

104TH CONGRESS
1ST SESSION

S. 555

To amend the Public Health Service Act to consolidate and reauthorize health professions and minority and disadvantaged health education programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 14 (legislative day, MARCH 6), 1995

Mrs. KASSEBAUM (for herself, Mr. KENNEDY, and Mr. FRIST) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To amend the Public Health Service Act to consolidate and reauthorize health professions and minority and disadvantaged health education programs, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Health Professions Education Consolidation and Reau-
6 thorization Act of 1995”.

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

Sec. 1. Short title.

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Programs

- Sec. 101. Minority health professions grant program.
- Sec. 102. Training in primary health care and preventive medicine.
- Sec. 103. Enhanced health education and training.
- Sec. 104. Health profession workforce development.
- Sec. 105. General provisions.
- Sec. 106. Preference and required information in certain programs.
- Sec. 107. Definitions.
- Sec. 108. Savings provision.

Subtitle B—Nursing Education

- Sec. 121. Short title.
- Sec. 122. Purpose.
- Sec. 123. Amendments to Public Health Service Act.
- Sec. 124. Savings provision.
- Sec. 125. Preference and required information in certain programs.

Subtitle C—Financial Assistance

PART 1—NATIONAL HEALTH SERVICE CORPS FINANCIAL ASSISTANCE PROGRAMS

- Sec. 131. General amendments with respect to federally supported loans.
- Sec. 132. Restructuring and technical amendments.
- Sec. 133. Definition of underserved areas.
- Sec. 134. Conforming amendments.

PART 2—SCHOOL-BASED REVOLVING LOAN FUNDS

- Sec. 135. Primary care loan program.
- Sec. 136. Loans for disadvantaged students.
- Sec. 137. Student loans regarding schools of nursing.

PART 3—INSURED HEALTH EDUCATION ASSISTANCE LOANS TO GRADUATE STUDENTS

- Sec. 141. Health education assistance loan program.

PART 4—SCHOLARSHIPS FOR DISADVANTAGED STUDENTS

- Sec. 151. Scholarships for disadvantaged students.

TITLE II—OFFICE OF MINORITY HEALTH

- Sec. 201. Revision and extension of programs of Office of Minority Health.

TITLE III—SELECTED INITIATIVES

- Sec. 301. Programs regarding birth defects.
- Sec. 302. Traumatic brain injury.
- Sec. 303. State offices of rural health.
- Sec. 304. Health services for Pacific Islanders.

Sec. 305. Demonstration projects regarding Alzheimer's Disease.

TITLE IV—MISCELLANEOUS PROVISIONS

- Sec. 401. Technical corrections regarding Public Law 103–183.
 Sec. 402. Certain authorities of Centers for Disease Control and Prevention.
 Sec. 403. Administration of certain requirements.
 Sec. 404. Technical corrections relating to health professions programs.
 Sec. 405. Clinical traineeships.
 Sec. 406. Construction of regional centers for research on primates.

1 **TITLE I—HEALTH PROFESSIONS**
 2 **EDUCATION AND FINANCIAL**
 3 **ASSISTANCE PROGRAMS**

4 **Subtitle A—Health Professions**
 5 **Education Programs**

6 **SEC. 101. MINORITY HEALTH PROFESSIONS GRANT PRO-**
 7 **GRAM.**

8 (a) IN GENERAL.—Part B of title VII of the Public
 9 Health Service Act (42 U.S.C. 293 et seq.) is amended
 10 to read as follows:

11 “PART B—DISADVANTAGED HEALTH PROFESSIONS
 12 TRAINING

13 **“§ 736. Statement of purpose**

14 “(a) IN GENERAL.—The Secretary shall make grants
 15 to or enter into contracts with eligible entities for the pur-
 16 pose of establishing, enhancing, and expanding programs
 17 to increase the number and the quality of disadvantaged
 18 health professionals, particularly those who provide health
 19 services to disadvantaged populations or in medically un-
 20 derserved areas or rural areas.

1 “(b) USE OF FUNDS.—Amounts provided under a
2 grant or contract awarded under this part may be used
3 for costs of planning, developing, or operating centers of
4 excellence in minority health professions education, pro-
5 grams for assisting individuals from disadvantaged back-
6 grounds to enter a health profession, minority faculty de-
7 velopment, minority faculty loan repayment or fellowships,
8 trainee support, technical assistance, workforce analysis,
9 and dissemination of information.

10 “(c) CONSORTIUM.—Schools within a consortium
11 that applies for a grant or contract under this part shall
12 enter into an agreement to allocate the funds received
13 under the grant or contract among such schools and ex-
14 pend such funds in accordance with the application for
15 such grant or contract.

