

103^D CONGRESS
1ST SESSION

H. R. 3230

To amend the Public Health Service Act with respect to the health of individuals who are members of racial or ethnic minority groups.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 6, 1993

Mr. SERRANO (for himself, Mr. RICHARDSON, Mr. GUTIERREZ, Ms. ROYBAL-ALLARD, Mr. PASTOR, Mr. TORRES, Mr. BECERRA, Ms. VELÁZQUEZ, Mr. ROMERO-BARCELÓ, Mr. DE LUGO, Mr. ORTIZ, Mr. MENENDEZ, Mr. DIAZ-BALART, and Mr. UNDERWOOD) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with respect to the health of individuals who are members of racial or ethnic minority groups.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Minority Health Op-
5 portunity Enhancement Act of 1993”.

1 **SEC. 2. MODIFICATIONS REGARDING SECRETARY'S OFFICE**
2 **OF MINORITY HEALTH.**

3 (a) DUTIES.—Section 1707(b) of the Public Health
4 Service Act (42 U.S.C. 300u-6(b)) is amended—

5 (1) in paragraph (1), by striking “that relate”
6 and all that follows and inserting the following:
7 “that relate to programs regarding the prevention of
8 diseases; the promotion of health; the delivery of
9 health services; research; the health professions; and
10 training and technical assistance regarding such pro-
11 grams;”; and

12 (2)(A) in paragraph (7), by striking “and”
13 after the semicolon at the end;

14 (B) in paragraph (8), by striking the period at
15 the end and inserting “; and”; and

16 (C) by adding at the end the following para-
17 graph:

18 “(9)(A) establish by contract a center for the
19 purpose of carrying out programs to improve access
20 to health care services for individuals who have the
21 limitation of lacking proficiency in speaking the
22 English language, which programs carry out such
23 purpose by facilitating the removal of barriers to the
24 receipt of health care that result from such limita-
25 tion; and

1 “(B) in carrying out subparagraph (A), ensure
2 that the center under such subparagraph conducts
3 research, develops and evaluates model projects, and
4 provides technical assistance to health care provid-
5 ers.”.

6 (b) DEFINITIONS.—Section 1707 of the Public
7 Health Service Act (42 U.S.C. 300u-6) is amended—

8 (1) by redesignating subsection (f) as sub-
9 section (h); and

10 (2) by inserting before subsection (h) (as so re-
11 designated) the following subsection:

12 “(g) DEFINITION OF RACIAL OR ETHNIC MINORITY
13 GROUP.—The term ‘racial or ethnic minority group’
14 means Hispanics, African Americans, Asian Americans,
15 Pacific Islanders, Native Americans, Eskimos, and Aleuts.
16 For purposes of the preceding sentence, the term ‘His-
17 panic’ means individuals whose origin is Mexican, Puerto
18 Rican, Cuban, Central or South American, or any other
19 Spanish-speaking country, including Spain or the Carib-
20 bean Islands; and individuals indentifying themselves as
21 Hispanic, Latino, Spanish, or Spanish-American.”.

22 (c) REPORTS.—Section 1707(e) of the Public Health
23 Service Act (42 U.S.C. 300u-6(e)) is amended by striking
24 “to the Congress” and inserting the following: “to the
25 Committee on Energy and Commerce and the Committee

1 on Appropriations of the House of Representatives, and
2 to the Committee on Labor and Human Resources and
3 the Committee on Appropriations of the Senate,”.

4 (d) CONFORMING AMENDMENT.—Section 1707(b) of
5 the Public Health Service Act (42 U.S.C. 300u-6(b)) is
6 amended in the matter preceding paragraph (1) by strik-
7 ing “racial and ethnic minorities” and inserting “racial
8 and ethnic minority groups”.

9 **SEC. 3. ESTABLISHMENT OF INDIVIDUAL OFFICES OF MI-**
10 **NORITY HEALTH WITHIN AGENCIES OF PUB-**
11 **LIC HEALTH SERVICE.**

12 Title XVII of the Public Health Service Act (42
13 U.S.C. 300u et seq.), as amended by section 302 of Public
14 Law 102–531 (106 Stat. 3483), is amended by inserting
15 after section 1707 the following section:

16 “INDIVIDUAL OFFICES OF MINORITY HEALTH WITHIN
17 PUBLIC HEALTH SERVICE

18 “SEC. 1707A. (a) IN GENERAL.—The head of each
19 agency specified in subsection (b)(1) shall establish within
20 the agency an office to be known as the Office of Minority
21 Health. Each such Office shall be headed by a director,
22 who shall be appointed by the head of the agency within
23 which the Office is established and who shall report di-
24 rectly to the head of the agency. The head of such agency
25 shall carry out this section (as this section relates to the
26 agency) acting through such Director.

