p) through (s), respectively; and

(C) by inserting after subsection (i) the following:

''(j) ACCESS GRANTS.—

''(1) IN GENERAL.—The Secretary may award grants to eligible health centers with a substantial number of clients with limited English speaking proficiency to provide translation, interpretation, and other such services for such clients with limited English speaking proficiency.

''(2) ELIGIBLE HEALTH CENTER.—In this subsection, the term 'eligible health center' means an entity that—

''(A) is a health center as defined under subsection (a);

''(B) provides health care services for clients for whom English is a second language; and

''(C) has exceptional needs with respect to linguistic access or faces exceptional challenges with respect to linguistic access.

''(3) GRANT AMOUNT.—The amount of a grant awarded to a center under this subsection shall be determined by the Administrator. Such determination of such amount shall be based on the number of clients for whom English is a second language that is served by such center, and larger grant amounts shall be awarded to centers serving larger numbers of such clients.

''(4) USE OF FUNDS.—An eligible health center that receives a grant under this subsection may use funds received through such grant to—

''(A) provide translation, interpretation, and other such services for clients for whom English is a second language, including hiring professional translation and interpretation services; and

''(B) compensate bilingual or multilingual staff for language assistance services provided by the staff for such clients.

''(5) APPLICATION.—An eligible health center desiring a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including—

''(A) an estimate of the number of clients that the center serves for whom English is a second language;

''(B) the ratio of the number of clients for whom English is a second language to the total number of clients served by the center;

''(C) a description of any language assistance services that the center proposes to provide to aid clients for whom English is a second language; and

''(D) a description of the exceptional needs of such center with respect to linguistic access or a description of the exceptional challenges faced by such center with respect to linguistic access.

''(6) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection, in addition to any funds authorized to be appropriated or appropriated for health centers under any other subsection of this section, such sums as may be necessary for each of fiscal years 2002 through 2006.'';

(9) by striking subsection (m) (as redesignated by paragraph (9)(B)) and inserting the following:

''(m) TECHNICAL ASSISTANCE.—The Secretary shall establish a program through which the Secretary shall provide technical and other assistance to eligible entities to assist such entities to meet the requirements of subsection (l)(3). Services provided through the program may include necessary technical and nonfinancial assistance, including fiscal and program management assistance, training in fiscal and program management, operational and administrative support, and the provision of information to the entities of the variety of resources available under this title and how those resources can be best used to meet the health needs of the communities served by the entities.'';

(10) in subsection (q) (as redesignated by paragraph (9)(B)), by striking ''(j)(3)(G)'' and inserting ''(l)(3)(G)''; and

(11) in subsection (s) (as redesignated by paragraph (9)(A))—

(A) in paragraph (1), by striking ''$802,124,000'' and all that follows through the period and inserting ''$1,340,000,000 for fiscal year 2002 and such sums as may be necessary for each of the fiscal years 2003 through 2006.'';

(B) in paragraph (2)—

(i) in subparagraph (A)—

(I) by striking ''(j)(3))'' and inserting ''(l)(3))''; and

(II) by striking ''(j)(3)(G)(ii)'' and inserting ''(l)(3)(H)''; and

(ii) by striking subparagraph (B) and inserting the following:

''(B) DISTRIBUTION OF GRANTS.—For fiscal year 2002 and each of the following fiscal years, the Secretary, in awarding grants under this section, shall ensure that the proportion of the amount made available under each of subsections (g), (h), and (i), relative to the total amount appropriated to carry out this section for that fiscal year, is equal to the proportion of the amount made available under that subsection for fiscal year 2001, relative to the total amount appropriated to carry out this section for fiscal year 2001.''.

SEC. 102. TELEMEDICINE; INCENTIVE GRANTS REGARDING COORDINATION AMONG STATES.

(a) IN GENERAL.—The Secretary of Health and Human Services may make grants to State professional licensing boards to carry out programs under which such licensing boards of various States cooperate to develop and implement State policies that will reduce statutory and regulatory barriers to telemedicine.

(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006.

TITLE II—RURAL HEALTH

Subtitle A—Rural Health Care Services Outreach, Rural Health Network Development, and Small Health Care Provider Quality Improvement Grant Programs

SEC. 201. GRANT PROGRAMS.

Section 330A of the Public Health Service Act (42 U.S.C. 254c) is amended to read as follows:

''SEC. 330A. RURAL HEALTH CARE SERVICES OUTREACH, RURAL HEALTH NETWORK DEVELOPMENT, AND SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANT PROGRAMS.

''(a) PURPOSE.—The purpose of this section is to provide grants for expanded delivery of health care services in rural areas, for the planning and implementation of integrated health care networks in rural areas, and for the planning and implementation of small health care provider quality improvement activities.

''(b) DEFINITIONS.—

''(1) DIRECTOR.—The term 'Director' means the Director specified in subsection (d).

''(2) FEDERALLY QUALIFIED HEALTH CENTER; RURAL HEALTH CLINIC.—The terms 'Federally qualified health center' and 'rural health clinic' have the meanings given the terms in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)).

''(3) HEALTH PROFESSIONAL SHORTAGE AREA.—The term 'health professional shortage area' means a health professional shortage area designated under section 332.

''(4) MEDICALLY UNDERSERVED COMMUNITY.—The term 'medically underserved community' has the meaning given the term in section 799B.

''(5) MEDICALLY UNDERSERVED POPULATION.—The term 'medically underserved population' has the meaning given the term in section 330(b)(3).

''(c) PROGRAM.—The Secretary shall establish, under section 301, a small health care provider quality improvement grant program.

''(d) ADMINISTRATION.—

''(1) PROGRAMS.—The rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs established under section 301 shall be administered by the Director of the Office of Rural Health Policy of the Health Resources and Services Administration, in consultation with State offices of rural health or other appropriate State government entities.

''(2) GRANTS.—

''(A) IN GENERAL.—In carrying out the programs described in paragraph (1), the Director may award grants under subsections (e), (f), and (g) to expand access to, coordinate, and improve the quality of essential health care services, and enhance the delivery of health care, in rural areas.

''(B) TYPES OF GRANTS.—The Director may award the grants—

''(i) to promote expanded delivery of health care services in rural areas under subsection (e);

''(ii) to provide for the planning and implementation of integrated health care networks in rural areas under subsection (f); and

''(iii) to provide for the planning and implementation of small health care provider quality improvement activities under subsection (g).

''(e) RURAL HEALTH CARE SERVICES OUTREACH GRANTS.—

''(1) GRANTS.—The Director may award grants to eligible entities to promote rural health care services outreach by expanding the delivery of health care services to include new and enhanced services in rural areas. The Director may award the grants for periods of not more than 3 years.

''(2) ELIGIBILITY.—To be eligible to receive a grant under this subsection for a project, an entity—

''(A) shall be a rural public or rural nonprofit private entity;

''(B) shall represent a consortium composed of members—

''(i) that include 3 or more health care providers; and

''(ii) that may be nonprofit or for-profit entities; and

''(C) shall not previously have received a grant under this subsection for the same or a similar project, unless the entity is proposing to expand the scope of the project or the area that will be served through the project.

''(3) APPLICATIONS.—To be eligible to receive a grant under this subsection, an eligible entity, in consultation with the appropriate State office of rural health or another appropriate State entity, shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

''(A) a description of the project that the eligible entity will carry out using the funds provided under the grant;

''(B) a description of the manner in which the project funded under the grant will meet the health care needs of rural underserved populations in the local community or region to be served;

''(C) a description of how the local community or region to be served will be involved in the development and ongoing operations of the project;

''(D) a plan for sustaining the project after Federal support for the project has ended;

''(E) a description of how the project will be evaluated; and

''(F) other such information as the Secretary determines to be appropriate.

''(f) RURAL HEALTH NETWORK DEVELOPMENT GRANTS.—

''(1) GRANTS.—

''(A) IN GENERAL.—The Director may award rural health network development grants to eligible entities to promote, through planning and implementation, the development of integrated health care networks that have combined the functions of the entities participating in the networks in order to—

''(i) achieve efficiencies;

''(ii) expand access to, coordinate, and improve the quality of essential health care services; and

''(iii) strengthen the rural health care system as a whole.

''(B) GRANT PERIODS.—The Director may award such a rural health network development grant for implementation activities for a period of 3 years. The Director may also award such a rural health network development grant for planning activities for a period of 1 year, to assist in the development of an integrated health care network, if the proposed participants in the network do not have a history of collaborative efforts and a 3-year grant would be inappropriate.

''(2) ELIGIBILITY.—To be eligible to receive a grant under this subsection, an entity—

''(A) shall be a rural public or rural nonprofit private entity;

''(B) shall represent a network composed of participants—

''(i) that include 3 or more health care providers; and

''(ii) that may be nonprofit or for-profit entities; and

''(C) shall not previously have received a grant under this subsection (other than a grant for planning activities) for the same or a similar project.

''(3) APPLICATIONS.—To be eligible to receive a grant under this subsection, an eligible entity, in consultation with the appropriate State office of rural health or another appropriate State entity, shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

''(A) a description of the project that the eligible entity will carry out using the funds provided under the grant;

''(B) an explanation of the reasons why Federal assistance is required to carry out the project;

''(C) a description of—

''(i) the history of collaborative activities carried out by the participants in the network;

''(ii) the degree to which the participants are ready to integrate their functions; and

''(iii) how the local community or region to be served will benefit from and be involved in the activities carried out by the network;

''(D) a description of how the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the integration activities carried out by the network;

''(E) a plan for sustaining the project after Federal support for the project has ended;

''(F) a description of how the project will be evaluated; and

''(G) other such information as the Secretary determines to be appropriate.

''(g) SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANTS.—

''(1) GRANTS.—The Director may award grants to provide for the planning and implementation of small health care provider quality improvement activities. The Director may award the grants for periods of 1 to 3 years.

''(2) ELIGIBILITY.—To be eligible for a grant under this subsection, an entity—

''(A)(i) shall be a rural public or rural nonprofit private health care provider or provider of health care services, such as a critical access hospital or a rural health clinic; or

''(ii) shall be another rural provider or network of small rural providers identified by the Secretary as a key source of local care; and

''(B) shall not previously have received a grant under this subsection for the same or a similar project.

''(3) APPLICATIONS.—To be eligible to receive a grant under this subsection, an eligible entity, in consultation with the appropriate State office of rural health or another appropriate State entity shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

''(A) a description of the project that the eligible entity will carry out using the funds provided under the grant;

''(B) an explanation of the reasons why Federal assistance is required to carry out the project;

''(C) a description of the manner in which the project funded under the grant will assure continuous quality improvement in the provision of services by the entity;

''(D) a description of how the local community or region to be served will experience increased access to quality health care services across the continuum of care as a result of the activities carried out by the entity;

''(E) a plan for sustaining the project after Federal support for the project has ended;

''(F) a description of how the project will be evaluated; and

''(G) other such information as the Secretary determines to be appropriate.

''(4) EXPENDITURES FOR SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANTS.—In awarding a grant under this subsection, the Director shall ensure that the funds made available through the grant will be used to provide services to residents of rural areas. The Director shall award not less than 50 percent of the funds made available under this subsection to providers located in and serving rural areas.

''(h) GENERAL REQUIREMENTS.—

''(1) PROHIBITED USES OF FUNDS.—An entity that receives a grant under this section may not use funds provided through the grant—

''(A) to build or acquire real property; or

''(B) for construction.

''(2) COORDINATION WITH OTHER AGENCIES.—The Secretary shall coordinate activities carried out under grant programs described in this section, to the extent practicable, with Federal and State agencies and nonprofit organizations that are operating similar grant programs, to maximize the effect of public dollars in funding meritorious proposals.

''(3) PREFERENCE.—In awarding grants under this section, the Secretary shall give preference to entities that—

''(A) are located in health professional shortage areas or medically underserved communities, or serve medically underserved populations; or

''(B) propose to develop projects with a focus on primary care, and wellness and prevention strategies.

''(i) REPORT.—Not later than September 30, 2005, the Secretary shall prepare and submit to the appropriate committees of Congress a report on the progress and accomplishments of the grant programs described in subsections (e), (f), and (g).

''(j) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $40,000,000 for fiscal year 2002, and such sums as may be necessary for each of fiscal years 2003 through 2006.''.

Subtitle B—Telehealth Grant Consolidation

SEC. 211. SHORT TITLE.

This subtitle may be cited as the ''Telehealth Grant Consolidation Act of 2002''.

SEC. 212. CONSOLIDATION AND REAUTHORIZATION OF PROVISIONS.

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq) is amended by adding at the end the following:

''SEC. 330I. TELEHEALTH NETWORK AND TELEHEALTH RESOURCE CENTERS GRANT PROGRAMS.

