

In the House of Representatives, U. S.,

May 23, 1994.

Resolved, That the bill from the Senate (S. 1569) entitled “An Act to amend the Public Health Service Act to establish, reauthorize and revise provisions to improve the health of individuals from disadvantaged backgrounds, and for other purposes”, do pass with the following

AMENDMENTS:

Strike out all after the enacting clause, and insert:

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

2 (a) *SHORT TITLE.*—*This Act may be cited as the “Mi-*
3 *nority Health Improvement Act of 1994”.*

4 (b) *TABLE OF CONTENTS.*—*The table of contents for*
5 *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.

Sec. 209. Demonstration projects regarding diabetic-retinopathy.

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.*
- Sec. 403. Data collection by National Center for Health Statistics.*

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—WOMEN'S HEALTH

- Sec. 601. Establishment of Office of Women's Health.*
- Sec. 602. Women's scientific employment regarding National Institutes of Health.*
- Sec. 603. Information and education regarding female genital mutilation.*
- Sec. 604. Study regarding curricula of medical schools and women's health conditions.*

TITLE VII—TRAUMATIC BRAIN INJURY

- Sec. 701. Programs of Centers for Disease Control and Prevention.*
- Sec. 702. Programs of National Institutes of Health.*
- Sec. 703. Programs of Health Resources and Services Administration.*
- Sec. 704. Study; consensus conference.*

TITLE VIII—MISCELLANEOUS PROVISIONS

- Sec. 801. Technical amendment to Indian Health Care Improvement Act.*
- Sec. 802. Health services for Pacific Islanders.*
- Sec. 803. Technical corrections regarding Public Law 103-183.*
- Sec. 804. Certain authorities of Centers for Disease Control and Prevention.*
- Sec. 805. Establishment of public health analytical laboratory.*
- Sec. 806. Administration of certain requirements.*
- Sec. 807. Revisions to eligibility requirements for entities subject to drug pricing limitations.*

TITLE IX—GENERAL PROVISIONS

- Sec. 901. 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 sub-
7 section (b) and all that follows and inserting the following:

8 “(b) *DUTIES.*—With respect to improving the health
9 of minority groups, the Secretary shall carry out the follow-
10 ing:

11 “(1) *In consultation with the advisory council*
12 *under subsection (c), establish goals and objectives re-*
13 *garding disease prevention, health promotion, service*
14 *delivery, and research, and coordinate all activities*
15 *within the Department of Health and Human Serv-*
16 *ices that relate to such goals and objectives.*

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

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

24 “(B) *Increase knowledge and understanding*
25 *of health risk factors.*

1 “(C) Ensure that the National Center for
2 Health Statistics collects data on the health sta-
3 tus of each minority group.

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

12 “(3) Establish by contract a center to carry out
13 the following:

14 “(A) Facilitate the exchange of information
15 regarding matters relating to health information
16 and health promotion, preventive health services,
17 and education in the appropriate use of health
18 care.

19 “(B) Facilitate access to such information.

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

22 “(D) Provide technical assistance with re-
23 spect to the exchange of such information (in-
24 cluding facilitating the development of materials
25 for such technical assistance).

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

7 “(B) *In carrying out subparagraph (A), ensure*
8 *that—*

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

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

16 “(c) *ADVISORY COMMITTEE.—*

17 “(1) *IN GENERAL.—The Secretary shall establish*
18 *an advisory committee to be known as the Advisory*
19 *Committee on Minority Health (in this subsection re-*
20 *ferred to as the ‘Committee’).*

21 “(2) *DUTIES.—The Committee shall provide ad-*
22 *vice to the Secretary on carrying out this section, in-*
23 *cluding advice on carrying out paragraphs (1) and*
24 *(2) of subsection (b) for each minority group.*

25 “(3) *COMPOSITION.—*

1 “(A) *The Committee shall be composed of 12*
2 *voting members appointed in accordance with*
3 *subparagraph (B) and the nonvoting, ex officio*
4 *members designated under subparagraph (C).*

5 “(B) *The voting members of the Committee*
6 *shall be appointed from among individuals who*
7 *have expertise regarding the health status of mi-*
8 *nority groups and the access of such groups to*
9 *health services, which individuals are not officers*
10 *or employees of the Federal Government. The ap-*
11 *pointed membership of the Committee shall be*
12 *broadly representative of the various minority*
13 *groups.*

14 “(C) *The Secretary shall designate as ex*
15 *officio members of the Committee the heads of the*
16 *minority health offices referred to in section*
17 *1707A.*

18 “(d) *APPROPRIATE CONTEXT OF SERVICES.—The Sec-*
19 *retary shall ensure that information and services provided*
20 *pursuant to subsection (b) are provided in the language and*
21 *cultural context that is most appropriate for the individuals*
22 *for whom the information and services are intended.*

23 “(e) *EQUITABLE ALLOCATION OF SERVICES.—The Sec-*
24 *retary shall ensure that services provided under subsection*

1 *(b) are equitably allocated among the various minority*
2 *groups.*

3 “(f) *CONSULTATION WITH INDIVIDUAL MINORITY*
4 *HEALTH OFFICES.*—*In carrying out subsection (b) regard-*
5 *ing a specified agency, the Secretary shall consult with the*
6 *head of the minority health office of the agency. For pur-*
7 *poses of the preceding sentence, the terms ‘specified agency’*
8 *and ‘minority health office’ have the meaning given such*
9 *terms in section 1707A(f).*

10 “(g) *BIENNIAL REPORTS.*—*Not later than February 1*
11 *of fiscal year 1996 and of each second year thereafter, the*
12 *Secretary shall submit to the Committee on Energy and*
13 *Commerce of the House of Representatives, and to the Com-*
14 *mittee on Labor and Human Resources of the Senate, a*
15 *report describing the activities carried out under this sec-*
16 *tion during the preceding 2 fiscal years and evaluating the*
17 *extent to which such activities have been effective in improv-*
18 *ing the health of minority groups. Each such report shall*
19 *include the biennial reports submitted to the Secretary*
20 *under section 1707A(e) for such years by the heads of the*
21 *minority health offices.*

22 “(h) *DEFINITION.*—*For purposes of this section, the*
23 *term ‘minority groups’ means African Americans, Amer-*
24 *ican Indians, Asian Americans, Hispanics, and Pacific Is-*
25 *landers.*

1 *shall be appointed by the head of the agency within which*
2 *the Office is established, and who shall report directly to*
3 *the head of the agency. The head of such agency shall carry*
4 *out this section (as this section relates to the agency) acting*
5 *through such Director.*

6 *“(b) SPECIFIED AGENCIES.—*

7 *“(1) IN GENERAL.—The agencies referred to in*
8 *subsection (a) are the following:*

9 *“(A) The Centers for Disease Control and*
10 *Prevention.*

11 *“(B) The Agency for Health Care Policy*
12 *and Research.*

13 *“(C) The Health Resources and Services Ad-*
14 *ministration.*

15 *“(D) The Substance Abuse and Mental*
16 *Health Services Administration.*

17 *“(2) NATIONAL INSTITUTES OF HEALTH.—For*
18 *purposes of subsection (c) and the subsequent provi-*
19 *sions of this section, the term ‘minority health office’*
20 *includes the Office of Research on Minority Health es-*
21 *tablished within the National Institutes of Health.*
22 *The Director of the National Institutes of Health shall*
23 *carry out this section (as this section relates to the*
24 *agency) acting through the Director of such Office.*

1 “(c) *COMPOSITION.*—The head of each specified agency
2 shall ensure that the officers and employees of the minority
3 health office of the agency are, collectively, experienced in
4 carrying out community-based health programs for each of
5 the various minority groups that are present in significant
6 numbers in the United States. The head of such agency shall
7 ensure that, of such officers and employees who are members
8 of minority groups, no such group is disproportionately
9 represented.

10 “(d) *DUTIES.*—Each Director of a minority health of-
11 fice shall monitor the programs of the specified agency of
12 such office in order to—

13 “(1) determine the extent to which the purposes
14 of the programs are being carried out with respect to
15 minority groups;

16 “(2) determine the extent to which members of
17 such groups are represented among the Federal offi-
18 cers and employees who administer the programs; and

19 “(3) make recommendations to the head of such
20 agency on carrying out the programs with respect to
21 such groups.

22 “(e) *BIENNIAL REPORTS TO SECRETARY.*—The head of
23 each specified agency shall submit to the Secretary for in-
24 clusion in each biennial report under section 1707(g) (with-
25 out change) a biennial report describing—

1 “(1) the extent to which the minority health of-
2 fice of the agency employs individuals who are mem-
3 bers of minority groups, including a specification by
4 minority group of the number of such individuals em-
5 ployed by such office; and

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

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

10 “(1) The term ‘minority health office’ means an
11 office established under subsection (a), subject to sub-
12 section (b)(2).

13 “(2) The term ‘minority group’ has the meaning
14 given such term in section 1707(h).

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

16 “(A) an agency specified in subsection
17 (b)(1); and

18 “(B) the National Institutes of Health.

19 “(g) FUNDING.—

20 “(1) ALLOCATIONS.—Of the amounts appro-
21 priated for a specified agency for a fiscal year, the
22 Secretary may reserve not more than 0.5 percent for
23 the purpose of carrying out activities under this sec-
24 tion through the minority health office of the agency.
25 In reserving an amount under the preceding sentence

1 *for a minority health office for a fiscal year, the Sec-*
 2 *retary shall reduce, by substantially the same percent-*
 3 *age, the amount that otherwise would be available for*
 4 *each of the programs of the designated agency in-*
 5 *volved.*

6 “(2) AVAILABILITY OF FUNDS FOR STAFFING.—
 7 *The purposes for which amounts made available*
 8 *under paragraph (1) may be expended by a minority*
 9 *health office include the costs of employing staff for*
 10 *such office.”.*

11 ***TITLE II—PRIMARY HEALTH*** 12 ***SERVICES***

13 ***SEC. 201. MIGRANT HEALTH CENTERS; COMMUNITY*** 14 ***HEALTH CENTERS.***

15 (a) *MIGRANT HEALTH CENTERS.*—

16 (1) *TREATMENT OF PREGNANT WOMEN FOR SUB-*
 17 *STANCE ABUSE.*—*Section 329(a) of the Public Health*
 18 *Service Act (42 U.S.C. 254b(a)) is amended—*

19 (A) *in paragraph (1)(C)—*

20 (i) *by inserting “(i)” after “(C)”;*

21 (ii) *in clause (i) (as so designated), by*
 22 *adding “and” after the comma at the end;*
 23 *and*

24 (iii) *by adding at the end the following*
 25 *clause:*

1 “(ii) to the State official responsible for carrying
2 out programs under subpart II of part B of title XIX,
3 and in accordance with the provisions of section 543
4 regarding the disclosure of information, a notification
5 if a pregnant woman is provided a referral for the
6 treatment of substance abuse but the entity involved
7 does not have the capacity to admit additional indi-
8 viduals for treatment,”; and

9 (B) in paragraph (7)—

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

12 (ii) by redesignating subparagraph
13 (M) as subparagraph (N); and

14 (iii) by inserting after subparagraph
15 (L) the following subparagraph:

16 “(M) treatment of pregnant women for substance
17 abuse; and”.

18 (2) OVERLAP IN CATCHMENT AREAS.—Section
19 329(a) of the Public Health Service Act (42 U.S.C.
20 254b(a)) is amended by adding at the end the follow-
21 ing paragraph:

22 “(8) In making grants under subsections (c)(1) and
23 (d)(1), the Secretary may provide for the development and
24 operation of more than one migrant health center in a
25 catchment area in any case in which the Secretary deter-

1 *mines that in such area there are workers or other individ-*
2 *uals described in subsection (a)(1) (in the matter after and*
3 *below subparagraph (H)) who otherwise will have a short-*
4 *age of personal health services. The preceding sentence may*
5 *not be construed as requiring that, in such a case, the*
6 *catchment areas of the centers involved be identical.”.*

7 (3) *OFFSITE ACTIVITIES.—Section 329(a) of the*
8 *Public Health Service Act, as amended by paragraph*
9 *(2) of this subsection, is amended by adding at the*
10 *end the following paragraph:*

11 “(9) *In making grants under this section, the Sec-*
12 *retary may, to the extent determined by the Secretary to*
13 *be appropriate, authorize migrant health centers to provide*
14 *services at locations other than the center.”.*

15 (4) *AMOUNT OF GRANT; USE OF CERTAIN*
16 *FUNDS.—Section 329(d)(4) of the Public Health Serv-*
17 *ice Act (42 U.S.C. 254b(d)(4)) is amended to read as*
18 *follows:*

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

23 “(i) *the costs that the center may reasonably be*
24 *expected to incur in carrying out the plan approved*

1 *by the Secretary pursuant to subsection (f)(3)(H),*
2 *and*

3 *“(ii) the amounts that the center may reasonably*
4 *be expected to receive as State, local, and other oper-*
5 *ational funding (exclusive of amounts to be provided*
6 *in the grant under this section) and as fees, pre-*
7 *miums, and third-party reimbursements.*

8 *“(B)(i) Subject to clause (ii), the Secretary may not*
9 *restrict the purposes for which a migrant health center ex-*
10 *pends the amounts described in subparagraph (A)(ii) (in-*
11 *cluding restrictions imposed pursuant to Federal cost prin-*
12 *ciples).*

13 *“(ii) The Secretary may require that amounts de-*
14 *scribed in subparagraph (A)(ii) be expended for purposes*
15 *that are consistent with the purposes specified in this sec-*
16 *tion.*

17 *“(C)(i) Payments under a grant under this section*
18 *shall be made in advance or by way of reimbursement and*
19 *in such installments as the Secretary finds necessary. Ad-*
20 *justments in such payments may be made for overpayments*
21 *or underpayments, subject to clause (ii).*

22 *“(ii) If, for the period for which a grant is made under*
23 *paragraph (1) to a migrant health center, the sum of the*
24 *amount of the grant and the amounts described in subpara-*
25 *graph (A)(ii) that the center actually received exceeded the*

1 *costs of the center in carrying out the plan approved by*
 2 *the Secretary pursuant to subsection (f)(3)(H), then the cen-*
 3 *ter is entitled to retain such excess amount if the center*
 4 *agrees to expend such amount only for the following pur-*
 5 *poses:*

6 “(I) *To expand and improve services.*

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

8 “(III) *To acquire, modernize, or expand facili-*
 9 *ties, or to construct facilities.*

10 “(IV) *To improve the administration of service*
 11 *programs.*

12 “(V) *To establish financial reserves.*

13 “(D) *With respect to funds that are amounts described*
 14 *in subparagraph (A)(ii) or excess amounts described in sub-*
 15 *paragraph (C)(ii), this paragraph may not be construed as*
 16 *limiting the authority of the Secretary to require the sub-*
 17 *mission of such plans, budgets, and other information as*
 18 *may be necessary to ensure that the funds are expended in*
 19 *accordance with subparagraph (B)(ii), or clauses (I)*
 20 *through (V) of subparagraph (C)(ii), respectively.”*

21 (5) *AUTHORIZATION OF APPROPRIATIONS.—Sec-*
 22 *tion 329(h) of the Public Health Service Act (42*
 23 *U.S.C. 254b(h)) is amended—*

24 (A) *in paragraph (1)(A), by striking*

25 “1994” *and inserting “1998”; and*

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

3 (b) *COMMUNITY HEALTH CENTERS.*—

4 (1) *TREATMENT OF PREGNANT WOMEN FOR SUB-*
5 *STANCE ABUSE.*—Section 330 of the Public Health
6 Service Act (42 U.S.C. 254c) is amended—

7 (A) in subsection (a)(3)—

8 (i) by inserting “(A)” after “(3)”;
9 (ii) in subparagraph (A) (as so des-

10 ignated), by adding “and” after the comma
11 at the end; and

12 (iii) by adding at the end the following
13 subparagraph:

14 “(B) to the State official responsible for carrying
15 out programs under subpart II of part B of title XIX,
16 and in accordance with the provisions of section 543
17 regarding the disclosure of information, a notification
18 if a pregnant woman is provided a referral for the
19 treatment of substance abuse but the entity involved
20 does not have the capacity to admit additional indi-
21 viduals for treatment,”; and

22 (B) in subsection (b)(2)—

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

1 (ii) by redesignating subparagraph
2 (M) as subparagraph (N); and

3 (iii) by inserting after subparagraph
4 (L) the following subparagraph:

5 “(M) treatment of pregnant women for substance
6 abuse; and”.