1 “(b) SPECIFIED AGENCIES.—

2 “(1) IN GENERAL.—The agencies referred to in
3 subsection (a) are the following:

4 “(A) The Centers for Disease Control and
5 Prevention.

6 “(B) The Agency for Health Care Policy
7 and Research.

8 “(C) The Health Resources and Services
9 Administration.

10 “(D) The Substance Abuse and Mental
11 Health Services Administration.

12 “(2) NATIONAL INSTITUTES OF HEALTH.—For
13 purposes of subsection (c) and the subsequent provi-
14 sions of this section, the term ‘minority health of-
15 fice’ includes the Office of Research on Minority
16 Health established within the National Institutes of
17 Health. The Director of the National Institutes of
18 Health shall carry out this section (as this section
19 relates to the agency) acting through the Director of
20 such Office.

21 “(c) COMPOSITION.—The head of each specified
22 agency shall ensure that the officers and employees of the
23 minority health office of the agency are, collectively, expe-
24 rienced in carrying out community-based health programs
25 for each of the various racial and ethnic minority groups

1 and subgroups that are present in significant numbers in
2 the United States. The head of such agency shall ensure
3 that, of such officers and employees who are members of
4 racial and ethnic minority groups, no such group is dis-
5 proportionately represented.

6 “(d) COLLABORATION WITH SECRETARY’S OFFICE
7 OF MINORITY HEALTH.—In carrying out section 1707 re-
8 garding a specified agency, the Secretary shall collaborate
9 with the Director of the minority health office of the agen-
10 cy. With respect to the health concerns of individuals who
11 are members of racial or ethnic minority groups, the ac-
12 tivities with respect to which such Director collaborates
13 under the preceding sentence shall be—

14 “(1) establishing short-range and long-range
15 goals and objectives;

16 “(2) coordinating all other activities within the
17 agency that relate to programs regarding the pre-
18 vention of diseases; the promotion of health; the de-
19 livery of health services; research; the health profes-
20 sions; and training and technical assistance regard-
21 ing such programs; and

22 “(3) all other activities carried out under sec-
23 tion 1707.

1 “(e) MONITORING OF AGENCY PROGRAMS.—Each
2 Director of a minority health office shall monitor the pro-
3 grams of the specified agency of such office in order to—

4 “(1) determine the extent to which the purposes
5 of the programs are being carried out with respect
6 to racial and ethnic minority groups;

7 “(2) determine the extent to which members of
8 such groups are represented among the Federal offi-
9 cers and employees who administer the programs;
10 and

11 “(3) make recommendations to the head of
12 such agency on carrying out the programs with re-
13 spect to such groups.

14 “(f) REPORTS.—The head of each specified agency
15 shall submit to the Secretary a biennial report describ-
16 ing—

17 “(1) the extent to which the minority health of-
18 fice of the agency employs individuals who are mem-
19 bers of racial and ethnic minority groups, including
20 a specification by racial and ethnic minority group
21 of the number of such individuals employed by such
22 office; and

23 “(2) the extent to which the agency has com-
24 plied with Public Law 94–311 (relating to data on
25 Americans of Spanish origin or descent).

1 “(g) DEFINITIONS.—For purposes of this section:

2 “(1) The term “minority health office” means
3 an office established under subsection (a), subject to
4 subsection (b)(2).

5 “(2) The term ‘racial or ethnic minority group’
6 has the meaning given such term in section 1707(g).

7 “(3) The term ‘specified agency’ means—

8 “(A) an agency specified in subsection
9 (b)(1); and

10 “(B) the National Institutes of Health.

11 “(h) AUTHORIZATIONS OF APPROPRIATIONS.—

12 “(1) INDIVIDUAL AUTHORIZATIONS.—For the
13 purpose of carrying out activities under this section
14 through the minority health offices of the specified
15 agencies, there is authorized to be appropriated for
16 each such office for each of the fiscal years 1994
17 through 1996 an amount equal to 5 percent of the
18 amount appropriated for the preceding fiscal year
19 for the specified agency of such office, or
20 \$3,000,000, whichever is greater.