''(a) DEFINITIONS.—In this section:

''(1) DIRECTOR; OFFICE.—The terms 'Director' and 'Office' mean the Director and Office specified in subsection (c).

''(2) FEDERALLY QUALIFIED HEALTH CENTER AND RURAL HEALTH CLINIC.—The term 'Federally qualified health center' and 'rural health clinic' have the meanings given the terms in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)).

''(3) FRONTIER COMMUNITY.—The term 'frontier community' shall have the meaning given the term in regulations issued under subsection (r).

''(4) MEDICALLY UNDERSERVED AREA.—The term 'medically underserved area' has the meaning given the term 'medically underserved community' in section 799B.

''(5) MEDICALLY UNDERSERVED POPULATION.—The term 'medically underserved population' has the meaning given the term in section 330(b)(3).

''(6) TELEHEALTH SERVICES.—The term 'telehealth services' means services provided through telehealth technologies.

''(7) TELEHEALTH TECHNOLOGIES.—The term 'telehealth technologies' means technologies relating to the use of electronic information, and telecommunications technologies, to support and promote, at a distance, health care, patient and professional health-related education, health administration, and public health.

''(b) PROGRAMS.—The Secretary shall establish, under section 301, telehealth network and telehealth resource centers grant programs.

''(c) ADMINISTRATION.—

''(1) ESTABLISHMENT.—There is established in the Health and Resources and Services Administration an Office for the Advancement of Telehealth. The Office shall be headed by a Director.

''(2) DUTIES.—The telehealth network and telehealth resource centers grant programs established under section 301 shall be administered by the Director, in consultation with the State offices of rural health, State offices concerning primary care, or other appropriate State government entities.

''(d) GRANTS.—

''(1) TELEHEALTH NETWORK GRANTS.—The Director may, in carrying out the telehealth network grant program referred to in subsection (b), award grants to eligible entities for projects to demonstrate how telehealth technologies can be used through telehealth networks in rural areas, frontier communities, and medically underserved areas, and for medically underserved populations, to—

''(A) expand access to, coordinate, and improve the quality of health care services;

''(B) improve and expand the training of health care providers; and

''(C) expand and improve the quality of health information available to health care providers, and patients and their families, for decisionmaking.

''(2) TELEHEALTH RESOURCE CENTERS GRANTS.—The Director may, in carrying out the telehealth resource centers grant program referred to in subsection (b), award grants to eligible entities for projects to demonstrate how telehealth technologies can be used in the areas and communities, and for the populations, described in paragraph (1), to establish telehealth resource centers.

''(e) GRANT PERIODS.—The Director may award grants under this section for periods of not more than 4 years.

''(f) ELIGIBLE ENTITIES.—

''(1) TELEHEALTH NETWORK GRANTS.—

''(A) GRANT RECIPIENT.—To be eligible to receive a grant under subsection (d)(1), an entity shall be a nonprofit entity.

''(B) TELEHEALTH NETWORKS.—

''(i) IN GENERAL.—To be eligible to receive a grant under subsection (d)(1), an entity shall demonstrate that the entity will provide services through a telehealth network.

''(ii) NATURE OF ENTITIES.—Each entity participating in the telehealth network may be a nonprofit or for-profit entity.

''(iii) COMPOSITION OF NETWORK.—The telehealth network shall include at least 2 of the following entities (at least 1 of which shall be a community-based health care provider):

''(I) Community or migrant health centers or other Federally qualified health centers.

''(II) Health care providers, including pharmacists, in private practice.

''(III) Entities operating clinics, including rural health clinics.

''(IV) Local health departments.

''(V) Nonprofit hospitals, including community access hospitals.

''(VI) Other publicly funded health or social service agencies.

''(VII) Long-term care providers.

''(VIII) Providers of health care services in the home.

''(IX) Providers of outpatient mental health services and entities operating outpatient mental health facilities.

''(X) Local or regional emergency health care providers.

''(XI) Institutions of higher education.

''(XII) Entities operating dental clinics.

''(2) TELEHEALTH RESOURCE CENTERS GRANTS.—To be eligible to receive a grant under subsection (d)(2), an entity shall be a nonprofit entity.

''(g) APPLICATIONS.—To be eligible to receive a grant under subsection (d), an eligible entity, in consultation with the appropriate State office of rural health or another appropriate State entity, shall prepare and submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, including—

''(1) a description of the project that the eligible entity will carry out using the funds provided under the grant;

''(2) a description of the manner in which the project funded under the grant will meet the health care needs of rural or other populations to be served through the project, or improve the access to services of, and the quality of the services received by, those populations;

''(3) evidence of local support for the project, and a description of how the areas, communities, or populations to be served will be involved in the development and ongoing operations of the project;

''(4) a plan for sustaining the project after Federal support for the project has ended;

''(5) information on the source and amount of non-Federal funds that the entity will provide for the project;

''(6) information demonstrating the long-term viability of the project, and other evidence of institutional commitment of the entity to the project;

''(7) in the case of an application for a project involving a telehealth network, information demonstrating how the project will promote the integration of telehealth technologies into the operations of health care providers, to avoid redundancy, and improve access to and the quality of care; and

''(8) other such information as the Secretary determines to be appropriate.

''(h) TERMS; CONDITIONS; MAXIMUM AMOUNT OF ASSISTANCE.—The Secretary shall establish the terms and conditions of each grant program described in subsection (b) and the maximum amount of a grant to be awarded to an individual recipient for each fiscal year under this section. The Secretary shall publish, in a publication of the Health Resources and Services Administration, notice of the application requirements for each grant program described in subsection (b) for each fiscal year.

''(i) PREFERENCES.—

''(1) TELEHEALTH NETWORKS.—In awarding grants under subsection (d)(1) for projects involving telehealth networks, the Secretary shall give preference to an eligible entity that meets at least 1 of the following requirements:

''(A) ORGANIZATION.—The eligible entity is a rural community-based organization or another community-based organization.

''(B) SERVICES.—The eligible entity proposes to use Federal funds made available through such a grant to develop plans for, or to establish, telehealth networks that provide mental health, public health, long-term care, home care, preventive, or case management services.

''(C) COORDINATION.—The eligible entity demonstrates how the project to be carried out under the grant will be coordinated with other relevant federally funded projects in the areas, communities, and populations to be served through the grant.

''(D) NETWORK.—The eligible entity demonstrates that the project involves a telehealth network that includes an entity that—

''(i) provides clinical health care services, or educational services for health care providers and for patients or their families; and

''(ii) is—

''(I) a public library;

''(II) an institution of higher education; or

''(III) a local government entity.

''(E) CONNECTIVITY.—The eligible entity proposes a project that promotes local connectivity within areas, communities, or populations to be served through the project.

''(F) INTEGRATION.—The eligible entity demonstrates that health care information has been integrated into the project.

''(2) TELEHEALTH RESOURCE CENTERS.—In awarding grants under subsection (d)(2) for projects involving telehealth resource centers, the Secretary shall give preference to an eligible entity that meets at least 1 of the following requirements:

''(A) PROVISION OF SERVICES.—The eligible entity has a record of success in the provision of telehealth services to medically underserved areas or medically underserved populations.

''(B) COLLABORATION AND SHARING OF EXPERTISE.—The eligible entity has a demonstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, State, and local levels.

''(C) BROAD RANGE OF TELEHEALTH SERVICES.—The eligible entity has a record of providing a broad range of telehealth services, which may include—

''(i) a variety of clinical specialty services;

''(ii) patient or family education;

''(iii) health care professional education; and

''(iv) rural residency support programs.

''(j) DISTRIBUTION OF FUNDS.—

''(1) IN GENERAL.—In awarding grants under this section, the Director shall ensure, to the greatest extent possible, that such grants are equitably distributed among the geographical regions of the United States.

''(2) TELEHEALTH NETWORKS.—In awarding grants under subsection (d)(1) for a fiscal year, the Director shall ensure that—

''(A) not less than 50 percent of the funds awarded shall be awarded for projects in rural areas; and

''(B) the total amount of funds awarded for such projects for that fiscal year shall be not less than the total amount of funds awarded for such projects for fiscal year 2001 under section 330A (as in effect on the day before the date of enactment of the Health Care Safety Net Amendments of 2002).

''(k) USE OF FUNDS.—

''(1) TELEHEALTH NETWORK PROGRAM.—The recipient of a grant under subsection (d)(1) may use funds received through such grant for salaries, equipment, and operating or other costs, including the cost of—

''(A) developing and delivering clinical telehealth services that enhance access to community-based health care services in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations;

''(B) developing and acquiring, through lease or purchase, computer hardware and

software, audio and video equipment, computer network equipment, interactive equipment, data terminal equipment, and other equipment that furthers the objectives of the telehealth network grant program;

''(C)(i) developing and providing distance education, in a manner that enhances access to care in rural areas, frontier communities, or medically underserved areas, or for medically underserved populations; or

''(ii) mentoring, precepting, or supervising health care providers and students seeking to become health care providers, in a manner that enhances access to care in the areas and communities, or for the populations, described in clause (i);

''(D) developing and acquiring instructional programming;

''(E)(i) providing for transmission of medical data, and maintenance of equipment; and

''(ii) providing for compensation (including travel expenses) of specialists, and referring health care providers, who are providing telehealth services through the telehealth network, if no third party payment is available for the telehealth services delivered through the telehealth network;

''(F) developing projects to use telehealth technology to facilitate collaboration between health care providers;

''(G) collecting and analyzing usage statistics and data to document the cost-effectiveness of the telehealth services; and

''(H) carrying out such other activities as are consistent with achieving the objectives of this section, as determined by the Secretary.

''(2) TELEHEALTH RESOURCE CENTERS.—The recipient of a grant under subsection (d)(2) may use funds received through such grant for salaries, equipment, and operating or other costs for—

''(A) providing technical assistance, training, and support, and providing for travel expenses, for health care providers and a range of health care entities that provide or will provide telehealth services;

''(B) disseminating information and research findings related to telehealth services;

''(C) promoting effective collaboration among telehealth resource centers and the Office;

''(D) conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs;

''(E) promoting the integration of the technologies used in clinical information systems with other telehealth technologies;

''(F) fostering the use of telehealth technologies to provide health care information and education for health care providers and consumers in a more effective manner; and

''(G) implementing special projects or studies under the direction of the Office.

''(l) PROHIBITED USES OF FUNDS.—An entity that receives a grant under this section may not use funds made available through the grant—

''(1) to acquire real property;

''(2) for expenditures to purchase or lease equipment, to the extent that the expenditures would exceed 40 percent of the total grant funds;

''(3) in the case of a project involving a telehealth network, to purchase or install transmission equipment (such as laying cable or telephone lines, or purchasing or installing microwave towers, satellite dishes, amplifiers, or digital switching equipment);

''(4) to pay for any equipment or transmission costs not directly related to the purposes for which the grant is awarded;

''(5) to purchase or install general purpose voice telephone systems;

''(6) for construction; or

''(7) for expenditures for indirect costs (as determined by the Secretary), to the extent that the expenditures would exceed 15 percent of the total grant funds.

''(m) COLLABORATION.—In providing services under this section, an eligible entity shall collaborate, if feasible, with entities that—

''(1)(A) are private or public organizations, that receive Federal or State assistance; or

''(B) are public or private entities that operate centers, or carry out programs, that receive Federal or State assistance; and

''(2) provide telehealth services or related activities.

''(n) COORDINATION WITH OTHER AGENCIES.—The Secretary shall coordinate activities carried out under grant programs described in subsection (b), to the extent practicable, with Federal and State agencies and nonprofit organizations that are operating similar programs, to maximize the effect of public dollars in funding meritorious proposals.

''(o) OUTREACH ACTIVITIES.—The Secretary shall establish and implement procedures to carry out outreach activities to advise potential end users of telehealth services in rural areas, frontier communities, medically underserved areas, and medically underserved populations in each State about the grant programs described in subsection (b).

''(p) TELEHEALTH.—It is the sense of Congress that, for purposes of this section, States should develop reciprocity agreements so that a provider of services under this section who is a licensed or otherwise authorized health care provider under the law of 1 or more States, and who, through telehealth technology, consults with a licensed or otherwise authorized health care provider in another State, is exempt, with respect to such consultation, from any State law of the other State that prohibits such consultation on the basis that the first health care provider is not a licensed or authorized health care provider under the law of that State.

''(q) REPORT.—Not later than September 30, 2005, the Secretary shall prepare and submit to the appropriate committees of Congress a report on the progress and accomplishments of the grant programs described in subsection (b).

''(r) REGULATIONS.—The Secretary shall issue regulations specifying, for purposes of this section, a definition of the term 'frontier area'. The definition shall be based on factors that include population density, travel distance in miles to the nearest medical facility, travel time in minutes to the nearest medical facility, and such other factors as the Secretary determines to be appropriate. The Secretary shall develop the definition in consultation with the Director of the Bureau of the Census and the Administrator of the Economic Research Service of the Department of Agriculture.

