

103<sup>D</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 3804

To amend the Public Health Service Act to revise and extend programs relating to the health of individuals who are members of minority groups, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 3, 1994

Mr. WAXMAN introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to revise and extend programs relating to the health of individuals who are members of minority groups, and for other purposes.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Minority Health Improvement Act of 1994”.

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

Sec. 1. Short title; table of contents.

### TITLE I—OFFICE OF MINORITY HEALTH

Sec. 101. Revision and extension of programs of Office of Minority Health.

- Sec. 102. Establishment of individual offices of minority health within agencies of Public Health Service.

TITLE II—PRIMARY HEALTH SERVICES

- Sec. 201. Migrant health centers; community health centers.
- Sec. 202. Health services for the homeless.
- Sec. 203. Health services for residents of public housing.
- Sec. 204. Grants to States for loan repayment programs regarding obligated service of health professionals.
- Sec. 205. Grants to States for operation of State offices of rural health.
- Sec. 206. Demonstration grants to States for community scholarship programs regarding obligated service of health professionals.
- Sec. 207. Programs regarding birth defects.
- Sec. 208. Healthy start for infants.

TITLE III—HEALTH PROFESSIONS PROGRAMS

- Sec. 301. Primary care scholarships for students from disadvantaged backgrounds.
- Sec. 302. Scholarships generally; certain other purposes.
- Sec. 303. Loan repayments and fellowships regarding faculty positions.
- Sec. 304. Centers of Excellence.
- Sec. 305. Educational assistance regarding undergraduates.
- Sec. 306. Student loans regarding schools of nursing.
- Sec. 307. Federally-supported student loans funds.

TITLE IV—RESEARCH

- Sec. 401. Office of Research on Minority Health.
- Sec. 402. Activities of Agency for Health Care Policy and Research.

TITLE V—NATIVE HAWAIIAN HEALTH CARE

- Sec. 501. Clarification of 1992 amendments.
- Sec. 502. Amendment of Native Hawaiian Health Care Improvement Act to reflect 1992 agreement.
- Sec. 503. Repeal of Public Health Service Act provision.

TITLE VI—MISCELLANEOUS PROVISIONS

- Sec. 601. Technical amendment to Indian Health Care Improvement Act.
- Sec. 602. Health services for Pacific Islanders.
- Sec. 603. Technical corrections regarding Public Law 103-183.
- Sec. 604. Certain authorities of Centers for Disease Control and Prevention.

TITLE VII—GENERAL PROVISIONS

- Sec. 701. Effective date.

1     **TITLE I—OFFICE OF MINORITY**  
2                     **HEALTH**

3     **SEC. 101. REVISION AND EXTENSION OF PROGRAMS OF OF-**  
4                     **FICE OF MINORITY HEALTH.**

5             (a) IN GENERAL.—Section 1707 of the Public Health  
6 Service Act (42 U.S.C. 300u-6) is amended by striking  
7 subsection (b) and all that follows and inserting the follow-  
8 ing:

9             “(b) DUTIES.—With respect to improving the health  
10 of minority groups, the Secretary shall carry out the fol-  
11 lowing:

12             “(1) In consultation with the advisory council  
13 under subsection (c), establish goals and objectives  
14 regarding disease prevention, health promotion, serv-  
15 ice delivery, and research, and coordinate all activi-  
16 ties within the Department of Health and Human  
17 Services that relate to such goals and objectives.

18             “(2) In consultation with such council, enter  
19 into interagency agreements with other agencies of  
20 the Service, and under such agreements provide  
21 amounts to such agencies, to carry out the following:

22             “(A) Support research, demonstrations and  
23 evaluations to test new and innovative models  
24 of delivering services.

1           “(B) Increase knowledge and understand-  
2           ing of health risk factors.

3           “(C) Ensure that the National Center for  
4           Health Statistics collects data on the health  
5           status of each minority group.

6           “(D) With respect to individuals who lack  
7           proficiency in speaking the English language,  
8           enter into contracts with public and nonprofit  
9           private providers of primary health services for  
10          the purpose of increasing the access of the indi-  
11          viduals to such services by developing and car-  
12          rying out programs to provide bilingual or in-  
13          terpretive services.

14          “(3) Establish by contract a center to carry out  
15          the following:

16               “(A) Facilitate the exchange of informa-  
17               tion regarding matters relating to health infor-  
18               mation and health promotion, preventive health  
19               services, and education in the appropriate use  
20               of health care.

21               “(B) Facilitate access to such information.

22               “(C) Assist in the analysis of issues and  
23               problems relating to such matters.

24               “(D) Provide technical assistance with re-  
25               spect to the exchange of such information (in-

1 cluding facilitating the development of materials  
2 for such technical assistance).

3 “(4)(A) Establish by contract a center for the  
4 purpose of carrying out programs to improve access  
5 to health care services for individuals who lack pro-  
6 ficiency in speaking the English language by devel-  
7 oping and carrying out programs to provide bilingual  
8 or interpretive services.

9 “(B) In carrying out subparagraph (A), ensure  
10 that—

11 “(i) the center under such subparagraph  
12 conducts research, develops and evaluates model  
13 projects, and provides technical assistance to  
14 health care providers; and

15 “(ii) such center is not operated by the en-  
16 tity that operates the center established under  
17 paragraph (3).

18 “(c) ADVISORY COMMITTEE.—

19 “(1) IN GENERAL.—The Secretary shall estab-  
20 lish an advisory committee to be known as the Advi-  
21 sory Committee on Minority Health (in this sub-  
22 section referred to as the ‘Committee’).

23 “(2) DUTIES.—The Committee shall provide  
24 advice to the Secretary on carrying out this section,

1 including advice on carrying out paragraphs (1) and  
2 (2) of subsection (b) for each minority group.

3 “(3) COMPOSITION.—

4 “(A) The Committee shall be composed of  
5 12 voting members appointed in accordance  
6 with subparagraph (B) and the nonvoting, ex  
7 officio members designated under subparagraph  
8 (C).

9 “(B) The voting members of the Commit-  
10 tee shall be appointed from among individuals  
11 who have expertise regarding the health status  
12 of minority groups and the access of such  
13 groups to health services, which individuals are  
14 not officers or employees of the Federal Gov-  
15 ernment. The appointed membership of the  
16 Committee shall be broadly representative of  
17 the various minority groups.

18 “(C) The Secretary shall designate as ex  
19 officio members of the Committee the heads of  
20 the minority health offices referred to in section  
21 1707A.

22 “(d) APPROPRIATE CONTEXT OF SERVICES.—The  
23 Secretary shall ensure that information and services pro-  
24 vided pursuant to subsection (b) are provided in the lan-  
25 guage and cultural context that is most appropriate for

1 the individuals for whom the information and services are  
2 intended.

3 “(e) EQUITABLE ALLOCATION OF SERVICES.—The  
4 Secretary shall ensure that services provided under sub-  
5 section (b) are equitably allocated among the various mi-  
6 nority groups.

7 “(f) CONSULTATION WITH INDIVIDUAL MINORITY  
8 HEALTH OFFICES.—In carrying out subsection (b) re-  
9 garding a specified agency, the Secretary shall consult  
10 with the head of the minority health office of the agency.  
11 For purposes of the preceding sentence, the terms ‘speci-  
12 fied agency’ and ‘minority health office’ have the meaning  
13 given such terms in section 1707A(f).

14 “(g) BIENNIAL REPORTS.—Not later than February  
15 1 of fiscal year 1996 and of each second year thereafter,  
16 the Secretary shall submit to the Committee on Energy  
17 and Commerce of the House of Representatives, and to  
18 the Committee on Labor and Human Resources of the  
19 Senate, a report describing the activities carried out under  
20 this section during the preceding 2 fiscal years and evalu-  
21 ating the extent to which such activities have been effec-  
22 tive in improving the health of minority groups. Each such  
23 report shall include the biennial reports submitted to the  
24 Secretary under section 1707A(e) for such years by the  
25 heads of the minority health offices.

1       “(h) DEFINITION.—For purposes of this section, the  
2 term ‘minority groups’ means African Americans, Amer-  
3 ican Indians, Asian Americans, Hispanics, and Pacific Is-  
4 landers.

5       “(i) FUNDING.—

6           “(1) AUTHORIZATION OF APPROPRIATIONS.—  
7 For the purpose of carrying out this section, there  
8 is authorized to be appropriated \$21,000,000 for  
9 each of the fiscal years 1995 through 1997.

10          “(2) ALLOCATION OF FUNDS BY SECRETARY.—  
11 Of the amounts appropriated under paragraph (1)  
12 for a fiscal year, the Secretary shall make available  
13 not less than \$3,000,000 for carrying out subsection  
14 (b)(2)(D).”.

15       (b) MISCELLANEOUS AMENDMENT.—Section 1707 of  
16 the Public Health Service Act (42 U.S.C. 300u-6) is  
17 amended in the heading for the section by striking “ES-  
18 TABLISHMENT OF”.

19 **SEC. 102. ESTABLISHMENT OF INDIVIDUAL OFFICES OF MI-**  
20 **NORITY HEALTH WITHIN AGENCIES OF PUB-**  
21 **LIC HEALTH SERVICE.**

22 Title XVII of the Public Health Service Act (42  
23 U.S.C. 300u et seq.), as amended by section 302 of Public  
24 Law 102-531 (106 Stat. 3483), is amended by inserting  
25 after section 1707 the following section:

1 “INDIVIDUAL OFFICES OF MINORITY HEALTH WITHIN  
2 PUBLIC HEALTH SERVICE

3 “SEC. 1707A. (a) IN GENERAL.—The head of each  
4 agency specified in subsection (b)(1) shall establish within  
5 the agency an office to be known as the Office of Minority  
6 Health. Each such Office shall be headed by a director,  
7 who shall be appointed by the head of the agency within  
8 which the Office is established, and who shall report di-  
9 rectly to the head of the agency. The head of such agency  
10 shall carry out this section (as this section relates to the  
11 agency) acting through such Director.

12 “(b) SPECIFIED AGENCIES.—

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

15 “(A) The Centers for Disease Control and  
16 Prevention.

17 “(B) The Agency for Health Care Policy  
18 and Research.

19 “(C) The Health Resources and Services  
20 Administration.

21 “(D) The Substance Abuse and Mental  
22 Health Services Administration.

23 “(2) NATIONAL INSTITUTES OF HEALTH.—For  
24 purposes of subsection (c) and the subsequent provi-  
25 sions of this section, the term ‘minority health office’

1 includes the Office of Research on Minority Health  
2 established within the National Institutes of Health.  
3 The Director of the National Institutes of Health  
4 shall carry out this section (as this section relates to  
5 the agency) acting through the Director of such Of-  
6 fice.

7 “(c) COMPOSITION.—The head of each specified  
8 agency shall ensure that the officers and employees of the  
9 minority health office of the agency are, collectively, expe-  
10 rienced in carrying out community-based health programs  
11 for each of the various minority groups that are present  
12 in significant numbers in the United States. The head of  
13 such agency shall ensure that, of such officers and employ-  
14 ees who are members of minority groups, no such group  
15 is disproportionately represented.

16 “(d) DUTIES.—Each Director of a minority health of-  
17 fice shall monitor the programs of the specified agency of  
18 such office in order to—

19 “(1) determine the extent to which the purposes  
20 of the programs are being carried out with respect  
21 to minority groups;

22 “(2) determine the extent to which members of  
23 such groups are represented among the Federal offi-  
24 cers and employees who administer the programs;  
25 and

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

4           “(e) BIENNIAL REPORTS TO SECRETARY.—The head  
5           of each specified agency shall submit to the Secretary for  
6           inclusion in each biennial report under section 1707(g)  
7           (without change) a biennial report describing—

8                   “(1) the extent to which the minority health of-  
9                   fice of the agency employs individuals who are mem-  
10                  bers of minority groups, including a specification by  
11                  minority group of the number of such individuals  
12                  employed by such office; and

13                   “(2) the manner in which the agency is comply-  
14                  ing with Public Law 94-311 (relating to data on  
15                  Americans of Spanish origin or descent).

16           “(f) DEFINITIONS.—For purposes of this section:

17                   “(1) The term ‘minority health office’ means an  
18                  office established under subsection (a), subject to  
19                  subsection (b)(2).

20                   “(2) The term ‘minority group’ has the mean-  
21                  ing given such term in section 1707(h).

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

23                           “(A) an agency specified in subsection  
24                           (b)(1); and

25                           “(B) the National Institutes of Health.

1 “(g) FUNDING.—

2 “(1) ALLOCATIONS.—Of the amounts appro-  
 3 priated for a specified agency for a fiscal year, the  
 4 Secretary may reserve not more than 0.5 percent for  
 5 the purpose of carrying out activities under this sec-  
 6 tion through the minority health office of the agen-  
 7 cy. In reserving an amount under the preceding sen-  
 8 tence for a minority health office for a fiscal year,  
 9 the Secretary shall reduce, by substantially the same  
 10 percentage, the amount that otherwise would be  
 11 available for each of the programs of the designated  
 12 agency involved.

13 “(2) AVAILABILITY OF FUNDS FOR STAFF-  
 14 ING.—The purposes for which amounts made avail-  
 15 able under paragraph (1) may be expended by a mi-  
 16 nority health office include the costs of employing  
 17 staff for such office.”.

18 **TITLE II—PRIMARY HEALTH**  
 19 **SERVICES**

20 **SEC. 201. MIGRANT HEALTH CENTERS; COMMUNITY**  
 21 **HEALTH CENTERS.**

22 (a) MIGRANT HEALTH CENTERS.—

23 (1) TREATMENT OF PREGNANT WOMEN FOR  
 24 SUBSTANCE ABUSE.—Section 329(a) of the Public

1 Health Service Act (42 U.S.C. 254b(a)) is amend-  
2 ed—

3 (A) in paragraph (1)(C)—

4 (i) by inserting “(i)” after “(C)”;

5 (ii) in clause (i) (as so designated), by  
6 adding “and” after the comma at the end;

7 and

8 (iii) by adding at the end the follow-  
9 ing clause:

10 “(ii) in the case of referrals of pregnant women  
11 for the treatment of substance abuse, notification of  
12 the referrals to the State official responsible for car-  
13 rying out programs under subpart II of part B of  
14 title XIX,”; and

15 (B) in paragraph (7)—

16 (i) in subparagraph (L), by striking  
17 “and” at the end;

18 (ii) by redesignating subparagraph  
19 (M) as subparagraph (N); and

20 (iii) by inserting after subparagraph  
21 (L) the following subparagraph:

22 “(M) treatment of pregnant women for sub-  
23 stance abuse; and”.

24 (2) OVERLAP IN CATCHMENT AREAS.—Section  
25 329(a) of the Public Health Service Act (42 U.S.C.

1       254b(a)) is amended by adding at the end the fol-  
2       lowing paragraph:

3       “(8) In making grants under subsections (c)(1) and  
4       (d)(1), the Secretary may provide for the development and  
5       operation of more than one migrant health center in a  
6       catchment area in any case in which the Secretary deter-  
7       mines that in such area there are workers or other individ-  
8       uals described in subsection (a)(1) (in the matter after  
9       and below subparagraph (H)) who otherwise will have a  
10      shortage of personal health services. The preceding sen-  
11      tence may not be construed as requiring that, in such a  
12      case, the catchment areas of the centers involved be iden-  
13      tical.”.

14           (3) OFFSITE ACTIVITIES.—Section 329(a) of  
15      the Public Health Service Act, as amended by para-  
16      graph (2) of this subsection, is amended by adding  
17      at the end the following paragraph:

18      “(9) In making grants under this section, the Sec-  
19      retary may, to the extent determined by the Secretary to  
20      be appropriate, authorize migrant health centers to pro-  
21      vide services at locations other than the center.”.