7 (2) *OVERLAP IN CATCHMENT AREAS.*—Section
8 330(b) of the Public Health Service Act (42 U.S.C.
9 254c(b)) is amended by adding at the end the follow-
10 ing paragraph:

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

20 (3) *OFFSITE ACTIVITIES.*—Section 330(b) of the
21 Public Health Service Act, as amended by paragraph
22 (2) of this subsection, is amended by adding at the
23 end the following paragraph:

24 “(8) In making grants under this section, the Sec-
25 retary may, to the extent determined by the Secretary to

1 *be appropriate, authorize community health centers to pro-*
2 *vide services at locations other than the center.”*

3 (4) AMOUNT OF GRANT; USE OF CERTAIN
4 FUNDS.—Section 330(d)(4) of the Public Health Serv-
5 ice Act (42 U.S.C. 254c(d)(4)) is amended to read as
6 follows:

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

11 “(i) the costs that the center may reasonably be
12 expected to incur in carrying out the plan approved
13 by the Secretary pursuant to subsection (e)(3)(H),
14 and

15 “(ii) the amounts that the center may reasonably
16 be expected to receive as State, local, and other oper-
17 ational funding (exclusive of amounts to be provided
18 in the grant under this section) and as fees, pre-
19 miums, and third-party reimbursements.

20 “(B)(i) Subject to clause (ii), the Secretary may not
21 restrict the purposes for which a community health center
22 expends the amounts described in subparagraph (A)(ii) (in-
23 cluding restrictions imposed pursuant to Federal cost prin-
24 ciples).

1 “(ii) The Secretary may require that amounts de-
2 scribed in subparagraph (A)(ii) be expended for purposes
3 that are consistent with the purposes specified in this sec-
4 tion.

5 “(C)(i) Payments under a grant under this section
6 shall be made in advance or by way of reimbursement and
7 in such installments as the Secretary finds necessary. Ad-
8 justments in such payments may be made for overpayments
9 or underpayments, subject to clause (ii).

10 “(ii) If, for the period for which a grant is made under
11 paragraph (1) to a community health center, the sum of
12 the amount of the grant and the amounts described in sub-
13 paragraph (A)(ii) that the center actually received exceeded
14 the costs of the center in carrying out the plan approved
15 by the Secretary pursuant to subsection (e)(3)(H), then the
16 center is entitled to retain such excess amount if the center
17 agrees to expend such amount only for the following pur-
18 poses:

19 “(I) To expand and improve services.

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

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

23 “(IV) To improve the administration of service
24 programs.

25 “(V) To establish financial reserves.

1 “(D) With respect to funds that are amounts described
2 in subparagraph (A)(ii) or excess amounts described in sub-
3 paragraph (C)(ii), this paragraph may not be construed as
4 limiting the authority of the Secretary to require the sub-
5 mission of such plans, budgets, and other information as
6 may be necessary to ensure that the funds are expended in
7 accordance with subparagraph (B)(ii), or clauses (I)
8 through (V) of subparagraph (C)(ii), respectively.”.

9 (5) *AUTHORIZATION OF APPROPRIATIONS.*—Sec-
10 tion 330(g) of the Public Health Service Act (42
11 U.S.C. 254c(g)) is amended—

12 (A) in paragraph (1)(A), by striking
13 “1994” and inserting “1998”; and

14 (B) in paragraph (2)(A), by striking
15 “1994” and inserting “1998”.

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

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

20 **SEC. 203. HEALTH SERVICES FOR RESIDENTS OF PUBLIC**
21 **HOUSING.**

22 Section 340A(p)(1) of the Public Health Service Act
23 (42 U.S.C. 256a(p)(1)) is amended by striking “and 1993”
24 and inserting “through 1998”.

1 **SEC. 204. GRANTS TO STATES FOR LOAN REPAYMENT PRO-**
2 **GRAMS REGARDING OBLIGATED SERVICE OF**
3 **HEALTH PROFESSIONALS.**

4 *Section 338I(c) of the Public Health Service Act (42*
5 *U.S.C. 254q-1(c)) is amended by adding at the end the fol-*
6 *lowing paragraph:*

7 *“(4) PRIVATE PRACTICE.—*

8 *“(A) In carrying out the program operated*
9 *with a grant under subsection (a), a State may*
10 *waive the requirement of paragraph (1) regard-*
11 *ing the assignment of a health professional if,*
12 *subject to subparagraph (B), the health profes-*
13 *sional enters into an agreement with the State to*
14 *provide primary health services in a full-time*
15 *private clinical practice in a health professional*
16 *shortage area.*

17 *“(B) The Secretary may not make a grant*
18 *under subsection (a) unless the State involved*
19 *agrees that, if the State provides a waiver under*
20 *subparagraph (A) for a health professional, sec-*
21 *tion 338D(b)(1) will apply to the agreement*
22 *under such subparagraph between the State and*
23 *the health professional to the same extent and in*
24 *the same manner as such section applies to an*
25 *agreement between the Secretary and a health*

1 *professional regarding a full-time private clinical*
2 *practice.”.*

3 **SEC. 205. GRANTS TO STATES FOR OPERATION OF STATE**
4 **OFFICES OF RURAL HEALTH.**

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

7 (1) *in subsection (b)(1), in the matter preceding*
8 *subparagraph (A), by striking “in cash”; and*

9 (2) *in subsection (j)(1)—*

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

11 (B) *by inserting before the period the follow-*
12 *ing: “, and such sums as may be necessary for*
13 *each of the fiscal years 1995 through 1997”.*

14 **SEC. 206. DEMONSTRATION GRANTS TO STATES FOR COM-**
15 **MUNITY SCHOLARSHIP PROGRAMS REGARD-**
16 **ING OBLIGATED SERVICE OF HEALTH PRO-**
17 **FSSIONALS.**

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

20 (1) *by striking “health manpower shortage” each*
21 *place such term appears and inserting “health profes-*
22 *sional shortage”;*

23 (2) *in subsection (e)—*

24 (A) *by striking paragraph (1);*

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

4 (C) in paragraph (1) (as so redesignated),
5 by inserting after “the individual” the following:
6 “who is to receive the scholarship under the con-
7 tract”;

8 (3) in subsection (k)(2), by striking “internal
9 medicine, pediatrics,” and inserting “general internal
10 medicine, general pediatrics,”; and

11 (4) in subsection (l)(1)—

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

13 (B) by inserting before the period the follow-
14 ing: “, and such sums as may be necessary for
15 each of the fiscal years 1995 through 1997”.

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

17 Section 317C of the Public Health Service Act (42
18 U.S.C. 247b-4) is amended to read as follows:

19 “PROGRAMS REGARDING BIRTH DEFECTS

20 “SEC. 317C. (a) The Secretary, acting through the Di-
21 rector of the Centers for Disease Control and Prevention,
22 shall carry out programs—

23 “(1) to collect, analyze, and make available data
24 on birth defects (in a manner that facilitates compli-
25 ance with subsection (d)(2)), including data on the

1 *causes of such defects and on the incidence and preva-*
2 *lence of such defects;*

3 “(2) *to support primary birth-defect prevention,*
4 *including information and education to the public on*
5 *the prevention of such defects;*

6 “(3) *to improve the education, training, and*
7 *clinical skills of health professionals with respect to*
8 *the prevention of such defects;*

9 “(4) *to carry out demonstration projects for the*
10 *prevention of such defects; and*

11 “(5) *to operate regional centers for the conduct*
12 *of applied epidemiological research on the prevention*
13 *of such defects.*

14 “(b) *ADDITIONAL PROVISIONS REGARDING COLLEC-*
15 *TION OF DATA.—*

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

18 “(A) *shall collect and analyze data by gen-*
19 *der and by racial and ethnic group, including*
20 *Hispanics, non-Hispanic whites, African Ameri-*
21 *cans, Native Americans, Asian Americans, and*
22 *Pacific Islanders;*

23 “(B) *shall collect data under subparagraph*
24 *(A) from birth certificates, death certificates, hos-*

1 *pital records, and such other sources as the Sec-*
2 *retary determines to be appropriate; and*

3 *“(C) shall encourage States to establish or*
4 *improve programs for the collection and analysis*
5 *of epidemiological data on birth defects, and to*
6 *make the data available.*

7 *“(2) NATIONAL CLEARINGHOUSE.—In carrying*
8 *out subsection (a)(1), the Secretary shall establish and*
9 *maintain a National Information Clearinghouse on*
10 *Birth Defects to collect and disseminate to health pro-*
11 *professionals and the general public information on birth*
12 *defects, including the prevention of such defects.*

13 *“(c) GRANTS AND CONTRACTS.—*

14 *“(1) IN GENERAL.—In carrying out subsection*
15 *(a), the Secretary may make grants to and enter into*
16 *contracts with public and nonprofit private entities.*

17 *“(2) SUPPLIES AND SERVICES IN LIEU OF*
18 *AWARD FUNDS.—*

19 *“(A) Upon the request of a recipient of an*
20 *award of a grant or contract under paragraph*
21 *(1), the Secretary may, subject to subparagraph*
22 *(B), provide supplies, equipment, and services*
23 *for the purpose of aiding the recipient in carry-*
24 *ing out the purposes for which the award is*
25 *made and, for such purposes, may detail to the*

1 *recipient any officer or employee of the Depart-*
2 *ment of Health and Human Services.*

3 “(B) *With respect to a request described in*
4 *subparagraph (A), the Secretary shall reduce the*
5 *amount of payments under the award involved*
6 *by an amount equal to the costs of detailing per-*
7 *sonnel and the fair market value of any supplies,*
8 *equipment, or services provided by the Secretary.*
9 *The Secretary shall, for the payment of expenses*
10 *incurred in complying with such request, expend*
11 *the amounts withheld.*

12 “(3) *APPLICATION FOR AWARD.—The Secretary*
13 *may make an award of a grant or contract under*
14 *paragraph (1) only if an application for the award*
15 *is submitted to the Secretary and the application is*
16 *in such form, is made in such manner, and contains*
17 *such agreements, assurances, and information as the*
18 *Secretary determines to be necessary to carry out the*
19 *purposes for which the award is to be made.*

20 “(d) *BIENNIAL REPORT.—Not later than February 1*
21 *of fiscal year 1995 and of every second such year thereafter,*
22 *the Secretary shall submit to the Committee on Energy and*
23 *Commerce of the House of Representatives, and the Commit-*
24 *tee on Labor and Human Resources of the Senate, a report*
25 *that, with respect to the preceding 2 fiscal years—*

1 “(1) contains information regarding the inci-
2 dence and prevalence of birth defects and the extent
3 to which birth defects have contributed to the inci-
4 dence and prevalence of infant mortality;

5 “(2) contains information under paragraph (1)
6 that is specific to various racial and ethnic groups
7 (including Hispanics, non-Hispanic whites, African
8 Americans, Native Americans, and Asian Americans);

9 “(3) contains an assessment of the extent to
10 which various approaches of preventing birth defects
11 have been effective;

12 “(4) describes the activities carried out under
13 this section; and

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

16 “(e) *AUTHORIZATION OF APPROPRIATIONS.*—For the
17 purpose of carrying out this section, there are authorized
18 to be appropriated such sums as may be necessary for each
19 of the fiscal years 1995 through 1997.”.

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

21 (a) *TECHNICAL CORRECTION REGARDING AMEND-*
22 *ATORY INSTRUCTIONS.*—Part D of title III of the Public
23 Health Service Act (42 U.S.C 254b et seq.), as amended
24 by section 104 of Public Law 103–183 (107 Stat. 2230),
25 is amended in the heading for subpart VIII by striking

1 *“Bulk” and all that follows and inserting the following:*
 2 *“Miscellaneous Provisions Regarding Primary Health*
 3 *Care”.* *The amendment made by the preceding sentence is*
 4 *deemed to have taken effect immediately after the enactment*
 5 *of Public Law 103–183.*

6 *(b) HEALTHY START FOR INFANTS.—Part D of title*
 7 *III of the Public Health Service Act, as amended by sub-*
 8 *section (a) of this section, is amended by adding at the end*
 9 *of subpart VIII the following section:*

10 *“HEALTHY START FOR INFANTS*

11 *“SEC. 340E. (a) GRANTS FOR COMPREHENSIVE SERV-*
 12 *ICES.—*

13 *“(1) IN GENERAL.—The Secretary may make*
 14 *grants for the operation of not more than 19 dem-*
 15 *onstration projects to provide the services described in*
 16 *subsection (b) for the purpose of reducing, in the geo-*
 17 *graphic areas in which the projects are carried out—*

18 *“(A) the incidence of infant mortality and*
 19 *morbidity;*

20 *“(B) the incidence of fetal deaths;*

21 *“(C) the incidence of maternal mortality;*

22 *“(D) the incidence of fetal alcohol syn-*
 23 *drome; and*

24 *“(E) the incidence of low-birthweight births.*

25 *“(2) ACHIEVEMENT OF YEAR 2000 HEALTH STA-*
 26 *TUS OBJECTIVES.—With respect to the objectives es-*

1 *tablished by the Secretary for the health status of the*
2 *population of the United States for the year 2000, the*
3 *Secretary shall, in providing for a demonstration*
4 *project under paragraph (1) in a geographic area,*
5 *seek to meet the objectives that are applicable to the*
6 *purpose described in such paragraph and the popu-*
7 *lations served by the project.*

8 *“(b) AUTHORIZED SERVICES.—*

9 *“(1) IN GENERAL.—Subject to subsection (h), the*
10 *services referred to in this subsection are comprehen-*
11 *sive services (including preventive and primary*
12 *health services for pregnant women and infants and*
13 *childhood immunizations in accordance with the*
14 *schedule recommended by the Secretary) for carrying*
15 *out the purpose described in subsection (a), including*
16 *services other than health services.*

17 *“(2) CERTAIN PROVIDERS.—The Secretary may*
18 *make a grant under subsection (a) only if the appli-*
19 *cant involved agrees that, in making any arrange-*
20 *ments under which other entities provide authorized*
21 *services in the demonstration project involved, the ap-*
22 *plicant will include among the entities with which the*
23 *arrangements are made grantees under any of sec-*
24 *tions 329, 330, 340, and 340A, if such grantees are*
25 *providing services in the service area of such project*

1 *and the grantees are willing to make such arrange-*
2 *ments with the applicant.*

3 “(c) *ELIGIBLE GEOGRAPHIC AREAS.*—*The Secretary*
4 *may make a grant under subsection (a) only if—*

5 “(1) *the applicant for the grant specifies the geo-*
6 *graphic area in which the demonstration project*
7 *under such subsection is to be carried out and agrees*
8 *that the project will not be carried out in other areas;*
9 *and*

10 “(2) *for the fiscal year preceding the first fiscal*
11 *year for which the applicant is to receive such a*
12 *grant, the rate of infant mortality in the geographic*
13 *area equals or exceeds 150 percent of the national av-*
14 *erage in the United States of such rates.*

15 “(d) *MINIMUM QUALIFICATIONS OF GRANTEES.*—

16 “(1) *PUBLIC OR NONPROFIT PRIVATE ENTI-*
17 *TIES.*—*The Secretary may make a grant under sub-*
18 *section (a) only if the applicant for the grant is a*
19 *State or local department of health, or other public or*
20 *nonprofit private entity, or a consortium of public or*
21 *nonprofit private entities.*

22 “(2) *APPROVAL OF POLITICAL SUBDIVISIONS.*—
23 *With respect to a proposed demonstration project*
24 *under subsection (a), the Secretary may make a grant*
25 *under such subsection only if—*

1 “(A) the chief executive officer of each polit-
2 ical subdivision in the service area of such
3 project approves the applicant for the grant as
4 being qualified to carry out the project; and

5 “(B) the leadership of any Indian tribe or
6 tribal organization with jurisdiction over any
7 portion of such area so approves the applicant.