''(s) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

''(1) for grants under subsection (d)(1), $40,000,000 for fiscal year 2002, and such sums as may be necessary for each of fiscal years 2003 through 2006; and

''(2) for grants under subsection (d)(2), $20,000,000 for fiscal year 2002, and such sums as may be necessary for each of fiscal years 2003 through 2006.''.

Subtitle C—Mental Health Services Telehealth Program and Rural Emergency Medical Service Training and Equipment Assistance Program

SEC. 221. PROGRAMS.

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) (as amended by section 212) is further amended by adding at the end the following:

''SEC. 330J. RURAL EMERGENCY MEDICAL SERVICE TRAINING AND EQUIPMENT ASSISTANCE PROGRAM.

''(a) GRANTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration (referred to in this section as the 'Secretary') shall award grants to eligible entities to enable such entities to provide for improved emergency medical services in rural areas.

''(b) ELIGIBILITY.—To be eligible to receive a grant under this section, an entity shall—

''(1) be—

''(A) a State emergency medical services office;

''(B) a State emergency medical services association;

''(C) a State office of rural health;

''(D) a local government entity;

''(E) a State or local ambulance provider; or

''(F) any other entity determined appropriate by the Secretary; and

''(2) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, that includes—

''(A) a description of the activities to be carried out under the grant; and

''(B) an assurance that the eligible entity will comply with the matching requirement of subsection (e).

''(c) USE OF FUNDS.—An entity shall use amounts received under a grant made under subsection (a), either directly or through grants to emergency medical service squads that are located in, or that serve residents of, a nonmetropolitan statistical area, an area designated as a rural area by any law or regulation of a State, or a rural census tract of a metropolitan statistical area (as determined under the most recent Goldsmith Modification, originally published in a notice of availability of funds in the Federal Register on February 27, 1992, 57 Fed. Reg. 6725), to—

''(1) recruit emergency medical service personnel;

''(2) recruit volunteer emergency medical service personnel;

''(3) train emergency medical service personnel in emergency response, injury prevention, safety awareness, and other topics relevant to the delivery of emergency medical services;

''(4) fund specific training to meet Federal or State certification requirements;

''(5) develop new ways to educate emergency health care providers through the use of technology-enhanced educational methods (such as distance learning);

''(6) acquire emergency medical services equipment, including cardiac defibrillators;

''(7) acquire personal protective equipment for emergency medical services personnel as required by the Occupational Safety and Health Administration; and

''(8) educate the public concerning cardiopulmonary resuscitation, first aid, injury prevention, safety awareness, illness prevention, and other related emergency preparedness topics.

''(d) PREFERENCE.—In awarding grants under this section the Secretary shall give preference to—

''(1) applications that reflect a collaborative effort by 2 or more of the entities described in subparagraphs (A) through (F) of subsection (b)(1); and

''(2) applications submitted by entities that intend to use amounts provided under the grant to fund activities described in any of paragraphs (1) through (5) of subsection (c).

''(e) MATCHING REQUIREMENT.—The Secretary may not award a grant under this section to an entity unless the entity agrees that the entity will make available (directly

or through contributions from other public or private entities) non-Federal contributions toward the activities to be carried out under the grant in an amount equal to 25 percent of the amount received under the grant.

''(f) EMERGENCY MEDICAL SERVICES.—In this section, the term 'emergency medical services'—

''(1) means resources used by a qualified public or private nonprofit entity, or by any other entity recognized as qualified by the State involved, to deliver medical care outside of a medical facility under emergency conditions that occur—

''(A) as a result of the condition of the patient; or

''(B) as a result of a natural disaster or similar situation; and

''(2) includes services delivered by an emergency medical services provider (either compensated or volunteer) or other provider recognized by the State involved that is licensed or certified by the State as an emergency medical technician or its equivalent (as determined by the State), a registered nurse, a physician assistant, or a physician that provides services similar to services provided by such an emergency medical services provider.

''(g) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2002 through 2006.

''(2) ADMINISTRATIVE COSTS.—The Secretary may use not more than 10 percent of the amount appropriated under paragraph (1) for a fiscal year for the administrative expenses of carrying out this section.

''SEC. 330K. MENTAL HEALTH SERVICES DELIVERED VIA TELEHEALTH.

''(a) DEFINITIONS.—In this section:

''(1) ELIGIBLE ENTITY.—The term 'eligible entity' means a public or nonprofit private telehealth provider network that offers services that include mental health services provided by qualified mental health providers.

''(2) QUALIFIED MENTAL HEALTH PROFESSIONALS.—The term 'qualified mental health professionals' refers to providers of mental health services reimbursed under the medicare program carried out under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) who have additional training in the treatment of mental illness in children and adolescents or who have additional training in the treatment of mental illness in the elderly.

''(3) SPECIAL POPULATIONS.—The term 'special populations' refers to the following 2 distinct groups:

''(A) Children and adolescents in mental health underserved rural areas or in mental health underserved urban areas.

''(B) Elderly individuals located in long-term care facilities in mental health underserved rural or urban areas.

''(4) TELEHEALTH.—The term 'telehealth' means the use of electronic information and telecommunications technologies to support long distance clinical health care, patient and professional health-related education, public health, and health administration.

''(b) PROGRAM AUTHORIZED.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Office for the Advancement of Telehealth of the Health Resources and Services Administration, shall award grants to eligible entities to establish demonstration projects for the provision of mental health services to special populations as delivered remotely by qualified mental health professionals using telehealth and for the provision of education regarding mental illness as delivered remotely by qualified mental health professionals using telehealth.

''(2) POPULATIONS SERVED.—The Secretary shall award the grants under paragraph (1) in a manner that distributes the grants so as to serve equitably the populations described in subparagraphs (A) and (B) of subsection (a)(4).

''(c) USE OF FUNDS.—

''(1) IN GENERAL.—An eligible entity that receives a grant under this section shall use the grant funds—

''(A) for the populations described in subsection (a)(4)(A)—

''(i) to provide mental health services, including diagnosis and treatment of mental illness, as delivered remotely by qualified mental health professionals using telehealth; and

''(ii) to collaborate with local public health entities to provide the mental health services; and

''(B) for the populations described in subsection (a)(4)(B)—

''(i) to provide mental health services, including diagnosis and treatment of mental illness, in long-term care facilities as delivered remotely by qualified mental health professionals using telehealth; and

''(ii) to collaborate with local public health entities to provide the mental health services.

''(2) OTHER USES.—An eligible entity that receives a grant under this section may also use the grant funds to—

''(A) pay telecommunications costs; and

''(B) pay qualified mental health professionals on a reasonable cost basis as determined by the Secretary for services rendered.

''(3) PROHIBITED USES.—An eligible entity that receives a grant under this section shall not use the grant funds to—

''(A) purchase or install transmission equipment (other than such equipment used by qualified mental health professionals to deliver mental health services using telehealth under the project involved); or

''(B) build upon or acquire real property.

''(d) EQUITABLE DISTRIBUTION.—In awarding grants under this section, the Secretary shall ensure, to the greatest extent possible, that such grants are equitably distributed among geographical regions of the United States.

''(e) APPLICATION.—An entity that desires a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary determines to be reasonable.

''(f) REPORT.—Not later than 4 years after the date of enactment of the Health Care Safety Net Amendments of 2002, the Secretary shall prepare and submit to the appropriate committees of Congress a report that shall evaluate activities funded with grants under this section.

''(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $20,000,000 for fiscal year 2002 and such sums as may be necessary for fiscal years 2003 through 2006.''.

TITLE III—NATIONAL HEALTH SERVICE CORPS PROGRAM

SEC. 301. NATIONAL HEALTH SERVICE CORPS.

(a) IN GENERAL.—Section 331 of the Public Health Service Act (42 U.S.C. 254d) is amended—

(1) by adding at the end of subsection (a)(3) the following:

''(E)(i) The term 'behavioral and mental health professionals' means health service psychologists, licensed clinical social workers, licensed professional counselors, marriage and family therapists, psychiatric nurse specialists, and psychiatrists.

''(ii) The term 'graduate program of behavioral and mental health' means a program that trains behavioral and mental health professionals.'';

(2) in subsection (b)—

(A) in paragraph (1), by striking ''health professions'' and inserting ''health professions, including schools at which graduate programs of behavioral and mental health are offered,''; and

(B) in paragraph (2), by inserting ''behavioral and mental health professionals,'' after ''dentists,''; and

(3) by striking subsection (c) and inserting the following:

''(c)(1) The Secretary may reimburse an applicant for a position in the Corps (including an individual considering entering into a written agreement pursuant to section 338D) for the actual and reasonable expenses incurred in traveling to and from the applicant's place of residence to an eligible site to which the applicant may be assigned under section 333 for the purpose of evaluating such site with regard to being assigned at such site. The Secretary may establish a maximum total amount that may be paid to an individual as reimbursement for such expenses.

''(2) The Secretary may also reimburse the applicant for the actual and reasonable expenses incurred for the travel of 1 family member to accompany the applicant to such site. The Secretary may establish a maximum total amount that may be paid to an individual as reimbursement for such expenses.

''(3) In the case of an individual who has entered into a contract for obligated service under the Scholarship Program or under the Loan Repayment Program, the Secretary may reimburse such individual for all or part of the actual and reasonable expenses incurred in transporting the individual, the individual's family, and the family's possessions to the site of the individual's assignment under section 333. The Secretary may establish a maximum total amount that may be paid to an individual as reimbursement for such expenses.''.

(b) DEMONSTRATION PROJECTS.—Section 331 of the Public Health Service Act (42 U.S.C. 254d) is amended—

(1) by redesignating subsection (i) as subsection (j); and

(2) by inserting after subsection (h) the following:

''(i)(1) In carrying out subpart III, the Secretary may, in accordance with this subsection, carry out demonstration projects in which individuals who have entered into a contract for obligated service under the Loan Repayment Program receive waivers under which the individuals are authorized to satisfy the requirement of obligated service through providing clinical service that is not full-time.

''(2) A waiver described in paragraph (1) may be provided by the Secretary only if—

''(A) the entity for which the service is to be performed—

''(i) has been approved under section 333A for assignment of a Corps member; and

''(ii) has requested in writing assignment of a health professional who would serve less than full time;

''(B) the Secretary has determined that assignment of a health professional who would serve less than full time would be appropriate for the area where the entity is located;

''(C) a Corps member who is required to perform obligated service has agreed in writing to be assigned for less than full-time service to an entity described in subparagraph (A);

''(D) the entity and the Corps member agree in writing that the less than full-time service provided by the Corps member will not be less than 16 hours of clinical service per week;

''(E) the Corps member agrees in writing that the period of obligated service pursuant to section 338B will be extended so that the aggregate amount of less than full-time service performed will equal the amount of service that would be performed through full-time service under section 338C; and

''(F) the Corps member agrees in writing that if the Corps member begins providing less than full-time service but fails to begin or complete the period of obligated service, the method stated in 338E(c) for determining the damages for breach of the individual's written contract will be used after converting periods of obligated service or of service performed into their full-time equivalents.

''(3) In evaluating a demonstration project described in paragraph (1), the Secretary shall examine the effect of multidisciplinary teams.''.

SEC. 302. DESIGNATION OF HEALTH PROFESSIONAL SHORTAGE AREAS.

(a) IN GENERAL.—Section 332 of the Public Health Service Act (42 U.S.C. 254e) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by inserting after the first sentence the following: ''All Federally qualified health centers and rural health clinics, as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)), that meet the requirements of section 334 shall be automatically designated as having such a shortage. Not earlier than 6 years after such date of enactment, and every 6 years thereafter, each such center or clinic shall demonstrate that the center or clinic meets the applicable requirements of the Federal regulations, issued after the date of enactment of this Act, that revise the definition of a health professional shortage area for purposes of this section.''; and

(B) in paragraph (3), by striking ''340(r)) may be a population group'' and inserting ''330(h)(4)), seasonal agricultural workers (as defined in section 330(g)(3)) and migratory agricultural workers (as so defined)), and residents of public housing (as defined in section 3(b)(1) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(1))) may be population groups'';

(2) in subsection (b)(2), by striking ''with special consideration to the indicators of'' and all that follows through ''services.'' and inserting a period; and

(3) in subsection (c)(2)(B), by striking ''XVIII or XIX'' and inserting ''XVIII, XIX, or XXI''.

(b) REGULATIONS.—

(1) REPORT.—

(A) IN GENERAL.—The Secretary shall submit the report described in subparagraph (B) if the Secretary, acting through the Administrator of the Health Resources and Services Administration, issues—

(i) a regulation that revises the definition of a health professional shortage area for purposes of section 332 of the Public Health Service Act (42 U.S.C. 254e); or

(ii) a regulation that revises the standards concerning priority of such an area under section 333A of that Act (42 U.S.C. 254f–1).