22           (4) AMOUNT OF GRANT; USE OF CERTAIN  
23      FUNDS.—Section 329(d)(4) of the Public Health  
24      Service Act (42 U.S.C. 254b(d)(4)), as amended by

1 section 309(a)(3) of Public Law 102–531 (106 Stat.  
2 3500), is amended to read as follows:

3 “(4)(A) The amount of a grant under paragraph (1)  
4 or under subsection (c) for a migrant health center shall  
5 be determined by the Secretary, taking into account (for  
6 the period for which the grant is made)—

7 “(i) the costs that the center may reasonably be  
8 expected to incur in carrying out the plan approved  
9 by the Secretary pursuant to subsection (f)(3)(H),  
10 and

11 “(ii) the amounts that the center may reason-  
12 ably be expected to receive as State, local, and other  
13 operational funding (exclusive of amounts to be pro-  
14 vided in the grant under this section) and as fees,  
15 premiums, and third-party reimbursements.

16 “(B)(i) Subject to clause (ii), the Secretary may not  
17 restrict the purposes for which a migrant health center  
18 expends the amounts described in subparagraph (A)(ii)  
19 (including restrictions imposed pursuant to Federal cost  
20 principles).

21 “(ii) The Secretary may require that amounts de-  
22 scribed in subparagraph (A)(ii) be expended for purposes  
23 that are consistent with the purposes specified in this sec-  
24 tion.

1       “(C)(i) Payments under a grant under this section  
2 shall be made in advance or by way of reimbursement and  
3 in such installments as the Secretary finds necessary. Ad-  
4 justments in such payments may be made for overpay-  
5 ments or underpayments, subject to clause (ii).

6       “(ii) If, for the period for which a grant is made  
7 under paragraph (1) to a migrant health center, the sum  
8 of the amount of the grant and the amounts described in  
9 subparagraph (A)(ii) that the center actually received ex-  
10 ceeded the costs of the center in carrying out the plan  
11 approved by the Secretary pursuant to subsection  
12 (f)(3)(H), then the center is entitled to retain such excess  
13 amount if the center agrees to expend such amount only  
14 for the following purposes:

15               “(I) To expand and improve services.

16               “(II) To increase the number of persons served.

17               “(III) To acquire, modernize, or expand facili-  
18 ties, or to construct facilities.

19               “(IV) To improve the administration of service  
20 programs.

21               “(V) To establish financial reserves.

22       “(D) With respect to funds that are amounts de-  
23 scribed in subparagraph (A)(ii) or excess amounts de-  
24 scribed in subparagraph (C)(ii), this paragraph may not  
25 be construed as limiting the authority of the Secretary to

1 require the submission of such plans, budgets, and other  
2 information as may be necessary to ensure that the funds  
3 are expended in accordance with subparagraph (B)(ii), or  
4 clauses (I) through (V) of subparagraph (C)(ii), respec-  
5 tively.”.

6 (5) AUTHORIZATION OF APPROPRIATIONS.—  
7 Section 329(h) of the Public Health Service Act (42  
8 U.S.C. 254b(h)) is amended—

9 (A) in paragraph (1)(A), by striking  
10 “1994” and inserting “1998”; and

11 (B) in paragraph (2)(A), by striking  
12 “1994” and inserting “1998”.

13 (b) COMMUNITY HEALTH CENTERS.—

14 (1) TREATMENT OF PREGNANT WOMEN FOR  
15 SUBSTANCE ABUSE.—Section 330 of the Public  
16 Health Service Act (42 U.S.C. 254c) is amended—

17 (A) in subsection (a)(3)—

18 (i) by inserting “(A)” after “(3)”;

19 (ii) in subparagraph (A) (as so des-  
20 ignated), by adding “and” after the  
21 comma at the end; and

22 (iii) by adding at the end the follow-  
23 ing subparagraph:

24 “(B) in the case of referrals of pregnant women  
25 for the treatment of substance abuse, notification of

1 the referrals to the State official responsible for car-  
2 rying out programs under subpart II of part B of  
3 title XIX,”; and

4 (B) in subsection (b)(2)—

5 (i) in subparagraph (L), by striking  
6 “and” at the end;

7 (ii) by redesignating subparagraph  
8 (M) as subparagraph (N); and

9 (iii) by inserting after subparagraph  
10 (L) the following subparagraph:

11 “(M) treatment of pregnant women for sub-  
12 stance abuse; and”.

13 (2) OVERLAP IN CATCHMENT AREAS.—Section  
14 330(b) of the Public Health Service Act (42 U.S.C.  
15 254c(b)) is amended by adding at the end the fol-  
16 lowing paragraph:

17 “(7) In making grants under subsections (c)(1) and  
18 (d)(1), the Secretary may provide for the development and  
19 operation of more than one community health center in  
20 a catchment area in any case in which the Secretary deter-  
21 mines that there is a population group in such area that  
22 otherwise will have a shortage of personal health services.  
23 The preceding sentence may not be construed as requiring  
24 that, in such a case, the catchment areas of the centers  
25 involved be identical.”.

1           (3) OFFSITE ACTIVITIES.—Section 330(b) of  
2           the Public Health Service Act, as amended by para-  
3           graph (2) of this subsection, is amended by adding  
4           at the end the following paragraph:

5           “(8) In making grants under this section, the Sec-  
6           retary may, to the extent determined by the Secretary to  
7           be appropriate, authorize community health centers to  
8           provide services at locations other than the center.”.

9           (4) AMOUNT OF GRANT; USE OF CERTAIN  
10          FUNDS.—Section 330(d)(4) of the Public Health  
11          Service Act (42 U.S.C. 254c(d)(4)), as amended by  
12          section 309(b)(3) of Public Law 102-531 (106 Stat.  
13          3501), is amended to read as follows:

14          “(4)(A) The amount of a grant under paragraph (1)  
15          or under subsection (c) for a community health center  
16          shall be determined by the Secretary, taking into account  
17          (for the period for which the grant is made)—

18                  “(i) the costs that the center may reasonably be  
19                  expected to incur in carrying out the plan approved  
20                  by the Secretary pursuant to subsection (e)(3)(H),  
21                  and

22                  “(ii) the amounts that the center may reason-  
23                  ably be expected to receive as State, local, and other  
24                  operational funding (exclusive of amounts to be pro-

1 vided in the grant under this section) and as fees,  
2 premiums, and third-party reimbursements.

3 “(B)(i) Subject to clause (ii), the Secretary may not  
4 restrict the purposes for which a community health center  
5 expends the amounts described in subparagraph (A)(ii)  
6 (including restrictions imposed pursuant to Federal cost  
7 principles).

8 “(ii) The Secretary may require that amounts de-  
9 scribed in subparagraph (A)(ii) be expended for purposes  
10 that are consistent with the purposes specified in this sec-  
11 tion.

12 “(C)(i) Payments under a grant under this section  
13 shall be made in advance or by way of reimbursement and  
14 in such installments as the Secretary finds necessary. Ad-  
15 justments in such payments may be made for overpay-  
16 ments or underpayments, subject to clause (ii).

17 “(ii) If, for the period for which a grant is made  
18 under paragraph (1) to a community health center, the  
19 sum of the amount of the grant and the amounts described  
20 in subparagraph (A)(ii) that the center actually received  
21 exceeded the costs of the center in carrying out the plan  
22 approved by the Secretary pursuant to subsection  
23 (e)(3)(H), then the center is entitled to retain such excess  
24 amount if the center agrees to expend such amount only  
25 for the following purposes:

1           “(I) To expand and improve services.

2           “(II) To increase the number of persons served.

3           “(III) To acquire, modernize, or expand facili-  
4 ties, or to construct facilities.

5           “(IV) To improve the administration of service  
6 programs.

7           “(V) To establish financial reserves.

8           “(D) With respect to funds that are amounts de-  
9 scribed in subparagraph (A)(ii) or excess amounts de-  
10 scribed in subparagraph (C)(ii), this paragraph may not  
11 be construed as limiting the authority of the Secretary to  
12 require the submission of such plans, budgets, and other  
13 information as may be necessary to ensure that the funds  
14 are expended in accordance with subparagraph (B)(ii), or  
15 clauses (I) through (V) of subparagraph (C)(ii), respec-  
16 tively.”.

17           (5) AUTHORIZATION OF APPROPRIATIONS.—

18           Section 330(g) of the Public Health Service Act (42  
19 U.S.C. 254c(g)) is amended—

20                   (A) in paragraph (1)(A), by striking  
21           “1994” and inserting “1998”; and

22                   (B) in paragraph (2)(A), by striking  
23           “1994” and inserting “1998”.

1 **SEC. 202. HEALTH SERVICES FOR THE HOMELESS.**

2 Section 340(q)(1) of the Public Health Service Act  
3 (42 U.S.C. 256(q)(1)) is amended by striking “and 1994”  
4 and inserting “through 1998”.

5 **SEC. 203. HEALTH SERVICES FOR RESIDENTS OF PUBLIC**  
6 **HOUSING.**

7 Section 340A(p)(1) of the Public Health Service Act  
8 (42 U.S.C. 256a(p)(1)) is amended by striking “and  
9 1993” and inserting “through 1998”.

10 **SEC. 204. GRANTS TO STATES FOR LOAN REPAYMENT PRO-**  
11 **GRAMS REGARDING OBLIGATED SERVICE OF**  
12 **HEALTH PROFESSIONALS.**

13 Section 338I(c) of the Public Health Service Act (42  
14 U.S.C. 254q-1(c)) is amended by adding at the end the  
15 following paragraph:

16 “(4) PRIVATE PRACTICE.—

17 “(A) In carrying out the program operated  
18 with a grant under subsection (a), a State may  
19 waive the requirement of paragraph (1) regard-  
20 ing the assignment of a health professional if,  
21 subject to subparagraph (B), the health profes-  
22 sional enters into an agreement with the State  
23 to provide primary health services in a full-time  
24 private clinical practice in a health professional  
25 shortage area.

1           “(B) The Secretary may not make a grant  
2           under subsection (a) unless the State involved  
3           agrees that, if the State provides a waiver  
4           under subparagraph (A) for a health profes-  
5           sional, section 338D(b)(1) will apply to the  
6           agreement under such subparagraph between  
7           the State and the health professional to the  
8           same extent and in the same manner as such  
9           section applies to an agreement between the  
10          Secretary and a health professional regarding a  
11          full-time private clinical practice.”.

12 **SEC. 205. GRANTS TO STATES FOR OPERATION OF STATE**  
13 **OFFICES OF RURAL HEALTH.**

14          Section 338J of the Public Health Service Act (42  
15 U.S.C. 254r) is amended—

16           (1) in subsection (b)(1), in the matter preced-  
17          ing subparagraph (A), by striking “in cash”; and

18           (2) in subsection (j)(1)—

19                  (A) by striking “and” after “1992”; and

20                  (B) by inserting before the period the fol-  
21          lowing: “, and such sums as may be necessary  
22          for each of the fiscal years 1995 through  
23          1997”.

1 **SEC. 206. DEMONSTRATION GRANTS TO STATES FOR COM-**  
2 **MUNITY SCHOLARSHIP PROGRAMS REGARD-**  
3 **ING OBLIGATED SERVICE OF HEALTH PRO-**  
4 **FESSIONALS.**

5 Section 338L of the Public Health Service Act (42  
6 U.S.C. 254t) is amended—

7 (1) by striking “health manpower shortage”  
8 each place such term appears and inserting “health  
9 professional shortage”;

10 (2) in subsection (e)—

11 (A) by striking paragraph (1);

12 (B) by redesignating paragraphs (2)  
13 through (6) as paragraphs (1) through (5), re-  
14 spectively; and

15 (C) in paragraph (1) (as so redesignated),  
16 by inserting after “the individual” the follow-  
17 ing: “who is to receive the scholarship under  
18 the contract”;

19 (3) in subsection (k)(2), by striking “internal  
20 medicine, pediatrics,” and inserting “general inter-  
21 nal medicine, general pediatrics,”; and

22 (4) in subsection (l)(1)—

23 (A) by striking “and” after “1992,”; and

24 (B) by inserting before the period the fol-  
25 lowing: “, and such sums as may be necessary

1 for each of the fiscal years 1995 through  
2 1997”.

3 **SEC. 207. PROGRAMS REGARDING BIRTH DEFECTS.**

4 Section 317C of the Public Health Service Act (42  
5 U.S.C. 247b-4), as added by section 306 of Public Law  
6 102-531 (106 Stat. 3494), is amended to read as follows:

7 “PROGRAMS REGARDING BIRTH DEFECTS

8 “SEC. 317C. (a) The Secretary, acting through the  
9 Director of the Centers for Disease Control and Preven-  
10 tion, shall carry out programs—

11 “(1) to collect, analyze, and make available data  
12 on birth defects (in manner that facilitates compli-  
13 ance with subsection (d)(2)), including data on the  
14 causes of such defects and on the incidence and  
15 prevalence of such defects;

16 “(2) to provide information and education to  
17 the public on the prevention of such defects;

18 “(3) to improve the education, training, and  
19 clinical skills of health professionals with respect to  
20 the prevention of such defects;

21 “(4) to carry out demonstration projects for the  
22 prevention of such defects; and

23 “(5) to operate regional centers for the conduct  
24 of research on the prevention of such defects.

25 “(b) ADDITIONAL PROVISIONS REGARDING COLLEC-  
26 TION OF DATA.—

1           “(1) IN GENERAL.—In carrying out subsection  
2 (a)(1), the Secretary—

3           “(A) shall collect and analyze data by gen-  
4 der and by racial and ethnic group, including  
5 Hispanics, non-Hispanic whites, African Ameri-  
6 cans, Native Americans, Asian Americans, and  
7 Pacific Islanders;

8           “(B) shall collect data under subparagraph  
9 (A) from birth certificates, death certificates,  
10 hospital records, and such other sources as the  
11 Secretary determines to be appropriate; and

12           “(C) shall encourage States to establish or  
13 improve programs for the collection and analy-  
14 sis of epidemiological data on birth defects, and  
15 to make the data available.

16           “(2) NATIONAL CLEARINGHOUSE.—In carrying  
17 out subsection (a)(1), the Secretary shall establish  
18 and maintain a National Information Clearinghouse  
19 on Birth Defects to collect and disseminate to health  
20 professionals and the general public information on  
21 birth defects, including the prevention of such de-  
22 fects.

23           “(c) GRANTS AND CONTRACTS.—

24           “(1) IN GENERAL.—In carrying out subsection  
25 (a), the Secretary may make grants to and enter

1 into contracts with public and nonprofit private enti-  
2 ties.

3 “(2) SUPPLIES AND SERVICES IN LIEU OF  
4 AWARD FUNDS.—

5 “(A) Upon the request of a recipient of an  
6 award of a grant or contract under paragraph  
7 (1), the Secretary may, subject to subparagraph  
8 (B), provide supplies, equipment, and services  
9 for the purpose of aiding the recipient in carry-  
10 ing out the purposes for which the award is  
11 made and, for such purposes, may detail to the  
12 recipient any officer or employee of the Depart-  
13 ment of Health and Human Services.

14 “(B) With respect to a request described  
15 in subparagraph (A), the Secretary shall reduce  
16 the amount of payments under the award in-  
17 volved by an amount equal to the costs of de-  
18 tailing personnel and the fair market value of  
19 any supplies, equipment, or services provided by  
20 the Secretary. The Secretary shall, for the pay-  
21 ment of expenses incurred in complying with  
22 such request, expend the amounts withheld.

23 “(3) APPLICATION FOR AWARD.—The Secretary  
24 may make an award of a grant or contract under  
25 paragraph (1) only if an application for the award

1 is submitted to the Secretary and the application is  
2 in such form, is made in such manner, and contains  
3 such agreements, assurances, and information as the  
4 Secretary determines to be necessary to carry out  
5 the purposes for which the award is to be made.