8 “(3) STATUS AS MEDICAID PROVIDER.—

9 “(A) In the case of any service described in
10 subsection (b) that is available pursuant to the
11 State plan approved under title XIX of the So-
12 cial Security Act for a State in which a dem-
13 onstration project under subsection (a) is carried
14 out, the Secretary may make a grant under such
15 subsection for the project only if, subject to sub-
16 paragraph (B)—

17 “(i) the applicant for the grant will
18 provide the service directly, and the appli-
19 cant has entered into a participation agree-
20 ment under the State plan and is qualified
21 to receive payments under such plan; or

22 “(ii) the applicant will enter into an
23 agreement with a public or private entity
24 under which the entity will provide the
25 service, and the entity has entered into such

1 *a participation agreement under the State*
2 *plan and is qualified to receive such pay-*
3 *ments.*

4 “(B)(i) *In the case of an entity making an*
5 *agreement pursuant to subparagraph (A)(ii) re-*
6 *garding the provision of services, the requirement*
7 *established in such subparagraph regarding a*
8 *participation agreement shall be waived by the*
9 *Secretary if the entity does not, in providing*
10 *health care services, impose a charge or accept*
11 *reimbursement available from any third-party*
12 *payor, including reimbursement under any in-*
13 *surance policy or under any Federal or State*
14 *health benefits plan.*

15 “(ii) *A determination by the Secretary of*
16 *whether an entity referred to in clause (i) meets*
17 *the criteria for a waiver under such clause shall*
18 *be made without regard to whether the entity ac-*
19 *cepts voluntary donations regarding the provi-*
20 *sion of services to the public.*

21 “(e) *STATE APPROVAL OF PROJECT.—With respect to*
22 *a proposed demonstration project under subsection (a), the*
23 *Secretary may make a grant under such subsection to the*
24 *applicant involved only if—*

1 “(1) the chief executive officer of the State in
2 which the project is to be carried out approves the
3 proposal of the applicant for carrying out the project;
4 and

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

8 “(f) *ELIGIBILITY FOR SERVICES PROVIDED WITH*
9 *GRANT FUNDS.*—The Secretary may make a grant under
10 subsection (a) only if the applicant involved agrees as fol-
11 lows:

12 “(1) With respect to any authorized service
13 under subsection (b), if the service is a service that the
14 State involved is required or has elected to provide
15 under title XIX of the Social Security Act, the grant
16 will not be expended to provide the service to any in-
17 dividual to whom the State is required or has elected
18 under such title to provide the service.

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

1 “(A) under a health insurance policy or
2 plan (including a group health plan or a pre-
3 paid health plan);

4 “(B) under any Federal or State health ben-
5 efits program, including any program under
6 title V, XVIII, or XIX of the Social Security Act;
7 or

8 “(C) under subpart II of part B of title XIX
9 of this Act.

10 “(g) MAINTENANCE OF EFFORT.—

11 “(1) GRANTEE.—With respect to authorized serv-
12 ices under subsection (b), the Secretary may make a
13 grant under subsection (a) only if the applicant in-
14 volved agrees to maintain expenditures of non-Federal
15 amounts for such services at a level that is not less
16 than the level of such expenditures maintained by the
17 applicant for fiscal year 1991.

18 “(2) RELEVANT POLITICAL SUBDIVISIONS.—With
19 respect to authorized services under subsection (b), the
20 Secretary may make a grant under subsection (a)
21 only if each political subdivision in the service area
22 of the demonstration project involved agrees to main-
23 tain expenditures of non-Federal amounts for such
24 services at a level that is not less than the level of

1 *such expenditures maintained by the political sub-*
2 *division for fiscal year 1991.*

3 *“(h) RESTRICTIONS ON EXPENDITURE OF GRANT.—*

4 *“(1) IN GENERAL.—Except as provided in para-*
5 *graph (3), the Secretary may make a grant under*
6 *subsection (a) only if the applicant involved agrees*
7 *that the grant will not be expended—*

8 *“(A) to provide inpatient services, except*
9 *with respect to residential treatment for sub-*
10 *stance abuse provided in settings other than hos-*
11 *pitals;*

12 *“(B) to make cash payments to intended re-*
13 *cipients of health services or mental health serv-*
14 *ices; or*

15 *“(C) to purchase or improve real property*
16 *(other than minor remodeling of existing im-*
17 *provements to real property) or to purchase*
18 *major medical equipment (other than mobile*
19 *medical units for providing ambulatory prenatal*
20 *services).*

21 *“(2) ADMINISTRATIVE EXPENSES; DATA COLLEC-*
22 *TION.—The Secretary may make a grant under sub-*
23 *section (a) only if the applicant involved agrees that*
24 *not more than an aggregate 10 percent of the grant*

1 *will be expended for administering the grant and the*
2 *collection and analysis of data.*

3 *“(3) WAIVER.—If the Secretary finds that the*
4 *purpose described in subsection (a) cannot otherwise*
5 *be carried out, the Secretary may, with respect to an*
6 *otherwise qualified applicant, waive the restriction es-*
7 *tablished in paragraph (1)(C).*

8 *“(i) DETERMINATION OF CAUSE OF INFANT*
9 *DEATHS.—The Secretary may make a grant under sub-*
10 *section (a) only if the applicant involved—*

11 *“(1) agrees to provide for a determination of the*
12 *cause of each infant death in the service area of the*
13 *demonstration project involved; and*

14 *“(2) the applicant has made such arrangements*
15 *with public entities as may be necessary to carry out*
16 *paragraph (1).*

17 *“(j) ANNUAL REPORTS TO SECRETARY.—The Sec-*
18 *retary may make a grant under subsection (a) only if the*
19 *applicant involved agrees that, for each fiscal year for*
20 *which the applicant operates a demonstration project under*
21 *such subsection the applicant will, not later than April 1*
22 *of the subsequent fiscal year, submit to the Secretary a re-*
23 *port providing the following information with respect to the*
24 *project:*

1 “(1) The number of individuals that received au-
2 thorized services, and the demographic characteristics
3 of the population of such individuals.

4 “(2) The types of authorized services provided,
5 including the types of ambulatory prenatal services
6 provided and the trimester of the pregnancy in which
7 the services were provided.

8 “(3) The sources of payment for the authorized
9 services provided.

10 “(4) The extent to which children under age 2 re-
11 ceiving authorized services have received the appro-
12 priate number and variety of immunizations against
13 vaccine-preventable diseases.

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

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

19 “(7) The extent to which, in the service area in-
20 volved, progress is being made toward meeting the
21 participation goals established for the State by the
22 Secretary under section 1905(r) of the Social Security
23 Act (relating to early periodic screening, diagnostic,
24 and treatment services for children under the age of
25 21).

1 “(k) *COMMUNITY PARTICIPATION.*—The Secretary may
2 make a grant under subsection (a) only if the applicant
3 involved agrees that, in preparing the proposal of the appli-
4 cant for the demonstration project involved, and in the op-
5 eration of the project, the applicant will consult with the
6 residents of the service area for the project and with public
7 and nonprofit private entities that provide authorized serv-
8 ices to such residents.

9 “(l) *APPLICATION FOR GRANT.*—The Secretary may
10 make a grant under subsection (a) only if an application
11 for the grant is submitted to the Secretary and the applica-
12 tion is in such form, is made in such manner, and contains
13 such agreements, assurances, and information as the Sec-
14 retary determines to be necessary to carry out this sub-
15 section.

16 “(m) *REPORT TO CONGRESS.*—Not later than Feb-
17 ruary 1, 1998, the Secretary shall submit to the Committee
18 on Energy and Commerce of the House of Representatives,
19 and the Committee on Labor and Human Resources of the
20 Senate, a report—

21 “(1) summarizing the reports received by the
22 Secretary under subsection (j);

23 “(2) describing the extent to which the Secretary
24 has, in the service areas of such projects, been success-

1 *ful in meeting the health status objectives specified in*
2 *subsection (a)(2); and*

3 *“(3) describing the extent to which demonstra-*
4 *tion projects under subsection (a) have been cost effec-*
5 *tive.*

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

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

15 *“(1) The term ‘authorized services’ means the*
16 *services specified in subsection (b).*

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

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

24 *“(p) AUTHORIZATION OF APPROPRIATIONS.—For the*
25 *purpose of carrying out this section, there are authorized*

1 *to be appropriated such sums as may be necessary for each*
2 *of the fiscal years 1995 through 1997.*

3 *“(q) SUNSET.—Effective October 1, 1997, this section*
4 *is repealed.”.*

5 *(b) CERTAIN PROVISIONS REGARDING REPORTS.—*

6 *(1) FISCAL YEAR 1995.—With respect to grants*
7 *under section 340E of the Public Health Service Act*
8 *(as added by subsection (b) of this section), the Sec-*
9 *retary of Health and Human Services may make a*
10 *grant under such section for fiscal year 1995 only if*
11 *the applicant for the grant agrees to submit to the*
12 *Secretary, not later than April 1 of such year, a re-*
13 *port on any federally-supported project of the appli-*
14 *cant that is substantially similar to the demonstra-*
15 *tion projects authorized in such section 340E, which*
16 *report provides, to the extent practicable, the informa-*
17 *tion described in subsection (j) of such section.*

18 *(2) FISCAL YEAR 1997.—With respect to grants*
19 *for fiscal year 1997 under section 340E of the Public*
20 *Health Service Act (as added by subsection (b) of this*
21 *section), the requirement under subsection (j) of such*
22 *section that a report be submitted not later than*
23 *April 1, 1998, remains in effect notwithstanding the*
24 *repeal of such section pursuant to subsection (q) of*
25 *such section.*

1 (c) *LAPSE OF FUNDS.*—Effective October 1, 1997, all
2 unexpended portions of amounts appropriated for grants
3 under 340E of the Public Health Service Act (as added by
4 subsection (b) of this section) are unavailable for obligation
5 or expenditure, without regard to whether the amounts have
6 been received by the grantees involved.

7 (d) *USE OF GENERAL AUTHORITY UNDER PUBLIC*
8 *HEALTH SERVICE ACT.*—With respect to the program es-
9 tablished in section 340E of the Public Health Service Act
10 (as added by subsection (b) of this section), section 301 of
11 such Act may not be construed as providing to the Secretary
12 of Health and Human Services any authority to carry out,
13 during any fiscal year in which such program is in oper-
14 ation, any demonstration project to provide any of the serv-
15 ices specified in subsection (b) of such section 340E.

16 **SEC. 209. DEMONSTRATION PROJECTS REGARDING DIA-**
17 **BETIC-RETINOPATHY.**

18 (a) *IN GENERAL.*—The Secretary of Health and
19 Human Services, acting through the Director of the Centers
20 for Disease Control and Prevention and in consultation
21 with the Director of the National Eye Institute, may make
22 grants to public and nonprofit private entities for dem-
23 onstration projects to serve the populations specified in sub-
24 section (b) by carrying out, with respect to the eye disorder
25 known as diabetic retinopathy, activities regarding infor-

1 *mation, identification, dissemination, education, and pre-*
 2 *vention.*

3 (b) *RELEVANT POPULATIONS.*—*The populations re-*
 4 *ferred to in subsection (a) are minority populations that*
 5 *are at significant risk of contracting diabetes mellitus.*

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

10 ***TITLE III—HEALTH***
 11 ***PROFESSIONS PROGRAMS***

12 ***SEC. 301. PRIMARY CARE SCHOLARSHIPS FOR STUDENTS***
 13 ***FROM DISADVANTAGED BACKGROUNDS.***

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

16 ***“SEC. 736. PRIMARY CARE SCHOLARSHIPS FOR STUDENTS***
 17 ***FROM DISADVANTAGED BACKGROUNDS.***

18 *“(a) IN GENERAL.—The Secretary may in accordance*
 19 *with this section award scholarships to individuals de-*
 20 *scribed in subsection (b) for the purpose of assisting the in-*
 21 *dividuals with the costs of attending schools of medicine or*
 22 *osteopathic medicine, schools of dentistry, schools of nursing*
 23 *(as defined in section 853), graduate programs in mental*
 24 *health practice, and programs for the training of physician*
 25 *assistants.*

1 “(b) *ELIGIBLE INDIVIDUALS.*—An individual referred
2 to in subsection (a) is any individual meeting the following
3 conditions:

4 “(1) *The individual is from a disadvantaged*
5 *background.*

6 “(2) *The individual is enrolled (or accepted for*
7 *enrollment) at an eligible school as a full-time student*
8 *in a program leading to a degree in a health profes-*
9 *sion.*

10 “(3) *The individual enters into the contract re-*
11 *quired pursuant to subsection (d) as a condition of*
12 *receiving the scholarship (relating to an agreement to*
13 *provide primary health services in a health profes-*
14 *sional shortage area designated under section 332).*

15 “(c) *PREFERENCES REGARDING AWARDS; SPECIAL*
16 *CONSIDERATION.*—In awarding scholarships under sub-
17 section (a), the Secretary shall—

18 “(1) *give preference to eligible individuals for*
19 *whom the costs of attending the school involved would*
20 *constitute a severe financial hardship; and*

21 “(2) *give special consideration to eligible indi-*
22 *viduals who received scholarships pursuant to this*
23 *section, section 737, or section 740(d)(2) for fiscal*
24 *year 1993 or 1994 and are seeking scholarships for*
25 *attendance at eligible schools that received a grant*

1 *under any of such sections for any of such fiscal*
2 *years.*

3 “(d) *APPLICABILITY OF CERTAIN PROVISIONS.—Ex-*
4 *cept as inconsistent with this section, the provisions of sub-*
5 *part III of part D of title III apply to an award of a schol-*
6 *arship under subsection (a) to the same extent and in the*
7 *same manner as such provisions apply to an award of a*
8 *scholarship under section 338A. This section shall be car-*
9 *ried out by the bureau that administers such subpart III.*

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

11 “(1) *The term ‘eligible individual’ means an in-*
12 *dividual described in subsection (b).*

13 “(2) *The term ‘eligible school’ means a school or*
14 *program specified in subsection (a).*

15 “(f) *FUNDING.—*

16 “(1) *AUTHORIZATION OF APPROPRIATIONS.—For*
17 *the purpose of carrying out this section, there are au-*
18 *thorized to be appropriated \$28,000,000 for fiscal*
19 *year 1995, \$38,000,000 for fiscal year 1996, and*
20 *\$48,000,000 for fiscal year 1997. Such authorization*
21 *is in addition to the authorization of appropriations*
22 *established in section 740(e).*

23 “(2) *ALLOCATIONS BY SECRETARY.—Of the*
24 *amounts appropriated for a fiscal year under para-*
25 *graph (1), the Secretary shall make available—*

1 “(A) 20 percent for scholarships under sub-
2 section (a) for attendance at schools of nursing;
3 and

4 “(B) 15 percent for scholarships under such
5 subsection for attendance at graduate programs
6 in mental health practice.”.

7 (b) CERTAIN PROGRAMS OF OBLIGATED SERVICE.—

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

10 (2) RULE OF CONSTRUCTION.—Paragraph (1)
11 does not terminate agreements that, on the day before
12 the effective date under section 901, are in effect pur-
13 suant to section 795 of the Public Health Service Act.
14 Such agreements continue in effect in accordance with
15 the terms of the agreements. With respect to compli-
16 ance with such agreements, any period of practice as
17 a provider of primary health services (whether pro-
18 vided pursuant to other agreements with the Federal
19 Government or whether provided otherwise) counts to-
20 ward satisfaction of the requirement of practice pur-
21 suant to such section 795.

1 **SEC. 302. SCHOLARSHIPS GENERALLY; CERTAIN OTHER**
2 **PURPOSES.**

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

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

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

10 (b) *ELIGIBLE INDIVIDUALS.*—

11 (1) *IN GENERAL.*—Section 737(a)(2) of the Pub-
12 lic Health Service Act (42 U.S.C. 293a(a)(2)) is
13 amended to read as follows:

14 “(2) *ELIGIBLE INDIVIDUALS.*—An individual re-
15 ferred to in paragraph (1) is any individual meeting
16 the following conditions:

17 “(A) The individual is from a disadvan-
18 taged background.

19 “(B) The individual is enrolled (or accepted
20 for enrollment) as a full-time student in a health
21 professions school specified in paragraph (3).

22 “(C) The individual enters into the contract
23 required pursuant to subsection (e) as a condi-
24 tion of receiving the scholarship under para-
25 graph (1) (relating to an agreement to provide
26 services).”.