(B) REPORT.—On issuing a regulation described in subparagraph (A), the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that describes the regulation.

(2) EFFECTIVE DATE.—Each regulation described in paragraph (1)(A) shall take effect 180 days after the committees described in paragraph (1)(B) receive a report referred to in paragraph (1)(B) describing the regulation.

(c) SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS.—The Secretary of Health and Human Services, in consultation with organizations representing individuals in the dental field and organizations representing publicly funded health care providers, shall develop and implement a plan for increasing the participation of dentists and dental hygienists in the National Health Service Corps Scholarship Program under section 338A of the Public Health Service Act (42 U.S.C. 2541) and the Loan Repayment Program under section 338B of such Act (42 U.S.C. 2541–1).

(d) SITE DESIGNATION PROCESS.—

(1) IMPROVEMENT OF DESIGNATION PROCESS.—The Administrator of the Health Resources and Services Administration, in consultation with the Association of State and Territorial Dental Directors, dental societies, and other interested parties, shall revise the criteria on which the designations of dental health professional shortage areas are based so that such criteria provide a more accurate reflection of oral health care need, particularly in rural areas.

(2) PUBLIC HEALTH SERVICE ACT.—Section 332 of the Public Health Service Act (42 U.S.C. 254e) is amended by adding at the end the following:

''(i) DISSEMINATION.—The Administrator of the Health Resources and Services Administration shall disseminate information concerning the designation criteria described in subsection (b) to—

''(1) the Governor of each State;

''(2) the representative of any area, population group, or facility selected by any such Governor to receive such information;

''(3) the representative of any area, population group, or facility that requests such information; and

''(4) the representative of any area, population group, or facility determined by the Administrator to be likely to meet the criteria described in subsection (b).''.

(e) GAO STUDY.—Not later than February 1, 2005, the Comptroller General of the United States shall submit to the Congress a report on the appropriateness of the criteria, including but not limited to infant mortality rates, access to health services taking into account the distance to primary health services, the rate of poverty and ability to pay for health services, and low birth rates, established by the Secretary of Health and Human Services for the designation of health professional shortage areas and whether the deeming of Federally qualified health centers and rural health clinics as such areas is appropriate and necessary.

SEC. 303. ASSIGNMENT OF CORPS PERSONNEL.

Section 333 of the Public Health Service Act (42 U.S.C. 254f) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) in the matter before subparagraph (A), by striking ''(specified in the agreement described in section 334)'';

(ii) in subparagraph (A), by striking ''nonprofit''; and

(iii) by striking subparagraph (C) and inserting the following:

''(C) the entity agrees to comply with the requirements of section 334; and''; and

(B) in paragraph (3), by adding at the end ''In approving such applications, the Secretary shall give preference to applications in which a nonprofit entity or public entity shall provide a site to which Corps members may be assigned.''; and

(2) in subsection (d)—

(A) in paragraphs (1), (2), and (4), by striking ''nonprofit'' each place it appears; and

(B) in paragraph (1),

(i) in the second sentence—

(I) in subparagraph (C), by striking ''and'' at the end; and

(II) by striking the period and inserting '', and (E) developing long-term plans for addressing health professional shortages and improving access to health care.''; and

(ii) by adding at the end the following: ''The Secretary shall encourage entities that receive technical assistance under this paragraph to communicate with other communities, State Offices of Rural Health, State Primary Care Associations and Offices, and other entities concerned with site development and community needs assessment.''.

SEC. 304. PRIORITIES IN ASSIGNMENT OF CORPS PERSONNEL.

Section 333A of the Public Health Service Act (42 U.S.C. 254f–1) is amended—

(1) in subsection (a)(1)(A), by striking '', as determined in accordance with subsection (b)'';

(2) by striking subsection (b);

(3) in subsection (c), by striking the second sentence;

(4) in subsection (d)—

(A) by redesignating paragraphs (1) through (3) as paragraphs (2) through (4), respectively;

(B) by inserting before paragraph (2) (as redesignated by subparagraph (A)) the following:

''(1) PROPOSED LIST.—The Secretary shall prepare and publish a proposed list of health professional shortage areas and entities that would receive priority under subsection (a)(1) in the assignment of Corps members. The list shall contain the information described in paragraph (2), and the relative scores and relative priorities of the entities submitting applications under section 333, in a proposed format. All such entities shall have 30 days after the date of publication of the list to provide additional data and information in support of inclusion on the list or in support of a higher priority determination and the Secretary shall reasonably consider such data and information in preparing the final list under paragraph (2).'';

(C) in paragraph (2) (as redesignated by subparagraph (A)), in the matter before subparagraph (A)—

(i) by striking ''paragraph (2)'' and inserting ''paragraph (3)'';

(ii) by striking ''prepare a list of health professional shortage areas'' and inserting ''prepare and, as appropriate, update a list of health professional shortage areas and entities''; and

(iii) by striking ''for the period applicable under subsection (f)'';

(D) by striking paragraph (3) (as redesignated by subparagraph (A)) and inserting the following:

''(3) NOTIFICATION OF AFFECTED PARTIES.—

''(A) ENTITIES.—Not later than 30 days after the Secretary has added to a list under paragraph (2) an entity specified as described in subparagraph (A) of such paragraph, the Secretary shall notify such entity that the entity has been provided an authorization to receive assignments of Corps members in the event that Corps members are available for the assignments.

''(B) INDIVIDUALS.—In the case of an individual obligated to provide service under the Scholarship Program, not later than 3 months before the date described in section 338C(b)(5), the Secretary shall provide to such individual the names of each of the entities specified as described in paragraph (2)(B)(i) that is appropriate for the individual's medical specialty and discipline.''; and

(E) by striking paragraph (4) (as redesignated by subparagraph (A)) and inserting the following:

''(4) REVISIONS.—If the Secretary proposes to make a revision in the list under paragraph (2), and the revision would adversely alter the status of an entity with respect to the list, the Secretary shall notify the entity of the revision. Any entity adversely affected

by such a revision shall be notified in writing by the Secretary of the reasons for the revision and shall have 30 days to file a written appeal of the determination involved which shall be reasonably considered by the Secretary before the revision to the list becomes final. The revision to the list shall be effective with respect to assignment of Corps members beginning on the date that the revision becomes final.'';

(5) by striking subsection (e) and inserting the following:

''(e) LIMITATION ON NUMBER OF ENTITIES OFFERED AS ASSIGNMENT CHOICES IN SCHOLARSHIP PROGRAM.—

''(1) DETERMINATION OF AVAILABLE CORPS MEMBERS.—By April 1 of each calendar year, the Secretary shall determine the number of participants in the Scholarship Program who will be available for assignments under section 333 during the program year beginning on July 1 of that calendar year.

''(2) DETERMINATION OF NUMBER OF ENTITIES.—At all times during a program year, the number of entities specified under subsection (c)(2)(B)(i) shall be—

''(A) not less than the number of participants determined with respect to that program year under paragraph (1); and

''(B) not greater than twice the number of participants determined with respect to that program year under paragraph (1).'';

(6) by striking subsection (f); and

(7) by redesignating subsections (c), (d), and (e) as subsections (b), (c), and (d) respectively.

SEC. 305. COST-SHARING.

Subpart II of part D of title III of the Public Health Service Act (42 U.S.C. 254d et seq.) is amended by striking section 334 and inserting the following:

''SEC. 334. CHARGES FOR SERVICES BY ENTITIES USING CORPS MEMBERS.

''(a) AVAILABILITY OF SERVICES REGARDLESS OF ABILITY TO PAY OR PAYMENT SOURCE.—An entity to which a Corps member is assigned shall not deny requested health care services, and shall not discriminate in the provision of services to an individual—

''(1) because the individual is unable to pay for the services; or

''(2) because payment for the services would be made under—

''(A) the medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);

''(B) the medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.); or

''(C) the State children's health insurance program under title XXI of such Act (42 U.S.C. 1397aa et seq.).

''(b) CHARGES FOR SERVICES.—The following rules shall apply to charges for health care services provided by an entity to which a Corps member is assigned:

''(1) IN GENERAL.—

''(A) SCHEDULE OF FEES OR PAYMENTS.—Except as provided in paragraph (2), the entity shall prepare a schedule of fees or payments for the entity's services, consistent with locally prevailing rates or charges and designed to cover the entity's reasonable cost of operation.

''(B) SCHEDULE OF DISCOUNTS.—Except as provided in paragraph (2), the entity shall prepare a corresponding schedule of discounts (including, in appropriate cases, waivers) to be applied to such fees or payments. In preparing the schedule, the entity shall adjust the discounts on the basis of a patient's ability to pay.

''(C) USE OF SCHEDULES.—The entity shall make every reasonable effort to secure from patients fees and payments for services in accordance with such schedules, and fees or payments shall be sufficiently discounted in accordance with the schedule described in subparagraph (B).

''(2) SERVICES TO BENEFICIARIES OF FEDERAL AND FEDERALLY ASSISTED PROGRAMS.—In the case of health care services furnished to an individual who is a beneficiary of a program listed in subsection (a)(2), the entity—

''(A) shall accept an assignment pursuant to section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. 1395u(b)(3)(B)(ii)) with respect to an individual who is a beneficiary under the medicare program; and

''(B) shall enter into an appropriate agreement with—

''(i) the State agency administering the program under title XIX of such Act with respect to an individual who is a beneficiary under the medicaid program; and

''(ii) the State agency administering the program under title XXI of such Act with respect to an individual who is a beneficiary under the State children's health insurance program.

''(3) COLLECTION OF PAYMENTS.—The entity shall take reasonable and appropriate steps to collect all payments due for health care services provided by the entity, including payments from any third party (including a Federal, State, or local government agency and any other third party) that is responsible for part or all of the charge for such services.''.

SEC. 306. ELIGIBILITY FOR FEDERAL FUNDS.

Section 335(e)(1)(B) of the Public Health Service Act (42 U.S.C. 254h(e)(1)(B)) is amended by striking ''XVIII or XIX'' and inserting ''XVIII, XIX, or XXI''.

SEC. 307. FACILITATION OF EFFECTIVE PROVISION OF CORPS SERVICES.

(a) HEALTH PROFESSIONAL SHORTAGE AREAS.—Section 336 of the Public Health Service Act (42 U.S.C. 254h–1) is amended—

(1) in subsection (c), by striking ''health manpower'' and inserting ''health professional''; and

(2) in subsection (f)(1), by striking ''health manpower'' and inserting ''health professional''.

(b) TECHNICAL AMENDMENT.—Section 336A(8) of the Public Health Service Act (42 U.S.C. 254i(8)) is amended by striking ''agreements under''.

SEC. 308. AUTHORIZATION OF APPROPRIATIONS.

Section 338(a) of the Public Health Service Act (42 U.S.C. 254k(a)) is amended—

(1) by striking ''(1) For'' and inserting ''For'';

(2) by striking ''1991 through 2000'' and inserting ''2002 through 2006''; and

(3) by striking paragraph (2).

SEC. 309. NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM.

Section 338A of the Public Health Service Act (42 U.S.C. 254l) is amended—

(1) in subsection (a)(1), by inserting ''behavioral and mental health professionals,'' after ''dentists,'';

(2) in subsection (b)(1)(B), by inserting '', or an appropriate degree from a graduate program of behavioral and mental health'' after ''other health profession'';

(3) in subsection (c)(1)—

(A) in subparagraph (A), by striking ''338D'' and inserting ''338E''; and

(B) in subparagraph (B), by striking ''338C'' and inserting ''338D'';

(4) in subsection (d)(1)—

(A) in subparagraph (A), by striking ''and'' at the end;

(B) by redesignating subparagraph (B) as subparagraph (C); and

(C) by inserting after subparagraph (A) the following:

''(B) the Secretary, in considering applications from individuals accepted for enrollment or enrolled in dental school, shall consider applications from all individuals accepted for enrollment or enrolled in any accredited dental school in a State; and'';

(5) in subsection (f)—

(A) in paragraph (1)(B)—

(i) in clause (iii), by striking ''and'' after the semicolon;

(ii) by redesignating clause (iv) as clause (v); and

(iii) by inserting after clause (iii) the following new clause:

''(iv) if pursuing a degree from a school of medicine or osteopathic medicine, to complete a residency in a specialty that the Secretary determines is consistent with the needs of the Corps; and''; and

(B) in paragraph (3), by striking ''338D'' and inserting ''338E''; and

(6) by striking subsection (i).

SEC. 310. NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM.