21 “(2) AVAILABILITY OF FUNDS FOR STAFF-
22 ING.—The purposes for which amounts appropriated
23 under paragraph (1) may be expended by a minority
24 health office include the costs of employing staff for
25 such office.”.

1 **SEC. 4. EQUITABLE ALLOCATIONS REGARDING CERTAIN**
2 **PROGRAMS.**

3 (a) **GENERALLY APPLICABLE PROVISIONS.—**

4 (1) **INCREASE IN AUTHORIZATIONS OF APPRO-**
5 **PRIATIONS.—**

6 (A) For the purpose of carrying out the
7 programs specified in subparagraph (B), there
8 is authorized to be appropriated for each such
9 program for each of the fiscal years 1994
10 through 1996 an amount to 10 percent of the
11 amount appropriated for the program for fiscal
12 year 1993. The authorization established in the
13 preceding sentence for such a program for a fis-
14 cal year is in addition to any other authoriza-
15 tion of appropriations that is available for such
16 purpose.

17 (B) The programs referred to in subpara-
18 graph (A) are the following sections of the Pub-
19 lic Health Service Act: Section 340A, section
20 724, section 737, section 738(a), 738(b), and
21 740.

22 (2) **PEER REVIEW.—**

23 (A) In carrying out the designated pro-
24 grams, the Secretary shall ensure that each ap-
25 plication for any grant, cooperative agreement,
26 or contract authorized for the program is sub-

1 mitted to a peer review group for an evaluation
2 of the merits of the proposals made in the ap-
3 plication. The Secretary may not approve such
4 an application unless a peer review group has
5 recommended the application for approval.

6 (B) Each peer review group under sub-
7 paragraph (A) shall be composed principally of
8 individuals who are not officers or employees of
9 the Federal Government. Each such group shall
10 be composed of individuals who are experienced
11 in carrying out community-based health pro-
12 grams for each of the various racial and ethnic
13 minority groups and subgroups that are present
14 in significant numbers in the United States.
15 The Secretary shall ensure that, of individuals
16 comprising the peer review groups who are
17 members of racial and ethnic minority groups,
18 no racial or ethnic minority group is dispropor-
19 tionately represented.

20 (3) OUTREACH.—With respect to awards of
21 grants and contracts that are available under the
22 designated programs, the Secretary shall carry out a
23 program—

24 (A) to inform entities, as appropriate, that
25 the entities may be eligible for the awards;

1 (B) to provide technical assistance to such
2 entities in the process of preparing and submit-
3 ting applications for the awards in accordance
4 with the policies of the Secretary regarding
5 such applications; and

6 (C) to inform populations, as appropriate,
7 that members of the populations may be eligible
8 to receive services or otherwise participate in
9 the activities carried out with such awards.

10 (4) DEFINITIONS.—For purposes of this sub-
11 section:

12 (A) The term ‘racial or ethnic minority
13 group’ has the meaning given such term in sec-
14 tion 1707(g) of the Public Health Service Act.

15 (B) The term “designated program”
16 means a program specified in paragraph (1)(B).

17 (C) The term “Secretary” means the Sec-
18 retary of Health and Human Services.

19 (b) EQUITABLE ALLOCATIONS REGARDING RACIAL
20 AND ETHNIC GROUPS.—Section 1707 of the Public
21 Health Service Act, as amended by section 2 of this Act,
22 is amended—

23 (1) by redesignating subsections (c) through (e)
24 as subsections (d) through (f), respectively;

25 (2) in subsection (d) (as so redesignated)—

1 (A) by striking paragraph (1); and

2 (B) by redesignating paragraphs (2) and

3 (3) as paragraphs (1) and (2), respectively; and

4 (3) by inserting after subsection (b) the follow-
5 ing subsection:

6 “(c) EQUITABLE ALLOCATIONS.—

7 “(1) APPLICABILITY TO DESIGNATED PRO-
8 GRAMS.—

9 “(A) This subsection applies—

10 “(i) to activities carried out under any
11 program established under this section;
12 and

13 “(ii) to activities carried out under
14 any program of this Act that specifies that
15 this subsection is applicable to the pro-
16 gram (subject to such limitations as may
17 be established for the program involved).

18 “(B) With respect to a designated pro-
19 gram, this subsection shall be carried out by the
20 Secretary, acting through the head of the agen-
21 cy that carries out the program.