6 “(d) BIENNIAL REPORT.—Not later than February  
7 1 of fiscal year 1995 and of every second such year there-  
8 after, the Secretary shall submit to the Committee on En-  
9 ergy and Commerce of the House of Representatives, and  
10 the Committee on Labor and Human Resources of the  
11 Senate, a report that, with respect to the preceding 2 fis-  
12 cal years—

13 “(1) contains information regarding the inci-  
14 dence and prevalence of birth defects and the extent  
15 to which birth defects have contributed to the inci-  
16 dence and prevalence of infant mortality;

17 “(2) contains information under paragraph (1)  
18 that is specific to various racial and ethnic groups  
19 (including Hispanics, non-Hispanic whites, African  
20 Americans, Native Americans, and Asian Ameri-  
21 cans);

22 “(3) contains an assessment of the extent to  
23 which various approaches of preventing birth defects  
24 have been effective;

1           “(4) describes the activities carried out under  
2 this section; and

3           “(5) contains any recommendations of the Sec-  
4 retary regarding this section.

5           “(e) AUTHORIZATION OF APPROPRIATIONS.—For the  
6 purpose of carrying out this section, there are authorized  
7 to be appropriated \$5,000,000 for fiscal year 1995, and  
8 such sums as may be necessary for each of the fiscal years  
9 1996 and 1997.”.

10 **SEC. 208. HEALTHY START FOR INFANTS.**

11           (a) IN GENERAL.—Part D of title III of the Public  
12 Health Service Act (42 U.S.C. 254b et seq.) is amended  
13 by inserting after section 330 the following section:

14                           “HEALTHY START FOR INFANTS

15           “SEC. 330A. (a) GRANTS FOR COMPREHENSIVE  
16 SERVICES.—

17           “(1) IN GENERAL.—The Secretary may make  
18 grants for the operation of not more than 19 dem-  
19 onstration projects to provide the services described  
20 in subsection (b) for the purpose of reducing, in the  
21 geographic areas in which the projects are carried  
22 out—

23                           “(A) the incidence of infant mortality and  
24 morbidity;

25                           “(B) the incidence of fetal deaths;

26                           “(C) the incidence of maternal mortality;

1           “(D) the incidence of fetal alcohol syn-  
2           drome; and

3           “(E) the incidence of low-birthweight  
4           births.

5           “(2) ACHIEVEMENT OF YEAR 2000 HEALTH STA-  
6           TUS OBJECTIVES.—With respect to the objectives es-  
7           tablished by the Secretary for the health status of  
8           the population of the United States for the year  
9           2000, the Secretary shall, in providing for a dem-  
10          onstration project under paragraph (1) in a geo-  
11          graphic area, seek to meet the objectives that are  
12          applicable to the purpose described in such para-  
13          graph and the populations served by the project.

14          “(b) AUTHORIZED SERVICES.—

15                 “(1) IN GENERAL.—Subject to subsection (h),  
16                 the services referred to in this subsection are com-  
17                 prehensive services (including preventive and pri-  
18                 mary health services for pregnant women and in-  
19                 fants and childhood immunizations in accordance  
20                 with the schedule recommended by the Secretary)  
21                 for carrying out the purpose described in subsection  
22                 (a), including services other than health services.

23                 “(2) CERTAIN PROVIDERS.—The Secretary may  
24                 make a grant under subsection (a) only if the appli-  
25                 cant involved agrees that, in making any arrange-

1       ments under which other entities provide authorized  
2       services in the demonstration project involved, the  
3       applicant will include among the entities with which  
4       the arrangements are made grantees under any of  
5       sections 329, 330, 340, and 340A, if such grantees  
6       are providing services in the service area of such  
7       project and the grantees are willing to make such  
8       arrangements with the applicant.

9       “(c) ELIGIBLE GEOGRAPHIC AREAS.—The Secretary  
10      may make a grant under subsection (a) only if—

11           “(1) the applicant for the grant specifies the  
12           geographic area in which the demonstration project  
13           under such subsection is to be carried out and  
14           agrees that the project will not be carried out in  
15           other areas; and

16           “(2) for the fiscal year preceding the first fiscal  
17           year for which the applicant is to receive such a  
18           grant, the rate of infant mortality in the geographic  
19           area equals or exceeds 150 percent of the national  
20           average in the United States of such rates.

21      “(d) MINIMUM QUALIFICATIONS OF GRANTEEES.—

22           “(1) PUBLIC OR NONPROFIT PRIVATE ENTI-  
23           TIES.—The Secretary may make a grant under sub-  
24           section (a) only if the applicant for the grant is a  
25           State or local department of health, or other public

1 or nonprofit private entity, or a consortium of public  
2 or nonprofit private entities.

3 “(2) APPROVAL OF POLITICAL SUBDIVISIONS.—  
4 With respect to a proposed demonstration project  
5 under subsection (a), the Secretary may make a  
6 grant under such subsection only if—

7 “(A) the chief executive officer of each po-  
8 litical subdivision in the service area of such  
9 project approves the applicant for the grant as  
10 being qualified to carry out the project; and

11 “(B) the leadership of any Indian tribe or  
12 tribal organization with jurisdiction over any  
13 portion of such area so approves the applicant.

14 “(3) STATUS AS MEDICAID PROVIDER.—

15 “(A) In the case of any service described  
16 in subsection (b) that is available pursuant to  
17 the State plan approved under title XIX of the  
18 Social Security Act for a State in which a dem-  
19 onstration project under subsection (a) is car-  
20 ried out, the Secretary may make a grant under  
21 such subsection for the project only if, subject  
22 to subparagraph (B)—

23 “(i) the applicant for the grant will  
24 provide the service directly, and the appli-  
25 cant has entered into a participation agree-

1           ment under the State plan and is qualified  
2           to receive payments under such plan; or

3           “(ii) the applicant will enter into an  
4           agreement with a public or private entity  
5           under which the entity will provide the  
6           service, and the entity has entered into  
7           such a participation agreement under the  
8           State plan and is qualified to receive such  
9           payments.

10          “(B)(i) In the case of an entity making an  
11          agreement pursuant to subparagraph (A)(ii) re-  
12          garding the provision of services, the require-  
13          ment established in such subparagraph regard-  
14          ing a participation agreement shall be waived  
15          by the Secretary if the entity does not, in pro-  
16          viding health care services, impose a charge or  
17          accept reimbursement available from any third-  
18          party payor, including reimbursement under  
19          any insurance policy or under any Federal or  
20          State health benefits plan.

21          “(ii) A determination by the Secretary of  
22          whether an entity referred to in clause (i) meets  
23          the criteria for a waiver under such clause shall  
24          be made without regard to whether the entity

1           accepts voluntary donations regarding the pro-  
2           vision of services to the public.

3           “(e) STATE APPROVAL OF PROJECT.—With respect  
4 to a proposed demonstration project under subsection (a),  
5 the Secretary may make a grant under such subsection  
6 to the applicant involved only if—

7           “(1) the chief executive officer of the State in  
8           which the project is to be carried out approves the  
9           proposal of the applicant for carrying out the  
10          project; and

11          “(2) the leadership of any Indian tribe or tribal  
12          organization with jurisdiction over any portion of the  
13          service area of the project so approves the proposal.

14          “(f) ELIGIBILITY FOR SERVICES PROVIDED WITH  
15 GRANT FUNDS.—The Secretary may make a grant under  
16 subsection (a) only if the applicant involved agrees as fol-  
17 lows:

18          “(1) With respect to any authorized service  
19          under subsection (b), if the service is a service that  
20          the State involved is required or has elected to pro-  
21          vide under title XIX of the Social Security Act, the  
22          grant will not be expended to provide the service to  
23          any individual to whom the State is required or has  
24          elected under such title to provide the service.

1           “(2) The grant will not be expended to make  
2           payment for any item or service to the extent that  
3           payment has been made, or can reasonably be ex-  
4           pected to be made, with respect to such item or serv-  
5           ice—

6                   “(A) under a health insurance policy or  
7                   plan (including a group health plan or a pre-  
8                   paid health plan);

9                   “(B) under any Federal or State health  
10                  benefits program, including any program under  
11                  title V, XVIII, or XIX of the Social Security  
12                  Act; or

13                  “(C) under subpart II of part B of title  
14                  XIX of this Act.

15           “(g) MAINTENANCE OF EFFORT.—

16                  “(1) GRANTEE.—With respect to authorized  
17                  services under subsection (b), the Secretary may  
18                  make a grant under subsection (a) only if the appli-  
19                  cant involved agrees to maintain expenditures of  
20                  non-Federal amounts for such services at a level  
21                  that is not less than the level of such expenditures  
22                  maintained by the applicant for fiscal year 1991.

23                  “(2) RELEVANT POLITICAL SUBDIVISIONS.—  
24                  With respect to authorized services under subsection  
25                  (b), the Secretary may make a grant under sub-

1 section (a) only if each political subdivision in the  
2 service area of the demonstration project involved  
3 agrees to maintain expenditures of non-Federal  
4 amounts for such services at a level that is not less  
5 than the level of such expenditures maintained by  
6 the political subdivision for fiscal year 1991.

7 “(h) RESTRICTIONS ON EXPENDITURE OF GRANT.—

8 “(1) IN GENERAL.—Except as provided in para-  
9 graph (3), the Secretary may make a grant under  
10 subsection (a) only if the applicant involved agrees  
11 that the grant will not be expended—

12 “(A) to provide inpatient services, except  
13 with respect to residential treatment for sub-  
14 stance abuse provided in settings other than  
15 hospitals;

16 “(B) to make cash payments to intended  
17 recipients of health services or mental health  
18 services; or

19 “(C) to purchase or improve real property  
20 (other than minor remodeling of existing im-  
21 provements to real property) or to purchase  
22 major medical equipment (other than mobile  
23 medical units for providing ambulatory prenatal  
24 services).

1           “(2) ADMINISTRATIVE EXPENSES; DATA COL-  
2           LECTION.—The Secretary may make a grant under  
3           subsection (a) only if the applicant involved agrees  
4           that not more than an aggregate 10 percent of the  
5           grant will be expended for administering the grant  
6           and the collection and analysis of data.

7           “(3) WAIVER.—If the Secretary finds that the  
8           purpose described in subsection (a) cannot otherwise  
9           be carried out, the Secretary may, with respect to an  
10          otherwise qualified applicant, waive the restriction  
11          established in paragraph (1)(C).

12          “(i) DETERMINATION OF CAUSE OF INFANT  
13          DEATHS.—The Secretary may make a grant under sub-  
14          section (a) only if the applicant involved—

15                 “(1) agrees to provide for a determination of  
16                 the cause of each infant death in the service area of  
17                 the demonstration project involved; and

18                 “(2) the applicant has made such arrangements  
19                 with public entities as may be necessary to carry out  
20                 paragraph (1).

21          “(j) ANNUAL REPORTS TO SECRETARY.—The Sec-  
22          retary may make a grant under subsection (a) only if the  
23          applicant involved agrees that, for each fiscal year for  
24          which the applicant operates a demonstration project  
25          under such subsection the applicant will, not later than

1 April 1 of the subsequent fiscal year, submit to the Sec-  
2 retary a report providing the following information with  
3 respect to the project:

4           “(1) The number of individuals that received  
5 authorized services, and the demographic character-  
6 istics of the population of such individuals.

7           “(2) The types of authorized services provided,  
8 including the types of ambulatory prenatal services  
9 provided and the trimester of the pregnancy in  
10 which the services were provided.

11           “(3) The sources of payment for the authorized  
12 services provided.

13           “(4) The extent to which children under age 2  
14 receiving authorized services have received the ap-  
15 appropriate number and variety of immunizations  
16 against vaccine-preventable diseases.

17           “(5) An analysis of the causes of death deter-  
18 mined under subsection (i).

19           “(6) The extent of progress being made toward  
20 meeting the health status objectives specified in sub-  
21 section (a)(2).

22           “(7) The extent to which, in the service area in-  
23 volved, progress is being made toward meeting the  
24 participation goals established for the State by the  
25 Secretary under section 1905(r) of the Social Secu-

1 rity Act (relating to early periodic screening, diag-  
2 nostic, and treatment services for children under the  
3 age of 21).

4 “(k) COMMUNITY PARTICIPATION.—The Secretary  
5 may make a grant under subsection (a) only if the appli-  
6 cant involved agrees that, in preparing the proposal of the  
7 applicant for the demonstration project involved, and in  
8 the operation of the project, the applicant will consult with  
9 the residents of the service area for the project and with  
10 public and nonprofit private entities that provide author-  
11 ized services to such residents.

12 “(l) APPLICATION FOR GRANT.—The Secretary may  
13 make a grant under subsection (a) only if an application  
14 for the grant is submitted to the Secretary and the appli-  
15 cation is in such form, is made in such manner, and con-  
16 tains such agreements, assurances, and information as the  
17 Secretary determines to be necessary to carry out this sub-  
18 section.

19 “(m) REPORT TO CONGRESS.—Not later than Feb-  
20 ruary 1, 1998, the Secretary shall submit to the Commit-  
21 tee on Energy and Commerce of the House of Representa-  
22 tives, and the Committee on Labor and Human Resources  
23 of the Senate, a report—

24 “(1) summarizing the reports received by the  
25 Secretary under subsection (j);

1           “(2) describing the extent to which the Sec-  
2           retary has, in the service areas of such projects,  
3           been successful in meeting the health status objec-  
4           tives specified in subsection (a)(2); and

5           “(3) describing the extent to which demonstra-  
6           tion projects under subsection (a) have been cost ef-  
7           fective.

8           “(n) LIMITATION ON CERTAIN EXPENSES OF SEC-  
9           RETARY.—Of the amounts appropriated under subsection  
10          (p) for a fiscal year, the Secretary may not obligate more  
11          than an aggregate 5 percent for the administrative costs  
12          of the Secretary in carrying out this section, for the provi-  
13          sion of technical assistance regarding demonstration  
14          projects under subsection (a), and for evaluations of such  
15          projects.

16          “(o) DEFINITIONS.—For purposes of this section:

17                  “(1) The term ‘authorized services’ means the  
18                  services specified in subsection (b).

19                  “(2) The terms ‘Indian tribe’ and ‘tribal organi-  
20                  zation’ have the meaning given such terms in section  
21                  4(b) and section 4(c) of the Indian Self-Determina-  
22                  tion and Education Assistance Act.

23                  “(3) The term ‘service area’, with respect to a  
24                  demonstration project under subsection (a), means  
25                  the geographic area specified in subsection (c).

1       “(p) AUTHORIZATION OF APPROPRIATIONS.—For the  
2 purpose of carrying out this section, there are authorized  
3 to be appropriated such sums as may be necessary for  
4 each of the fiscal years 1995 through 1997.

5       “(q) SUNSET.—Effective October 1, 1997, this sec-  
6 tion is repealed.”.

7       (b) CERTAIN PROVISIONS REGARDING REPORTS.—

8           (1) FISCAL YEAR 1995.—With respect to grants  
9 under section 330A of the Public Health Service Act  
10 (as added by subsection (a) of this section), the Sec-  
11 retary of Health and Human Services may make a  
12 grant under such section for fiscal year 1995 only  
13 if the applicant for the grant agrees to submit to the  
14 Secretary, not later than April 1 of such year, a re-  
15 port on any federally-supported project of the appli-  
16 cant that is substantially similar to the demonstra-  
17 tion projects authorized in such section 330A, which  
18 report provides, to the extent practicable, the infor-  
19 mation described in subsection (j) of such section.

20           (2) FISCAL YEAR 1997.—With respect to grants  
21 for fiscal year 1997 under section 330A of the Pub-  
22 lic Health Service Act (as added by subsection (a)  
23 of this section), the requirement under subsection (j)  
24 of such section that a report be submitted not later  
25 than April 1, 1998, remains in effect notwithstand-

1 ing the repeal of such section pursuant to subsection  
2 (q) of such section.