Section 338B of the Public Health Service Act (42 U.S.C. 254l–1) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by inserting ''behavioral and mental health professionals,'' after ''dentists,''; and

(B) in paragraph (2), by striking ''(including mental health professionals)'';

(2) in subsection (b)(1), by striking subparagraph (A) and inserting the following:

''(A) have a degree in medicine, osteopathic medicine, dentistry, or another health profession, or an appropriate degree from a graduate program of behavioral and mental health, or be certified as a nurse midwife, nurse practitioner, or physician assistant;'';

(3) in subsection (e), by striking ''(1) IN GENERAL.—''; and

(4) by striking subsection (i).

SEC. 311. OBLIGATED SERVICE.

Section 338C of the Public Health Service Act (42 U.S.C. 254m) is amended—

(1) in subsection (b)—

(A) in paragraph (1), in the matter preceding subparagraph (A), by striking ''section 338A(f)(1)(B)(iv)'' and inserting ''section 338A(f)(1)(B)(v)''; and

(B) in paragraph (5)—

(i) by striking all that precedes subparagraph (C) and inserting the following:

''(5)(A) In the case of the Scholarship Program, the date referred to in paragraphs (1) through (4) shall be the date on which the individual completes the training required for the degree for which the individual receives the scholarship, except that—

''(i) for an individual receiving such a degree after September 30, 2000, from a school of medicine or osteopathic medicine, such date shall be the date the individual completes a residency in a specialty that the Secretary determines is consistent with the needs of the Corps; and

''(ii) at the request of an individual, the Secretary may, consistent with the needs of the Corps, defer such date until the end of a period of time required for the individual to complete advanced training (including an internship or residency).'';

(ii) by striking subparagraph (D);

(iii) by redesignating subparagraphs (C) and (E) as subparagraphs (B) and (C), respectively; and

(iv) in clause (i) of subparagraph (C) (as redesignated by clause (iii)) by striking ''subparagraph (A), (B), or (D)'' and inserting ''subparagraph (A)''; and

(2) by striking subsection (e).

SEC. 312. PRIVATE PRACTICE.

Section 338D of the Public Health Service Act (42 U.S.C. 254n) is amended by striking subsection (b) and inserting the following:

''(b)(1) The written agreement described in subsection (a) shall—

''(A) provide that, during the period of private practice by an individual pursuant to the agreement, the individual shall comply

with the requirements of section 334 that apply to entities; and

''(B) contain such additional provisions as the Secretary may require to carry out the objectives of this section.

''(2) The Secretary shall take such action as may be appropriate to ensure that the conditions of the written agreement prescribed by this subsection are adhered to.''.

SEC. 313. BREACH OF SCHOLARSHIP CONTRACT OR LOAN REPAYMENT CONTRACT.

(a) IN GENERAL.—Section 338E of the Public Health Service Act (42 U.S.C. 254o) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (A), by striking the comma and inserting a semicolon;

(B) in subparagraph (B), by striking the comma and inserting ''; or'';

(C) in subparagraph (C), by striking ''or'' at the end; and

(D) by striking subparagraph (D);

(2) in subsection (b)—

(A) in paragraph (1)(A)—

(i) by striking ''338F(d)'' and inserting ''338G(d)'';

(ii) by striking ''either'';

(iii) by striking ''338D or'' and inserting ''338D,''; and

(iv) by inserting ''or to complete a required residency as specified in section 338A(f)(1)(B)(iv),'' before ''the United States''; and

(B) by adding at the end the following new paragraph:

''(3) The Secretary may terminate a contract with an individual under section 338A if, not later than 30 days before the end of the school year to which the contract pertains, the individual—

''(A) submits a written request for such termination; and

''(B) repays all amounts paid to, or on behalf of, the individual under section 338A(g).'';

(3) in subsection (c)—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking ''338F(d)'' and inserting ''338G(d)''; and

(ii) by striking subparagraphs (A) through (C) and inserting the following:

''(A) the total of the amounts paid by the United States under section 338B(g) on behalf of the individual for any period of obligated service not served;

''(B) an amount equal to the product of the number of months of obligated service that were not completed by the individual, multiplied by $7,500; and

''(C) the interest on the amounts described in subparagraphs (A) and (B), at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach;

''except that the amount the United States is entitled to recover under this paragraph shall not be less than $31,000.'';

(B) by striking paragraphs (2) and (3) and inserting the following:

''(2) The Secretary may terminate a contract with an individual under section 338B if, not later than 45 days before the end of the fiscal year in which the contract was entered into, the individual—

''(A) submits a written request for such termination; and

''(B) repays all amounts paid on behalf of the individual under section 338B(g).''; and

(C) by redesignating paragraph (4) as paragraph (3);

(4) in subsection (d)(3)(A), by striking ''only if such discharge is granted after the expiration of the five-year period'' and inserting ''only if such discharge is granted after the expiration of the 7-year period''; and

(5) by adding at the end the following new subsection:

''(e) Notwithstanding any other provision of Federal or State law, there shall be no limitation on the period within which suit may be filed, a judgment may be enforced, or an action relating to an offset or garnishment, or other action, may be initiated or taken by the Secretary, the Attorney General, or the head of another Federal agency, as the case may be, for the repayment of the amount due from an individual under this section.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a)(4) shall apply to any obligation for which a discharge in bankruptcy has not been granted before the date that is 31 days after the date of enactment of this Act.

SEC. 314. AUTHORIZATION OF APPROPRIATIONS.

Section 338H of the Public Health Service Act (42 U.S.C. 254q) is amended to read as follows:

''SEC. 338H. AUTHORIZATION OF APPROPRIATIONS.

''(a) AUTHORIZATION OF APPROPRIATIONS.—For the purposes of carrying out this subpart, there are authorized to be appropriated $146,250,000 for fiscal year 2002, and such sums as may be necessary for each of fiscal years 2003 through 2006.

''(b) SCHOLARSHIPS FOR NEW PARTICIPANTS.—Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall obligate not less than 10 percent for the purpose of providing contracts for—

''(1) scholarships under this subpart to individuals who have not previously received such scholarships; or

''(2) scholarships or loan repayments under the Loan Repayment Program under section 338B to individuals from disadvantaged backgrounds.

''(c) SCHOLARSHIPS AND LOAN REPAYMENTS.—With respect to certification as a nurse practitioner, nurse midwife, or physician assistant, the Secretary shall, from amounts appropriated under subsection (a) for a fiscal year, obligate not less than a total of 10 percent for contracts for both scholarships under the Scholarship Program under section 338A and loan repayments under the Loan Repayment Program under section 338B to individuals who are entering the first year of a course of study or program described in section 338A(b)(1)(B) that leads to such a certification or individuals who are eligible for the loan repayment program as specified in section 338B(b) for a loan related to such certification.''.

SEC. 315. GRANTS TO STATES FOR LOAN REPAYMENT PROGRAMS.

Section 338I of the Public Health Service Act (42 U.S.C. 254q–1) is amended—

(1) in subsection (a), by striking paragraph (1) and inserting the following:

''(1) AUTHORITY FOR GRANTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of assisting the States in operating programs described in paragraph (2) in order to provide for the increased availability of primary health care services in health professional shortage areas. The National Advisory Council established under section 337 shall advise the Administrator regarding the program under this section.'';

(2) in subsection (e), by striking paragraph (1) and inserting the following:

''(1) to submit to the Secretary such reports regarding the States loan repayment program, as are determined to be appropriate by the Secretary; and''; and

(3) in subsection (i), by striking paragraph (1) and inserting the following:

''(1) IN GENERAL.—For the purpose of making grants under subsection (a), there are authorized to be appropriated $12,000,000 for fiscal year 2002 and such sums as may be necessary for each of fiscal years 2003 through 2006.''.

SEC. 316. DEMONSTRATION GRANTS TO STATES FOR COMMUNITY SCHOLARSHIP PROGRAMS.

Section 338L of the Public Health Service Act (42 U.S.C. 254t) is repealed.

SEC. 317. DEMONSTRATION PROJECT.

Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254l et seq.) is amended by adding at the end the following:

''SEC. 338L. DEMONSTRATION PROJECT.

''(a) PROGRAM AUTHORIZED.—The Secretary shall establish a demonstration project to provide for the participation of individuals who are chiropractic doctors or pharmacists in the Loan Repayment Program described in section 338B.

''(b) PROCEDURE.—An individual that receives assistance under this section with regard to the program described in section 338B shall comply with all rules and requirements described in such section (other than subparagraphs (A) and (B) of section 338B(b)(1)) in order to receive assistance under this section.

''(c) LIMITATIONS.—

''(1) IN GENERAL.—The demonstration project described in this section shall provide for the participation of individuals who shall provide services in rural and urban areas.

''(2) AVAILABILITY OF OTHER HEALTH PROFESSIONALS.—The Secretary may not assign an individual receiving assistance under this section to provide obligated service at a site unless—

''(A) the Secretary has assigned a physician (as defined in section 1861(r) of the Social Security Act) or other health professional licensed to prescribe drugs to provide obligated service at such site under section 338C or 338D; and

''(B) such physician or other health professional will provide obligated service at such site concurrently with the individual receiving assistance under this section.

''(3) RULES OF CONSTRUCTION.—

''(A) SUPERVISION OF INDIVIDUALS.—Nothing in this section shall be construed to require or imply that a physician or other health professional licensed to prescribe drugs must supervise an individual receiving assistance under the demonstration project under this section, with respect to such project.

''(B) LICENSURE OF HEALTH PROFESSIONALS.—Nothing in this section shall be construed to supersede State law regarding licensure of health professionals.

''(d) DESIGNATIONS.—The demonstration project described in this section, and any providers who are selected to participate in such project, shall not be considered by the Secretary in the designation of a health professional shortage area under section 332 during fiscal years 2002 through 2004.

''(e) RULE OF CONSTRUCTION.—This section shall not be construed to require any State to participate in the project described in this section.

''(f) REPORT.—

''(1) IN GENERAL.—The Secretary shall evaluate the participation of individuals in the demonstration projects under this section and prepare and submit a report containing the information described in paragraph (2) to—

''(A) the Committee on Health, Education, Labor, and Pensions of the Senate;

''(B) the Subcommittee on Labor, Health and Human Services, and Education of the Committee on Appropriations of the Senate;

''(C) the Committee on Energy and Commerce of the House of Representatives; and

''(D) the Subcommittee on Labor, Health and Human Services, and Education of the Committee on Appropriations of the House of Representatives.

''(2) CONTENT.—The report described in paragraph (1) shall detail—

''(A) the manner in which the demonstration project described in this section has affected access to primary care services, patient satisfaction, quality of care, and health care services provided for traditionally underserved populations;

''(B) how the participation of chiropractic doctors and pharmacists in the Loan Repayment Program might affect the designation of health professional shortage areas; and

''(C) whether adding chiropractic doctors and pharmacists as permanent members of the National Health Service Corps would be feasible and would enhance the effectiveness of the National Health Service Corps.

''(g) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for fiscal years 2002 through 2004.

''(2) FISCAL YEAR 2005.—If the Secretary determines and certifies to Congress by not later than September 30, 2004, that the number of individuals participating in the demonstration project established under this section is insufficient for purposes of performing the evaluation described in subsection (f)(1), the authorization of appropriations under paragraph (1) shall be extended to include fiscal year 2005.''.

TITLE IV—HEALTHY COMMUNITIES ACCESS PROGRAM

SEC. 401. PURPOSE.

The purpose of this title is to provide assistance to communities and consortia of health care providers and others, to develop or strengthen integrated community health care delivery systems that coordinate health care services for individuals who are uninsured or underinsured and to develop or strengthen activities related to providing coordinated care for individuals with chronic conditions who are uninsured or underinsured, through the—

(1) coordination of services to allow individuals to receive efficient and higher quality care and to gain entry into and receive services from a comprehensive system of care;

(2) development of the infrastructure for a health care delivery system characterized by effective collaboration, information sharing, and clinical and financial coordination among all providers of care in the community; and

(3) provision of new Federal resources that do not supplant funding for existing Federal categorical programs that support entities providing services to low-income populations.

SEC. 402. CREATION OF HEALTHY COMMUNITIES ACCESS PROGRAM.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after subpart IV the following new subpart:

''Subpart V—Healthy Communities Access Program

''SEC. 340. GRANTS TO STRENGTHEN THE EFFECTIVENESS, EFFICIENCY, AND COORDINATION OF SERVICES FOR THE UNINSURED AND UNDERINSURED.

''(a) IN GENERAL.—The Secretary may award grants to eligible entities to assist in the development of integrated health care delivery systems to serve communities of individuals who are uninsured and individuals who are underinsured—

''(1) to improve the efficiency of, and coordination among, the providers providing services through such systems;

''(2) to assist communities in developing programs targeted toward preventing and managing chronic diseases; and

''(3) to expand and enhance the services provided through such systems.