22 “(2) EQUITABLE ALLOCATIONS.—In carrying
23 out activities under a designated program on behalf
24 of members of racial or ethnic minority groups, the
25 Secretary shall ensure that the activities are equi-

1 tably allocated among the various groups. In carry-
2 ing out the preceding sentence, the Secretary shall,
3 in the case of such a group, consider the following
4 factors:

5 “(A) The extent to which the group has a
6 disproportionate incidence or prevalence of any
7 health condition relative to the incidence and
8 prevalence of the condition in the general popu-
9 lation.

10 “(B) The extent to which there is evidence
11 that there has been discrimination against the
12 group on the basis of race or national origin.

13 “(C) The percentage constituted by the
14 ratio of the number of individuals who are
15 members of the group to the number of individ-
16 uals in the general population.

17 “(3) REPORTS.—

18 “(A) Subject to subparagraph (C), not
19 later than February 1 of fiscal year 1995 and
20 of each subsequent fiscal year, the Secretary
21 shall submit to the Committee on Energy and
22 Commerce and the Committee on Appropria-
23 tions of the House of Representatives, and to
24 the Committee on Labor and Human Resources
25 and the Committee on Appropriations of the

1 Senate, a report describing the allocations that,
2 under paragraph (2), were made for the preced-
3 ing fiscal year under each designated program.

4 “(B) A report under subparagraph (A)
5 shall specify the methodology that was used to
6 make the allocations involved, the total amount
7 that was expended on behalf of each of the ra-
8 cial and ethnic minority groups involved, and
9 the total amount that was expended to employ
10 staff to make the allocations.

11 “(C) With respect to reports under sub-
12 paragraph (A), in any case in which a des-
13 ignated program is otherwise subject to a re-
14 quirement that annual reports concerning the
15 program be submitted to the Committees speci-
16 fied in such subparagraph, the reports under
17 such subparagraph may be incorporated into
18 such other reports.

19 “(4) DEFINITIONS.—For purposes of this sub-
20 section:

21 “(A) The term ‘designated program’
22 means a program to which this subsection ap-
23 plies, as indicated pursuant to paragraph (1).

1 “(B) The term ‘racial or ethnic minority
2 group’ has the meaning given such term in sub-
3 section (g).”.

4 (c) DESIGNATED PROGRAMS.—

5 (1) HEALTH CARE FOR RESIDENTS OF PUBLIC
6 HOUSING.—Section 340A of the Public Health Serv-
7 ice Act (42 U.S.C. 256a), as amended by section
8 309(d) of Public Law 102–531 (106 Stat. 3502), is
9 amended—

10 (A) by redesignating subsections (o)
11 through (q) as subsections (p) through (r), re-
12 spectively; and

13 (B) by inserting after subsection (n) the
14 following subsection:

15 “(o) EQUITABLE ALLOCATIONS.—The awarding of
16 grants under subsection (a) is subject to section
17 1707(c).”.

18 (2) FEDERALLY-SUPPORTED LOAN FUNDS RE-
19 GARDING HEALTH PROFESSIONS SCHOOLS.—

20 (1) IN GENERAL.—Section 724(f) of the Public
21 Health Service Act (42 U.S.C. 292t(f)), as added by
22 section 102 of Public Law 102–408 (106 Stat.
23 1994), is amended by adding at the end the follow-
24 ing paragraph:

1 “(3) EQUITABLE ALLOCATIONS.—The awarding
2 of Federal capital contributions for purposes of sub-
3 section (a) is subject to section 1707(c).”.

4 (d) GRANTS FOR SCHOLARSHIPS AND OTHER PUR-
5 POSES REGARDING HEALTH PROFESSIONS SCHOOLS.—

6 (1) IN GENERAL.—Section 737 of the Public
7 Health Service Act (42 U.S.C. 293a), as added by
8 section 102 of Public Law 102–408 (106 Stat.
9 1994), is amended—

10 (A) by redesignating subsections (g) and
11 (h) as subsections (h) and (i), respectively; and

12 (B) by inserting after subsection (f) the
13 following subsection:

14 “(g) EQUITABLE ALLOCATIONS.—The awarding of
15 grants under subsection (a) is subject to section
16 1707(c).”.

17 (e) LOAN REPAYMENTS AND FELLOWSHIPS REGARD-
18 ING FACULTY POSITIONS AT HEALTH PROFESSIONS
19 SCHOOLS.—Section 738 of the Public Health Service Act
20 (42 U.S.C. 293b), as added by section 102 of Public Law
21 102–408 (106 Stat. 1994), is amended by adding at the
22 end the following subsection:

23 “(c) EQUITABLE ALLOCATIONS.—The awarding of
24 contracts under subsection (a), and the awarding of grants
25 under subsection (b), are subject to section 1707(c).”.