3 (c) LAPSE OF FUNDS.—Effective October 1, 1997,  
4 all unexpended portions of amounts appropriated for  
5 grants under 330A of the Public Health Service Act (as  
6 added by subsection (a) of this section) are unavailable  
7 for obligation or expenditure, without regard to whether  
8 the amounts have been received by the grantees involved.

9 (d) USE OF GENERAL AUTHORITY UNDER PUBLIC  
10 HEALTH SERVICE ACT.—With respect to the program es-  
11 tablished in section 330A of the Public Health Service Act  
12 (as added by subsection (a) of this section), section 301  
13 of such Act may not be construed as providing to the Sec-  
14 retary of Health and Human Services any authority to  
15 carry out, during any fiscal year in which such program  
16 is in operation, any demonstration project to provide any  
17 of the services specified in subsection (b) of such section  
18 330A.

19 **TITLE III—HEALTH**  
20 **PROFESSIONS PROGRAMS**

21 **SEC. 301. PRIMARY CARE SCHOLARSHIPS FOR STUDENTS**  
22 **FROM DISADVANTAGED BACKGROUNDS.**

23 (a) IN GENERAL.—Section 736 of the Public Health  
24 Service Act (42 U.S.C. 293) is amended to read as follows:

1 **“SEC. 736. PRIMARY CARE SCHOLARSHIPS FOR STUDENTS**  
2 **FROM DISADVANTAGED BACKGROUNDS.**

3 “(a) IN GENERAL.—The Secretary may in accord-  
4 ance with this section award scholarships to individuals  
5 described in subsection (b) for the purpose of assisting the  
6 individuals with the costs of attending schools of medicine  
7 or osteopathic medicine, schools of dentistry, schools of  
8 nursing (as defined in section 853), graduate programs  
9 in mental health practice, and programs for the training  
10 of physician assistants.

11 “(b) ELIGIBLE INDIVIDUALS.—An individual re-  
12 ferred to in subsection (a) is any individual meeting the  
13 following conditions:

14 “(1) The individual is from a disadvantaged  
15 background.

16 “(2) The individual is enrolled (or accepted for  
17 enrollment) at an eligible school as a full-time stu-  
18 dent in a program leading to a degree in a health  
19 profession.

20 “(3) The costs of attending such school would  
21 constitute a severe financial hardship for the individ-  
22 ual.

23 “(4) The individual enters into the contract re-  
24 quired pursuant to (d) as a condition of receiving  
25 the scholarship (relating to an agreement to provide

1 primary health services in a health professional  
2 shortage area designated under section 332).

3 “(c) SPECIAL CONSIDERATION REGARDING CERTAIN  
4 AWARDS.—In awarding scholarships under subsection (a),  
5 the Secretary shall give special consideration to eligible in-  
6 dividuals who received scholarships pursuant to this sec-  
7 tion or section 737 for fiscal year 1993 or 1994 and are  
8 seeking scholarships for attendance at eligible schools that  
9 received a grant under either of such sections for either  
10 of such fiscal years.

11 “(d) APPLICABILITY OF CERTAIN PROVISIONS.—Ex-  
12 cept as inconsistent with this section, the provisions of  
13 subpart III of part D of title III apply to an award of  
14 a scholarship under subsection (a) to the same extent and  
15 in the same manner as such provisions apply to an award  
16 of a scholarship under section 338A. This section shall be  
17 carried out by the bureau that administers such subpart  
18 III.

19 “(e) DEFINITIONS.—For purposes of this section:

20 “(1) The term ‘eligible individual’ means an in-  
21 dividual described in subsection (b).

22 “(2) The term ‘eligible school’ means a school  
23 or program specified in subsection (a).

24 “(f) FUNDING.—

1           “(1) AUTHORIZATION OF APPROPRIATIONS.—

2           For the purpose of carrying out this section, there  
3           are authorized to be appropriated \$34,000,000 for  
4           fiscal year 1995, \$50,000,000 for fiscal year 1996,  
5           and \$65,000,000 for fiscal year 1997.

6           “(2) ALLOCATIONS BY SECRETARY.—Of the  
7           amounts appropriated for a fiscal year under para-  
8           graph (1), the Secretary shall make available—

9                   “(A) 20 percent for scholarships under  
10                  subsection (a) for attendance at schools of  
11                  nursing; and

12                   “(B) 15 percent for scholarships under  
13                  such subsection for attendance at graduate pro-  
14                  grams in mental health practice.”.

15           (b) CERTAIN PROGRAMS OF OBLIGATED SERVICE.—

16                   (1) REPEAL.—Section 795 of the Public Health  
17                  Service Act (42 U.S.C. 295n) is repealed.

18                   (2) RULE OF CONSTRUCTION.—Paragraph (1)  
19                  does not terminate agreements in effect on the day  
20                  before the date of the enactment of this Act pursu-  
21                  ant to section 795 of the Public Health Service Act.  
22                  Such agreements continue in effect in accordance  
23                  with the terms of the agreements. With respect to  
24                  compliance with such agreements, any period of  
25                  practice as a provider of primary health services

1 (whether provided pursuant to other agreements  
2 with the Federal Government or whether provided  
3 otherwise) counts toward satisfaction of the require-  
4 ment of practice pursuant to such section 795.

5 **SEC. 302. SCHOLARSHIPS GENERALLY; CERTAIN OTHER**  
6 **PURPOSES.**

7 (a) RELEVANT HEALTH PROFESSIONS SCHOOLS.—  
8 Section 737(a)(3) of the Public Health Service Act (42  
9 U.S.C. 293a(a)(3)) is amended—

10 (1) by striking “medicine,” and all that follows  
11 through “dentistry,”; and

12 (2) by striking “allied health,” and all that fol-  
13 lows and inserting “allied health.”.

14 (b) FUNDING.—Section 737(h) of the Public Health  
15 Service Act (42 U.S.C. 293a(h)) is amended—

16 (1) in paragraph (1), by inserting before the pe-  
17 riod the following: “, and \$6,000,000 for each of the  
18 fiscal years 1994 through 1997”; and

19 (2) in paragraph (2)(A), by striking “30 per-  
20 cent” and all that follows and inserting the follow-  
21 ing: “50 percent for such grants to schools of allied  
22 health; and”.

1 **SEC. 303. LOAN REPAYMENTS AND FELLOWSHIPS REGARD-**  
2 **ING FACULTY POSITIONS.**

3 (a) LOAN REPAYMENTS.—Section 738(a) of the Pub-  
4 lic Health Service Act (42 U.S.C. 293b(a)) is amended—

5 (1) by striking paragraphs (4) and (6);

6 (2) by redesignating paragraphs (5) and (7) as  
7 paragraphs (4) and (5), respectively; and

8 (3) in paragraph (4) (as so redesignated), by  
9 amending subparagraph (B) to read as follows:

10 “(B) the contract referred to in subpara-  
11 graph (A) provides that the school, in making  
12 a determination of the amount of compensation  
13 to be provided by the school to the individual  
14 for serving as a member of the faculty, will  
15 make the determination without regard to the  
16 amount of payments made (or to be made) to  
17 the individual by the Federal Government under  
18 paragraph (1).”.

19 (b) AUTHORIZATION OF APPROPRIATIONS REGARD-  
20 ING LOAN REPAYMENTS AND FELLOWSHIPS.—Section  
21 738(c) of the Public Health Service Act (42 U.S.C.  
22 293b(c)) is amended by striking “there is” and all that  
23 follows and inserting the following: “there is authorized  
24 to be appropriated \$1,000,000 for each of the fiscal years  
25 1995 through 1997.”.

1 **SEC. 304. CENTERS OF EXCELLENCE.**

2 (a) REFERENCES TO SCHOOLS.—Section 739 of the  
3 Public Health Service Act (42 U.S.C. 293c) is amended—

4 (1) by striking “health professions schools”  
5 each place such term appears and inserting “des-  
6 igned health professions schools”; and

7 (2) by striking “health professions school” each  
8 place such term appears and inserting “designated  
9 health professions school”.

10 (b) REQUIRED USES OF FUNDS.—Section 739(b) of  
11 the Public Health Service Act (42 U.S.C. 293c(b)), as  
12 amended by subsection (a), is amended—

13 (1) by striking paragraph (2);

14 (2) by redesignating paragraph (1) as para-  
15 graph (2);

16 (3) by inserting before paragraph (2) (as so re-  
17 designated) the following paragraph:

18 “(1) to collaborate with public and nonprofit  
19 private entities to carry out community-based pro-  
20 grams to recruit students of secondary schools and  
21 institutions of higher education and to prepare the  
22 students academically for attendance at the des-  
23 igned health professions school;”;

24 (4) in paragraph (5)—

25 (A) by striking “faculty and student re-  
26 search” and inserting “student research”; and

1 (B) by inserting before the period the fol-  
2 lowing: “, including research on issues relating  
3 to the delivery of health care”; and

4 (5)(A) in paragraph (4), by striking “and”  
5 after the semicolon at the end;

6 (B) in paragraph (5), by striking the period at  
7 the end and inserting “; and”; and

8 (C) by adding at the end the following para-  
9 graph:

10 “(6) to carry out a program to train students  
11 of the school in providing health services to minority  
12 individuals, which program includes training pro-  
13 vided at community-based health facilities that pro-  
14 vide such services to a significant number of minor-  
15 ity individuals and that are located at a site remote  
16 from the main site of the teaching facilities of the  
17 school.”.

18 (c) REQUIREMENTS REGARDING CONSORTIA.—

19 (1) IN GENERAL.—Section 739(c)(1) of the  
20 Public Health Service Act (42 U.S.C. 293c(c)(1)), as  
21 amended by subsection (a), is amended—

22 (A) in subparagraph (A), in the matter  
23 preceding clause (i), by striking “specified in  
24 subparagraph (B)” and inserting “specified in  
25 subparagraphs (B) and (C)”;

1 (B) by redesignating subparagraph (C) as  
2 subparagraph (D); and

3 (C) by inserting after subparagraph (B)  
4 the following subparagraph:

5 “(C) The condition specified in this sub-  
6 paragraph is that, in accordance with sub-  
7 section (e)(1), the designated health professions  
8 school involved has with other health profession  
9 schools (designated or otherwise) formed a con-  
10 sortium to carry out the purposes described in  
11 subsection (b) at the schools of the consortium.  
12 The grant involved may be expended with re-  
13 spect to the other schools without regard to  
14 whether such schools meet the conditions speci-  
15 fied in subparagraph (B).”.

16 (2) CERTAIN REQUIREMENTS.—Section 739(e)  
17 of the Public Health Service Act (42 U.S.C.  
18 293c(e)), as amended by subsection (a), is amended  
19 to read as follows:

20 “(e) PROVISIONS REGARDING CONSORTIA.—

21 “(1) REQUIREMENTS.—For purposes of sub-  
22 section (c)(1)(C), a consortium of schools has been  
23 formed in accordance with this subsection if—

24 “(A) the consortium consists of—

1           “(i) the designated health professions  
2           school seeking the grant under subsection  
3           (a); and

4           “(ii) 1 or more schools of medicine,  
5           osteopathic medicine, dentistry, pharmacy,  
6           nursing, allied health, or public health, or  
7           graduate programs in mental health prac-  
8           tice;

9           “(B) the schools of the consortium have  
10          entered into an agreement for the allocation of  
11          such grant among the schools; and

12          “(C) each of the schools agrees to expend  
13          the grant in accordance with this section.

14          “(2) AUTHORITY REGARDING NATIVE AMERI-  
15          CANS CENTERS OF EXCELLENCE.—With respect to  
16          meeting the conditions specified in subsection (c)(4),  
17          the Secretary may make a grant under subsection  
18          (a) to a designated health professions school that  
19          does not meet such conditions if—

20                 “(A) the school has formed a consortium  
21                 in accordance with paragraph (1); and

22                 “(B) the schools of the consortium collec-  
23                 tively meet such conditions, without regard to  
24                 whether the schools individually meet such con-  
25                 ditions.”.

1           (3) CONFORMING AMENDMENTS.—Section 739  
2 of the Public Health Service Act (42 U.S.C. 293c),  
3 as amended by subsection (a), is amended—

4           (A) in subsection (b), in the matter preced-  
5 ing paragraph (1), by inserting “, subject to  
6 subsection (c)(1)(C),” after “agrees”; and

7           (B) in subsection (d)—

8           (i) in paragraph (3), by striking “(e)”  
9 and inserting “(e)(2)”; and

10           (ii) by adding at the end the following  
11 paragraph:

12           “(4) RULE OF CONSTRUCTION.—Except as pro-  
13 vided in paragraph (3) regarding a consortium  
14 under subsection (e)(2), a health professions school  
15 that does not meet the conditions specified in sub-  
16 section (c)(1)(B) may not be designated as a center  
17 of excellence for purposes of this section. The pre-  
18 ceding sentence applies without regard to whether a  
19 grant under subsection (a) is, pursuant to subsection  
20 (c)(1)(C), being expended with respect to the  
21 school.”.

22           (d) MODIFICATIONS REGARDING HISTORICALLY  
23 BLACK COLLEGES AND UNIVERSITIES.—Section  
24 739(c)(2) of the Public Health Service Act (42 U.S.C.

1 293c(c)(2), as amended by subsection (a), is amended to  
2 read as follows:

3 “(2) AFRICAN-AMERICAN CENTERS OF EXCEL-  
4 LENCE.—

5 “(A) The conditions specified in this para-  
6 graph are that—

7 “(i) with respect to African American  
8 individuals, each of clauses (i) through (iv)  
9 of paragraph (1)(B) applies to the des-  
10 ignated health professions school involved;  
11 and

12 “(ii) the school agree, as a condition  
13 of receiving a grant under subsection (a),  
14 that the school will, in carrying out the du-  
15 ties described in subsection (b), give prior-  
16 ity to carrying out the duties with respect  
17 to African American individuals.

18 “(B) The following historically black col-  
19 leges or universities shall be considered to meet  
20 the conditions specified in subparagraph (A):  
21 Meharry Medical College School of Medicine.  
22 Meharry Medical College School of Dentistry.  
23 Morehouse School of Medicine. Tuskegee Uni-  
24 versity School of Veterinary Medicine. Florida  
25 A&M University College of Pharmacy. Texas

1 Southern University College of Pharmacy. Xa-  
2 vier University College of Pharmacy. Howard  
3 Medical College. Charles R. Drew University of  
4 Medicine and Science.”.

5 (e) DEFINITION OF HEALTH PROFESSIONS  
6 SCHOOL.—

7 (1) GRADUATE PROGRAMS IN MENTAL HEALTH  
8 PRACTICE.—Section 739(h)(1)(A) of the Public  
9 Health Service Act (42 U.S.C. 293c(h)(1)(A)), as  
10 amended by subsection (a), is amended by—

11 (A) by striking “or” after “dentistry”; and

12 (B) by inserting before the period the fol-  
13 lowing: “, or a graduate program in mental  
14 health practice”.

15 (2) LIMITATION.—During the fiscal years 1995  
16 through 1997, the Secretary of Health and Human  
17 Services may not make more than one grant under  
18 section 739 of the Public Health Service Act directly  
19 to a graduate program in mental health practice (as  
20 defined in section 799 of such Act).

21 (f) FUNDING.—Section 739(i) of the Public Health  
22 Service Act (42 U.S.C. 293c(i)), as amended by subsection  
23 (a), is amended to read as follows:

24 “(i) FUNDING.—

1           “(1) AUTHORIZATION OF APPROPRIATIONS.—  
2           For the purpose of making grants under subsection  
3           (a), there are authorized to be appropriated  
4           \$24,000,000 for fiscal year 1995, \$26,000,000 for  
5           fiscal year 1996, and \$28,000,000 for fiscal year  
6           1997.