''(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be an entity that—

''(1) represents a consortium—

''(A) whose principal purpose is to provide a broad range of coordinated health care services for a community defined in the entity's grant application as described in paragraph (2); and

''(B) that includes at least one of each of the following providers that serve the community (unless such provider does not exist within the community, declines or refuses to participate, or places unreasonable conditions on their participation):

''(i) a Federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)));

''(ii) a hospital with a low-income utilization rate (as defined in section 1923(b)(3) of the Social Security Act (42 U.S.C. 1396r–4(b)(3)), that is greater than 25 percent;

''(iii) a public health department; and

''(iv) an interested public or private sector health care provider or an organization that has traditionally served the medically uninsured and underserved; and

''(2) submits to the Secretary an application, in such form and manner as the Secretary shall prescribe, that—

''(A) defines a community or geographic area of uninsured and underinsured individuals;

''(B) identifies the providers who will participate in the consortium's program under the grant, and specifies each provider's contribution to the care of uninsured and underinsured individuals in the community, including the volume of care the provider provides to beneficiaries under the medicare, medicaid, and State child health insurance programs and to patients who pay privately for services;

''(C) describes the activities that the applicant and the consortium propose to perform under the grant to further the objectives of this section;

''(D) demonstrates the consortium's ability to build on the current system (as of the date of submission of the application) for serving a community or geographic area of uninsured and underinsured individuals by involving providers who have traditionally provided a significant volume of care for that community;

''(E) demonstrates the consortium's ability to develop coordinated systems of care that either directly provide or ensure the prompt provision of a broad range of high-quality, accessible services, including, as appropriate, primary, secondary, and tertiary services, as well as substance abuse treatment and mental health services in a manner that assures continuity of care in the community or geographic area;

''(F) provides evidence of community involvement in the development, implementation, and direction of the program that the entity proposes to operate;

''(G) demonstrates the consortium's ability to ensure that individuals participating in the program are enrolled in public insurance programs for which the individuals are eligible or know of private insurance programs where available;

''(H) presents a plan for leveraging other sources of revenue, which may include State and local sources and private grant funds, and integrating current and proposed new funding sources in a way to assure long-term sustainability of the program;

''(I) describes a plan for evaluation of the activities carried out under the grant, including measurement of progress toward the goals and objectives of the program and the use of evaluation findings to improve program performance;

''(J) demonstrates fiscal responsibility through the use of appropriate accounting procedures and appropriate management systems;

''(K) demonstrates the consortium's commitment to serve the community without regard to the ability of an individual or family to pay by arranging for or providing free or reduced charge care for the poor; and

''(L) includes such other information as the Secretary may prescribe.

''(c) LIMITATIONS.—

''(1) NUMBER OF AWARDS.—

''(A) IN GENERAL.—For each of fiscal years 2003, 2004, 2005, and 2006, the Secretary may not make more than 35 new awards under subsection (a) (excluding renewals of such awards).

''(B) RULE OF CONSTRUCTION.—This paragraph shall not be construed to affect awards made before fiscal year 2003.

''(2) IN GENERAL.—An eligible entity may not receive a grant under this section (including with respect to any such grant made before fiscal year 2003) for more than 3 consecutive fiscal years, except that such entity may receive such a grant award for not more than 1 additional fiscal year if—

''(A) the eligible entity submits to the Secretary a request for a grant for such an additional fiscal year;

''(B) the Secretary determines that extraordinary circumstances (as defined in paragraph (3)) justify the granting of such request; and

''(C) the Secretary determines that granting such request is necessary to further the objectives described in subsection (a).

''(3) EXTRAORDINARY CIRCUMSTANCES.—

''(A) IN GENERAL.—In paragraph (2), the term 'extraordinary circumstances' means an event (or events) that is outside of the control of the eligible entity that has prevented the eligible entity from fulfilling the objectives described by such entity in the application submitted under subsection (b)(2).

''(B) EXAMPLES.—Extraordinary circumstances include—

''(i) natural disasters or other major disruptions to the security or health of the community or geographic area served by the eligible entity; or

''(ii) a significant economic deterioration in the community or geographic area served by such eligible entity, that directly and adversely affects the entity receiving an award under subsection (a).

''(d) PRIORITIES.—In awarding grants under this section, the Secretary—

''(1) shall accord priority to applicants that demonstrate the extent of unmet need in the community involved for a more coordinated system of care; and

''(2) may accord priority to applicants that best promote the objectives of this section, taking into consideration the extent to which the application involved—

''(A) identifies a community whose geographical area has a high or increasing percentage of individuals who are uninsured;

''(B) demonstrates that the applicant has included in its consortium providers, support systems, and programs that have a tradition of serving uninsured individuals and underinsured individuals in the community;

''(C) shows evidence that the program would expand utilization of preventive and primary care services for uninsured and underinsured individuals and families in the community, including behavioral and mental health services, oral health services, or substance abuse services;

''(D) proposes a program that would improve coordination between health care providers and appropriate social service providers;

''(E) demonstrates collaboration with State and local governments;

''(F) demonstrates that the applicant makes use of non-Federal contributions to the greatest extent possible; or

''(G) demonstrates a likelihood that the proposed program will continue after support under this section ceases.

''(e) USE OF FUNDS.—

''(1) USE BY GRANTEES.—

''(A) IN GENERAL.—Except as provided in paragraphs (2) and (3), a grantee may use amounts provided under this section only for—

''(i) direct expenses associated with achieving the greater integration of a health care delivery system so that the system either directly provides or ensures the provision of a broad range of culturally competent services, as appropriate, including primary, secondary, and tertiary services, as well as substance abuse treatment and mental health services; and

''(ii) direct patient care and service expansions to fill identified or documented gaps within an integrated delivery system.

''(B) SPECIFIC USES.—The following are examples of purposes for which a grantee may use grant funds under this section, when such use meets the conditions stated in subparagraph (A):

''(i) Increases in outreach activities and closing gaps in health care service.

''(ii) Improvements to case management.

''(iii) Improvements to coordination of transportation to health care facilities.

''(iv) Development of provider networks and other innovative models to engage physicians in voluntary efforts to serve the medically underserved within a community.

''(v) Recruitment, training, and compensation of necessary personnel.

''(vi) Acquisition of technology for the purpose of coordinating care.

''(vii) Improvements to provider communication, including implementation of shared information systems or shared clinical systems.

''(viii) Development of common processes for determining eligibility for the programs provided through the system, including creating common identification cards and single sliding scale discounts.

''(ix) Development of specific prevention and disease management tools and processes.

''(x) Translation services.

''(xi) Carrying out other activities that may be appropriate to a community and that would increase access by the uninsured to health care, such as access initiatives for which private entities provide non-Federal contributions to supplement the Federal funds provided through the grants for the initiatives.

''(2) DIRECT PATIENT CARE LIMITATION.—Not more than 15 percent of the funds provided under a grant awarded under this section may be used for providing direct patient care and services.

''(3) RESERVATION OF FUNDS FOR NATIONAL PROGRAM PURPOSES.—The Secretary may use not more than 3 percent of funds appropriated to carry out this section for providing technical assistance to grantees, obtaining assistance of experts and consultants, holding meetings, developing of tools, disseminating of information, evaluation, and carrying out activities that will extend the benefits of programs funded under this section to communities other than the community served by the program funded.

''(f) GRANTEE REQUIREMENTS.—

''(1) EVALUATION OF EFFECTIVENESS.—A grantee under this section shall—

''(A) report to the Secretary annually regarding—

''(i) progress in meeting the goals and measurable objectives set forth in the grant application submitted by the grantee under subsection (b); and

''(ii) the extent to which activities conducted by such grantee have—

''(I) improved the effectiveness, efficiency, and coordination of services for uninsured and underinsured individuals in the communities or geographic areas served by such grantee;

''(II) resulted in the provision of better quality health care for such individuals; and

''(III) resulted in the provision of health care to such individuals at lower cost than would have been possible in the absence of the activities conducted by such grantee; and

''(B) provide for an independent annual financial audit of all records that relate to the disposition of funds received through the grant.

''(2) PROGRESS.—The Secretary may not renew an annual grant under this section for an entity for a fiscal year unless the Secretary is satisfied that the consortium represented by the entity has made reasonable and demonstrable progress in meeting the goals and measurable objectives set forth in the entity's grant application for the preceding fiscal year.

''(g) MAINTENANCE OF EFFORT.—With respect to activities for which a grant under this section is authorized, the Secretary may award such a grant only if the applicant for the grant, and each of the participating providers, agree that the grantee and each such provider will maintain its expenditures of non-Federal funds for such activities at a level that is not less than the level of such expenditures during the fiscal year immediately preceding the fiscal year for which the applicant is applying to receive such grant.

''(h) TECHNICAL ASSISTANCE.—The Secretary may, either directly or by grant or contract, provide any entity that receives a grant under this section with technical and other nonfinancial assistance necessary to meet the requirements of this section.

''(i) EVALUATION OF PROGRAM.—Not later than September 30, 2005, the Secretary shall prepare and submit to the appropriate committees of Congress a report that describes the extent to which projects funded under this section have been successful in improving the effectiveness, efficiency, and coordination of services for uninsured and underinsured individuals in the communities or geographic areas served by such projects, including whether the projects resulted in the provision of better quality health care for such individuals, and whether such care was provided at lower costs, than would have been provided in the absence of such projects.

''(j) DEMONSTRATION AUTHORITY.—The Secretary may make demonstration awards under this section to historically black health professions schools for the purposes of—

''(1) developing patient-based research infrastructure at historically black health professions schools, which have an affiliation, or affiliations, with any of the providers identified in section (b)(1)(B);

''(2) establishment of joint and collaborative programs of medical research and data collection between historically black health professions schools and such providers, whose goal is to improve the health status of medically underserved populations; or

''(3) supporting the research-related costs of patient care, data collection, and academic training resulting from such affiliations.

''(k) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2002 through 2006.

''(l) DATE CERTAIN FOR TERMINATION OF PROGRAM.—Funds may not be appropriated to carry out this section after September 30, 2006.''.

SEC. 403. EXPANDING AVAILABILITY OF DENTAL SERVICES.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following:

''Subpart X—Primary Dental Programs

''SEC. 340F. DESIGNATED DENTAL HEALTH PROFESSIONAL SHORTAGE AREA.

''In this subpart, the term 'designated dental health professional shortage area' means an area, population group, or facility that is designated by the Secretary as a dental health professional shortage area under section 332 or designated by the applicable State as having a dental health professional shortage.

''SEC. 340G. GRANTS FOR INNOVATIVE PROGRAMS.

''(a) GRANT PROGRAM AUTHORIZED.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, is authorized to award grants to States for the purpose of helping States develop and implement innovative programs to address the dental workforce needs of designated dental health professional shortage areas in a manner that is appropriate to the States' individual needs.

''(b) STATE ACTIVITIES.—A State receiving a grant under subsection (a) may use funds received under the grant for—

''(1) loan forgiveness and repayment programs for dentists who—

''(A) agree to practice in designated dental health professional shortage areas;

''(B) are dental school graduates who agree to serve as public health dentists for the Federal, State, or local government; and

''(C) agree to—

''(i) provide services to patients regardless of such patients' ability to pay; and

''(ii) use a sliding payment scale for patients who are unable to pay the total cost of services;

''(2) dental recruitment and retention efforts;

''(3) grants and low-interest or no-interest loans to help dentists who participate in the medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) to establish or expand practices in designated dental health professional shortage areas by equipping dental offices or sharing in the overhead costs of such practices;

''(4) the establishment or expansion of dental residency programs in coordination with accredited dental training institutions in States without dental schools;

''(5) programs developed in consultation with State and local dental societies to expand or establish oral health services and facilities in designated dental health professional shortage areas, including services and facilities for children with special needs, such as—

''(A) the expansion or establishment of a community-based dental facility, free-standing dental clinic, consolidated health center dental facility, school-linked dental facility, or United States dental school-based facility;

''(B) the establishment of a mobile or portable dental clinic; and

''(C) the establishment or expansion of private dental services to enhance capacity through additional equipment or additional hours of operation;

''(6) placement and support of dental students, dental residents, and advanced dentistry trainees;

''(7) continuing dental education, including distance-based education;

''(8) practice support through teledentistry conducted in accordance with State laws;

''(9) community-based prevention services such as water fluoridation and dental sealant programs;

''(10) coordination with local educational agencies within the State to foster programs that promote children going into oral health or science professions;

''(11) the establishment of faculty recruitment programs at accredited dental training institutions whose mission includes community outreach and service and that have a demonstrated record of serving underserved States;

''(12) the development of a State dental officer position or the augmentation of a State dental office to coordinate oral health and access issues in the State; and

''(13) any other activities determined to be appropriate by the Secretary.