1 (f) EDUCATIONAL ASSISTANCE REGARDING UNDER-
2 GRADUATES.—

3 (1) IN GENERAL.—Section 740(c) of the Public
4 Health Service Act (42 U.S.C. 293d(c)), as added by
5 section 102 of Public Law 102–408 (106 Stat.
6 1994), is amended to read as follows:

7 “(c) EQUITABLE ALLOCATIONS.—The awarding of
8 grants and contracts under subsection (a) is subject to
9 section 1707(c).”.

10 **SEC. 5. MEDICALLY UNDERSERVED POPULATIONS; HEALTH**
11 **PROFESSIONAL SHORTAGE AREAS.**

12 (a) MEDICALLY UNDERSERVED POPULATIONS.—

13 (1) FACTORS IN DESIGNATING POPULATIONS.—
14 Section 330(b)(4)(B) of the Public Health Service
15 Act (42 U.S.C. 245c(b)(4)(B)) is amended to read
16 as follows:

17 “(B) include the following factors regarding the
18 population involved:

19 “(i) Factors indicating the health status of
20 the population, including the following (which
21 the Secretary shall consider to be of equal im-
22 portance): The rate of infant mortality and
23 morbidity; and the extent to which there is a
24 substantial rate of morbidity resulting from
25 complications in infectious, communicable, or

1 chronic diseases that have progressed to a criti-
2 cal condition (as indicated by data provided
3 pursuant to discharging patients from hospitals
4 and pursuant to admissions to the emergency
5 facilities of hospitals).

6 “(ii) The ability to pay for health services,
7 including the rate of poverty and including the
8 percentage of the population constituted by in-
9 dividuals and families that do not have health
10 insurance.

11 “(iii) The percentage of the population
12 constituted by members of racial or ethnic mi-
13 nority groups.

14 “(iv) With respect to community-based
15 physicians who provide primary health services
16 and who are accepting additional patients
17 whose means of payment is through the pro-
18 gram established in title XVIII or XIX of the
19 Social Security Act, the following: The ratio of
20 the number of such physicians to the number of
21 individuals in the population.

22 “(v) The extent to which the individuals
23 lack access to primary health services, taking
24 into consideration barriers resulting from a lack
25 of proficiency in speaking the English language

1 or from other cultural factors; the distance to
2 sites providing primary health services and the
3 lack of transportation to such sites; and any
4 other barriers encountered by the population.”.

5 (2) CERTAIN DEFINITIONS.—Section 330(b) of
6 the Public Health Service Act (42 U.S.C. 245c(b))
7 is amended by adding at the end the following para-
8 graph:

9 “(7) For purposes of paragraph (4), the terms ‘popu-
10 lation’ and ‘population group’ include Hispanics, African
11 Americans, Native Americans, Asian Americans; Pacific
12 Islanders, and subgroups of such racial or ethnic minority
13 groups; individuals who lack proficiency in speaking the
14 English language; tribes and tribal organizations; seasonal
15 or migrant agricultural workers; homeless individuals; el-
16 derly individuals; and individuals with a disability.”.

17 (3) USE OF FACTORS IN MAKING GRANTS.—
18 Section 330(b) of the Public Health Service Act, as
19 amended by paragraph (2) of this subsection, is
20 amended by adding at the end the following para-
21 graph:

22 “(8) In considering applications for grants under sub-
23 sections (c) and (d), the Secretary shall consider the ex-
24 tent to which the population involved has a shortage of

1 personal health services, as indicated by the factors speci-
2 fied in paragraph (1) of this subsection.”.

3 (4) DEFINITION.—Section 330(b) of the Public
4 Health Service Act, as amended by paragraph (3) of
5 this subsection, is amended by adding at the end the
6 following paragraph:

7 “(9) The term ‘racial or ethnic minority group’ has
8 the meaning given such term in section 1707(g).”.