1 (2) *CERTAIN REQUIREMENT.*—Section 737 of the
2 *Public Health Service Act (42 U.S.C. 293a)* is
3 *amended—*

4 (A) *in subsection (a)(1), by striking “sub-*
5 *section (e)” and inserting “subsection (f)”;*

6 (B) *by redesignating subsections (e) through*
7 *(h) as subsections (f) through (i), respectively;*
8 *and*

9 (C) *by inserting after subsection (d) the fol-*
10 *lowing subsection:*

11 “(e) *APPLICABILITY OF CERTAIN PROVISIONS.*—

12 “(1) *IN GENERAL.*—*Except as inconsistent with*
13 *this section, and subject to paragraph (2), the provi-*
14 *sions of subpart III of part D of title III apply to*
15 *an award of a scholarship under subsection (a) to the*
16 *same extent and in the same manner as such provi-*
17 *sions apply to an award of a scholarship under sec-*
18 *tion 338A. This section shall be carried out by the bu-*
19 *reau that administers such subpart III.*

20 “(2) *CERTAIN INDIVIDUALS.*—

21 “(A) *In the case of an individual who re-*
22 *ceives a scholarship under subsection (a) for at-*
23 *tendance at a school of veterinary medicine, the*
24 *contract referred to in subsection (a)(2)(C) is a*
25 *contract under which the individual agrees that,*

1 *after completing training in such medicine, the*
2 *individual will, in accordance with requirements*
3 *established under subparagraph (B), conduct or*
4 *assist in the conduct of research regarding*
5 *human health or safety. Except as inconsistent*
6 *with this section, the provisions specified in*
7 *paragraph (1) with respect to title III apply to*
8 *such a scholarship to the same extent and in the*
9 *same manner as such provisions apply to an*
10 *award of a scholarship under section 338A.*

11 *“(B) The Secretary shall establish require-*
12 *ments regarding contracts under subparagraph*
13 *(A).”.*

14 (c) *FUNDING.—Section 737(i) of the Public Health*
15 *Service Act, as redesignated by subsection (b)(2) of this sec-*
16 *tion, is amended—*

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

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

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

3 (a) *LOAN REPAYMENTS.*—Section 738(a) of the Public
4 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 a
12 determination of the amount of compensation to
13 be provided by the school to the individual for
14 serving as a member of the faculty, will make the
15 determination without regard to the amount of
16 payments made (or to be made) to the individual
17 by the Federal Government under paragraph
18 (1).”.

19 (b) *AUTHORIZATION OF APPROPRIATIONS REGARDING*
20 *LOAN REPAYMENTS AND FELLOWSHIPS.*—Section 738(c) of
21 the Public Health Service Act (42 U.S.C. 293b(c)) is
22 amended by striking “there is” and all that follows and in-
23 serting the following: “there is authorized to be appro-
24 priated \$1,000,000 for each of the fiscal years 1995 through
25 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” each
5 place such term appears and inserting “designated
6 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 the
11 *Public Health Service Act (42 U.S.C. 293c(b))*, as amended
12 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 in-
21 stitutions of higher education and to prepare the stu-
22 dents academically for pursuing a career in the
23 health professions;”;

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 follow-
2 ing: “, including research on issues relating to
3 the delivery of health care”; and

4 (5)(A) in paragraph (4), by striking “and” after
5 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 of
11 the school in providing health services through train-
12 ing provided at community-based health facilities
13 that provide such services to a significant number of
14 disadvantaged individuals and that are located at a
15 site remote from the main site of the teaching facili-
16 ties of the school.”.

17 (c) *REQUIREMENTS REGARDING CONSORTIA.*—

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

21 (A) in subparagraph (A), in the matter pre-
22 ceding clause (i), by striking “specified in sub-
23 paragraph (B)” and inserting “specified in sub-
24 paragraphs (B) and (C)”;

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

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

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

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

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, os-
5 teopathic 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 en-
10 tered into an agreement for the allocation of such
11 grant among the schools; and

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

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

20 “(A) the school has formed a consortium in
21 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 condi-
25 tions.”.

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

4 (A) in subsection (b), in the matter preced-
5 ing paragraph (1), by inserting “, subject to sub-
6 section (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 under
14 subsection (e)(2), a health professions school that does
15 not meet the conditions specified in subsection
16 (c)(1)(B) may not be designated as a center of excel-
17 lence for purposes of this section. The preceding sen-
18 tence applies without regard to whether a grant under
19 subsection (a) is, pursuant to subsection (c)(1)(C),
20 being expended with respect to the school.”.

21 (d) *DEFINITION OF HEALTH PROFESSIONS SCHOOL.*—

22 (1) *GRADUATE PROGRAMS IN MENTAL HEALTH*
23 *PRACTICE.*—Section 739(h)(1)(A) of the Public Health
24 Service Act (42 U.S.C. 293c(h)(1)(A)), as amended by
25 subsection (a), is amended by—

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

2 (B) by inserting before the period the follow-
3 ing: “, or a graduate program in mental health
4 practice”.

5 (2) LIMITATION.—During the fiscal years 1995
6 through 1997, the Secretary of Health and Human
7 Services may not make more than one grant under
8 section 739 of the Public Health Service Act directly
9 to a graduate program in mental health practice (as
10 defined in section 799 of such Act).

11 (e) FUNDING.—Section 739(i) of the Public Health
12 Service Act (42 U.S.C. 293c(i)), as amended by subsection
13 (a), is amended to read as follows:

14 “(i) FUNDING.—

15 “(1) AUTHORIZATION OF APPROPRIATIONS.—For
16 the purpose of making grants under subsection (a),
17 there are authorized to be appropriated \$28,000,000
18 for fiscal year 1995, \$30,000,000 for fiscal year 1996,
19 and \$32,000,000 for fiscal year 1997.

20 “(2) ALLOCATIONS BY SECRETARY.—

21 “(A) Of the amounts appropriated under
22 paragraph (1) for a fiscal year, the Secretary
23 shall make available \$12,000,000 for grants
24 under subsection (a) to health professions schools
25 that are eligible for such grants pursuant to

1 *meeting the conditions described in paragraph*
2 *(2)(A) of subsection (c).*

3 *“(B) Of the amounts appropriated under*
4 *paragraph (1) for a fiscal year and available*
5 *after compliance with subparagraph (A), the*
6 *Secretary shall make available 65 percent for*
7 *grants under subsection (a) to health professions*
8 *schools that are eligible for such grants pursuant*
9 *to meeting the conditions described in paragraph*
10 *(3) or (4) of subsection (c) (including meeting*
11 *conditions pursuant to subsection (e)(2)).*

12 *“(C)(i) Of the amounts appropriated under*
13 *paragraph (1) for a fiscal year and available*
14 *after compliance with subparagraph (A), the*
15 *Secretary shall make available 35 percent for*
16 *grants under subsection (a) to health professions*
17 *schools that are eligible for such grants pursuant*
18 *to meeting the conditions described in paragraph*
19 *(5) of subsection (c).*

20 *“(ii) With respect to a fiscal year, a grant*
21 *under subsection (a) that includes amounts*
22 *available under subparagraph (A) may not in-*
23 *clude amounts available under clause (i) unless*
24 *each of the following conditions is met:*

1 “(I) In the case of amounts available
2 under subparagraph (B) or clause (i) and
3 included in grants made pursuant to sub-
4 section (c)(3), the aggregate number of such
5 grants is not less than such aggregate num-
6 ber for the preceding fiscal year, and one or
7 more of such grants is made in an amount
8 that is not less than the lowest amount
9 among grants made from amounts available
10 under subparagraph (A).

11 “(II) In the case of amounts available
12 under subparagraph (B) or clause (i) and
13 included in grants made pursuant to sub-
14 section (c)(4), the aggregate number of such
15 grants is not less than such aggregate num-
16 ber for the preceding fiscal year, and one or
17 more of such grants is made in an amount
18 that is not less than the lowest amount
19 among grants made from amounts available
20 under subparagraph (A).

21 “(III) In the case of amounts available
22 under clause (i) and included in grants
23 made pursuant to subsection (c)(5) (exclu-
24 sive of grants that include amounts avail-
25 able under subparagraph (A) or (B)), the

1 *aggregate number of such grants is not less*
2 *than such aggregate number for the preced-*
3 *ing fiscal year, and one or more of such*
4 *grants is made in an amount that is not*
5 *less than the lowest amount among grants*
6 *made from amounts available under sub-*
7 *paragraph (A).*

8 “(IV) *The aggregate amount of grants*
9 *under subsection (a) made from amounts*
10 *available under subparagraph (B) and*
11 *clause (i) (other than grants that include*
12 *amounts available under subparagraph (A))*
13 *is, in the case of fiscal year 1995, not less*
14 *than the sum of such aggregate amount for*
15 *fiscal year 1994 and the total amount by*
16 *which grants are required under subclauses*
17 *(I) through (III) to be increased; and is, in*
18 *the case of fiscal year 1996 and each subse-*
19 *quent fiscal year, not less than such aggre-*
20 *gate amount for the preceding fiscal year.”.*

21 *(f) CONFORMING AMENDMENTS.—Section 739(c) of the*
22 *Public Health Service Act (42 U.S.C. 293c(c)), as amended*
23 *by subsection (a), is amended—*

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

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

7 (g) *TRANSITIONAL AND SAVINGS PROVISIONS.—*

8 (1) *IN GENERAL.—In the case of any entity re-*
9 *ceiving a grant under section 739 of the Public*
10 *Health Service Act for fiscal year 1994, the Secretary*
11 *of Health and Human Services shall, during the pe-*
12 *riod specified in paragraph (2), waive any or all of*
13 *the additional requirements established pursuant to*
14 *this section for the receipt or expenditure of such a*
15 *grant, subject to the entity providing assurances satis-*
16 *factory to the Secretary that the entity is making*
17 *progress toward meeting such requirements.*

18 (2) *RELEVANT PERIOD.—In the case of any en-*
19 *tity receiving a grant under section 739 of the Public*
20 *Health Service Act for fiscal year 1994, the period re-*
21 *ferred to in paragraph (1) is the period that, in first*
22 *approving the grant, the Secretary specified as the*
23 *duration of the grant.*

1 **SEC. 305. EDUCATIONAL ASSISTANCE REGARDING UNDER-**
2 **GRADUATES.**

3 (a) *IN GENERAL.*—Section 740 of the Public Health
4 Service Act (42 U.S.C. 293d) is amended to read as follows:

5 **“SEC. 740. ASSISTANCE REGARDING HEALTH PROFESSIONS**
6 **AS CAREER CHOICE.**

7 “(a) *IN GENERAL.*—

8 “(1) *ACADEMIC PREPARATION OF STUDENTS.*—
9 Subject to the provisions of this section, the Secretary
10 may make grants and enter into contracts for pur-
11 poses of—

12 “(A) identifying individuals who—

13 “(i) are students of elementary schools,
14 or students or graduates of secondary
15 schools or of institutions of higher edu-
16 cation;

17 “(ii) are from disadvantaged back-
18 grounds; and

19 “(iii) are interested in a career in the
20 health professions; and

21 “(B) providing to such individuals aca-
22 demic assistance, counseling, and other services
23 to prepare the students to meet the academic re-
24 quirements for entry into health professions
25 schools.

1 “(2) *RECIPIENTS OF GRANTS AND CONTRACTS.*—
2 *The Secretary may make an award of a grant or con-*
3 *tract under paragraph (1) only if the applicant for*
4 *the award is a nonprofit private community-based or-*
5 *ganization or other public or nonprofit private entity.*
6 *Such other entities include schools of medicine, osteo-*
7 *pathic medicine, public health, dentistry, veterinary*
8 *medicine, optometry, pharmacy, allied health, chiro-*
9 *practic, and podiatric medicine, and include grad-*
10 *uate programs in mental health practice.*

11 “(3) *CERTAIN USES OF AWARDS.*—*The purposes*
12 *for which the Secretary may authorize an award*
13 *under paragraph (1) to be expended include the fol-*
14 *lowing:*

15 “(A) *Assisting elementary and secondary*
16 *schools and institutions of higher education in*
17 *developing or improving programs to prepare*
18 *students to meet the academic requirements for*
19 *entry into health professions schools.*

20 “(B) *Establishing arrangements with non-*
21 *profit private community-based providers of pri-*
22 *mary health services under which students are*
23 *provided with opportunities to visit or work at*
24 *facilities of such providers and gain experience*

1 *regarding a career in a field of primary health*
2 *care.*

3 “(C) *Developing or improving programs to*
4 *enhance the academic preparation of advanced,*
5 *prehealth professions students or*
6 *postbaccalaureate individuals to successfully*
7 *enter a health professions school.*

8 “(D) *In the case of an award under para-*
9 *graph (1) that the Secretary has authorized to be*
10 *expended for the purpose described in subpara-*
11 *graph (B) or (C), paying such stipends as the*
12 *Secretary may approve for individuals from dis-*
13 *advantaged backgrounds for any period of edu-*
14 *cation in student-enhancement programs (other*
15 *than regular courses), except that such a stipend*
16 *may not be provided to an individual for more*
17 *than 12 months, and such a stipend shall be in*
18 *an amount of \$25 per day (notwithstanding any*
19 *other provision of law regarding the amount of*
20 *stipends).*

21 “(b) *MINIMUM REQUIREMENTS FOR AWARDS.—*

22 “(1) *ASSURANCES REGARDING FINANCIAL CAPAC-*
23 *ITY.—The Secretary may make an award of a grant*
24 *or contract under subsection (a) only if the applicant*
25 *provides assurances satisfactory to the Secretary that,*

1 *with respect to the activities for which the award is*
2 *to be made, the applicant has or will have the finan-*
3 *cial capacity to continue the activities after the eligi-*
4 *bility of the applicant for such awards for such ac-*
5 *tivities is terminated pursuant to subsection (d).*

6 *“(2) COLLABORATION AMONG VARIOUS ENTI-*
7 *TIES.—The Secretary may make an award of a grant*
8 *or contract under subsection (a) only if the applicant*
9 *for the award has entered into an agreement with any*
10 *schools, institutions, community-based organizations,*
11 *or other entities with which the applicant will col-*
12 *laborate in carrying out activities under the award,*
13 *and the agreement specifies whether and to what ex-*
14 *tent the award will be allocated among the applicant*
15 *and the entities.*

16 *“(3) MATCHING FUNDS.—*

17 *“(A) With respect to the costs of the activi-*
18 *ties to be carried out under subsection (a) by an*
19 *applicant, the Secretary may make an award of*
20 *a grant or contract under such subsection only*
21 *if the applicant agrees to make available (di-*
22 *rectly or through donations from public or pri-*
23 *vate entities), in cash, non-Federal contributions*
24 *toward such costs in an amount that—*

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

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

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

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

10 “(v) for any sixth or subsequent such
11 fiscal year, is not less than 80 percent of
12 such costs.

13 “(B) Amounts provided by the Federal Gov-
14 ernment may not be included in determining the
15 amount of non-Federal contributions required in
16 subparagraph (A).

17 “(C) The Secretary may not require non-
18 Federal contributions for the first fiscal year for
19 which an applicant receives a grant under sub-
20 section (a).

21 “(c) PREFERENCE IN MAKING AWARDS.—

22 “(1) IN GENERAL.—Subject to paragraph (2), in
23 making awards of grants and contracts under sub-
24 section (a), the Secretary shall give preference to any
25 applicant that has made an arrangement with 1 or

1 *more elementary schools, an arrangement with 1 or*
2 *more secondary schools, an arrangement with 1 or*
3 *more institutions of higher education, an arrange-*
4 *ment with 1 or more health professions schools, and*
5 *an arrangement with 1 or more community-based or-*
6 *ganizations, the purpose of which arrangements is to*
7 *establish a program as follows:*

8 *“(A) With respect to the elementary schools*
9 *involved, the program carries out the purposes*
10 *described in subsection (a)(1).*

11 *“(B) After a student identified pursuant to*
12 *paragraph (1) enters the secondary school in-*
13 *involved, the program continues to carry out such*
14 *purposes with respect to the student.*

15 *“(C) After graduating from the secondary*
16 *school, the student enters the institution of higher*
17 *education involved, subject to meeting reasonable*
18 *academic requirements, and the program contin-*
19 *ues to carry out such purposes with respect to*
20 *the student.*

21 *“(D) After graduating from the institution*
22 *of higher education, the student enters the health*
23 *professions school involved, subject to meeting*
24 *reasonable academic requirements.*

1 “(2) *REQUIREMENT REGARDING SCHOOLS AND*
2 *INSTITUTIONS.*—For purposes of paragraph (1), an
3 applicant may not receive preference unless the
4 schools or institutions with which arrangements have
5 been made are schools or institutions whose enroll-
6 ment of students includes a significant number of in-
7 dividuals from disadvantaged backgrounds.