7           “(2) ALLOCATIONS BY SECRETARY.—

8           “(A) Of the amounts appropriated under  
9           paragraph (1) for a fiscal year, the Secretary  
10          shall reserve an amount equal to the amount  
11          appropriated for carrying out this section for  
12          fiscal year 1994, and shall make the amount so  
13          reserved available as follows:

14                 “(i) The Secretary shall make avail-  
15                 able \$13,700,000 for grants under sub-  
16                 section (a) to designated health professions  
17                 schools that are eligible for such grants  
18                 pursuant to meeting the conditions de-  
19                 scribed in paragraph (2) of subsection (c).

20                 “(ii) Of the amounts so reserved and  
21                 available after compliance with clause (i),  
22                 the Secretary shall make available  
23                 \$7,200,000 for grants under subsection (a)  
24                 to designated health professions schools  
25                 that are eligible for such grants pursuant

1 to meeting the conditions described in  
2 paragraph (3) or (4) of subsection (c) (in-  
3 cluding meeting conditions pursuant to  
4 subsection (e)(2)).

5 “(iii)(I) Of the amounts so reserved  
6 and available after compliance with clause  
7 (i), the Secretary shall, subject to  
8 subclause (II), make available \$2,500,000  
9 for grants under subsection (a) to des-  
10 ignated health professions schools that are  
11 eligible for such grants pursuant to meet-  
12 ing the conditions described in paragraph  
13 (5) of subsection (c).

14 “(II) A grant under subsection (a)  
15 that includes amounts available under  
16 clause (i) or (ii) may not include amounts  
17 available under this clause.

18 “(B) In the case of amounts appropriated  
19 under paragraph (1) for a fiscal year and avail-  
20 able after the Secretary reserves the amount re-  
21 quired in subparagraph (A), the following ap-  
22 plies: Grants under subsection (a) from such  
23 amounts may be made to a designated health  
24 professions school only if—

1           “(i) the school has not previously re-  
2           ceived any grant under such subsection (or  
3           under section 782 as in effect on the day  
4           before the date of the enactment of Public  
5           Law 102-408); or

6           “(ii) the amount of the most recent  
7           grant under subsection (a) (or under such  
8           section 782, as the case may be) that the  
9           school received before such year is below  
10          the mean average amount of the grants  
11          that were made under such subsection for  
12          the fiscal year involved.”.

13          (g) CONFORMING AMENDMENTS.—Section 739(b) of  
14          the Public Health Service Act (42 U.S.C. 293c(b)), as  
15          amended by subsection (a), is amended—

16                 (1) in paragraph (3)(B), by striking “the des-  
17                 ignated health professions school” and inserting  
18                 “the school”; and

19                 (2) in paragraph (4), in each of subparagraphs  
20                 (B) and (C), by striking “the designated health pro-  
21                 fessions school” and inserting “the school”.

22          (h) TRANSITIONAL AND SAVINGS PROVISIONS.—

23                 (1) IN GENERAL.—In the case of any entity re-  
24                 ceiving a grant under section 739 of the Public  
25                 Health Service Act for fiscal year 1994, the Sec-

1       retary of Health and Human Services may, during  
2       the period specified in paragraph (2), waive any or  
3       all of the additional requirements established pursu-  
4       ant to this section for the receipt or expenditure of  
5       such a grant, subject to the entity providing assur-  
6       ances satisfactory to the Secretary that the entity is  
7       making progress toward meeting such requirements.

8               (2) RELEVANT PERIOD.—In the case of any en-  
9       tity receiving a grant under section 739 of the Pub-  
10      lic Health Service Act for fiscal year 1994, the pe-  
11      riod referred to in paragraph (1) is the period that,  
12      in first approving the grant, the Secretary specified  
13      as the duration of the grant.

14   **SEC. 305. EDUCATIONAL ASSISTANCE REGARDING UNDER-**  
15                                   **GRADUATES.**

16           (a) IN GENERAL.—Section 740 of the Public Health  
17      Service Act (42 U.S.C. 293d) is amended to read as fol-  
18      lows:

19   **“SEC. 740. ASSISTANCE REGARDING HEALTH PROFESSIONS**  
20                                   **AS CAREER CHOICE.**

21           “(a) IN GENERAL.—

22               “(1) ACADEMIC PREPARATION OF STUDENTS.—  
23      Subject to the provisions of this section, the Sec-  
24      retary may make grants and enter into contracts for  
25      purposes of—

1           “(A) identifying individuals who—  
2                 “(i) are students of elementary  
3                 schools, or students or graduates of sec-  
4                 ondary schools or of institutions of higher  
5                 education;  
6                 “(ii) are from disadvantaged back-  
7                 grounds; and  
8                 “(iii) are interested in a career in the  
9                 health professions; and  
10           “(B) providing to such individuals aca-  
11           ademic assistance, counseling, and other services  
12           to prepare the students to meet the academic  
13           requirements for entry into health professions  
14           schools.

15           “(2) RECIPIENTS OF GRANTS AND CON-  
16           TRACTS.—The Secretary may make an award of a  
17           grant or contract under paragraph (1) only if the  
18           applicant for the award is a nonprofit private com-  
19           munity-based organization or other public or non-  
20           profit private entity. Such other entities include  
21           schools of medicine, osteopathic medicine, public  
22           health, dentistry, veterinary medicine, optometry,  
23           pharmacy, allied health, chiropractic, and podiatric  
24           medicine, and include graduate programs in mental  
25           health practice.

1           “(3) CERTAIN USES OF AWARDS.—The pur-  
2           poses for which the Secretary may authorize an  
3           award under paragraph (1) to be expended include  
4           the following:

5                   “(A) Assisting elementary and secondary  
6                   schools and institutions of higher education in  
7                   developing or improving programs to prepare  
8                   students to meet the academic requirements for  
9                   entry into health professions schools.

10                   “(B) Establishing arrangements with non-  
11                   profit private community-based providers of pri-  
12                   mary health services under which students are  
13                   provided with opportunities to visit or work at  
14                   facilities of such providers and gain experience  
15                   regarding a career in a field of primary health  
16                   care.

17                   “(C) Developing or improving programs to  
18                   enhance the academic preparation of advanced,  
19                   prehealth professions students or  
20                   postbaccalaureate individuals to successfully  
21                   enter a health professions school.

22                   “(D) In the case of an award under para-  
23                   graph (1) that the Secretary has authorized to  
24                   be expended for the purpose described in sub-  
25                   paragraph (B) or (C), paying such stipends as

1 the Secretary may approve for individuals from  
2 disadvantaged backgrounds for any period of  
3 education in student-enhancement programs  
4 (other than regular courses), except that such a  
5 stipend may not be provided to an individual  
6 for more than 12 months, and such a stipend  
7 shall be in an amount of \$25 per day (notwith-  
8 standing any other provision of law regarding  
9 the amount of stipends).

10 “(b) MINIMUM REQUIREMENTS FOR AWARDS.—

11 “(1) ASSURANCES REGARDING FINANCIAL CA-  
12 PACITY.—The Secretary may make an award of a  
13 grant or contract under subsection (a) only if the  
14 applicant provides assurances satisfactory to the  
15 Secretary that, with respect to the activities for  
16 which the award is to be made, the applicant has or  
17 will have the financial capacity to continue the ac-  
18 tivities after the eligibility of the applicant for such  
19 awards for such activities is terminated pursuant to  
20 subsection (e).

21 “(2) COLLABORATION AMONG VARIOUS ENTI-  
22 TIES.—The Secretary may make an award of a  
23 grant or contract under subsection (a) only if the  
24 applicant for the award has entered into an agree-  
25 ment with any schools, institutions, community-

1 based organizations, or other entities with which the  
2 applicant will collaborate in carrying out activities  
3 under the award, and the agreement specifies wheth-  
4 er and to what extent the award will be allocated  
5 among the applicant and the entities.

6 “(3) MATCHING FUNDS.—

7 “(A) With respect to the costs of the ac-  
8 tivities to be carried out under subsection (a)  
9 by an applicant, the Secretary may make an  
10 award of a grant or contract under such sub-  
11 section only if the applicant agrees to make  
12 available (directly or through donations from  
13 public or private entities), in cash, non-Federal  
14 contributions toward such costs in an amount  
15 that—

16 “(i) for any second fiscal year for  
17 which the applicant receives such a grant,  
18 is not less than 20 percent of such costs;

19 “(ii) for any third such fiscal year, is  
20 not less than 20 percent of such costs;

21 “(iii) for any fourth such fiscal year,  
22 is not less than 40 percent of such costs;

23 “(iv) for any fifth such fiscal year, is  
24 not less than 60 percent of such costs; and

1                   “(v) for any sixth or subsequent such  
2                   fiscal year, is not less than 80 percent of  
3                   such costs.

4                   “(B) Amounts provided by the Federal  
5                   Government may not be included in determin-  
6                   ing the amount of non-Federal contributions re-  
7                   quired in subparagraph (A).

8                   “(C) The Secretary may not require non-  
9                   Federal contributions for the first fiscal year  
10                  for which an applicant receives a grant under  
11                  subsection (a).

12                  “(c) PREFERENCE IN MAKING AWARDS.—

13                  “(1) IN GENERAL.—Subject to paragraph (2),  
14                  in making awards of grants and contracts under  
15                  subsection (a), the Secretary shall give preference to  
16                  any applicant that has made an arrangement with 1  
17                  or more elementary schools, an arrangement with 1  
18                  or more secondary schools, an arrangement with 1  
19                  or more institutions of higher education, an arrange-  
20                  ment with 1 or more health professions schools, and  
21                  an arrangement with 1 or more community-based or-  
22                  ganizations, the purpose of which arrangements is to  
23                  establish a program as follows:

1           “(A) With respect to the elementary  
2 schools involved, the program carries out the  
3 purposes described in subsection (a)(1).

4           “(B) After a student identified pursuant to  
5 paragraph (1) enters the secondary school in-  
6 volved, the program continues to carry out such  
7 purposes with respect to the student.

8           “(C) After graduating from the secondary  
9 school, the student enters the institution of  
10 higher education involved, subject to meeting  
11 reasonable academic requirements, and the pro-  
12 gram continues to carry out such purposes with  
13 respect to the student.

14           “(D) After graduating from the institution  
15 of higher education, the student enters the  
16 health professions school involved, subject to  
17 meeting reasonable academic requirements.

18           “(2) REQUIREMENT REGARDING SCHOOLS AND  
19 INSTITUTIONS.—For purposes of paragraph (1), an  
20 applicant may not receive preference unless the  
21 schools or institutions with which arrangements have  
22 been made are schools or institutions whose enroll-  
23 ment of students includes a significant number of  
24 individuals from disadvantaged backgrounds.

1       “(d) LIMITATION ON YEARS OF FUNDING FOR PAR-  
2 TICULAR ACTIVITIES.—With respect to a particular activ-  
3 ity carried out under paragraph (1) or (3) of subsection  
4 (a) by an entity, the Secretary may not, for the activity  
5 involved, provide more than 6 years of financial assistance  
6 under such subsection to the entity.

7       “(e) FUNDING.—

8           “(1) AUTHORIZATION OF APPROPRIATIONS.—  
9 For the purpose of carrying out this section and sec-  
10 tion 736, there are authorized to be appropriated  
11 \$32,000,000 for fiscal year 1995, \$36,000,000 for  
12 fiscal year 1996, and \$38,000,000 for fiscal year  
13 1997.

14           “(2) ALLOCATIONS.—Of the amounts appro-  
15 priated under paragraph (1) for a fiscal year, the  
16 Secretary shall obligate not less than 20 percent for  
17 carrying out subsection (a)(3)(B) and not less than  
18 20 percent for providing scholarships under section  
19 736.”.

20       “(b) TRANSITIONAL AND SAVINGS PROVISION.—In the  
21 case of an entity that received an award of a grant or  
22 contract for fiscal year 1994 under section 740 of the Pub-  
23 lic Health Service Act, the Secretary of Health and  
24 Human Services may continue in effect the award in ac-  
25 cordance with the terms of the award, subject to the dura-

1 tion of the award not exceeding the period determined by  
2 the Secretary in first approving the award. The preceding  
3 sentence applies notwithstanding the amendment made by  
4 subsection (a) of this section.

5 **SEC. 306. STUDENT LOANS REGARDING SCHOOLS OF NURS-**  
6 **ING.**

7 Section 836(b) of the Public Health Service Act (42  
8 U.S.C. 297b(b)) is amended—

9 (1) in paragraph (1), by striking the period at  
10 the end and inserting a semicolon;

11 (2) in paragraph (2)—

12 (A) in subparagraph (A), by striking  
13 “and” at the end; and

14 (B) by inserting before the semicolon at  
15 the end the following: “, and (C) such addi-  
16 tional periods under the terms of paragraph (8)  
17 of this subsection”;

18 (3) in paragraph (7), by striking the period at  
19 the end and inserting “; and”; and

20 (4) by adding at the end the following para-  
21 graph:

22 “(8) pursuant to uniform criteria established by  
23 the Secretary, the repayment period established  
24 under paragraph (2) for any student borrower who  
25 during the repayment period failed to make consecu-

1       tive payments and who, during the last 12 months  
2       of the repayment period, has made at least 12 con-  
3       secutive payments may be extended for a period not  
4       to exceed 10 years.”.

5 **SEC. 307. FEDERALLY-SUPPORTED STUDENT LOAN FUNDS.**

6       (a) AUTHORIZATION OF APPROPRIATIONS REGARD-  
7       ING CERTAIN MEDICAL SCHOOLS.—

8               (1) IN GENERAL.—Subpart II of part A of title  
9       VII of the Public Health Service Act (42 U.S.C.  
10       292q et seq.) is amended—

11               (A) by transferring subsection (f) of sec-  
12       tion 735 from the current placement of the sub-  
13       section;

14               (B) by adding the subsection at the end of  
15       section 723;

16               (C) by redesignating the subsection as sub-  
17       section (e); and

18               (D) in subsection (e)(1) of section 723 (as  
19       so redesignated), by striking “1996” and in-  
20       serting “1997”.

21       (2) CONFORMING AMENDMENTS.—Section 723  
22       of the Public Health Service Act (42 U.S.C. 292s),  
23       as amended by paragraph (1) of this subsection, is  
24       amended in subsection (e)(2)(A)—

1 (A) by striking “section 723(b)(2)” and in-  
2 serting “subsection (b)(2)”; and

3 (B) by striking “such section” and insert-  
4 ing “such subsection”.

5 (b) AUTHORIZATION OF APPROPRIATIONS REGARD-  
6 ING INDIVIDUALS FROM DISADVANTAGED BACK-  
7 GROUNDS.—Section 724(f)(1) of the Public Health Serv-  
8 ice Act (42 U.S.C. 292t(f)(1)) is amended to read as fol-  
9 lows:

10 “(1) IN GENERAL.—With respect to making  
11 Federal capital contributions to student loan funds  
12 for purposes of subsection (a), other than the stu-  
13 dent loan fund of any school of medicine or osteo-  
14 pathic medicine, there is authorized to be appro-  
15 priated \$5,000,000 for each of the fiscal years 1995  
16 through 1997.”.

## 17 **TITLE IV—RESEARCH**

### 18 **SEC. 401. OFFICE OF RESEARCH ON MINORITY HEALTH.**

19 Section 404 of the Public Health Service Act, as  
20 added by section 151 of Public Law 103–43, is amended  
21 by adding at the end the following subsections:

22 “(c) PLAN.—Subject to applicable law, the Director  
23 of the Office, in consultation with the advisory committee  
24 established under subsection (d), shall develop and imple-  
25 ment a plan for carrying out the duties established in sub-

1 section (b). The Director shall review the plan not less  
2 than annually, and revise the plan as appropriate.