9 (b) HEALTH PROFESSIONAL SHORTAGE AREAS.—

10 (1) FACTORS IN DESIGNATING SHORTAGE
11 AREAS.—

12 (A) Section 332(b) of the Public Health
13 Service Act (42 U.S.C. 254e(b)) is amended—

14 (i) by redesignating paragraph (3) as
15 paragraph (6); and

16 (ii) by striking paragraphs (1) and (2)
17 and inserting the following:

18 “(1) Factors indicating the health status of the
19 population, including the following (which the Sec-
20 retary shall consider to be of equal importance): The
21 rate of infant mortality and morbidity; and the ex-
22 tent to which there is a substantial rate of morbidity
23 resulting from complications in infectious, commu-
24 nicable, or chronic diseases that have progressed to
25 a critical condition (as indicated by data provided

1 pursuant to discharging patients from hospitals and
2 pursuant to admissions to the emergency facilities of
3 hospitals).

4 “(2) The ability to pay for health services, in-
5 cluding the rate of poverty and including the per-
6 centage of the population constituted by individuals
7 and families that do not have health insurance.

8 “(3) The percentage of the population con-
9 stituted by members of racial or ethnic minority
10 groups.

11 “(4) With respect to community-based physi-
12 cians who provide primary health services and who
13 are accepting additional patients whose means of
14 payment is through the program established in title
15 XVIII or XIX, the following: The ratio of the num-
16 ber of such physicians to the number of individuals
17 in the population.

18 “(5) The extent to which the individuals lack
19 access to primary health services, taking into consid-
20 eration barriers resulting from a lack of proficiency
21 in speaking the English language or from other cul-
22 tural factors; the distance to sites providing primary
23 health services and the lack of transportation to
24 such sites; and any other barriers encountered by
25 the population.”.

1 (B) Section 332(a)(3) of the Public Health
2 Service Act (42 U.S.C. 254e(a)(3)) is amended
3 to read as follows:

4 “(3) With respect to the consideration by the Sec-
5 retary under paragraph (1) of the population of an area,
6 the population served by a facility, or a population group,
7 the terms ‘population’ and ‘population group’ include His-
8 panics, African Americans, Native Americans, Asian
9 Americans; Pacific Islanders, and subgroups of such racial
10 or ethnic minority groups; individuals who lack proficiency
11 in speaking the English language; tribes and tribal organi-
12 zations; seasonal or migrant agricultural workers; home-
13 less individuals; elderly individuals; and individuals with
14 a disability.”.

15 (2) PRIORITIES IN ASSIGNMENT OF CORPS PER-
16 SONNEL.—Section 333A(b) of the Public Health
17 Service Act (42 U.S.C. 254f–1(b)) is amended by
18 striking paragraphs (1) and (2) and inserting the
19 following:

20 “(1) Factors indicating the health status of the
21 population, including the following (which the Sec-
22 retary shall consider to be of equal importance): The
23 rate of infant mortality and morbidity; and the ex-
24 tent to which there is a substantial rate of morbidity
25 resulting from complications in infectious, commu-

1 nicable, or chronic diseases that have progressed to
2 a critical condition (as indicated by data provided
3 pursuant to discharging patients from hospitals and
4 pursuant to admissions to the emergency facilities of
5 hospitals).

6 “(2) The ability to pay for health services, in-
7 cluding the rate of poverty and including the per-
8 centage of the population constituted by individuals
9 and families that do not have health insurance.

10 “(3) The percentage of the population con-
11 stituted by members of racial or ethnic minority
12 groups.

13 “(4) With respect to community-based physi-
14 cians who provide primary health services and who
15 are accepting additional patients whose means of
16 payment is through the program established in title
17 XVIII or XIX, the following: The ratio of the num-
18 ber of such physicians to the number of individuals
19 in the population.

20 “(5) The extent to which the individuals lack
21 access to primary health services, taking into consid-
22 eration barriers resulting from a lack of proficiency
23 in speaking the English language or from other cul-
24 tural factors; the distance to sites providing primary
25 health services and the lack of transportation to

1 such sites; and any other barriers encountered by
2 the population.”.

3 (4) DEFINITION.—Section 331(a)(3) of the
4 Public Health Service Act (42 U.S.C. 254d(a)(3)) is
5 amended by adding at the end the following sub-
6 paragraph:

7 “(E) The term ‘racial or ethnic minority group’
8 has the meaning given such term in section
9 1707(g).”.