8 “(d) *LIMITATION ON YEARS OF FUNDING FOR PAR-*
9 *TICULAR ACTIVITIES.*—With respect to a particular activity
10 carried out under paragraph (1) or (3) of subsection (a)
11 by an entity, the Secretary may not, for the activity in-
12 volved, provide more than 6 years of financial assistance
13 under such subsection to the entity.

14 “(e) *FUNDING.*—

15 “(1) *AUTHORIZATION OF APPROPRIATIONS.*—For
16 the purpose of carrying out this section and section
17 736, there are authorized to be appropriated
18 \$32,000,000 for fiscal year 1995, \$36,000,000 for fis-
19 cal year 1996, and \$38,000,000 for fiscal year 1997.

20 “(2) *ALLOCATIONS.*—Of the amounts appro-
21 priated under paragraph (1) for a fiscal year, the
22 Secretary shall obligate not less than 20 percent for
23 carrying out subsection (a)(3)(B) and not less than
24 20 percent for providing scholarships under section
25 736.”.

1 (b) *TRANSITIONAL AND SAVINGS PROVISION.*—In the
 2 case of an entity that received an award of a grant or con-
 3 tract for fiscal year 1994 under section 740 of the Public
 4 Health Service Act, the Secretary of Health and Human
 5 Services may continue in effect the award in accordance
 6 with the terms of the award, subject to the duration of the
 7 award not exceeding the period determined by the Secretary
 8 in first approving the award. The preceding sentence ap-
 9 plies notwithstanding the amendment made by subsection
 10 (a) of this section.

11 **SEC. 306. STUDENT LOANS REGARDING SCHOOLS OF NURS-**
 12 **ING.**

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

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

17 (2) in paragraph (2)—

18 (A) in subparagraph (A), by striking “and”
 19 at the end; and

20 (B) by inserting before the semicolon at the
 21 end the following: “, and (C) such additional pe-
 22 riods under the terms of paragraph (8) of this
 23 subsection”;

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

1 (4) by adding at the end the following para-
2 graph:

3 “(8) pursuant to uniform criteria established by
4 the Secretary, the repayment period established under
5 paragraph (2) for any student borrower who during
6 the repayment period failed to make consecutive pay-
7 ments and who, during the last 12 months of the re-
8 payment period, has made at least 12 consecutive
9 payments may be extended for a period not to exceed
10 10 years.”.

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

12 (a) AUTHORIZATION OF APPROPRIATIONS REGARDING
13 CERTAIN MEDICAL SCHOOLS.—

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

17 (A) by transferring subsection (f) of section
18 735 from the current placement of the subsection;

19 (B) by adding the subsection at the end of
20 section 723;

21 (C) by redesignating the subsection as sub-
22 section (e); and

23 (D) in subsection (e)(1) of section 723 (as
24 so redesignated), by striking “1996” and insert-
25 ing “1997”.

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

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

7 (B) by striking “such section” and inserting
 8 “such subsection”.

9 (b) *AUTHORIZATION OF APPROPRIATIONS REGARDING*
 10 *INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.*—Sec-
 11 tion 724(f)(1) of the Public Health Service Act (42 U.S.C.
 12 292t(f)(1)) is amended to read as follows:

13 “(1) *IN GENERAL.*—With respect to making Fed-
 14 eral capital contributions to student loan funds for
 15 purposes of subsection (a), other than the student loan
 16 fund of any school of medicine or osteopathic medi-
 17 cine, there is authorized to be appropriated
 18 \$5,000,000 for each of the fiscal years 1995 through
 19 1997.”.

20 **TITLE IV—RESEARCH**

21 **SEC. 401. OFFICE OF RESEARCH ON MINORITY HEALTH.**

22 Section 404 of the Public Health Service Act (42
 23 U.S.C. 283(b)) is amended by adding at the end the follow-
 24 ing subsections:

1 “(c) *PLAN.*—Subject to applicable law, the Director of
2 the Office, in consultation with the advisory committee es-
3 tablished under subsection (d), shall develop and implement
4 a plan for carrying out the duties established in subsection
5 (b). The Director shall review the plan not less than annu-
6 ally, and revise the plan as appropriate.

7 “(d) *ADVISORY COMMITTEE.*—

8 “(1) In carrying out subsection (b), the Director
9 of the Office shall establish an advisory committee to
10 be known as the Advisory Committee on Research on
11 Minority Health (in this subsection referred to as the
12 ‘Committee’).

13 “(2)(A) The Committee shall be composed of
14 nonvoting, *ex officio* members designated in accord-
15 ance with subparagraph (B) and voting members ap-
16 pointed in accordance with subparagraph (C).

17 “(B) The Secretary shall designate as *ex officio*
18 members of the Committee the Directors of each of the
19 national research institutes and the Deputy Assistant
20 Secretary for Minority Health (except that any of
21 such officials may designate another officer or em-
22 ployee of the office or agency involved to serve as a
23 member of the Committee in lieu of the official).

24 “(C) The Director of the Office shall appoint as
25 voting members of the Committee not fewer than 12

1 *and not more than 18 individuals who are not offi-*
2 *cers or employees of the Federal Government. The ap-*
3 *pointments shall be made from among scientists and*
4 *health professionals whose clinical practice, research*
5 *specialization, or professional expertise includes sig-*
6 *nificant expertise in research on minority health. The*
7 *appointed membership of the Advisory Committee*
8 *shall be broadly representative of the various minority*
9 *groups.*

10 *“(3) The Director of the Office shall serve as the*
11 *chair of the Committee.*

12 *“(4) The Committee shall—*

13 *“(A) advise the Director of the Office on ap-*
14 *propriate research activities to be undertaken by*
15 *the national research institutes with respect to—*

16 *“(i) research on minority health;*

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

20 *“(iii) research on racial and ethnic*
21 *differences in disease etiology, course, and*
22 *treatment; and*

23 *“(iv) research on minority health con-*
24 *ditions which require a multidisciplinary*
25 *approach;*

1 “(B) report to the Director of the Office on
2 such research;

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

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

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

14 “(i) compliance with section 492B;

15 “(ii) the extent of expenditures made for re-
16 search on minority health by the agencies of the
17 National Institutes of Health; and

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

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

24 “(e) REPRESENTATION OF MINORITIES AMONG RE-
25 SEARCHERS.—The Secretary, acting through the Assistant

1 *Secretary for Personnel and in collaboration with the Di-*
2 *rector of the Office, shall determine the extent to which the*
3 *various minority groups are represented among adminis-*
4 *trators, senior physicians, and scientists of the national re-*
5 *search institutes and among physicians and scientists con-*
6 *ducting research with funds provided by such institutes,*
7 *and as appropriate, carry out activities to increase the ex-*
8 *tent of such representation.*

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

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

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

18 “(A) *unique to, more serious, or more prev-*
19 *alent in such individuals;*

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

1 “(C) with respect to which there has been
2 insufficient clinical research involving such indi-
3 viduals as subjects or insufficient clinical data
4 on such individuals.

5 “(2) The term ‘research on minority health’
6 means research on minority health conditions, includ-
7 ing research on preventing such conditions.

8 “(3) The term ‘minority groups’ has the meaning
9 given such term in section 1707(h).”.

10 **SEC. 402. ACTIVITIES OF AGENCY FOR HEALTH CARE POL-**
11 **ICY AND RESEARCH.**

12 Title IX of the Public Health Service Act (42 U.S.C.
13 299 et seq.) is amended—

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

16 “(b) *REQUIREMENTS WITH RESPECT TO CERTAIN*
17 *POPULATIONS.*—In carrying out subsection (a), the Admin-
18 *istrator shall undertake and support research, demonstra-*
19 *tion projects, and evaluations with respect to the health sta-*
20 *tus of, and the delivery of health care to—*

21 “(1) *the populations of medically underserved*
22 *urban or rural areas (including frontier areas); and*

23 “(2) *low-income groups, minority groups, and*
24 *the elderly.*”; and

1 (2) in section 926(a), by adding at the end the
 2 following sentence: “Of the amounts appropriated
 3 under the preceding sentence for a fiscal year, the Ad-
 4 ministrators shall reserve not less than 8 percent for
 5 carrying out section 902(b)(2).”.

6 **SEC. 403. DATA COLLECTION BY NATIONAL CENTER FOR**
 7 **HEALTH STATISTICS.**

8 Section 306(n) of the Public Health Service Act (42
 9 U.S.C. 242k(n)), as redesignated by section 501(a)(5)(B) of
 10 Public Law 103–183 (107 Stat. 2237), is amended to read
 11 as follows:

12 “(n)(1) For health statistical and epidemiological ac-
 13 tivities undertaken or supported under this section, there
 14 are authorized to be appropriated such sums as may be nec-
 15 essary for each of the fiscal years 1995 through 1998.

16 “(2) Of the amounts appropriated under paragraph
 17 (1) for a fiscal year, the Secretary shall obligate not less
 18 than an aggregate \$5,000,000 for carrying out subsections
 19 (h), (l), and (m) with respect to particular racial and eth-
 20 nic population groups.”.

21 **TITLE V—NATIVE HAWAIIAN**
 22 **HEALTH CARE**

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

24 (a) CLARIFICATION OF DATE OF PASSAGE.—Section
 25 9168 of the Department of Defense Appropriations Act,

1 1993 (106 Stat. 1948) is amended by striking “September
2 12, 1992,” and inserting “August 7, 1992,”.

3 (b) *EFFECTIVE DATE.*—The amendment made by sub-
4 section (a) shall take effect as of October 6, 1992.

5 **SEC. 502. AMENDMENT OF NATIVE HAWAIIAN HEALTH CARE**
6 **IMPROVEMENT ACT TO REFLECT 1992 AGREE-**
7 **MENT.**

8 *Effective on the date of enactment of this Act, the Na-*
9 *tive Hawaiian Health Care Improvement Act (42 U.S.C.*
10 *11701 et seq.) is amended to read as follows:*

11 **“SECTION 1. SHORT TITLE.**

12 *“This Act may be cited as the ‘Native Hawaiian*
13 *Health Care Improvement Act’.*

14 **“SEC. 2. FINDINGS; DECLARATION OF POLICY; INTENT OF**
15 **CONGRESS.**

16 *“(a) FINDINGS.—The Congress finds that—*

17 *“(1) the United States retains the legal respon-*
18 *sibility to enforce the administration of the public*
19 *trust responsibility of the State of Hawaii for the bet-*
20 *terment of the conditions of Native Hawaiians under*
21 *section 5(f) of Public Law 86–3 (73 Stat. 6; com-*
22 *monly referred to as the ‘Hawaii Statehood Admis-*
23 *sions Act’);*

24 *“(2) in furtherance of the State of Hawaii’s pub-*
25 *lic trust responsibility for the betterment of the condi-*

1 *tions of Native Hawaiians, contributions by the United*
2 *States to the provision of comprehensive health*
3 *promotion and disease prevention services to main-*
4 *tain and improve the health status of Native Hawai-*
5 *ians are consistent with the historical and unique*
6 *legal relationship of the United States with the gov-*
7 *ernment that represented the indigenous native people*
8 *of Hawaii; and*

9 *“(3) it is the policy of the United States to raise*
10 *the health status of Native Hawaiians to the highest*
11 *possible level and to encourage the maximum partici-*
12 *pation of Native Hawaiians in order to achieve this*
13 *objective.*

14 *“(b) DECLARATION OF POLICY.—The Congress hereby*
15 *declares that it is the policy of the United States in fulfill-*
16 *ment of its special responsibilities and legal obligations to*
17 *the indigenous people of Hawaii resulting from the unique*
18 *and historical relationship between the United States and*
19 *the Government of the indigenous people of Hawaii—*

20 *“(1) to raise the health status of Native Hawai-*
21 *ians to the highest possible health level; and*

22 *“(2) to provide existing Native Hawaiian health*
23 *care programs with all resources necessary to effec-*
24 *tuate this policy.*

1 “(c) *INTENT OF CONGRESS.*—*It is the intent of the*
2 *Congress that the Nation meet the following health objectives*
3 *with respect to Native Hawaiians by the year 2000:*

4 “(1) *Reduce coronary heart disease deaths to no*
5 *more than 100 per 100,000.*

6 “(2) *Reduce stroke deaths to no more than 20 per*
7 *100,000.*

8 “(3) *Increase control of high blood pressure to at*
9 *least 50 percent of people with high blood pressure.*

10 “(4) *Reduce blood cholesterol to an average of no*
11 *more than 200 mg/dl.*

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

14 “(6) *Reduce breast cancer deaths to no more*
15 *than 20.6 per 100,000 women.*

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

18 “(8) *Increase fecal occult blood testing every 1 to*
19 *2 years to at least 50 percent of people age 50 and*
20 *older.*

21 “(9) *Reduce diabetes-related deaths to no more*
22 *than 34 per 100,000.*

23 “(10) *Reduce the most severe complications of di-*
24 *abetes as follows:*

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

3 “(B) Blindness to no more than 1.4 in
4 1,000.

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

7 “(D) Perinatal mortality to no more than 2
8 percent.

9 “(E) Major congenital malformations to no
10 more than 4 percent.

11 “(11) Reduce infant mortality to no more than
12 7 deaths per 1,000 live births.

13 “(12) Reduce low birth weight to no more than
14 5 percent of live births.

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

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

19 “(15) Reduce unintended pregnancies to no more
20 than 30 percent of pregnancies.

21 “(16) Increase to at least 60 percent the propor-
22 tion of primary care providers who provide age-ap-
23 propriate preconception care and counseling.

24 “(17) Increase years of healthy life to at least 65
25 years.

1 “(18) Eliminate financial barriers to clinical
2 preventive services.

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

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

7 “(21) Reduce untreated dental caries so that the
8 proportion of children with untreated caries (in per-
9 manent or primary teeth) is no more than 20 percent
10 among children age 6 through 8 and no more than 15
11 percent among adolescents age 15.

12 “(22) Reduce edentulism to no more than 20 per-
13 cent in people age 65 and older.

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

16 “(24) Reduce sedentary lifestyles to no more than
17 15 percent of the population.

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

20 “(26) Reduce dietary fat intake to an average of
21 30 percent of calories or less.

22 “(27) Increase to at least 75 percent the propor-
23 tion of primary care providers who provide nutrition
24 assessment and counseling or referral to qualified nu-
25 tritionists or dieticians.

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

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

5 “(30) Reduce alcohol-related motor vehicle crash
6 deaths to no more than 8.5 per 100,000 adjusted for
7 age.

8 “(31) Reduce alcohol use by school children age
9 12 to 17 to less than 13 percent.

10 “(32) Reduce marijuana use by youth age 18 to
11 25 to less than 8 percent.

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

14 “(34) Confine HIV infection to no more than
15 800 per 100,000.

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

18 “(36) Reduce syphilis infections to no more than
19 10 per 100,000.