''(c) APPLICATION.—

''(1) IN GENERAL.—Each State desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

''(2) ASSURANCES.—The application shall include assurances that the State will meet the requirements of subsection (d) and that the State possesses sufficient infrastructure to manage the activities to be funded through the grant and to evaluate and report on the outcomes resulting from such activities.

''(d) MATCHING REQUIREMENT.—The Secretary may not make a grant to a State under this section unless that State agrees that, with respect to the costs to be incurred by the State in carrying out the activities for which the grant was awarded, the State will provide non-Federal contributions in an amount equal to not less than 40 percent of Federal funds provided under the grant. The State may provide the contributions in cash or in kind, fairly evaluated, including plant, equipment, and services and may provide the contributions from State, local, or private sources.

''(e) REPORT.—Not later than 5 years after the date of enactment of the Health Care Safety Net Amendments of 2002, the Secretary shall prepare and submit to the appropriate committees of Congress a report containing data relating to whether grants provided under this section have increased access to dental services in designated dental health professional shortage areas.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $50,000,000 for the 5-fiscal year period beginning with fiscal year 2002.''.

SEC. 404. STUDY REGARDING BARRIERS TO PARTICIPATION OF FARMWORKERS IN HEALTH PROGRAMS.

(a) IN GENERAL.—The Secretary shall conduct a study of the problems experienced by farmworkers (including their families) under Medicaid and SCHIP. Specifically, the Secretary shall examine the following:

(1) BARRIERS TO ENROLLMENT.—Barriers to their enrollment, including a lack of outreach and outstationed eligibility workers, complicated applications and eligibility determination procedures, and linguistic and cultural barriers.

(2) LACK OF PORTABILITY.—The lack of portability of Medicaid and SCHIP coverage for farmworkers who are determined eligible in one State but who move to other States on a seasonal or other periodic basis.

(3) POSSIBLE SOLUTIONS.—The development of possible solutions to increase enrollment and access to benefits for farmworkers, because, in part, of the problems identified in paragraphs (1) and (2), and the associated costs of each of the possible solution described in subsection (b).

(b) POSSIBLE SOLUTIONS.—Possible solutions to be examined shall include each of the following:

(1) INTERSTATE COMPACTS.—The use of interstate compacts among States that establish portability and reciprocity for eligibility for farmworkers under the Medicaid and SCHIP and potential financial incentives for States to enter into such compacts.

(2) DEMONSTRATION PROJECTS.—The use of multi-state demonstration waiver projects under section 1115 of the Social Security Act (42 U.S.C. 1315) to develop comprehensive migrant coverage demonstration projects.

(3) USE OF CURRENT LAW FLEXIBILITY.—Use of current law Medicaid and SCHIP State plan provisions relating to coverage of residents and out-of-State coverage.

(4) NATIONAL MIGRANT FAMILY COVERAGE.—The development of programs of national migrant family coverage in which States could participate.

(5) PUBLIC-PRIVATE PARTNERSHIPS.—The provision of incentives for development of public-private partnerships to develop private coverage alternatives for farmworkers.

(6) OTHER POSSIBLE SOLUTIONS.—Such other solutions as the Secretary deems appropriate.

(c) CONSULTATIONS.—In conducting the study, the Secretary shall consult with the following:

(1) Farmworkers affected by the lack of portability of coverage under the Medicaid program or the State children's health insurance program (under titles XIX and XXI of the Social Security Act).

(2) Individuals with expertise in providing health care to farmworkers, including designees of national and local organizations representing migrant health centers and other providers.

(3) Resources with expertise in health care financing.

(4) Representatives of foundations and other nonprofit entities that have conducted or supported research on farmworker health care financial issues.

(5) Representatives of Federal agencies which are involved in the provision or financing of health care to farmworkers, including the Health Care Financing Administration and the Health Research and Services Administration.

(6) Representatives of State governments.

(7) Representatives from the farm and agricultural industries.

(8) Designees of labor organizations representing farmworkers.

(d) DEFINITIONS.—For purposes of this section:

(1) FARMWORKER.—The term ''farmworker'' means a migratory agricultural worker or seasonal agricultural worker, as such terms are defined in section 330(g)(3) of the Public Health Service Act (42 U.S.C. 254c(g)(3)), and includes a family member of such a worker.

(2) MEDICAID.—The term ''Medicaid'' means the program under title XIX of the Social Security Act.

(3) SCHIP.—The term ''SCHIP'' means the State children's health insurance program under title XXI of the Social Security Act.

(e) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall transmit a report to the President and the Congress on the study conducted under this section. The report shall contain a detailed statement of findings and conclusions of the study, together with its recommendations for such legislation and administrative actions as the Secretary considers appropriate.

TITLE V—STUDY AND MISCELLANEOUS PROVISIONS

SEC. 501. GUARANTEE STUDY.

The Secretary of Health and Human Services shall conduct a study regarding the ability of the Department of Health and Human Services to provide for solvency for managed care networks involving health centers receiving funding under section 330 of the Public Health Service Act. The Secretary shall prepare and submit a report to the appropriate Committees of Congress regarding such ability not later than 2 years after the date of enactment of the Health Care Safety Net Amendments of 2002.

SEC. 502. GRADUATE MEDICAL EDUCATION.

Section 762(k) of the Public Health Service Act (42 U.S.C. 294o(k)) is amended by striking ''2002'' and inserting ''2003''.

TITLE VI—CONFORMING AMENDMENTS

SEC. 601. CONFORMING AMENDMENTS.

(a) HOMELESS PROGRAMS.—Subsections (g)(1)(G)(ii), (k)(2), and (n)(1)(C) of section 224, and sections 317A(a)(2), 317E(c), 318A(e), 332(a)(2)(C), 340D(c)(5), 799B(6)(B), 1313, and 2652(2) of the Public Health Service Act (42 U.S.C. 233, 247b–1(a)(2), 247b–6(c), 247c–1(e), 254e(a)(2)(C), 256d(c)(5), 295p(6)(B), 300e–12, and 300ff–52(2)) are amended by striking ''340'' and inserting ''330(h)''.

(b) HOMELESS INDIVIDUAL.—Section 534(2) of the Public Health Service Act (42 U.S.C. 290cc–34(2)) is amended by striking ''340(r)'' and inserting ''330(h)(5)''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. STEARNS) and the gentlewoman from California (Ms. SOLIS) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. STEARNS).

GENERAL LEAVE

Mr. STEARNS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous matter on this legislation.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. STEARNS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of the Senate bill, S. 1533, the Health Care Safety Net Amendments of 2002. This legislation strengthens the country's key safety net programs through the reauthorization of the community health centers, CHC, and National Health Service Corps, NHSC, programs.

□ 1215

Mr. Speaker, it represents Congress's strong commitment to provide safety net providers' ability to offer health care services to millions of underserved and uninsured people.

One of the most pressing health care issues facing our country today is the problem of the uninsured. By some statistics over 40 million Americans currently do not possess health care insurance, a number that is expected to rise without health insurance reform. Many individuals lack the ability to receive even basic primary health care services. And, of course, during this time of

economic uncertainty, our safety net is being stretched to its capacity simply to ensure that all Americans have access to quality health care. Fortunately, there is something we can do about this problem.

This legislation, while not a panacea to the problem of the uninsured, will significantly increase the authorization of resources for community health centers, thereby ensuring that low-income Americans' basic health care needs are being met today.

Each year community, migrant, public housing and homeless health centers serve more than 12 million citizens at over 3,300 delivery sites throughout the urban and rural community in all 50 States. Community health centers are making a difference in providing health care service to those who are in need. That is why it is critical we strengthen the role of community health centers, the role they play in guaranteeing patients have access to high-quality health care.

This bill also accomplishes other important goals that I know are important to several Members of this body. This legislation reauthorizes the National Health Service Corps, a program designed to improve the delivery of health care services by providing scholarships and loan repayments to eligible clinicians. The National Health Service Corps strives to address the growing demand for health care professionals. It does so in underserved areas.

Moreover, the legislation includes revised grant programs for rural health services outreach, rural health network planning, and small health care provider quality improvement, as well as the consolidation of telehealth grants which will increase the efficient and effective use of resources at the Department of Health and Human Services. The Bush administration asked us to place additional resources into this program earlier this year, and we have done that in this bill.

Mr. Speaker, I want to talk just briefly about the Office for the Advancement of Telehealth at the Health Resources and Service Administration, an innovative and very important program. This service will promote telehealth technologies in rural areas and frontier communities in medically underserved areas for medically underserved populations to expand high-quality health care services, using today's technology to provide more efficient delivery of health care services. It also improves the training of health care providers, improves the sharing of health information, most importantly, expresses the sense of Congress that States should develop reciprocity agreements so that licensed telehealth providers can conduct consultations under differing State laws.

So truly, across this country with 50 States having reciprocity agreements whereby telehealth can be implemented will provide access to information.

Mr. Speaker, I would like to thank the gentleman from Louisiana (Mr. TAUZIN), the subcommittee chairman, the gentleman from Florida (Mr. BILIRAKIS), the gentleman from Ohio (Mr. BROWN), and the ranking member, the gentleman from Michigan (Mr. DINGELL), for their efforts in producing this legislation. I am pleased we were ability to work out on a bipartisan basis with our Senate counterparts to provide legislation in this Congress that can strengthen the community health care centers program in America. Mr. Speaker, these program are vital to our efforts to provide care for those who would otherwise not have access to primary health care services.

Mr. Speaker, I urge all of us to join in full support of this legislation. Mr. Speaker, I urge my colleagues to support the bill.

Mr. Speaker, I reserve the balance of my time.

Ms. SOLIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I also rise in strong support of Senate 1533, the Health Care Safety Net Amendments of 2002. This is an important piece of legislation which will provide the 5-year reauthorization of community health centers as well as the National Health Service Corps and grants for rural health care programs. Community health centers provide health care services to over 12 million people annually, 5 million of whom have no health insurance coverage at all, and currently there are over 41 million uninsured Americans and untold numbers of underinsured.

Due to the slowing economy, this number keeps increasing. And as a result, the demand for health care services has increased dramatically, forcing risky delays for important primary and preventive health care services. Community health care services are effective and efficient providers of care to millions of our country's most vulnerable people who are located in more than 3,400 communities in every single State.

This legislation authorizes $1.34 billion for fiscal year 2002 and such sums as may be necessary through 2006. Senate 1533 also authorizes grants for a new category of networks so that health centers may work to reduce costs, improve access to health care services, and enhance the quality of coordination of health care services and improve the health status of communities.

In addition to reauthorizing the community health centers program, the bill also provides for the inclusion of behavioral and mental health professionals in the NHSC scholarship and loan repayment programs. The NHSC provides loan forgiveness and scholarship dollars to nurses, doctors, and for the first time, dentists, in return for services in underserved communities, both urban and rural, throughout this country. This legislation moves the Community Health Center Rural Program far along the road to telemedicine services and includes numerous other important improvements.

The Health Care Safety Net Improvement Act of 2002 also provides for 5-year reauthorization of the Community Access Program. This program is designed to provide assistance to communities and consortia of health care providers to develop and strengthen health care delivery systems that coordinate health care services for individuals who are uninsured and underinsured.

In this increasingly difficult economy, community health centers are having a hard time expanding their health care services to an increasing number of uninsured who seek health services. I urge all of my colleagues to join me today to support Senate 1533 so that we may continue to aid the organizations and people who work so diligently to provide this aid to the uninsured.

Mr. Speaker, I would also at this time like to recognize and commend the committee's ranking member, the gentleman from Michigan (Mr. DINGELL), and the Subcommittee on Health's ranking member, the gentleman from Ohio (Mr. BROWN), as well as the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Florida (Mr. BILIRAKIS).

Mr. Speaker, I reserve the balance of my time.

Mr. STEARNS. Mr. Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Speaker, I thank the chairman very much for yielding me time. I congratulate the gentleman from Louisiana (Mr. TAUZIN) from the Committee on Commerce and the ranking member, the gentleman from Michigan (Mr. DINGELL), for bringing this legislation to the floor; but maybe most of all I want to thank and congratulate the gentleman from Florida (Mr. BILIRAKIS), who has been working on rural health community health centers for years. In fact, as long as I have been in this body, he has been a mover and shaker of improvement of rural health.

Mr. Speaker, I rise today in support of the House amendment, S. 1533, the Health Care Safety Net Improvement Act of 2002. This legislation is critically important and goes a long way to ensuring that Americans living in our Nation's rural areas receive the same access to dependable and quality health care that the rest of us enjoy. It is vital that our national health care safety net programs be as strong as possible.

I represent a rural area of Georgia. I have 26 rural hospitals. I have a part of the State where it is not that there is not health care, there is just not enough. And I am happy to be able to be part of this effort to strengthen that up. This bill accomplishes that. And it also provides the needed flexibility to effectively improve health care services for the underserved, as well as provide a 5-year reauthorization of our Nation's Community Health Centers, the National Health Service Corps, and grants for rural health care programs.