10 **SEC. 6. LACK OF ENGLISH PROFICIENCY AS BARRIER TO**
11 **OBTAINING HEALTH CARE.**

12 (a) CONTINUATION OF CERTAIN INITIATIVES FOR
13 REMOVAL OF BARRIERS.—

14 (1) MIGRANT HEALTH CENTERS.—Section
15 329(h) of the Public Health Service Act (42 U.S.C.
16 254b(h)) is amended by adding at the end the fol-
17 lowing paragraph:

18 “(4)(A) For the purpose of carrying out subpara-
19 graph (B), there are authorized to be appropriated
20 \$3,000,000 for each of the fiscal years 1994 through
21 1996.

22 “(B) The Secretary may make grants to migrant
23 health centers for programs to reduce the extent to which
24 a lack of proficiency in speaking the English language (or

1 other cultural factors) constitute a significant barrier to
2 obtaining health services.”.

3 (2) COMMUNITY HEALTH CENTERS.—Section
4 330(g) of the Public Health Service Act (42 U.S.C.
5 254c(g)) is amended by adding at the end the fol-
6 lowing paragraph:

7 “(4)(A) For the purpose of carrying out subpara-
8 graph (B), there are authorized to be appropriated
9 \$3,000,000 for each of the fiscal years 1994 through
10 1996.

11 “(B) The Secretary may make grants to community
12 health centers for programs to reduce the extent to which
13 a lack of proficiency in speaking the English language (or
14 other cultural factors) constitute a significant barrier to
15 obtaining health services.”.

16 (b) ISSUANCE OF REGULATIONS.—

17 (1) PROPOSED RULE.—Not later than the expi-
18 ration of the 90-day period beginning on the date of
19 the enactment of this Act, the Secretary of Health
20 and Human Services (in this section referred to as
21 the “Secretary”) shall issue a proposed rule to es-
22 tablish regulations for policies to reduce the extent
23 to which a lack of proficiency in speaking the Eng-
24 lish language constitutes a significant barrier to in-
25 dividuals in establishing the eligibility of the individ-

1 uals for participation in health programs under the
2 Public Health Service Act or title XIX of the Social
3 Security Act, or in receiving services under such pro-
4 grams.

5 (2) FINAL RULE.—

6 (A) IN GENERAL.—Not later than the ex-
7 piration of the 1-year period beginning the date
8 of the enactment of this Act, the Secretary shall
9 issue a final rule to establish the regulations de-
10 scribed in paragraph (1).

11 (B) FAILURE TO ISSUE BY DATE CER-
12 TAIN.—If the Secretary fails to issue a final
13 rule under subparagraph (A) before the expira-
14 tion of the period specified in such subpara-
15 graph, the proposed rule issued under para-
16 graph (1) is upon such expiration deemed to be
17 the final rule under subparagraph (A) (and
18 shall remain in effect until the Secretary issues
19 a final rule under such subparagraph).

20 **SEC. 7. CENTERS OF EXCELLENCE IN HEALTH PROFES-**
21 **SIONS EDUCATION.**

22 (a) USE OF FUNDS.—Section 739(b) of the Public
23 Health Service Act (42 U.S.C. 293c(b)), as added by sec-
24 tion 102 of Public Law 102–408 (106 Stat. 1994), is
25 amended to read as follows:

1 “(b) USE OF FUNDS.—

2 “(1) REQUIRED USES.—The Secretary may not
3 make a grant under subsection (a) unless the health
4 professions school involved agrees to expend the
5 grant for each of the following purposes:

6 “(A) To collaborate with public and non-
7 profit private entities to carry out community-
8 based programs to recruit minority students of
9 secondary schools and institutions of higher
10 education and to prepare the students academi-
11 cally for attendance at the health professions
12 school.

13 “(B) To improve the capacity of such
14 school to train, recruit, and retain minority fac-
15 ulty.

16 “(C) With respect to minority health is-
17 sues, to carry out activities to improve the in-
18 formation resources and curricula of the school
19 and clinical education at the school.

20 “(D) To facilitate faculty and student re-
21 search on health issues particularly affecting
22 minority groups.

23 “(2) RELATIONSHIP WITH OTHER ENTITIES.—
24 In expending a grant under subsection (a), a health
25 professions school may permit public and nonprofit

1 private entities to participate in the programs and
2 activities that the school carries out under such sub-
3 section. The preceding sentence applies without re-
4 gard to whether such entities have been designated
5 under subsection (d) as centers of excellence.”.

6 (b) DEFINITION.—Section 739(h) of the Public
7 Health Service Act (42 U.S.C. 293c(h)) is amended by
8 adding at the end the following paragraph:

9 “(4) The term ‘minority’, with respect to an in-
10 dividual, means an individual who is a member of a
11 racial or ethnic minority group, as defined in section
12 1707(g).”.