3 “(d) ADVISORY COMMITTEE.—

4 “(1) In carrying out subsection (b), the Direc-  
5 tor of the Office shall establish an advisory commit-  
6 tee to be known as the Advisory Committee on Re-  
7 search on Minority Health (in this subsection re-  
8 ferred to as the ‘Committee’).

9 “(2)(A) The Committee shall be composed of  
10 nonvoting, ex officio members designated in accord-  
11 ance with subparagraph (B) and voting members ap-  
12 pointed in accordance with subparagraph (C).

13 “(B) The Secretary shall designate as ex officio  
14 members of the Committee the Directors of each of  
15 the national research institutes and the Deputy As-  
16 sistant Secretary for Minority Health (except that  
17 any of such officials may designate another officer  
18 or employee of the office or agency involved to serve  
19 as a member of the Committee in lieu of the offi-  
20 cial).

21 “(C) The Director of the Office shall appoint as  
22 voting members of the Committee not fewer than 12  
23 and not more than 18 individuals who are not offi-  
24 cers or employees of the Federal Government. The  
25 appointments shall be made from among scientists

1 and health professionals whose clinical practice, re-  
2 search specialization, or professional expertise in-  
3 cludes significant expertise in research on minority  
4 health. The appointed membership of the Advisory  
5 Committee shall be broadly representative of the  
6 various minority groups.

7 “(3) The Director of the Office shall serve as  
8 the chair of the Committee.

9 “(4) The Committee shall—

10 “(A) advise the Director of the Office on  
11 appropriate research activities to be undertaken  
12 by the national research institutes with respect  
13 to—

14 “(i) research on minority health;

15 “(ii) research on racial and ethnic dif-  
16 ferences in clinical drug trials, including  
17 responses to pharmacological drugs;

18 “(iii) research on racial and ethnic  
19 differences in disease etiology, course, and  
20 treatment; and

21 “(iv) research on minority health con-  
22 ditions which require a multidisciplinary  
23 approach;

24 “(B) report to the Director of the Office  
25 on such research;

1           “(C) provide recommendations to such Di-  
2           rector regarding activities of the Office (includ-  
3           ing recommendations on priorities in carrying  
4           out research described in subparagraph (A));  
5           and

6           “(D) assist in monitoring compliance with  
7           section 492B regarding the inclusion of minori-  
8           ties in clinical research.

9           “(5)(A) The Advisory Committee shall prepare  
10          biennial reports describing the activities of the Com-  
11          mittee, including findings made by the Committee  
12          regarding—

13                 “(i) compliance with section 492B;

14                 “(ii) the extent of expenditures made for  
15          research on minority health by the agencies of  
16          the National Institutes of Health; and

17                 “(iii) the level of funding needed for such  
18          research.

19           “(B) Each report under subparagraph (A) shall  
20          be submitted to the Director of NIH for inclusion in  
21          the report required in section 403 for the period in-  
22          volved.

23          “(e) REPRESENTATION OF MINORITIES AMONG RE-  
24          SEARCHERS.—The Secretary, acting through the Assist-  
25          ant Secretary for Personnel and in collaboration with the

1 Director of the Office, shall determine the extent to which  
2 the various minority groups are represented among admin-  
3 istrators, senior physicians, and scientists of the national  
4 research institutes and among physicians and scientists  
5 conducting research with funds provided by such insti-  
6 tutes, and as appropriate, carry out activities to increase  
7 the extent of such representation.

8 “(f) REQUIREMENT REGARDING GRANTS AND CON-  
9 TRACTS.—Any award of a grant, cooperative agreement,  
10 or contract that the Director of the Office is authorized  
11 to make shall be made only on a competitive basis.

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

13 “(1) The term ‘minority health conditions’, with  
14 respect to individuals who are members of minority  
15 groups, means all diseases, disorders, and conditions  
16 (including with respect to mental health)—

17 “(A) unique to, more serious, or more  
18 prevalent in such individuals;

19 “(B) for which the factors of medical risk  
20 or types of medical intervention are different  
21 for such individuals, or for which it is unknown  
22 whether such factors or types are different for  
23 such individuals; or

24 “(C) with respect to which there has been  
25 insufficient clinical research involving such indi-

1           viduals as subjects or insufficient clinical data  
2           on such individuals.

3           “(2) The term ‘research on minority health’  
4           means research on minority health conditions, in-  
5           cluding research on preventing such conditions.

6           “(3) The term ‘minority groups’ has the mean-  
7           ing given such term in section 1707(h).”.

8   **SEC. 402. ACTIVITIES OF AGENCY FOR HEALTH CARE POL-**  
9                                   **ICY AND RESEARCH.**

10          Title IX of the Public Health Service Act (42 U.S.C.  
11 299 et seq.) is amended—

12           (1) in section 902, by amending subsection (b)  
13          to read as follows:

14          “(b) **REQUIREMENTS WITH RESPECT TO CERTAIN**  
15 **POPULATIONS.**—In carrying out subsection (a), the Ad-  
16 ministrator shall undertake and support research, dem-  
17 onstration projects, and evaluations with respect to the  
18 health status of, and the delivery of health care to—

19           “(1) the populations of medically underserved  
20          urban or rural areas (including frontier areas); and

21           “(2) low-income groups, minority groups, and  
22          the elderly.”; and

23           (2) in section 926(a), by adding at the end the  
24          following sentence: “Of the amounts appropriated  
25          under the preceding sentence for a fiscal year, the

1 Administrator shall reserve not less than 8 percent  
2 for carrying out section 902(b)(2).”.

3 **TITLE V—NATIVE HAWAIIAN**  
4 **HEALTH CARE**

5 **SEC. 501. CLARIFICATION OF 1992 AMENDMENTS.**

6 (a) CLARIFICATION OF DATE OF PASSAGE.—Section  
7 9168 of the Department of Defense Appropriations Act,  
8 1993 (106 Stat. 1948) is amended by striking “September  
9 12, 1992,” and inserting “August 7, 1992,”.

10 (b) EFFECTIVE DATE.—The amendment made by  
11 subsection (a) shall take effect as of October 6, 1992.

12 **SEC. 502. AMENDMENT OF NATIVE HAWAIIAN HEALTH**  
13 **CARE IMPROVEMENT ACT TO REFLECT 1992**  
14 **AGREEMENT.**

15 Effective on the date of enactment of this Act, the  
16 Native Hawaiian Health Care Improvement Act (42  
17 U.S.C.11701 et seq.) is amended to read as follows:

18 **“SECTION 1. SHORT TITLE.**

19 “This Act may be cited as the ‘Native Hawaiian  
20 Health Care Improvement Act’.

21 **“SEC. 2. FINDINGS; DECLARATION OF POLICY; INTENT OF**  
22 **CONGRESS.**

23 “(a) FINDINGS.—The Congress finds that—

24 “(1) the United States retains the legal respon-  
25 sibility to enforce the administration of the public

1 trust responsibility of the State of Hawaii for the  
2 betterment of the conditions of Native Hawaiians  
3 under section 5(f) of Public Law 86–3 (73 Stat. 6;  
4 commonly referred to as the ‘Hawaii Statehood Ad-  
5 missions Act’);

6 “(2) in furtherance of the State of Hawaii’s  
7 public trust responsibility for the betterment of the  
8 conditions of Native Hawaiians, contributions by the  
9 United States to the provision of comprehensive  
10 health promotion and disease prevention services to  
11 maintain and improve the health status of Native  
12 Hawaiians are consistent with the historical and  
13 unique legal relationship of the United States with  
14 the government that represented the indigenous na-  
15 tive people of Hawaii; and

16 “(3) it is the policy of the United States to  
17 raise the health status of Native Hawaiians to the  
18 highest possible level and to encourage the maximum  
19 participation of Native Hawaiians in order to  
20 achieve this objective.

21 “(b) DECLARATION OF POLICY.—The Congress here-  
22 by declares that it is the policy of the United States in  
23 fulfillment of its special responsibilities and legal obliga-  
24 tions to the indigenous people of Hawaii resulting from  
25 the unique and historical relationship between the United

1 States and the Government of the indigenous people of  
2 Hawaii—

3 “(1) to raise the health status of Native Hawai-  
4 ians to the highest possible health level; and

5 “(2) to provide existing Native Hawaiian health  
6 care programs with all resources necessary to effec-  
7 tuate this policy.

8 “(c) INTENT OF CONGRESS.—It is the intent of the  
9 Congress that the Nation meet the following health objec-  
10 tives with respect to Native Hawaiians by the year 2000:

11 “(1) Reduce coronary heart disease deaths to  
12 no more than 100 per 100,000.

13 “(2) Reduce stroke deaths to no more than 20  
14 per 100,000.

15 “(3) Increase control of high blood pressure to  
16 at least 50 percent of people with high blood pres-  
17 sure.

18 “(4) Reduce blood cholesterol to an average of  
19 no more than 200 mg/dl.

20 “(5) Slow the rise in lung cancer deaths to  
21 achieve a rate of no more than 42 per 100,000.

22 “(6) Reduce breast cancer deaths to no more  
23 than 20.6 per 100,000 women.

24 “(7) Increase Pap tests every 1 to 3 years to  
25 at least 85 percent of women age 18 and older.

1           “(8) Increase fecal occult blood testing every 1  
2           to 2 years to at least 50 percent of people age 50  
3           and older.

4           “(9) Reduce diabetes-related deaths to no more  
5           than 34 per 100,000.

6           “(10) Reduce the most severe complications of  
7           diabetes as follows:

8                   “(A) End-stage renal disease to no more  
9                   than 1.4 in 1,000.

10                   “(B) Blindness to no more than 1.4 in  
11                   1,000.

12                   “(C) Lower extremity amputation to no  
13                   more than 4.9 in 1,000.

14                   “(D) Perinatal mortality to no more than  
15                   2 percent.

16                   “(E) Major congenital malformations to no  
17                   more than 4 percent.

18           “(11) Reduce infant mortality to no more than  
19           7 deaths per 1,000 live births.

20           “(12) Reduce low birth weight to no more than  
21           5 percent of live births.

22           “(13) Increase first trimester prenatal care to  
23           at least 90 percent of live births.

24           “(14) Reduce teenage pregnancies to no more  
25           than 50 per 1,000 girls age 17 and younger.

1           “(15) Reduce unintended pregnancies to no  
2 more than 30 percent of pregnancies.

3           “(16) Increase to at least 60 percent the pro-  
4 portion of primary care providers who provide age-  
5 appropriate preconception care and counseling.

6           “(17) Increase years of healthy life to at least  
7 65 years.

8           “(18) Eliminate financial barriers to clinical  
9 preventive services.

10           “(19) Increase childhood immunization levels to  
11 at least 90 percent of 2-year-olds.

12           “(20) Reduce the prevalence of dental caries to  
13 no more than 35 percent of children by age 8.

14           “(21) Reduce untreated dental caries so that  
15 the proportion of children with untreated caries (in  
16 permanent or primary teeth) is no more than 20  
17 percent among children age 6 through 8 and no  
18 more than 15 percent among adolescents age 15.

19           “(22) Reduce edentulism to no more than 20  
20 percent in people age 65 and older.

21           “(23) Increase moderate daily physical activity  
22 to at least 30 percent of the population.

23           “(24) Reduce sedentary lifestyles to no more  
24 than 15 percent of the population.

1           “(25) Reduce overweight to a prevalence of no  
2 more than 20 percent of the population.

3           “(26) Reduce dietary fat intake to an average  
4 of 30 percent of calories or less.

5           “(27) Increase to at least 75 percent the pro-  
6 portion of primary care providers who provide nutri-  
7 tion assessment and counseling or referral to quali-  
8 fied nutritionists or dieticians.

9           “(28) Reduce cigarette smoking prevalence to  
10 no more than 15 percent of adults.

11           “(29) Reduce initiation of smoking to no more  
12 than 15 percent by age 20.

13           “(30) Reduce alcohol-related motor vehicle  
14 crash deaths to no more than 8.5 per 100,000 ad-  
15 justed for age.

16           “(31) Reduce alcohol use by school children age  
17 12 to 17 to less than 13 percent.

18           “(32) Reduce marijuana use by youth age 18 to  
19 25 to less than 8 percent.

20           “(33) Reduce cocaine use by youth age 18 to  
21 25 to less than 3 percent.

22           “(34) Confine HIV infection to no more than  
23 800 per 100,000.

24           “(35) Reduce gonorrhea infections to no more  
25 than 225 per 100,000.

1           “(36) Reduce syphilis infections to no more  
2 that 10 per 100,000.

3           “(37) Reduce significant hearing impairment to  
4 a prevalence of no more than 82 per 1,000.

5           “(38) Reduce acute middle ear infections  
6 among children age 4 and younger, as measured by  
7 days of restricted activity or school absenteeism, to  
8 no more than 105 days per 100 children.

9           “(39) Reduce indigenous cases of vaccine-pre-  
10 ventable diseases as follows:

11                   “(A) Diphtheria among individuals age 25  
12 and younger to 0.

13                   “(B) Tetanus among individuals age 25  
14 and younger to 0.

15                   “(C) Polio (wild-type virus) to 0.

16                   “(D) Measles to 0.

17                   “(E) Rubella to 0.

18                   “(F) Congenital Rubella Syndrome to 0.

19                   “(G) Mumps to 500.

20                   “(H) Pertussis to 1,000.

21           “(40) Reduce significant visual impairment to a  
22 prevalence of no more than 30 per 1,000.

23           “(d) REPORT.—The Secretary shall submit to the  
24 President, for inclusion in each report required to be  
25 transmitted to the Congress under section 9, a report on

1 the progress made toward meeting each of the objectives  
2 described in subsection (c).

3 **“SEC. 3. COMPREHENSIVE HEALTH CARE MASTER PLAN**  
4 **FOR NATIVE HAWAIIANS.**

5 “The Secretary may make a grant to, or enter into  
6 a contract with, Papa Ola Lokahi for the purpose of co-  
7 ordinating, implementing, and updating a Native Hawai-  
8 ian comprehensive health care master plan designed to  
9 promote comprehensive health promotion and disease pre-  
10 vention services and to maintain and improve the health  
11 status of Native Hawaiians. The master plan shall be  
12 based upon an assessment of the health care status and  
13 health care needs of Native Hawaiians. To the extent  
14 practicable, assessments made as of the date of such grant  
15 or contract shall be used by Papa Ola Lokahi, except that  
16 any such assessment shall be updated as appropriate.

17 **“SEC. 4. NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**

18 “(a) COMPREHENSIVE HEALTH PROMOTION, DIS-  
19 EASE PREVENTION, AND PRIMARY HEALTH SERVICES.—  
20 (1)(A) The Secretary, in consultation with Papa Ola  
21 Lokahi, may make grants to, or enter into contracts with,  
22 any qualified entity for the purpose of providing com-  
23 prehensive health promotion and disease prevention serv-  
24 ices as well as primary health services to Native Hawai-  
25 ians.

1       “(B) In making grants and entering into contracts  
2 under this paragraph, the Secretary shall give preference  
3 to Native Hawaiian health care systems and Native Ha-  
4 waiian organizations, and, to the extent feasible, health  
5 promotion and disease prevention services shall be per-  
6 formed through Native Hawaiian health care systems.

7       “(2) In addition to paragraph (1), the Secretary may  
8 make a grant to, or enter into a contract with, Papa Ola  
9 Lokahi for the purpose of planning Native Hawaiian  
10 health care systems to serve the health needs of Native  
11 Hawaiian communities on the islands of O’ahu, Moloka’i,  
12 Maui, Hawai’i, Lana’i, Kaua’i, and Ni’ihau in the State  
13 of Hawaii.

14       “(b) QUALIFIED ENTITY.—An entity is a qualified  
15 entity for purposes of subsection (a)(1) if the entity is a  
16 Native Hawaiian health care system.