Beyond the funding alone, this legislation takes major steps towards improving the efficiency of the programs that we already have out there. With the community health centers, the Health Care Safety Net Improvement Act of 2002 consolidates and streamlines the program while also empowering the Secretary to make grants available where appropriate and also authorizes a loan guarantee program with safeguards.

With our National Health Service Corps program, again, beyond just the funding, this legislation delivers a host of provisions that improve patient access to high-quality health care in health professional shortage areas. Among these, this provides for the inclusion of behavioral and mental health professionals and the National Health Service Corps scholarship and loan repayment programs.

In the area of Rural Health Care Services Outreach, Rural Health Care Network Development, and Small Health Care Provider Quality Improvement grant programs, this legislation also provides adequate funding. And I will state what is really important in this bill in my opinion, Mr. Speaker. It establishes an Office for the Advancement of Telehealth, which is telemedicine and teledentistry at the Health Resources and Services Administration.

This office will promote telehealth medicine and dentistry technologies in rural area, frontier communities, and medically underserved areas and for medically underserved populations to expand access to high-quality health care service, improve the training of the health care providers and improve the sharing of health care information. It expressly says in this bill that it is only, and this to me is important, it is only the sense of Congress that States should develop reciprocal agreements so that licensed telehealth providers can conduct consultations under differing State laws. I am delighted that we at the Federal level decided to leave that to the health professionals at home in the States to determine how they will work that out.

Finally, the Health Care Safety Net Improvement Act of 2002 provides the necessary funding for the community access program which is designed to provide assistance to communities and groups of health care providers, to develop or strengthen health care delivery systems that coordinate health care services for individuals who are uninsured or underinsured, which is the typical problem in rural areas. It also authorizes the award of grants to States for the development and implementation of innovative programs to address the dental workforce needs of dental health professional shortage areas.

As a dentist, obviously, this is an issue near and dear to my heart; and this legislation goes a long way in addressing this problem.

Mr. Speaker, I would urge my colleagues to vote for this measure today and send a strong and positive message to our Nation's rural health care patients. I urge all of us to be consistently aware that in the rural parts of the Nation, there are health care providers there in private practice and we want to make sure that we do not do anything in legislation like this to put those people out of business who are out there struggling today to deal with the underserved.

Mr. STEARNS. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. KENNEDY).

Mr. KENNEDY of Minnesota. Mr. Speaker, when I entered Congress, I was made aware of the need for better emergency medical services in rural areas. And when I sponsored my EMS legislation, I was responding to concerns that we would lose important emergency medical services in rural Minnesota and that providers would not have the resources they needed to make sure that when we dialed 911 we could be assured that help would be on the way.

For this reason, I am happy to support Senate 1533 today, the Health Care Safety Net Amendments of 2002.

Among other things included in this bill, it authorizes grants to provide improved emergency medical services in rural areas. This grant was first introduced to this House as part of my bill, H.R. 1353, Sustaining Access To Vital Emergency Medical Services Act of 2001. And I am happy to say that my legislation today now has over 80 cosponsors from the House from both sides of the aisle. I am excited that a portion of my legislation is becoming law because it fills a need. And along with the original reason for the provision for rural America, it has taken on a new importance after September 11 with the need to make sure that we can respond to emergency crises.

□ 1230

I urge my colleagues to support this bill. I thank those that have done such great work in putting it forward.

Mr. STEARNS. Mr. Speaker, I yield myself such time as I may consume.

I am especially pleased to highlight that the bill authorizes the Secretary to make grants to State professional licensing boards towards developing and implementing State policies that will reduce statutory and regulatory barriers in telehealth or telemedicine.

In the past week, I have kicked off a workshop at the Federal Trade Commission with Chairman Muris on just this topic, statutory and regulatory barriers to e-commerce. Furthermore, my Subcommittee on Commerce, Consumer Trade and Protection has held hearings just on this subject.

It is often the case that well-intentioned laws have unintended consequences to commerce and, in this case, to the practice of medicine. I am pleased also to recognize that the University of Florida in my home State has a CHC telehealth project so they are actually implementing a telemedicine program out to the rural areas, and I want to commend them this afternoon for their efforts.

Mr. Speaker, I reserve the balance of my time.

Mr. BEREUTER. Mr. Speaker, as a cosponsor of H.R. 3450, the Health Care Safety Net Improvement Act, this Member wishes to add his strong support for S. 1533, the Health Care Safety Net Amendments of 2001, as amended. Furthermore, this Member would like to commend the distinguished gentleman from Florida (Mr. BILIRAKIS), the Chairman of the House Energy and Commerce Subcommittee on Health; and the distinguished gentleman from Ohio (Mr. BROWN), the ranking member of the House Energy and Commerce Subcommittee on Health, for bringing this important legislation to the House Floor today.

This Member would also like to commend the distinguished gentleman from Louisiana (Mr. TAUZIN), Chairman of the House Energy and Commerce Committee, and the distinguished gentleman from Michigan (Mr. DINGELL), the ranking member of the House Energy and Commerce Committee; for their efforts to improve access to quality preventive and primary health care for the medically underserved—including the millions of Americans without health insurance coverage.

This Member currently does not have a Federally Qualified Health Center (FQHC) in his Congressional District, but believes one is greatly needed. This Member is very pleased that the Lincoln-Lancaster County Health Department has taken the initiative to develop a Community Health Center planning committee. This Member would like to commend this committee for its dedication and commitment to improving health care in Nebraska. It is this member's understanding that the group intends to submit an application for the Community Health Center Federal Grant program in January 2003. This Member hopes this application will be given full and fair consideration.

This Member is particularly pleased that language is included in S. 1533, as amended, that would provide automatic designation to Federally Qualified Health Centers (FQHC) and Federally Certified Rural Health Clinics as Health Professional Shortage Area (HPSA) facilities for a period of six years. This Member recognizes that the National Health Service Corps plays a critical role in providing care for underserved populations by placing clinicians in urban and rural areas.

However, it has come to this Member's attention that health centers and rural clinics must obtain Health Professional Shortage Area designation to become eligible for the placement of National Health Service Corps personnel. While this member is pleased to see that S. 1533, as amended, would improve on the current HPSA designation process, he would have preferred that the bill include permanent automatic designation, which would have guaranteed that FQHCs and rural health clinics would not have to return to the current, cumbersome HPSA designation process. This is a process that certainly seems unnecessary and duplicative, and which in some cases may result in delays in the placement of needed practitioners at high-need health centers and rural health clinics. Last year, this Member sent a letter, along with several colleagues, to the Chairman of the Energy and Commerce Subcommittee on Health requesting this

change on a permanent basis and greatly appreciates the inclusion of the provision—even in the short term.

As amended, S. 1533, would:

(1) reauthorize the critically important Community Health Centers program for another five years, including reaffirmation that Health Centers should be: located in high-need areas; provide comprehensive preventive and primary health care services; governed by community boards made up of a majority of current health center patients to assure responsiveness to local needs; and, open to everyone in the communities they serve, regardless of ability to pay; and

(2) reauthorize the important Telehealth Programs, as well as the Rural Health Care Outreach Program and the Rural Health Network Development Program. In addition, S. 1533, as amended, would authorize a new Small Health Care Provider Quality Improvement Program. These programs will go a long way to facilitate the provision of care to vulnerable populations living in rural areas all across the county.

In closing, Mr. Speaker, this Member urges his colleagues to support S. 1533, as amended.

Mr. SHAYS. Mr. Speaker, I strongly support S. 1533, a bill which will reauthorize the Community Health Center program. This legislation ensures that community health centers will continue providing high-quality care to the medically underserved and neediest populations.

I have always been impressed with community health centers and have supported increasing the resources available to them. These centers have made wonderful contributions to the urban areas in the Fourth Congressional District, and the care they provide is as good or better than the care many patients with more comprehensive coverage receive.

Last year, these clinics served over 12 million people, 66 percent of whom live below the poverty level. Community health centers are located in 3,000 rural and urban communities throughout the country and provide quality cost-effective primary and preventive care for low-income, uninsured and underinsured patients.

By preventing costly hospitalizations and reducing the use of emergency care for routine services, it is estimated community clinics save the health care system over $6 billion annually.

Mr. Speaker, I strongly support passage of this legislation so community health centers can continue providing high-quality, cost-effective care. I urge my colleagues to vote for this bill.

Mr. BALDACCI. Mr. Speaker, today we will take another step toward promoting access to quality health care in Rural America. As a member of the House Rural Health Care Coalition, I am pleased with the overwhelming bipartisan support in both the House and Senate for the legislation we will pass today. Earlier this month we passed similar legislation by voice vote.

This bill supports a number of critical programs and grants leading to direct benefits to thousands of Maine citizens. There are 31 community health centers in the State of Maine, most of which are located in my district, the largest district in area east of the Mississippi River. Rural health care delivery has been one of the top concerns of my constituents.

This bill reauthorizes the Community Health Centers Program, the National Health Service Corps, Rural Health Outreach and telehealth services. Significant improvements will be made to these programs. In particular, NHSC scholarship and loan expansions will enable rural areas to attract more mental health and dental providers. A focus on coordination and integration of telehealth networks through targeted grants will enable facilities across regions to improve direct, patient and training of providers. In addition, outreach grants, technical assistance grants, rural health network development grants, and small health care provider quality improvement grants will significantly expand access to quality health care services and enhance the delivery of health care in rural areas.

Mr. Speaker, I thank the Leadership for bringing this important bill to the Floor and encourage its speedy passage.

Mr. BILIRAKIS. Mr. Speaker, I rise in strong support of S. 1533, the Health Care Safety Net Improvement Act. As you know, the House recently approved the Health Care Safety Net Improvement Act by voice vote. Today we are considering a solid bipartisan compromise between the House and Senate on this important legislation. I urge all of my colleagues to support the bipartisan compromise we are considering today.

This legislation reauthorizes our nation's key health care safety net delivery systems and creates additional efficiencies. Specifically, this bill reauthorizes the Community Health Center program, the National Health Service Corps and rural outreach grants. Each of these programs ensures that both the uninsured and the underinsured have access to quality health care services.

Since 1965, America's health centers have delivered comprehensive services to people who otherwise would face major barriers to obtaining quality, affordable health care. Health centers serve those who are hardest to reach and are required by law to make their services accessible to everyone, regardless of their ability to pay.

One of the most important programs for ensuring an adequate supply of health professionals is the National Health Service Corps. The National Health Service Corps recruits, trains, and places primary care providers in both urban and rural health care shortage areas. Program participants are health professionals who receive educational assistance in return for a period of obligated service. Our legislation reauthorizes this vital program, which serves as a pipeline for health care facilities that have trouble attracting health professionals.

S. 1533 also recognizes the importance of oral health care and authorizes the inclusion of primary dental care education. Improving rural health is another area of focus in this legislation. Often rural communities have trouble developing capacity and maintaining health care facilities. Our bill includes programs that will help rural providers develop new service capacity and integrated health delivery networks. It will help rural facilities implement quality improvement initiatives.

Mr. Speaker, given recent events and news of increasing numbers of uninsured, it is vitally important that we keep our safety net strong. This bill will allow critical programs to continue. I am certain it will improve services for our most vulnerable populations. I urge Members to support this bipartisan agreement.

Mr. DINGELL. Mr. Speaker, I support S. 1533, the ''Health Care Safety Net Amendments of 2002,'' an important piece of legislation. It reauthorizes the National Health Service Corps, the Community Health Centers program, and will establish a limited Community Access Program. S. 1533 is vital to providing health care services to the uninsured and under-insured. Health centers are located in more than 3,400 communities in all 50 states and often are the only available source of care for uninsured and medically under served individuals.

We passed H.R. 3450, a very similar bill, two weeks ago, and are back with S. 1533 which incorporates changes to H.R. 3450 needed to assure speedy enactment. The most significant change is an improved Community Access Program, which helps local communities coordinate the use of scarce healthcare dollars. Other changes increase access to community healthcare programs. And the bill now authorizes demonstration projects for chiropractors and pharmacists within the National Health Service Corps, as well as provides a ten percent set-aside for loans and scholarships for disadvantaged individuals.

Health centers are effective and efficient providers of care to millions of our country's most vulnerable people. Ensuring access to primary and preventive care, regardless of insurance status or income, is an important component of our efforts here today. I urge adoption of this important legislation.

Ms. SOLIS. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. STEARNS. Mr. Speaker I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GUTKNECHT). The question is on the motion offered by the gentleman from Florida (Mr. STEARNS) that the House suspend the rules and pass the Senate bill, S. 1533, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. STEARNS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until approximately 2 p.m. today.

Accordingly (at 12 o'clock and 33 minutes p.m.), the House stood in recess until approximately 2 p.m. today.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SIMPSON) at 2 p.m.