13 (c) FUNDING.—Section 739(i) of the Public Health
14 Service Act (42 U.S.C. 293c(i)), as added by section 102
15 of Public Law 102–408 (106 Stat. 1994), is amended—

16 (1) in paragraph (1), by inserting before the pe-
17 riod the following: “, and \$27,000,000 for each of
18 the fiscal years 1994 through 1996”; and

19 (2) in paragraph (2)—

20 (A) in subparagraph (B), by striking “60
21 percent” and inserting “80 percent”; and

22 (B) in subparagraph (C), by striking “40
23 percent” and inserting “20 percent”.

1 **SEC. 8. FUNDING FOR ACTIVITIES OF AGENCY FOR HEALTH**
2 **CARE POLICY AND RESEARCH.**

3 Section 926(a) of the Public Health Service Act (42
4 U.S.C. 299c-5(a)) is amended by adding at the end the
5 following sentences: “Of the amounts appropriated under
6 the preceding sentence for a fiscal year, the Administrator
7 shall reserve not less than 8 percent for carrying out sec-
8 tion 902(b)(2). The activities carried out by the Secretary
9 with the amounts so reserved shall include activities re-
10 garding Hispanic individuals (as defined in section
11 1707(g)).”.

12 **SEC. 9. FUNDING FOR CERTAIN ACTIVITIES OF NATIONAL**
13 **CENTER FOR HEALTH STATISTICS.**

14 Section 306(o) of the Public Health Service Act (42
15 U.S.C. 242k(o)) is amended—

16 (1) in paragraph (1)—

17 (A) by striking “subsections (a) through
18 (m)” and inserting “this section”; and

19 (B) by striking “1993.” and inserting
20 “1993, \$65,000,000 for fiscal year 1994, and
21 such sums as may be necessary for each of the
22 fiscal years 1995 and 1996.”; and

23 (2) by amending paragraph (2) to read as fol-
24 lows:

25 “(2) Of the amounts appropriated under paragraph
26 (1) for a fiscal year, the Secretary shall obligate not less

1 than an aggregate \$10,000,000 for carrying out sub-
2 sections (h), (m), and (n), except that not more than
3 \$100,000 may be expended in the aggregate for the ad-
4 ministration of activities under subsection (n) and for ac-
5 tivities described in paragraph (2) of such subsection.”.

6 **SEC. 10. DEMONSTRATION PROJECTS REGARDING DIABE-**
7 **TES-RELATED EYE DISORDERS.**

8 (a) IN GENERAL.—The Secretary may make grants
9 to public and nonprofit private entities for the purpose of
10 carrying out demonstration projects that, for Hispanics,
11 African Americans, and any other populations that are at
12 significant risk of contracting diabetes mellitus—

13 (1) provide screenings for eye disorders for
14 which diabetes mellitus is a significant causal factor;

15 (2) provide appropriate referrals for services for
16 individuals who are screened pursuant to paragraph
17 (1) and ensure, to the extent practicable, the provi-
18 sion of appropriate follow-up services;

19 (3) develop and disseminate public information
20 and education programs for the detection and con-
21 trol of such eye disorders; and

22 (4) improve the education, training, and skills
23 of health professionals (including allied health pro-
24 fessionals) in the detection and control of such eye
25 disorders.

1 (b) PRIORITY REGARDING DIABETIC RETINOP-
 2 ATHY.—The Secretary may make a grant under sub-
 3 section (a) only if the applicant involved agrees to give
 4 priority to carrying out paragraphs (1) through (4) of
 5 such subsection with respect to the eye disorder known
 6 as diabetic retinopathy.

7 (c) APPLICATION FOR GRANT.—The Secretary may
 8 make a grant under subsection (a) only if an application
 9 for the grant is submitted to the Secretary and the appli-
 10 cation is in such form, is made in such manner, and con-
 11 tains such agreements, assurances, and information as the
 12 Secretary determines to be necessary to carry out this sec-
 13 tion.

14 (d) DEFINITIONS.—For purposes of this section, the
 15 term “Secretary” means the Secretary of Health and
 16 Human Services.

17 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
 18 purpose of carrying out this section, there are authorized
 19 to be appropriated \$100,000 for fiscal year 1994, and
 20 such sums as may be necessary for each of the fiscal years
 21 1995 and 1996.

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