17       “(c) SERVICES TO BE PROVIDED.—(1) Each recipi-  
18 ent of funds under subsection (a)(1) shall provide the fol-  
19 lowing services:

20               “(A) Outreach services to inform Native Hawai-  
21 ians of the availability of health services.

22               “(B) Education in health promotion and disease  
23 prevention of the Native Hawaiian population by  
24 (wherever possible) Native Hawaiian health care

1 practitioners, community outreach workers, coun-  
2 selors, and cultural educators.

3 “(C) Services of physicians, physicians’ assist-  
4 ants, or nurse practitioners.

5 “(D) Immunizations.

6 “(E) Prevention and control of diabetes, high  
7 blood pressure, and otitis media.

8 “(F) Pregnancy and infant care.

9 “(G) Improvement of nutrition.

10 “(2) In addition to the mandatory services under  
11 paragraph (1), the following services may be provided pur-  
12 suant to subsection (a)(1):

13 “(A) Identification, treatment, control, and re-  
14 duction of the incidence of preventable illnesses and  
15 conditions endemic to Native Hawaiians.

16 “(B) Collection of data related to the preven-  
17 tion of diseases and illnesses among Native Hawai-  
18 ians.

19 “(C) Services within the meaning of the terms  
20 ‘health promotion’, ‘disease prevention’, and ‘pri-  
21 mary health services’, as such terms are defined in  
22 section 10, which are not specifically referred to in  
23 paragraph (1) of this subsection.

24 “(3) The health care services referred to in para-  
25 graphs (1) and (2) which are provided under grants or

1 contracts under subsection (a)(1) may be provided by tra-  
2 ditional Native Hawaiian healers.

3 “(d) LIMITATION ON NUMBER OF ENTITIES.—Dur-  
4 ing a fiscal year, the Secretary under this Act may make  
5 a grant to, or hold a contract with, not more than 5 Native  
6 Hawaiian health care systems.

7 “(e) MATCHING FUNDS.—(1) The Secretary may not  
8 make a grant or provide funds pursuant to a contract  
9 under subsection (a)(1) to an entity—

10 “(A) in an amount exceeding 75 percent of the  
11 costs of providing health services under the grant or  
12 contract; and

13 “(B) unless the entity agrees that the entity  
14 will make available, directly or through donations to  
15 the entity, non-Federal contributions toward such  
16 costs in an amount equal to not less than \$1 (in  
17 cash or in kind under paragraph (2)) for each \$3 of  
18 Federal funds provided in such grant or contract.

19 “(2) Non-Federal contributions required in para-  
20 graph (1) may be in cash or in kind, fairly evaluated, in-  
21 cluding plant, equipment, or services. Amounts provided  
22 by the Federal Government or services assisted or sub-  
23 sidized to any significant extent by the Federal Govern-  
24 ment may not be included in determining the amount of  
25 such non-Federal contributions.

1       “(3) The Secretary may waive the requirement estab-  
2 lished in paragraph (1) if—

3           “(A) the entity involved is a nonprofit private  
4 entity described in subsection (b); and

5           “(B) the Secretary, in consultation with Papa  
6 Ola Lokahi, determines that it is not feasible for the  
7 entity to comply with such requirement.

8       “(f) RESTRICTION ON USE OF GRANT AND CON-  
9 TRACT FUNDS.—The Secretary may not make a grant to,  
10 or enter into a contract with, an entity under subsection  
11 (a)(1) unless the entity agrees that amounts received pur-  
12 suant to such subsection will not, directly or through con-  
13 tract, be expended—

14           “(1) for any purpose other than the purposes  
15 described in subsection (c);

16           “(2) to provide inpatient services;

17           “(3) to make cash payments to intended recipi-  
18 ents of health services; or

19           “(4) to purchase or improve real property  
20 (other than minor remodeling of existing improve-  
21 ments to real property) or to purchase major medi-  
22 cal equipment.

23       “(g) LIMITATION ON CHARGES FOR SERVICES.—The  
24 Secretary may not make a grant, or enter into a contract  
25 with, an entity under subsection (a)(1) unless the entity

1 agrees that, whether health services are provided directly  
2 or through contract—

3 “(1) health services under the grant or contract  
4 will be provided without regard to ability to pay for  
5 the health services; and

6 “(2) the entity will impose a charge for the de-  
7 livery of health services, and such charge—

8 “(A) will be made according to a schedule  
9 of charges that is made available to the public,  
10 and

11 “(B) will be adjusted to reflect the income  
12 of the individual involved.

13 **“SEC. 5. FUNCTIONS OF, AND GRANTS TO, PAPA OLA**  
14 **LOKAHI.**

15 “(a) FUNCTIONS.—Papa Ola Lokahi shall—

16 “(1) coordinate, implement, and update, as ap-  
17 propriate, the comprehensive health care master  
18 plan developed pursuant to section 3;

19 “(2) to the maximum extent possible, coordi-  
20 nate and assist the health care programs and serv-  
21 ices provided to Native Hawaiians;

22 “(3) provide for the training of the persons de-  
23 scribed in section 4(c)(1)(B);

1           “(4) develop an action plan outlining the con-  
2 tributions that each member organization of Papa  
3 Ola Lokahi will make in carrying out this Act;

4           “(5) serve as a clearinghouse for—

5                 “(A) the collection and maintenance of  
6 data associated with the health status of Native  
7 Hawaiians;

8                 “(B) the identification of and research into  
9 diseases affecting Native Hawaiians;

10                “(C) the availability of Native Hawaiian  
11 project funds, research projects, and publica-  
12 tions;

13                “(D) the timely dissemination of informa-  
14 tion relating to Native Hawaiian health care  
15 systems;

16                “(6) perform the recognition and certification  
17 functions specified in sections 10(6)(F) and  
18 10(6)(G); and

19                “(7) provide technical support and coordination  
20 of training and technical assistance to Native Ha-  
21 waiian health care systems.

22           “(b) SPECIAL PROJECT FUNDS.—Papa Ola Lokahi  
23 may receive project funds that may be appropriated for  
24 the purpose of research on the health status of Native Ha-

1 waiians or for the purpose of addressing the health care  
2 needs of Native Hawaiians.

3 “(c) GRANTS.—In addition to any other grant or con-  
4 tract under this Act, the Secretary may make grants to,  
5 or enter into contracts with, Papa Ola Lokahi for—

6 “(1) carrying out the functions described in  
7 subsection (a); and

8 “(2) administering any special project funds re-  
9 ceived under the authority of subsection (b).

10 “(d) RELATIONSHIPS WITH OTHER AGENCIES.—  
11 Papa Ola Lokahi may enter into agreements or memo-  
12 randa of understanding with relevant agencies or organi-  
13 zations that are capable of providing resources or services  
14 to Native Hawaiian health care systems.

15 **“SEC. 6. ADMINISTRATION OF GRANTS AND CONTRACTS.**

16 “(a) TERMS AND CONDITIONS.—The Secretary shall  
17 include in any grant made or contract entered into under  
18 this Act such terms and conditions as the Secretary con-  
19 siders necessary or appropriate to ensure that the objec-  
20 tives of such grant or contract are achieved.

21 “(b) PERIODIC REVIEW.—The Secretary shall peri-  
22 odically evaluate the performance of, and compliance with,  
23 grants and contracts under this Act.

1       “(c) ADMINISTRATIVE REQUIREMENTS.—The Sec-  
2 retary may not make a grant or enter into a contract  
3 under this Act with an entity unless the entity—

4           “(1) agrees to establish such procedures for fis-  
5 cal control and fund accounting as may be necessary  
6 to ensure proper disbursement and accounting with  
7 respect to the grant or contract;

8           “(2) agrees to ensure the confidentiality of  
9 records maintained on individuals receiving health  
10 services under the grant or contract;

11          “(3) with respect to providing health services to  
12 any population of Native Hawaiians a substantial  
13 portion of which has a limited ability to speak the  
14 English language—

15           “(A) has developed and has the ability to  
16 carry out a reasonable plan to provide health  
17 services under the grant or contract through in-  
18 dividuals who are able to communicate with the  
19 population involved in the language and cultural  
20 context that is most appropriate; and

21           “(B) has designated at least one individ-  
22 ual, fluent in both English and the appropriate  
23 language, to assist in carrying out the plan;

1           “(4) with respect to health services that are  
2 covered in the plan of the State of Hawaii approved  
3 under title XIX of the Social Security Act—

4           “(A) if the entity will provide under the  
5 grant or contract any such health services di-  
6 rectly—

7           “(i) the entity has entered into a par-  
8 ticipation agreement under such plan; and

9           “(ii) the entity is qualified to receive  
10 payments under such plan; and

11          “(B) if the entity will provide under the  
12 grant or contract any such health services  
13 through a contract with an organization—

14          “(i) the organization has entered into  
15 a participation agreement under such plan;  
16 and

17          “(ii) the organization is qualified to  
18 receive payments under such plan; and

19          “(5) agrees to submit to the Secretary and to  
20 Papa Ola Lokahi an annual report that describes  
21 the utilization and costs of health services provided  
22 under the grant or contract (including the average  
23 cost of health services per user) and that provides  
24 such other information as the Secretary determines  
25 to be appropriate.

1       “(d) CONTRACT EVALUATION.—(1) If, as a result of  
2 evaluations conducted by the Secretary, the Secretary de-  
3 termines that an entity has not complied with or satisfac-  
4 torily performed a contract entered into under section 4,  
5 the Secretary shall, prior to renewing such contract, at-  
6 tempt to resolve the areas of noncompliance or unsatisfac-  
7 tory performance and modify such contract to prevent fu-  
8 ture occurrences of such noncompliance or unsatisfactory  
9 performance. If the Secretary determines that such non-  
10 compliance or unsatisfactory performance cannot be re-  
11 solved and prevented in the future, the Secretary shall not  
12 renew such contract with such entity and is authorized  
13 to enter into a contract under section 4 with another en-  
14 tity referred to in section 4(b) that provides services to  
15 the same population of Native Hawaiians which is served  
16 by the entity whose contract is not renewed by reason of  
17 this subsection.

18       “(2) In determining whether to renew a contract en-  
19 tered into with an entity under this Act, the Secretary  
20 shall consider the results of evaluation under this section.

21       “(3) All contracts entered into by the Secretary under  
22 this Act shall be in accordance with all Federal contract-  
23 ing laws and regulations except that, in the discretion of  
24 the Secretary, such contracts may be negotiated without

1 advertising and may be exempted from the provisions of  
2 the Act of August 24, 1935 (40 U.S.C. 270a et seq.).

3       “(4) Payments made under any contract entered into  
4 under this Act may be made in advance, by means of reim-  
5 bursement, or in installments and shall be made on such  
6 conditions as the Secretary deems necessary to carry out  
7 the purposes of this Act.

8       “(e) LIMITATION ON USE OF FUNDS FOR ADMINIS-  
9 TRATIVE EXPENSES.—Except for grants and contracts  
10 under section 5(c), the Secretary may not make a grant  
11 to, or enter into a contract with, an entity under this Act  
12 unless the entity agrees that the entity will not expend  
13 more than 10 percent of amounts received pursuant to this  
14 Act for the purpose of administering the grant or contract.

15       “(f) REPORT.—(1) For each fiscal year during which  
16 an entity receives or expends funds pursuant to a grant  
17 or contract under this Act, such entity shall submit to the  
18 Secretary and to Papa Ola Lokahi a quarterly report on—

19               “(A) activities conducted by the entity under  
20 the grant or contract;

21               “(B) the amounts and purposes for which Fed-  
22 eral funds were expended; and

23               “(C) such other information as the Secretary  
24 may request.

1       “(2) The reports and records of any entity which con-  
2 cern any grant or contract under this Act shall be subject  
3 to audit by the Secretary, the Inspector General of Health  
4 and Human Services, and the Comptroller General of the  
5 United States.

6       “(g) ANNUAL PRIVATE AUDIT.—The Secretary shall  
7 allow as a cost of any grant made or contract entered into  
8 under this Act the cost of an annual private audit con-  
9 ducted by a certified public accountant.

10 **“SEC. 7. ASSIGNMENT OF PERSONNEL.**

11       “(a) IN GENERAL.—The Secretary is authorized to  
12 enter into an agreement with any entity under which the  
13 Secretary is authorized to assign personnel of the Depart-  
14 ment of Health and Human Services with expertise identi-  
15 fied by such entity to such entity on detail for the purposes  
16 of providing comprehensive health promotion and disease  
17 prevention services to Native Hawaiians.

18       “(b) APPLICABLE FEDERAL PERSONNEL PROVI-  
19 SIONS.—Any assignment of personnel made by the Sec-  
20 retary under any agreement entered into under the au-  
21 thority of subsection (a) shall be treated as an assignment  
22 of Federal personnel to a local government that is made  
23 in accordance with subchapter VI of chapter 33 of title  
24 5, United States Code.

1 **“SEC. 8. NATIVE HAWAIIAN HEALTH SCHOLARSHIPS.**

2 “(a) ELIGIBILITY.—The Secretary is authorized to  
3 make scholarship grants to students who—

4 “(1) meet the requirements of section 338A(b)  
5 of the Public Health Service Act (42 U.S.C.  
6 254l(b)); and

7 “(2) are Native Hawaiians.

8 “(b) TERMS AND CONDITIONS.—(1) Scholarship  
9 grants provided under subsection (a) shall be provided  
10 under the same terms and subject to the same conditions,  
11 regulations, and rules that apply to scholarship grants  
12 provided under section 338A of the Public Health Service  
13 Act (42 U.S.C. 254l), except that—

14 “(A) the provision of scholarships in each type  
15 of health care profession training shall correspond to  
16 the need for each type of health care professional to  
17 serve Native Hawaiian health care systems, as iden-  
18 tified by Papa Ola Lokahi;

19 “(B) in selecting scholarship recipients, the  
20 Secretary shall give priority to individuals included  
21 on a list of eligible applicants submitted by the Ka-  
22 mehameha Schools/Bishop Estate;

23 “(C) the obligated service requirement for each  
24 scholarship recipient shall be fulfilled through serv-  
25 ice, in order of priority, in—

1           “(i) any one of the five Native Hawaiian  
2 health care systems which, during the fiscal  
3 year in which the obligated service requirement  
4 is assigned, has received a grant or entered into  
5 a contract pursuant to section 4; or

6           “(ii) health professions shortage areas,  
7 medically underserved areas, or geographic  
8 areas or facilities similarly designated by the  
9 United States Public Health Service in the  
10 State of Hawaii.

11       “(2) The Secretary shall enter into a cooperative  
12 agreement with the Kamehameha Schools/Bishop Estate  
13 under which such organization shall provide recruitment,  
14 retention, counseling, and other support services intended  
15 to improve the operation of the scholarship program estab-  
16 lished under this section.

17       “(3) The Native Hawaiian Health Scholarship pro-  
18 gram shall not be administered by or through the Indian  
19 Health Service.

20 **“SEC. 9. REPORT.**

21       “The President shall, at the time the budget is sub-  
22 mitted under section 1105 of title 31, United States Code,  
23 for each fiscal year transmit to the Congress the report  
24 required pursuant to section 2(d).

1 **“SEC. 10. DEFINITIONS.**

2 “For purposes of this Act:

3 “(1) DISEASE PREVENTION.—The term ‘disease  
4 prevention’ includes—

5 “(A) immunizations,

6 “(B) control of high blood pressure,

7 “(C) control of sexually transmittable dis-  
8 eases,

9 “(D) prevention and control of diabetes,

10 “(E) control of toxic agents,

11 “(F) occupational safety and health,

12 “(G) accident prevention,

13 “(H) fluoridation of water,

14 “(I) control of infectious agents, and

15 “(J) provision of mental health care.