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

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

1 *comprehensive health promotion and disease prevention*
2 *services and to maintain and improve the health status of*
3 *Native Hawaiians. The master plan shall be based upon*
4 *an assessment of the health care status and health care*
5 *needs of Native Hawaiians. To the extent practicable, as-*
6 *sessments made as of the date of such grant or contract shall*
7 *be used by Papa Ola Lokahi, except that any such assess-*
8 *ment shall be updated as appropriate.*

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

10 “(a) *COMPREHENSIVE HEALTH PROMOTION, DISEASE*
11 *PREVENTION, AND PRIMARY HEALTH SERVICES.—(1)(A)*
12 *The Secretary, in consultation with Papa Ola Lokahi, may*
13 *make grants to, or enter into contracts with, any qualified*
14 *entity for the purpose of providing comprehensive health*
15 *promotion and disease prevention services as well as pri-*
16 *mary health services to Native Hawaiians.*

17 “(B) *In making grants and entering into contracts*
18 *under this paragraph, the Secretary shall give preference*
19 *to Native Hawaiian health care systems and Native Hawai-*
20 *ian organizations, and, to the extent feasible, health pro-*
21 *motion and disease prevention services shall be performed*
22 *through Native Hawaiian health care systems.*

23 “(2) *In addition to paragraph (1), the Secretary may*
24 *make a grant to, or enter into a contract with, Papa Ola*
25 *Lokahi for the purpose of planning Native Hawaiian health*

1 *care systems to serve the health needs of Native Hawaiian*
2 *communities on the islands of O’ahu, Moloka’i, Maui, Ha-*
3 *wai’i, Lana’i, Kaua’i, and Ni’ihau in the State of Hawaii.*

4 “(b) *QUALIFIED ENTITY.*—*An entity is a qualified en-*
5 *tity for purposes of subsection (a)(1) if the entity is a Na-*
6 *tive Hawaiian health care system.*

7 “(c) *SERVICES TO BE PROVIDED.*—(1) *Each recipient*
8 *of funds under subsection (a)(1) shall provide the following*
9 *services:*

10 “(A) *Outreach services to inform Native Hawai-*
11 *ians of the availability of health services.*

12 “(B) *Education in health promotion and disease*
13 *prevention of the Native Hawaiian population by*
14 *(wherever possible) Native Hawaiian health care*
15 *practitioners, community outreach workers, coun-*
16 *selors, and cultural educators.*

17 “(C) *Services of physicians, physicians’ assist-*
18 *ants, or nurse practitioners.*

19 “(D) *Immunizations.*

20 “(E) *Prevention and control of diabetes, high*
21 *blood pressure, and otitis media.*

22 “(F) *Pregnancy and infant care.*

23 “(G) *Improvement of nutrition.*

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

4 “(A) *Identification, treatment, control, and re-*
5 *duction of the incidence of preventable illnesses and*
6 *conditions endemic to Native Hawaiians.*

7 “(B) *Collection of data related to the prevention*
8 *of diseases and illnesses among Native Hawaiians.*

9 “(C) *Services within the meaning of the terms*
10 *‘health promotion’, ‘disease prevention’, and ‘primary*
11 *health services’, as such terms are defined in section*
12 *10, which are not specifically referred to in para-*
13 *graph (1) of this subsection.*

14 “(3) *The health care services referred to in paragraphs*
15 *(1) and (2) which are provided under grants or contracts*
16 *under subsection (a)(1) may be provided by traditional Na-*
17 *tive Hawaiian healers.*

18 “(d) *LIMITATION ON NUMBER OF ENTITIES.—During*
19 *a fiscal year, the Secretary under this Act may make a*
20 *grant to, or hold a contract with, not more than 5 Native*
21 *Hawaiian health care systems.*

22 “(e) *MATCHING FUNDS.—(1) The Secretary may not*
23 *make a grant or provide funds pursuant to a contract under*
24 *subsection (a)(1) to an entity—*

1 “(A) in an amount exceeding 75 percent of the
2 costs of providing health services under the grant or
3 contract; and

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

10 “(2) Non-Federal contributions required in paragraph
11 (1) may be in cash or in kind, fairly evaluated, including
12 plant, equipment, or services. Amounts provided by the Fed-
13 eral Government or services assisted or subsidized to any
14 significant extent by the Federal Government may not be
15 included in determining the amount of such non-Federal
16 contributions.

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

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

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

24 “(f) RESTRICTION ON USE OF GRANT AND CONTRACT
25 FUNDS.—The Secretary may not make a grant to, or enter

1 *into a contract with, an entity under subsection (a)(1) un-*
2 *less the entity agrees that amounts received pursuant to*
3 *such subsection will not, directly or through contract, be*
4 *expended—*

5 “(1) *for any purpose other than the purposes de-*
6 *scribed in subsection (c);*

7 “(2) *to provide inpatient services;*

8 “(3) *to make cash payments to intended recipi-*
9 *ents of health services; or*

10 “(4) *to purchase or improve real property (other*
11 *than minor remodeling of existing improvements to*
12 *real property) or to purchase major medical equip-*
13 *ment.*

14 “(g) *LIMITATION ON CHARGES FOR SERVICES.—The*
15 *Secretary may not make a grant, or enter into a contract*
16 *with, an entity under subsection (a)(1) unless the entity*
17 *agrees that, whether health services are provided directly or*
18 *through contract—*

19 “(1) *health services under the grant or contract*
20 *will be provided without regard to ability to pay for*
21 *the health services; and*

22 “(2) *the entity will impose a charge for the deliv-*
23 *ery of health services, and such charge—*

1 “(A) will be made according to a schedule
2 of charges that is made available to the public,
3 and

4 “(B) will be adjusted to reflect the income
5 of the individual involved.

6 **“SEC. 5. FUNCTIONS OF, AND GRANTS TO, PAPA OLA**
7 **LOKAHI.**

8 “(a) *FUNCTIONS.*—Papa Ola Lokahi shall—

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

12 “(2) to the maximum extent possible, coordinate
13 and assist the health care programs and services pro-
14 vided to Native Hawaiians;

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

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

20 “(5) serve as a clearinghouse for—

21 “(A) the collection and maintenance of data
22 associated with the health status of Native Ha-
23 waiians;

24 “(B) the identification of and research into
25 diseases affecting Native Hawaiians;

1 “(C) the availability of Native Hawaiian
2 project funds, research projects, and publications;
3 and

4 “(D) the timely dissemination of informa-
5 tion relating to Native Hawaiian health care
6 systems;

7 “(6) perform the recognition and certification
8 functions specified in sections 10(6)(F) and 10(6)(G);
9 and

10 “(7) provide technical support and coordination
11 of training and technical assistance to Native Hawai-
12 ian health care systems.

13 “(b) *SPECIAL PROJECT FUNDS.*—Papa Ola Lokahi
14 may receive project funds that may be appropriated for the
15 purpose of research on the health status of Native Hawai-
16 ians or for the purpose of addressing the health care needs
17 of Native Hawaiians.

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

21 “(1) carrying out the functions described in sub-
22 section (a); and

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

1 “(d) *RELATIONSHIPS WITH OTHER AGENCIES.*—Papa
2 *Ola Lokahi* may enter into agreements or memoranda of
3 understanding with relevant agencies or organizations that
4 are capable of providing resources or services to Native Ha-
5 waiian health care systems.

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

7 “(a) *TERMS AND CONDITIONS.*—The Secretary shall
8 include in any grant made or contract entered into under
9 this Act such terms and conditions as the Secretary consid-
10 ers necessary or appropriate to ensure that the objectives
11 of such grant or contract are achieved.

12 “(b) *PERIODIC REVIEW.*—The Secretary shall periodi-
13 cally evaluate the performance of, and compliance with,
14 grants and contracts under this Act.

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

18 “(1) agrees to establish such procedures for fiscal
19 control and fund accounting as may be necessary to
20 ensure proper disbursement and accounting with re-
21 spect to the grant or contract;

22 “(2) agrees to ensure the confidentiality of
23 records maintained on individuals receiving health
24 services under the grant or contract;

1 “(3) with respect to providing health services to
2 any population of Native Hawaiians a substantial
3 portion of which has a limited ability to speak the
4 English language—

5 “(A) has developed and has the ability to
6 carry out a reasonable plan to provide health
7 services under the grant or contract through in-
8 dividuals who are able to communicate with the
9 population involved in the language and cultural
10 context that is most appropriate; and

11 “(B) has designated at least one individual,
12 fluent in both English and the appropriate lan-
13 guage, to assist in carrying out the plan;

14 “(4) with respect to health services that are cov-
15 ered in the plan of the State of Hawaii approved
16 under title XIX of the Social Security Act—

17 “(A) if the entity will provide under the
18 grant or contract any such health services di-
19 rectly—

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

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

1 “(B) if the entity will provide under the
2 grant or contract any such health services
3 through a contract with an organization—

4 “(i) the organization has entered into
5 a participation agreement under such plan;
6 and

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

9 “(5) agrees to submit to the Secretary and to
10 Papa Ola Lokahi an annual report that describes the
11 utilization and costs of health services provided under
12 the grant or contract (including the average cost of
13 health services per user) and that provides such other
14 information as the Secretary determines to be appro-
15 priate.

16 “(d) *CONTRACT EVALUATION.*—(1) If, as a result of
17 evaluations conducted by the Secretary, the Secretary deter-
18 mines that an entity has not complied with or satisfactorily
19 performed a contract entered into under section 4, the Sec-
20 retary shall, prior to renewing such contract, attempt to
21 resolve the areas of noncompliance or unsatisfactory per-
22 formance and modify such contract to prevent future occur-
23 rences of such noncompliance or unsatisfactory perform-
24 ance. If the Secretary determines that such noncompliance
25 or unsatisfactory performance cannot be resolved and pre-

1 *vented in the future, the Secretary shall not renew such con-*
2 *tract with such entity and is authorized to enter into a con-*
3 *tract under section 4 with another entity referred to in sec-*
4 *tion 4(b) that provides services to the same population of*
5 *Native Hawaiians which is served by the entity whose con-*
6 *tract is not renewed by reason of this subsection.*

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

10 “(3) *All contracts entered into by the Secretary under*
11 *this Act shall be in accordance with all Federal contracting*
12 *laws and regulations except that, in the discretion of the*
13 *Secretary, such contracts may be negotiated without adver-*
14 *tising and may be exempted from the provisions of the Act*
15 *of August 24, 1935 (40 U.S.C. 270a et seq.).*

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

21 “(e) *LIMITATION ON USE OF FUNDS FOR ADMINISTRA-*
22 *TIVE EXPENSES.—Except for grants and contracts under*
23 *section 5(c), the Secretary may not make a grant to, or*
24 *enter into a contract with, an entity under this Act unless*
25 *the entity agrees that the entity will not expend more than*

1 10 percent of amounts received pursuant to this Act for the
2 purpose of administering the grant or contract.

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

7 “(A) activities conducted by the entity under the
8 grant or contract;

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

11 “(C) such other information as the Secretary
12 may request.

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

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

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

23 “(a) *IN GENERAL.*—The Secretary is authorized to
24 enter into an agreement with any entity under which the
25 Secretary is authorized to assign personnel of the Depart-

1 *ment of Health and Human Services with expertise identi-*
2 *fied by such entity to such entity on detail for the purposes*
3 *of providing comprehensive health promotion and disease*
4 *prevention services to Native Hawaiians.*

5 “(b) *APPLICABLE FEDERAL PERSONNEL PROVI-*
6 *SIONS.—Any assignment of personnel made by the Sec-*
7 *retary under any agreement entered into under the author-*
8 *ity of subsection (a) shall be treated as an assignment of*
9 *Federal personnel to a local government that is made in*
10 *accordance with subchapter VI of chapter 33 of title 5,*
11 *United States Code.*

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

13 “(a) *ELIGIBILITY.—The Secretary is authorized to*
14 *make scholarship grants to students who—*

15 “(1) *meet the requirements of section 338A(b) of*
16 *the Public Health Service Act (42 U.S.C. 2541(b));*
17 *and*

18 “(2) *are Native Hawaiians.*

19 “(b) *TERMS AND CONDITIONS.—(1) Scholarship grants*
20 *provided under subsection (a) shall be provided under the*
21 *same terms and subject to the same conditions, regulations,*
22 *and rules that apply to scholarship grants provided under*
23 *section 338A of the Public Health Service Act (42 U.S.C.*
24 *2541), except that—*

1 “(A) the provision of scholarships in each type
2 of health care profession training shall correspond to
3 the need for each type of health care professional to
4 serve Native Hawaiian health care systems, as identi-
5 fied by Papa Ola Lokahi;

6 “(B) in selecting scholarship recipients, the Sec-
7 retary shall give priority to individuals included on
8 a list of eligible applicants submitted by the Kameha-
9 meha Schools/Bishop Estate; and

10 “(C) the obligated service requirement for each
11 scholarship recipient shall be fulfilled through service,
12 in order of priority, in—

13 “(i) any one of the five Native Hawaiian
14 health care systems which, during the fiscal year
15 in which the obligated service requirement is as-
16 signed, has received a grant or entered into a
17 contract pursuant to section 4; or

18 “(ii) health professions shortage areas,
19 medically underserved areas, or geographic areas
20 or facilities similarly designated by the United
21 States Public Health Service in the State of Ha-
22 waii.

23 “(2) The Secretary shall enter into a cooperative agree-
24 ment with the Kamehameha Schools/Bishop Estate under
25 which such organization shall provide recruitment, reten-

1 *tion, counseling, and other support services intended to im-*
 2 *prove the operation of the scholarship program established*
 3 *under this section.*

4 “(3) *The Native Hawaiian Health Scholarship pro-*
 5 *gram shall not be administered by or through the Indian*
 6 *Health Service.*

7 **“SEC. 9. REPORT.**

8 “*The President shall, at the time the budget is submit-*
 9 *ted under section 1105 of title 31, United States Code, for*
 10 *each fiscal year transmit to the Congress the report required*
 11 *pursuant to section 2(d).*

12 **“SEC. 10. DEFINITIONS.**

13 “*For purposes of this Act:*

14 “(1) *DISEASE PREVENTION.*—*The term ‘disease*
 15 *prevention’ includes—*

16 “(A) *immunizations,*

17 “(B) *control of high blood pressure,*

18 “(C) *control of sexually transmittable dis-*

19 *eases,*

20 “(D) *prevention and control of diabetes,*

21 “(E) *control of toxic agents,*

22 “(F) *occupational safety and health,*

23 “(G) *accident prevention,*

24 “(H) *fluoridation of water,*

25 “(I) *control of infectious agents, and*

1 “(J) provision of mental health care.

2 “(2) *HEALTH PROMOTION*.—The term ‘health
3 promotion’ includes—

4 “(A) pregnancy and infant care, including
5 prevention of fetal alcohol syndrome,

6 “(B) cessation of tobacco smoking,

7 “(C) reduction in the misuse of alcohol and
8 drugs,

9 “(D) improvement of nutrition,

10 “(E) improvement in physical fitness,

11 “(F) family planning, and

12 “(G) control of stress.

13 “(3) *NATIVE HAWAIIAN*.—The term ‘Native Ha-
14 waiian’ means any individual who is—

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

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

20 “(i) genealogical records;

21 “(ii) Kupuna (elders) or Kama’aina
22 (long-term community residents) verifica-
23 tion; or

24 “(iii) birth records of the State of Ha-
25 waii.

1 “(4) *NATIVE HAWAIIAN HEALTH CENTER.*—The
2 term ‘Native Hawaiian health center’ means an en-
3 tity—

4 “(A) which is organized under the laws of
5 the State of Hawaii,

6 “(B) which provides or arranges for health
7 care services through practitioners licensed by
8 the State of Hawaii, where licensure require-
9 ments are applicable,

10 “(C) which is a public or nonprofit private
11 entity, and

12 “(D) in which Native Hawaiian health
13 practitioners significantly participate in the
14 planning, management, monitoring, and evalua-
15 tion of health services.

16 “(5) *NATIVE HAWAIIAN ORGANIZATION.*—The
17 term ‘Native Hawaiian organization’ means any or-
18 ganization—

19 “(A) which serves the interests of Native
20 Hawaiians,

21 “(B) which is—

22 “(i) recognized by Papa Ola Lokahi for
23 the purpose of planning, conducting, or ad-
24 ministering programs (or portions of pro-

1 *grams) authorized under this Act for the*
2 *benefit of Native Hawaiians, and*

3 “(ii) certified by Papa Ola Lokahi as
4 *having the qualifications and capacity to*
5 *provide the services, and meet the require-*
6 *ments, under the contract the organization*
7 *enters into with, or grant the organization*
8 *receives from, the Secretary under this Act,*

9 “(C) in which Native Hawaiian health
10 *practitioners significantly participate in the*
11 *planning, management, monitoring, and evalua-*
12 *tion of health services, and*

13 “(D) which is a public or nonprofit private
14 *entity.*

15 “(6) NATIVE HAWAIIAN HEALTH CARE SYSTEM.—
16 *The term ‘Native Hawaiian health care system’*
17 *means an entity—*

18 “(A) which is organized under the laws of
19 *the State of Hawaii;*

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

24 “(C) which is a public or nonprofit private
25 *entity;*

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

5 “(E) which may be composed of as many
6 Native Hawaiian health centers as necessary to
7 meet the health care needs of Native Hawaiians
8 residing on the island or islands served by such
9 entity;

10 “(F) which is recognized by Papa Ola
11 Lokahi for the purpose of providing comprehen-
12 sive health promotion and disease prevention
13 services as well as primary health services to Na-
14 tive Hawaiians under this Act; and

15 “(G) which is certified by Papa Ola Lokahi
16 as having the qualifications and the capacity to
17 provide the services and meet the requirements of
18 a contract entered into, or a grant received,
19 under section 4.

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

23 “(i) E Ola Mau;

24 “(ii) the Office of Hawaiian Affairs of the
25 State of Hawaii;

1 “(iii) *Alu Like Inc.*;

2 “(iv) *the University of Hawaii*;

3 “(v) *the Office of Hawaiian Health of the*
4 *Hawaii State Department of Health*;

5 “(vi) *Ho’ola Lahui Hawaii, or a health*
6 *care system serving the islands of Kaua’i and*
7 *Ni’ihau*;

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

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

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

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

16 “(xi) *such other member organizations as*
17 *the Board of Papa Ola Lokahi may admit from*
18 *time to time, based upon satisfactory demonstra-*
19 *tion of a record of contribution to the health and*
20 *well-being of Native Hawaiians, and upon satis-*
21 *factory development of a mission statement in*
22 *relation to this Act, including clearly defined*
23 *goals and objectives, a 5-year action plan outlin-*
24 *ing the contributions that each organization will*

1 *make in carrying out the policy of this Act, and*
2 *an estimated budget.*

3 “(B) *Such term does not include any organiza-*
4 *tion identified in subparagraph (A) if the Secretary*
5 *determines that such organization does not have a*
6 *mission statement with clearly defined goals and ob-*
7 *jectives for the contributions the organization will*
8 *make to Native Hawaiian health care systems and an*
9 *action plan for carrying out such goals and objectives.*

10 “(8) *PRIMARY HEALTH SERVICES.—The term*
11 *‘primary health services’ means—*

12 “(A) *services of physicians, physicians’ as-*
13 *stants and nurse practitioners;*

14 “(B) *diagnostic laboratory and radiologic*
15 *services;*

16 “(C) *preventive health services (including*
17 *children’s eye and ear examinations to determine*
18 *the need for vision and hearing correction,*
19 *perinatal services, well child services, and family*
20 *planning services);*

21 “(D) *emergency medical services;*

22 “(E) *transportation services as required for*
23 *adequate patient care;*

24 “(F) *preventive dental services; and*

1 “(G) *pharmaceutical services, as may be*
2 *appropriate for particular health centers.*

3 “(9) *SECRETARY.—The term ‘Secretary’ means*
4 *the Secretary of Health and Human Services.*

5 “(10) *TRADITIONAL NATIVE HAWAIIAN HEAL-*
6 *ER.—The term ‘traditional Native Hawaiian healer’*
7 *means a practitioner—*

8 “(A) *who—*

9 “(i) *is of Hawaiian ancestry, and*

10 “(ii) *has the knowledge, skills, and ex-*
11 *perience in direct personal health care of*
12 *individuals, and*

13 “(B) *whose knowledge, skills, and experience*
14 *are based on a demonstrated learning of Native*
15 *Hawaiian healing practices acquired by—*

16 “(i) *direct practical association with*
17 *Native Hawaiian elders, and*

18 “(ii) *oral traditions transmitted from*
19 *generation to generation.*

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

21 *“Nothing in this Act shall be construed to restrict the*
22 *authority of the State of Hawaii to license health practi-*
23 *tioners.*

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

2 *“Any new spending authority (described in subsection*
3 *(c)(2) (A) or (B) of section 401 of the Congressional Budget*
4 *Act of 1974) which is provided under this Act shall be effec-*
5 *tive for any fiscal year only to such extent or in such*
6 *amounts as are provided in appropriation Acts.*

7 **“SEC. 13. SEVERABILITY.**

8 *“If any provision of this Act, or the application of any*
9 *such provision to any person or circumstances is held to*
10 *be invalid, the remainder of this Act, and the application*
11 *of such provision or amendment to persons or circumstances*
12 *other than those to which it is held invalid, shall not be*
13 *affected thereby.*

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

15 *“There is authorized to be appropriated for each of the*
16 *fiscal years 1994, 1995, 1996, 1997, 1998, 1999, and 2000*
17 *such sums as may be necessary to carry out the purposes*
18 *of this Act.*

19 **“SEC. 15. PROHIBITION AGAINST EXCLUSION FROM PAR-**
20 **TICIPATION.**

21 *“Notwithstanding any other provision of this Act, no*
22 *person shall, on the basis of race, color, or national origin,*
23 *be excluded from participation in, or be denied the benefits*
24 *of, or be subjected to discrimination under, any program*
25 *or activity receiving Federal financial assistance under this*
26 *Act.”.*

1 **SEC. 503. REPEAL OF PUBLIC HEALTH SERVICE ACT PROVI-**
 2 **SION.**

3 (a) *IN GENERAL.*—The Public Health Service Act (42
 4 U.S.C. 201 et seq.), as amended by section 206 of this Act,
 5 is amended by repealing section 338K and redesignating
 6 section 338L as section 338K. Such repeal shall not be con-
 7 strued to terminate contracts in effect under such section
 8 on the date of the enactment of this Act. Any such contracts
 9 shall continue according to the terms and conditions of such
 10 contracts.

11 (b) *EFFECTIVE DATE.*—Subsection (a) takes effect on
 12 the date of the enactment of this Act.

13 **TITLE VI—WOMEN’S HEALTH**

14 **SEC. 601. ESTABLISHMENT OF OFFICE OF WOMEN’S**
 15 **HEALTH.**

16 Title XVII of the Public Health Service Act (42 U.S.C.
 17 300u et seq.), as amended by section 704 of Public Law
 18 103–183 (107 Stat. 2240), is amended by adding at the
 19 end the following section:

20 “OFFICE OF WOMEN’S HEALTH

21 “SEC. 1710. (a) *IN GENERAL.*—There is established an
 22 Office of Women’s Health within the Office of the Assistant
 23 Secretary for Health. There shall be in the Department of
 24 Health and Human Services a Deputy Assistant Secretary
 25 for Women’s Health, who shall be the head of the Office of

1 *Women's Health. The Secretary, acting through such Dep-*
2 *uty Assistant Secretary, shall carry out this section.*

3 *“(b) DUTIES.—*

4 *“(1) IN GENERAL.—The Secretary may conduct*
5 *or support programs and activities regarding wom-*
6 *en's health conditions. In carrying out the preceding*
7 *sentence, the Secretary shall—*

8 *“(A) monitor the programs and activities of*
9 *the agencies specified in paragraph (2) in order*
10 *to determine the extent to which the purposes of*
11 *the programs and activities are being carried out*
12 *with respect to women's health conditions (as de-*
13 *finied in section 486);*

14 *“(B) provide advice to the heads of such*
15 *agencies on improving programs and activities*
16 *that relate to such conditions; and*

17 *“(C) coordinate such programs and activi-*
18 *ties of the agencies.*

19 *“(2) SPECIFIED AGENCIES.—For purposes of*
20 *paragraph (1), the agencies referred to in this para-*
21 *graph are the following:*

22 *“(A) The Centers for Disease Control and*
23 *Prevention.*

24 *“(B) The National Institutes of Health.*

1 “(C) *The Agency for Health Care Policy*
2 *and Research.*

3 “(D) *The Health Resources and Services*
4 *Administration.*

5 “(E) *The Substance Abuse and Mental*
6 *Health Services Administration.*

7 “(F) *The Food and Drug Administration.*

8 “(c) *AUTHORIZATION OF APPROPRIATIONS.—For the*
9 *purpose of carrying out this section, there are authorized*
10 *to be appropriated \$5,000,000 for fiscal year 1995, and*
11 *such sums as may be necessary for each of the fiscal years*
12 *1996 and 1997.”.*

13 ***SEC. 602. WOMEN’S SCIENTIFIC EMPLOYMENT REGARDING***
14 ***NATIONAL INSTITUTES OF HEALTH.***

15 (a) *IN GENERAL.—Part A of title IV of the Public*
16 *Health Service Act (42 U.S.C. 281 et seq.) is amended by*
17 *adding at the end the following section:*

18 *“WOMEN’S SCIENTIFIC EMPLOYMENT*

19 *“SEC. 404F. (a) IN GENERAL.—The Director of NIH*
20 *shall—*

21 *“(1) establish policies for the National Institutes*
22 *of Health on matters relating to the employment by*
23 *such Institutes of women as scientists;*

24 *“(2) monitor the extent of compliance with such*
25 *policies, including through the implementation of an*

1 *accountability system under the Federal Equal Op-*
2 *portunity Recruitment Program; and*

3 “(3) *establish and maintain a process for re-*
4 *sponding to incidents of noncompliance with such*
5 *policies.*

6 “(b) *CERTAIN POLICIES.—In establishing policies*
7 *under subsection (a)(1), the Director of NIH shall provide*
8 *for the following policies regarding the employment of*
9 *women as scientists at the National Institutes of Health:*

10 “(1) *A policy on the granting of tenured status.*

11 “(2) *A policy on family leave.*

12 “(3) *A policy on the recruitment of minority*
13 *women.*

14 “(4) *A policy on the inclusion of women sci-*
15 *entists in intramural and extramural conferences,*
16 *workshops, international congresses, and similar*
17 *events funded or sponsored by such Institutes.*

18 “(c) *AVAILABILITY OF POLICIES.—The Director of*
19 *NIH shall ensure that copies of policies established under*
20 *subsection (a) are available to scientists of the National In-*
21 *stitutes of Health.*

22 “(d) *DEFINITION.—For purposes of this section, the*
23 *term ‘Federal Equal Opportunity Recruitment Program’*
24 *means the program carried out under part 720 of title 5,*
25 *Code of Federal Regulations (5 CFR 720).”*

1 **(b) STUDIES.**—

2 **(1) PAY EQUITY.**—*The Director of the National*
3 *Institutes of Health shall provide for a study to iden-*
4 *tify any pay differences among men and women sci-*
5 *entists employed (both tenured and untenured) by the*
6 *National Institutes of Health. The study shall include*
7 *recommendations on measures to adjust any inequi-*
8 *ties, and on making available information on salary*
9 *ranges to all scientists of such Institutes.*

10 **(2) STUDY ON TERMINATION OF EMPLOYMENT.**—
11 *The Comptroller General of the United States shall*
12 *conduct a study for the purpose of determining the*
13 *reasons underlying the employment termination of*
14 *scientists of the National Institutes of Health. The*
15 *study shall be carried out with respect to male and*
16 *female scientists, and with respect to voluntary and*
17 *involuntary terminations.*

18 **(3) REPORTS.**—*Not later than 240 days after the*
19 *date of the enactment of this Act, the studies required*
20 *in this subsection shall be completed, and reports de-*
21 *scribing the findings and recommendations of the*
22 *studies shall be submitted to the Committee on En-*
23 *ergy and Commerce of the House of Representatives*
24 *and the Committee on Labor and Human Resources*
25 *of the Senate.*

1 **SEC. 603. INFORMATION AND EDUCATION REGARDING FE-**
2 **MALE GENITAL MUTILATION.**

3 (a) *IN GENERAL.*—*The Secretary of Health and*
4 *Human Services shall ensure that the Deputy Assistant Sec-*
5 *retary for Women’s Health and the Deputy Assistant Sec-*
6 *retary for Minority Health collaborate for the purpose of*
7 *carrying out the following activities:*

8 (1) *Compile data on the number of females liv-*
9 *ing in the United States who have been subjected to*
10 *female genital mutilation (whether in the United*
11 *States or in their countries of origin), including a*
12 *specification of the number of girls under the age of*
13 *18 who have been subjected to such mutilation.*

14 (2) *Identify communities in the United States*
15 *that practice female genital mutilation, and design*
16 *and carry out outreach activities to educate individ-*
17 *uals in the communities on the physical and psycho-*
18 *logical health effects of such practice. Such outreach*
19 *activities shall be designed and implemented in col-*
20 *laboration with representatives of the ethnic groups*
21 *practicing such mutilation and with representatives*
22 *of organizations with expertise in preventing such*
23 *practice.*

24 (3) *Develop recommendations for the education*
25 *of students of schools of medicine and osteopathic*
26 *medicine regarding female genital mutilation and*

1 *complications arising from such mutilation. Such rec-*
2 *ommendations shall be disseminated to such schools.*

3 **(b) DEFINITION.**—*For purposes of this section, the*
4 *term “female genital mutilation” means the removal or*
5 *infibulation (or both) of the whole or part of the clitoris,*
6 *the labia minor, or the labia major.*

7 **SEC. 604. STUDY REGARDING CURRICULA OF MEDICAL**
8 **SCHOOLS AND WOMEN’S HEALTH CONDI-**
9 **TIONS.**

10 **(a) IN GENERAL.**—*The Secretary of Health and*
11 *Human Services, acting through the Administrator of the*
12 *Health Resources and Services Administration, shall con-*
13 *duct a study for the purpose of determining the contents*
14 *of the curriculum of schools of medicine and osteopathic*
15 *medicine and whether such curriculum provides adequate*
16 *education to students on women’s health conditions.*

17 **(b) CONSULTATIONS.**—*The Secretary shall carry out*
18 *subsection (a) in consultation with the Deputy Assistant*
19 *Secretary for Women’s Health and the Director of the Office*
20 *of Research on Women’s Health (of the National Institutes*
21 *of Health).*

22 **(c) REPORT.**—*Not later than April 1, 1995, the Sec-*
23 *retary shall complete the study required in subsection (a)*
24 *and submit to the Committee on Energy and Commerce of*
25 *the House of Representatives, and to the Committee on*

1 *Labor and Human Resources of the Senate, a report de-*
 2 *scribing the findings made as a result of the study and con-*
 3 *taining any recommendations of the Secretary regarding*
 4 *such findings.*

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

6 (1) *The term “Secretary” means the Secretary of*
 7 *Health and Human Services.*

8 (2) *The term “women’s health conditions” has*
 9 *the meaning given such term in section 486 of the*
 10 *Public Health Service Act.*

11 ***TITLE VII—TRAUMATIC BRAIN***
 12 ***INJURY***

13 ***SEC. 701. PROGRAMS OF CENTERS FOR DISEASE CONTROL***
 14 ***AND PREVENTION.***

15 (a) *TECHNICAL CORRECTION REGARDING AMEND-*
 16 *ATORY INSTRUCTIONS.—Section 301(a) of Public Law 103–*
 17 *183 (107 Stat. 2233) is amended by striking “(42 U.S.C.*
 18 *242 et seq.)” and inserting “(42 U.S.C. 243 et seq.)”. The*
 19 *amendment made by the preceding sentence is deemed to*
 20 *have taken effect immediately after the enactment of Public*
 21 *Law 103–183.*

22 (b) *PROGRAMS OF CENTERS FOR DISEASE CONTROL*
 23 *AND PREVENTION.—Part B of title III of the Public Health*
 24 *Service Act (42 U.S.C. 243 et seq.), as amended pursuant*
 25 *to subsection (a) and as amended by section 703 of Public*

1 *Law 103–183 (107 Stat. 2240), is amended by inserting*
2 *after section 317F the following section:*

3 “*PREVENTION OF TRAUMATIC BRAIN INJURY*

4 “*SEC. 317G. (a) The Secretary, acting through the Di-*
5 *rector of the Centers for Disease Control and Prevention,*
6 *may carry out projects to reduce the incidence of traumatic*
7 *brain injury. Such projects may be carried out by the Sec-*
8 *retary directly or through awards of grants or contracts to*
9 *public or nonprofit private entities. The Secretary may di-*
10 *rectly or through such awards provide technical assistance*
11 *with respect to the planning, development, and operation*
12 *of such projects.*

13 “*(b) CERTAIN ACTIVITIES.—Activities under sub-*
14 *section (a) may include—*

15 “*(1) the conduct of research into identifying ef-*
16 *fective strategies for the prevention of traumatic brain*
17 *injury; and*

18 “*(2) the implementation of public information*
19 *and education programs for the prevention of such in-*
20 *jury and for broadening the awareness of the public*
21 *concerning the public health consequences of such in-*
22 *jury.*

23 “*(c) COORDINATION OF ACTIVITIES.—The Secretary*
24 *shall ensure that activities under this section are coordi-*
25 *nated as appropriate with other agencies of the Public*

1 “(A) the development of new methods and
2 modalities for the more effective diagnosis, meas-
3 urement of degree of injury, post-injury monitor-
4 ing and prognostic assessment of head injury for
5 acute, subacute and later phases of care;

6 “(B) the development, modification and
7 evaluation of therapies that retard, prevent or
8 reverse brain damage after acute head injury,
9 that arrest further deterioration following injury
10 and that provide the restitution of function for
11 individuals with long-term injuries;