16 “(2) HEALTH PROMOTION.—The term ‘health  
17 promotion’ includes—

18 “(A) pregnancy and infant care, including  
19 prevention of fetal alcohol syndrome,

20 “(B) cessation of tobacco smoking,

21 “(C) reduction in the misuse of alcohol and  
22 drugs,

23 “(D) improvement of nutrition,

24 “(E) improvement in physical fitness,

25 “(F) family planning, and

26 “(G) control of stress.

1           “(3) NATIVE HAWAIIAN.—The term ‘Native  
2 Hawaiian’ means any individual who is—

3           “(A) a citizen of the United States; and

4           “(B) a descendant of the aboriginal people,  
5 who prior to 1778, occupied and exercised sov-  
6 ereignty in the area that now constitutes the  
7 State of Hawaii, as evidenced by—

8           “(i) genealogical records;

9           “(ii) Kupuna (elders) or Kama’aina  
10 (long-term community residents) verifica-  
11 tion; or

12           “(iii) birth records of the State of Ha-  
13 waii.

14           “(4) NATIVE HAWAIIAN HEALTH CENTER.—The  
15 term ‘Native Hawaiian health center’ means an en-  
16 tity—

17           “(A) which is organized under the laws of  
18 the State of Hawaii,

19           “(B) which provides or arranges for health  
20 care services through practitioners licensed by  
21 the State of Hawaii, where licensure require-  
22 ments are applicable,

23           “(C) which is a public or nonprofit private  
24 entity, and

1           “(D) in which Native Hawaiian health  
2 practitioners significantly participate in the  
3 planning, management, monitoring, and evalua-  
4 tion of health services.

5           “(5) NATIVE HAWAIIAN ORGANIZATION.—The  
6 term ‘Native Hawaiian organization’ means any or-  
7 ganization—

8           “(A) which serves the interests of Native  
9 Hawaiians,

10          “(B) which is—

11           “(i) recognized by Papa Ola Lokahi  
12 for the purpose of planning, conducting, or  
13 administering programs (or portions of  
14 programs) authorized under this Act for  
15 the benefit of Native Hawaiians, and

16           “(ii) certified by Papa Ola Lokahi as  
17 having the qualifications and capacity to  
18 provide the services, and meet the require-  
19 ments, under the contract the organization  
20 enters into with, or grant the organization  
21 receives from, the Secretary under this  
22 Act,

23          “(C) in which Native Hawaiian health  
24 practitioners significantly participate in the

1 planning, management, monitoring, and evalua-  
2 tion of health services, and

3 “(D) which is a public or nonprofit private  
4 entity.

5 “(6) NATIVE HAWAIIAN HEALTH CARE SYS-  
6 TEM.—The term ‘Native Hawaiian health care sys-  
7 tem’ means an entity—

8 “(A) which is organized under the laws of  
9 the State of Hawaii;

10 “(B) which provides or arranges for health  
11 care services through practitioners licensed by  
12 the State of Hawaii, where licensure require-  
13 ments are applicable;

14 “(C) which is a public or nonprofit private  
15 entity;

16 “(D) in which Native Hawaiian health  
17 practitioners significantly participate in the  
18 planning, management, monitoring, and evalua-  
19 tion of health care services;

20 “(E) which may be composed of as many  
21 Native Hawaiian health centers as necessary to  
22 meet the health care needs of Native Hawaiians  
23 residing on the island or islands served by such  
24 entity;

1           “(F) which is recognized by Papa Ola  
2           Lokahi for the purpose of providing comprehen-  
3           sive health promotion and disease prevention  
4           services as well as primary health services to  
5           Native Hawaiians under this Act; and

6           “(G) which is certified by Papa Ola Lokahi  
7           as having the qualifications and the capacity to  
8           provide the services and meet the requirements  
9           of a contract entered into, or a grant received,  
10          under section 4.

11          “(7) PAPA OLA LOKAHI.—(A) Subject to sub-  
12          paragraph (B), the term ‘Papa Ola Lokahi’ means  
13          an organization composed of—

14                 “(i) E Ola Mau;

15                 “(ii) the Office of Hawaiian Affairs of the  
16                 State of Hawaii;

17                 “(iii) Alu Like Inc.;

18                 “(iv) the University of Hawaii;

19                 “(v) the Office of Hawaiian Health of the  
20                 Hawaii State Department of Health;

21                 “(vi) Ho’ola Lahui Hawaii, or a health  
22                 care system serving the islands of Kaua’i and  
23                 Ni’ihau;

24                 “(vii) Ke Ola Mamo, or a health care sys-  
25                 tem serving the island of O’ahu;

1           “(viii) Na Pu’uwai or a health care system  
2           serving the islands of Moloka’i and Lana’i;

3           “(ix) Hui No Ke Ola Pono, or a health  
4           care system serving the island of Maui;

5           “(x) Hui Malama Ola Ha’Oiwi or a health  
6           care system serving the island of Hawaii; and

7           “(xi) such other member organizations as  
8           the Board of Papa Ola Lokahi may admit from  
9           time to time, based upon satisfactory dem-  
10          onstration of a record of contribution to the  
11          health and well-being of Native Hawaiians, and  
12          upon satisfactory development of a mission  
13          statement in relation to this Act, including  
14          clearly defined goals and objectives, a 5-year ac-  
15          tion plan outlining the contributions that each  
16          organization will make in carrying out the pol-  
17          icy of this Act, and an estimated budget.

18          “(B) Such term does not include any organiza-  
19          tion identified in subparagraph (A) if the Secretary  
20          determines that such organization does not have a  
21          mission statement with clearly defined goals and ob-  
22          jectives for the contributions the organization will  
23          make to Native Hawaiian health care systems and  
24          an action plan for carrying out such goals and objec-  
25          tives.

1           “(8) PRIMARY HEALTH SERVICES.—The term  
2           ‘primary health services’ means—

3                   “(A) services of physicians, physicians’ as-  
4                   sistants and nurse practitioners;

5                   “(B) diagnostic laboratory and radiologic  
6                   services;

7                   “(C) preventive health services (including  
8                   children’s eye and ear examinations to deter-  
9                   mine the need for vision and hearing correction,  
10                  perinatal services, well child services, and family  
11                  planning services);

12                  “(D) emergency medical services;

13                  “(E) transportation services as required  
14                  for adequate patient care;

15                  “(F) preventive dental services; and

16                  “(G) pharmaceutical services, as may be  
17                  appropriate for particular health centers.

18           “(9) SECRETARY.—The term ‘Secretary’ means  
19           the Secretary of Health and Human Services.

20           “(10) TRADITIONAL NATIVE HAWAIIAN HEAL-  
21           ER.—The term ‘traditional Native Hawaiian healer’  
22           means a practitioner—

23                   “(A) who—

24                           “(i) is of Hawaiian ancestry, and

1           “(ii) has the knowledge, skills, and ex-  
2           perience in direct personal health care of  
3           individuals, and

4           “(B) whose knowledge, skills, and experi-  
5           ence are based on a demonstrated learning of  
6           Native Hawaiian healing practices acquired  
7           by—

8           “(i) direct practical association with  
9           Native Hawaiian elders, and

10           “(ii) oral traditions transmitted from  
11           generation to generation.

12 **“SEC. 11. RULE OF CONSTRUCTION.**

13           “Nothing in this Act shall be construed to restrict  
14 the authority of the State of Hawaii to license health prac-  
15 titioners.

16 **“SEC. 12. COMPLIANCE WITH BUDGET ACT.**

17           “Any new spending authority (described in subsection  
18 (c)(2) (A) or (B) of section 401 of the Congressional  
19 Budget Act of 1974) which is provided under this Act  
20 shall be effective for any fiscal year only to such extent  
21 or in such amounts as are provided in appropriation Acts.

22 **“SEC. 13. SEVERABILITY.**

23           “If any provision of this Act, or the application of  
24 any such provision to any person or circumstances is held  
25 to be invalid, the remainder of this Act, and the applica-

1 tion of such provision or amendment to persons or cir-  
2 cumstances other than those to which it is held invalid,  
3 shall not be affected thereby.

4 **“SEC. 14. AUTHORIZATION OF APPROPRIATIONS.**

5 “There is authorized to be appropriated for each of  
6 the fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and  
7 2000 such sums as may be necessary to carry out the pur-  
8 poses of this Act.

9 **“SEC. 15. PROHIBITION AGAINST EXCLUSION FROM PAR-**  
10 **TICIPATION.**

11 “Notwithstanding any other provision of this Act, no  
12 person shall, on the basis of race, color, or national origin,  
13 be excluded from participation in, or be denied the benefits  
14 of, or be subjected to discrimination under, any program  
15 or activity receiving Federal financial assistance under  
16 this Act.”.

17 **SEC. 503. REPEAL OF PUBLIC HEALTH SERVICE ACT PROVI-**  
18 **SION.**

19 The Public Health Service Act (42 U.S.C. 201 et  
20 seq.), as amended by section 206 of this Act, is amended  
21 by repealing section 338K and redesignating section 338L  
22 as section 338K. Such repeal shall not be construed to  
23 terminate contracts in effect under such section on the  
24 date of the enactment of this Act. Any such contracts shall

1 continue according to the terms and conditions of such  
2 contracts.

3           **TITLE VI—MISCELLANEOUS**  
4                           **PROVISIONS**

5   **SEC. 601. TECHNICAL AMENDMENT TO INDIAN HEALTH**  
6                           **CARE IMPROVEMENT ACT.**

7           The last sentence of section 818(e)(3) of the Indian  
8 Health Care Improvement Act (25 U.S.C. 1680h(e)(3))  
9 is amended—

10                   (1) by striking “services,” and inserting “serv-  
11           ices”; and

12                   (2) by striking “, shall be recoverable.” and in-  
13           serting a period.

14   **SEC. 602. HEALTH SERVICES FOR PACIFIC ISLANDERS.**

15           Section 10 of the Disadvantaged Minority Health Im-  
16 provement Act of 1990 (42 U.S.C. 254c-1) is amended—

17                   (1) in subsection (b)—

18                           (A) by striking paragraphs (5) and (6);

19                           (B) by redesignating paragraphs (7) and  
20           (8) as paragraphs (5) and (6), respectively;

21                           (C) in paragraph (1) (as so redesign-  
22           nated)—

23                                   (i) by inserting “substance abuse”  
24           after “availability of health”; and

1 (ii) by striking “, including improved  
2 health data systems”; and

3 (D) in paragraph (2) (as so redesign-  
4 nated)—

5 (i) by striking “manpower” and in-  
6 serting “care providers”; and

7 (ii) by striking “by—” and all that  
8 follows through the end thereof and insert-  
9 ing a semicolon; and

10 (2) in subsection (f)—

11 (A) by striking “there is” and inserting  
12 “there are”; and

13 (B) by striking “\$10,000,000” and all that  
14 follows through “1993” and inserting  
15 “\$3,000,000 for each of the fiscal years 1995  
16 through 1997”.

17 **SEC. 603. TECHNICAL CORRECTIONS REGARDING PUBLIC**  
18 **LAW 103-183.**

19 (a) AMENDATORY INSTRUCTIONS.—Public Law 103-  
20 183 is amended—

21 (1) in section 301(a), by striking “(42 U.S.C.  
22 242 et seq.)” and inserting “(42 U.S.C. 243 et  
23 seq.)”;

24 (2) in section 601—

1 (A) in subsection (b), in the matter preced-  
2 ing paragraph (1), by striking “Section 1201 of  
3 the Public Health Service Act (42 U.S.C.  
4 300d)” and inserting “Title XII of the Public  
5 Health Service Act (42 U.S.C. 300d et seq.)”;  
6 and

7 (B) in subsection (f)(1), by striking “in  
8 section 1204(c)” and inserting “in section  
9 1203(c) (as redesignated by subsection (b)(2) of  
10 this section)”;

11 (3) in section 602, by striking “‘for the pur-  
12 pose’” and inserting “‘For the purpose’”; and

13 (4) in section 705(b), by striking “317D(l)(1)”  
14 and inserting “317D(l)(1)”.

15 (b) PUBLIC HEALTH SERVICE ACT.—The Public  
16 Health Service Act, as amended by Public Law 103–183  
17 and by subsection (a) of this section, is amended—

18 (1) in section 317E(g)(2), by striking “making  
19 grants under subsection (b)” and inserting “carrying  
20 out subsection (b)”;

21 (2) in section 318, in subsection (e) as in effect  
22 on the day before the date of the enactment of Pub-  
23 lic Law 103–183, by redesignating the subsection as  
24 subsection (f);

1 (3) in part D of title III, by inserting before  
2 section 340D the following subpart heading:

3 “Subpart IX—Miscellaneous Provisions Regarding  
4 Primary Health Care”;

5 (4) in subpart 6 of part C of title IV—

6 (A) by transferring the first section 447  
7 (added by section 302 of Public Law 103–183)  
8 from the current placement of the section;

9 (B) by redesignating the section as section  
10 447A; and

11 (C) by inserting the section after section  
12 447;

13 (5) in section 1213(a)(8), by striking “provides  
14 for for” and inserting “provides for”;

15 (6) in section 1501, by redesignating the second  
16 subsection (c) (added by section 101(f) of Public  
17 Law 103–183) as subsection (d); and

18 (7) in section 1505(3), by striking “nonprofit”.

19 (c) MISCELLANEOUS CORRECTION.—Section  
20 401(c)(3) of Public Law 103–183 is amended in the mat-  
21 ter preceding subparagraph (A) by striking “(d)(5)” and  
22 inserting “(e)(5)”.

1 **SEC. 604. CERTAIN AUTHORITIES OF CENTERS FOR DIS-**  
2 **EASE CONTROL AND PREVENTION.**

3 Part B of title III of the Public Health Service Act  
4 (42 U.S.C. 243 et seq.), as amended pursuant to section  
5 603(a)(1) of this Act and as amended by section 703 of  
6 Public Law 103-183, is amended by inserting after section  
7 317F the following section:

8 “MISCELLANEOUS AUTHORITIES REGARDING CENTERS  
9 FOR DISEASE CONTROL AND PREVENTION

10 “SEC. 317G. (a) TECHNICAL AND SCIENTIFIC PEER  
11 REVIEW GROUPS.—The Secretary, acting through the Di-  
12 rector of the Centers for Disease Control and Prevention,  
13 may, without regard to the provisions of title 5, United  
14 States Code, governing appointments in the competitive  
15 service, and without regard to the provisions of chapter  
16 51 and subchapter III of chapter 53 of such title relating  
17 to classification and General Schedule pay rates, establish  
18 such technical and scientific peer review groups and sci-  
19 entific program advisory committees as are needed to  
20 carry out the functions of such Centers and appoint and  
21 pay the members of such groups, except that officers and  
22 employees of the United States shall not receive additional  
23 compensation for service as members of such groups. The  
24 Federal Advisory Committee Act shall not apply to the  
25 duration of such peer review groups. Not more than one-

1 fourth of the members of any such group shall be officers  
2 or employees of the United States.

3 “(b) FELLOWSHIP AND TRAINING PROGRAMS.—The  
4 Secretary, acting through the Director of the Centers for  
5 Disease Control and Prevention, shall establish fellowship  
6 and training programs to be conducted by such Centers  
7 to train individuals to develop skills in epidemiology, sur-  
8 veillance, laboratory analysis, and other disease detection  
9 and prevention methods. Such programs shall be designed  
10 to enable health professionals and health personnel trained  
11 under such programs to work, after receiving such train-  
12 ing, in local State, national, and international efforts to-  
13 ward the prevention and control of diseases, injuries, and  
14 disabilities. Such fellowships and training may be adminis-  
15 tered through the use of either appointment or  
16 nonappointment procedures.”.

17 **TITLE VII—GENERAL**  
18 **PROVISIONS**

19 **SEC. 701. EFFECTIVE DATE.**

20 Except as otherwise provided in this Act, this Act  
21 takes effect October 1, 1994, or upon the date of the en-  
22 actment of this Act, whichever occurs later.

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