12 “(C) the development of research on a con-
13 tinuum of care from acute care through rehabili-
14 tation, designed, to the extent practicable, to in-
15 tegrate rehabilitation and long-term outcome
16 evaluation with acute care research; and

17 “(D) the development of programs that in-
18 crease the participation of academic centers of
19 excellence in head injury treatment and rehabili-
20 tation research and training.”; and

21 (2) in subsection (h), by adding at the end the
22 following paragraph:

23 “(4) The term ‘traumatic brain injury’ means
24 an acquired injury to the brain. Such term does not
25 include brain dysfunction caused by congenital or de-

1 *generative disorders, nor birth trauma, but may in-*
 2 *clude brain injuries caused by anoxia due to near*
 3 *drowning.”.*

4 **SEC. 703. PROGRAMS OF HEALTH RESOURCES AND SERV-**
 5 **ICES ADMINISTRATION.**

6 *Part E of title XII of the Public Health Service Act*
 7 *(42 U.S.C. 300d-51 et seq.) is amended by adding at the*
 8 *end the following section:*

9 **“SEC. 1252. STATE GRANTS FOR DEMONSTRATION**
 10 **PROJECTS REGARDING TRAUMATIC BRAIN**
 11 **INJURY.**

12 “(a) *IN GENERAL.*—*The Secretary, acting through the*
 13 *Administrator of the Health Resources and Services Admin-*
 14 *istration, may make grants to States for the purpose of car-*
 15 *rying out demonstration projects to improve the availabil-*
 16 *ity of health services regarding traumatic brain injury.*

17 “(b) *STATE ADVISORY BOARD.*—

18 “(1) *IN GENERAL.*—*The Secretary may make a*
 19 *grant under subsection (a) only if the State involved*
 20 *agrees to establish an advisory board within the ap-*
 21 *propriate health department of the State or within*
 22 *another department as designated by the chief execu-*
 23 *tive officer of the State.*

24 “(2) *FUNCTIONS.*—*An advisory board established*
 25 *under paragraph (1) shall be cognizant of findings*

1 *and concerns of Federal, State and local agencies,*
2 *citizens groups, and private industry (such as insur-*
3 *ance, health care, automobile, and other industry en-*
4 *tities). Such advisory boards shall encourage citizen*
5 *participation through the establishment of public*
6 *hearings and other types of community outreach pro-*
7 *grams.*

8 “(3) *COMPOSITION.*—*An advisory board estab-*
9 *lished under paragraph (1) shall be composed of—*

10 “(A) *representatives of—*

11 “(i) *the corresponding State agencies*
12 *involved;*

13 “(ii) *public and nonprofit private*
14 *health related organizations;*

15 “(iii) *other disability advisory or*
16 *planning groups within the State;*

17 “(iv) *members of an organization or*
18 *foundation representing traumatic brain in-*
19 *jury survivors in that State; and*

20 “(v) *injury control programs at the*
21 *State or local level if such programs exist;*
22 *and*

23 “(B) *a substantial number of individuals*
24 *who are survivors of traumatic brain injury, or*
25 *the family members of such individuals.*

1 “(c) *MATCHING FUNDS.*—

2 “(1) *IN GENERAL.*—*With respect to the costs to*
3 *be incurred by a State in carrying out the purpose*
4 *described in subsection (a), the Secretary may make*
5 *a grant under such subsection only if the State agrees*
6 *to make available, in cash, non-Federal contributions*
7 *toward such costs in an amount that is not less than*
8 *\$1 for each \$2 of Federal funds provided under the*
9 *grant.*

10 “(2) *DETERMINATION OF AMOUNT CONTRIB-*
11 *UTED.*—*In determining the amount of non-Federal*
12 *contributions in cash that a State has provided pur-*
13 *suant to paragraph (1), the Secretary may not in-*
14 *clude any amounts provided to the State by the Fed-*
15 *eral Government.*

16 “(d) *APPLICATION FOR GRANT.*—*The Secretary may*
17 *make a grant under subsection (a) only if an application*
18 *for the grant is submitted to the Secretary and the applica-*
19 *tion is in such form, is made in such manner, and contains*
20 *such agreements, assurances, and information as the Sec-*
21 *retary determines to be necessary to carry out this section.*

22 “(e) *COORDINATION OF ACTIVITIES.*—*The Secretary*
23 *shall ensure that activities under this section are coordi-*
24 *nated as appropriate with other agencies of the Public*

1 *Health Service that carry out activities regarding trau-*
2 *matic brain injury.*

3 “(f) *REPORT.*—Not later than 2 years after the effec-
4 *tive date under section 901 of the Minority Health Improve-*
5 *ment Act of 1994, the Secretary shall submit to the Commit-*
6 *tee on Energy and Commerce of the House of Representa-*
7 *tives, and to the Committee on Labor and Human Re-*
8 *sources of the Senate, a report describing the findings and*
9 *results of the programs established under this section, in-*
10 *cluding measures of outcomes and consumer and surrogate*
11 *satisfaction.*

12 “(g) *DEFINITION.*—For purposes of this section, the
13 *term ‘traumatic brain injury’ means an acquired injury*
14 *to the brain. Such term does not include brain dysfunction*
15 *caused by congenital or degenerative disorders, nor birth*
16 *trauma, but may include brain injuries caused by anoxia*
17 *due to near drowning.*

18 “(h) *AUTHORIZATION OF APPROPRIATIONS.*—There
19 *are authorized to be appropriated to carry out this section,*
20 *\$5,000,000 for fiscal year 1995, and such sums as may be*
21 *necessary for each of the fiscal years 1996 and 1997.”.*

22 ***SEC. 704. STUDY; CONSENSUS CONFERENCE.***

23 (a) *STUDY.*—

24 (1) *IN GENERAL.*—The Secretary of Health and
25 *Human Services (in this section referred to as the*

1 “Secretary”), acting through the appropriate agencies
2 of the Public Health Service, shall conduct a study for
3 the purpose of carrying out the following with respect
4 to traumatic brain injury:

5 (A) In collaboration with appropriate State
6 and local health-related agencies—

7 (i) determine the incidence and preva-
8 lence of traumatic brain injury; and

9 (ii) develop a uniform reporting sys-
10 tem under which States report incidences of
11 traumatic brain injury, if the Secretary de-
12 termines that such a system is appropriate.

13 (B) Identify common therapeutic interven-
14 tions which are used for the rehabilitation of in-
15 dividuals with such injuries, and shall, subject to
16 the availability of information, include an anal-
17 ysis of—

18 (i) the effectiveness of each such inter-
19 vention in improving the functioning of in-
20 dividuals with brain injuries;

21 (ii) the comparative effectiveness of
22 interventions employed in the course of re-
23 habilitation of individuals with brain inju-
24 ries to achieve the same or similar clinical
25 outcome; and

1 (iii) the adequacy of existing measures
2 of outcomes and knowledge of factors influ-
3 encing differential outcomes.

4 (C) Develop practice guidelines for the reha-
5 bilitation of traumatic brain injury at such time
6 as appropriate scientific research becomes avail-
7 able.

8 (2) DATES CERTAIN FOR REPORTS.—

9 (A) Not later than 18 months after the effec-
10 tive date under section 901, the Secretary shall
11 submit to the Committee on Energy and Com-
12 merce of the House of Representatives, and to the
13 Committee on Labor and Human Resources of
14 the Senate, a report describing the findings made
15 as a result of carrying out paragraph (1)(A).

16 (B) Not later than 3 years after the effective
17 date under section 901, the Secretary shall sub-
18 mit to the Committees specified in subparagraph
19 (A) a report describing the findings made as a
20 result of carrying out subparagraphs (B) and
21 (C) of paragraph (1).

22 (b) CONSENSUS CONFERENCE.—The Secretary, acting
23 through the Director of the National Center for Medical Re-
24 habilitation Research within the National Institute for
25 Child Health and Human Development, shall conduct a na-

1 *tional consensus conference on managing traumatic brain*
 2 *injury and related rehabilitation concerns.*

3 (c) *DEFINITION.*—*For purposes of this section, the*
 4 *term “traumatic brain injury” means an acquired injury*
 5 *to the brain. Such term does not include brain dysfunction*
 6 *caused by congenital or degenerative disorders, nor birth*
 7 *trauma, but may include brain injuries caused by anoxia*
 8 *due to near drowning.*

9 **TITLE VIII—MISCELLANEOUS**
 10 **PROVISIONS**

11 **SEC. 801. TECHNICAL AMENDMENT TO INDIAN HEALTH**
 12 **CARE IMPROVEMENT ACT.**

13 *The last sentence of section 818(e)(3) of the Indian*
 14 *Health Care Improvement Act (25 U.S.C. 1680h(e)(3)) is*
 15 *amended—*

16 (1) *by striking “services,” and inserting “serv-*
 17 *ices”;* and

18 (2) *by striking “, shall be recoverable.” and in-*
 19 *serting a period.*

20 **SEC. 802. HEALTH SERVICES FOR PACIFIC ISLANDERS.**

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

23 (1) *in subsection (b)—*

24 (A) *by striking paragraphs (5) and (6);*

1 (B) by redesignating paragraphs (7) and
2 (8) as paragraphs (5) and (6), respectively;

3 (C) in paragraph (2)—

4 (i) by inserting “substance abuse” after
5 “availability of health”; and

6 (ii) by striking “, including improved
7 health data systems”; and

8 (D) in paragraph (3)—

9 (i) by striking “manpower” and in-
10 sserting “care providers”; and

11 (ii) by striking “by—” and all that
12 follows through the end and inserting a
13 semicolon; and

14 (2) in subsection (f)—

15 (A) by striking “There is” and inserting
16 “There are”; and

17 (B) by striking “\$10,000,000” and all that
18 follows through “1993” and inserting
19 “\$3,000,000 for each of the fiscal years 1995
20 through 1997”.

21 **SEC. 803. TECHNICAL CORRECTIONS REGARDING PUBLIC**

22 **LAW 103-183.**

23 (a) *AMENDATORY INSTRUCTIONS.*—Public Law 103-
24 183 is amended—

25 (1) 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. 300d)”
4 and inserting “Title XII of the Public Health
5 Service Act (42 U.S.C. 300d et seq.)”; and

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

10 (2) in section 602, by striking “for the purpose”
11 and inserting “For the purpose”; and

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

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

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

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

24 (3) in subpart 6 of part C of title IV—

1 *is amended by inserting after section 317G the following*
2 *section:*

3 *“MISCELLANEOUS AUTHORITIES REGARDING CENTERS FOR*
4 *DISEASE CONTROL AND PREVENTION*

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

23 *“(b) FELLOWSHIP AND TRAINING PROGRAMS.—The*
24 *Secretary, acting through the Director of the Centers for*
25 *Disease Control and Prevention, shall establish fellowship*
26 *and training programs to be conducted by such Centers to*

1 *train individuals to develop skills in epidemiology, surveil-*
2 *lance, laboratory analysis, and other disease detection and*
3 *prevention methods. Such programs shall be designed to en-*
4 *able health professionals and health personnel trained under*
5 *such programs to work, after receiving such training, in*
6 *local, State, national, and international efforts toward the*
7 *prevention and control of diseases, injuries, and disabilities.*
8 *Such fellowships and training may be administered through*
9 *the use of either appointment or nonappointment proce-*
10 *dures.”.*

11 (b) *EFFECTIVE DATE.*—*This section takes effect July*
12 *1, 1994.*

13 **SEC. 805. ESTABLISHMENT OF PUBLIC HEALTH ANALYT-**
14 **ICAL LABORATORY.**

15 (a) *IN GENERAL.*—*The Secretary of Health and*
16 *Human Services, acting as appropriate through the Direc-*
17 *tor of the Centers for Disease Control and Prevention or*
18 *through other agencies, may make a grant for the establish-*
19 *ment and operation of a laboratory to protect the public*
20 *health through analyzing human, wildlife, air, water, and*
21 *soil samples. The laboratory shall be established within the*
22 *United States at the central point of the international bor-*
23 *der between the United States and Mexico (as determined*
24 *by such Secretary), and the laboratory shall serve the border*
25 *region.*

1 (b) *AUTHORIZATION OF APPROPRIATIONS.*—For the
2 purpose of carrying out subsection (a), there are authorized
3 to be appropriated such sums as may be necessary for fiscal
4 year 1995 and each subsequent fiscal year.

5 **SEC. 806. ADMINISTRATION OF CERTAIN REQUIREMENTS.**

6 (a) *IN GENERAL.*—Section 2004 of Public Law 103–
7 43 (107 Stat. 209) is amended by striking subsection (a).

8 (b) *CONFORMING AMENDMENTS.*—Section 2004 of
9 Public Law 103–43, as amended by subsection (a) of this
10 section, is amended—

11 (1) by striking “(b) *SENSE*” and all that follows
12 through “In the case” and inserting the following:

13 “(a) *SENSE OF CONGRESS REGARDING PURCHASE OF*
14 *AMERICAN-MADE EQUIPMENT AND PRODUCTS.*—In the
15 case”;

16 (2) by striking “(2) *NOTICE TO RECIPIENTS OF*
17 *ASSISTANCE*” and inserting the following:

18 “(b) *NOTICE TO RECIPIENTS OF ASSISTANCE*”; and

19 (3) in subsection (b), as redesignated by para-
20 graph (2) of this subsection, by striking “paragraph
21 (1)” and inserting “subsection (a)”.

22 (c) *EFFECTIVE DATE.*—This section is deemed to have
23 taken effect immediately after the enactment of Public Law
24 103–43.

1 **SEC. 807. REVISIONS TO ELIGIBILITY REQUIREMENTS FOR**
2 **ENTITIES SUBJECT TO DRUG PRICING LIM-**
3 **TATIONS.**

4 (a) *TREATMENT OF CERTAIN OUTPATIENT CLINICS AS*
5 *COVERED ENTITIES.*—Section 340B(a)(4) of the Public
6 Health Service Act (42 U.S.C. 256b(a)(4)) is amended by
7 adding at the end the following subparagraph:

8 “(M) A diagnostic and treatment center
9 owned and operated by the New York City
10 Health and Hospitals Corporation.”.

11 (b) *LIMITATION ON EXCLUSION BASED ON PARTICIPA-*
12 *TION IN GROUP PURCHASING ORGANIZATION.*—Section
13 340B(a)(4)(L) of the Public Health Service Act (42 U.S.C.
14 256b(a)(4)(L)) is amended—

15 (1) in clause (i), by striking “under this title”
16 and inserting “under title XIX of such Act”; and

17 (2) in clause (iii), by inserting before the period
18 at the end the following: “, other than the Health
19 Services Purchasing Group under the control of Los
20 Angeles County”.

21 (c) *CLARIFICATION OF EFFECTIVE DATE OF EXCLU-*
22 *SION BASED ON PARTICIPATION IN GROUP PURCHASING*
23 *ORGANIZATION.*—The Secretary of Health and Human
24 Services may not find that the hospital system for the Dal-
25 las County Hospital District of Texas (commonly known
26 as Parkland Memorial Hospital) fails to meet the require-

1 *ments for a covered entity under paragraph (4)(L) of sec-*
2 *tion 340B(a) of the Public Health Service Act solely because*
3 *the hospital used a group purchasing organization or other*
4 *group purchasing arrangement to obtain a covered out-*
5 *patient drug before the effective date of the entity guidelines*
6 *published by the Secretary pursuant to section 602 of the*
7 *Veterans Health Care Act of 1992 if, at the time the hospital*
8 *purchased the drug, the manufacturer of the drug did not*
9 *offer to furnish the drug to the hospital at the price required*
10 *to be paid for the drug under paragraph (1) of such section.*

11 *(d) EFFECTIVE DATES.—Subsections (a) and (b) take*
12 *effect as if included in the enactment of the Veterans Health*
13 *Care Act of 1992. Subsection (c) takes effect on the date*
14 *of the enactment of this Act.*

15 **TITLE IX—GENERAL PROVISIONS**

16 **SEC. 901. EFFECTIVE DATE.**

17 *Except as otherwise provided in this Act, this Act takes*
18 *effect October 1, 1994, or upon the date of the enactment*
19 *of this Act, whichever occurs later.*

Agreed to amend the title so as to read: “An Act 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.”.

Attest:

Clerk.

103RD CONGRESS
2^D SESSION

S. 1569

AMENDMENTS