16 **“§ 737. Preferences**

17 ““In awarding grants or contracts to eligible entities
18 under this part, the Secretary shall give preference to—

19 “(1) projects that involve more than one health
20 professions discipline or training institution and
21 have an above average record of retention and grad-
22 uation of individuals from disadvantaged back-
23 grounds; and

24 “(2) centers of excellence at Historically Black
25 Colleges and Universities (as defined in section 739)

1 beginning in fiscal year 1999 and for each fiscal
2 year thereafter.

3 **“§ 738. Authorization of appropriation**

4 “(a) IN GENERAL.—There are authorized to be ap-
5 propriated to carry out this part, \$51,000,000 for fiscal
6 year 1996, and such sums as may be necessary for each
7 of the fiscal years 1997 through 1999.

8 “(b) SET-ASIDE.—With respect to each of the fiscal
9 years 1996, 1997, and 1998, the Secretary shall set-aside
10 23.5 percent of the amount appropriated under subsection
11 (a) in each such fiscal year for the purpose of making
12 grants under section 736 to centers of excellence at certain
13 Historically Black Colleges and Universities.

14 **“§ 739. Definitions**

15 “As used in this part:

16 “(1) CENTERS OF EXCELLENCE.—The term
17 ‘centers of excellence’ means a health professions
18 school that—

19 “(A)(i) has a significant number of minor-
20 ity individuals enrolled in the school, including
21 individuals accepted for enrollment in the
22 school;

23 “(ii) has been effective in assisting minor-
24 ity students of the school to complete the pro-

1 gram of education and receive the degree in-
2 volved;

3 “(iii) has been effective in recruiting mi-
4 nority individuals to attend the school and en-
5 couraging minority students of secondary edu-
6 cational institutions to attend the health profes-
7 sions school; and

8 “(iv) has made significant recruitment ef-
9 forts to increase the number of minority indi-
10 viduals serving in faculty or administrative posi-
11 tions at the school; or

12 “(B) is a center of excellence at certain
13 Historically Black Colleges and Universities.

14 “(2) CONSORTIUM.—The term ‘consortium’
15 means the designated eligible entity seeking a grant
16 under this part and one or more schools of medicine,
17 osteopathic medicine, dentistry, pharmacy, nursing,
18 allied health, public health, or graduate programs in
19 mental health practice.

20 “(3) ELIGIBLE ENTITIES.—The term ‘eligible
21 entities’ means schools of medicine, osteopathic med-
22 icine, dentistry, pharmacy, podiatric medicine, op-
23 tometry, veterinary medicine, public health, or allied
24 health or schools offering graduate programs in
25 mental health practice, State or local governments,

1 and other public or nonprofit private entities deter-
2 mined appropriate by the Secretary that submit to
3 the Secretary an application.

4 “(4) HISTORICALLY BLACK COLLEGES AND
5 UNIVERSITIES.—The term ‘Historically Black Col-
6 leges and Universities’ means a school described in
7 section 799(1) that has received a contract under
8 section 788B for fiscal year 1987, as such section
9 was in effect for such fiscal year.”.

10 (b) REPEAL.—

11 (1) IN GENERAL.—Section 795 of the Public
12 Health Service Act (42 U.S.C. 295n) is repealed.

13 (2) NONTERMINATION OF AUTHORITY.—The
14 amendments made by this section shall not be con-
15 strued to terminate agreements that, on the day be-
16 fore the date of enactment of this Act, are in effect
17 pursuant to section 795 of the Public Health Service
18 Act (42 U.S.C. 795) as such section existed on such
19 date. Such agreements shall continue in effect in ac-
20 cordance with the terms of the agreements. With re-
21 spect to compliance with such agreements, any pe-
22 riod of practice as a provider of primary health serv-
23 ices shall be counted towards the satisfaction of the
24 requirement of practice pursuant to such section
25 795.

1 (c) CONFORMING AMENDMENTS.—Section
 2 481A(c)(3)(D)(i) of the Public Health Service Act (42
 3 U.S.C. 287a–2(c)(3)(D)(i)) is amended by striking “sec-
 4 tion 739” and inserting “part B of title VII”.

5 **SEC. 102. TRAINING IN PRIMARY HEALTH CARE AND PRE-**
 6 **VENTIVE MEDICINE.**

7 Part C of title VII of the Public Health Service Act
 8 is amended—

9 (1) in the part heading by striking “CARE” and
 10 inserting “CARE AND PREVENTIVE MEDICINE”;

11 (2) by repealing section 746 and sections 748
 12 through 752 (42 U.S.C. 293j and 293l through
 13 293p); and

14 (3) in section 747 (42 U.S.C. 293k)—

15 (A) by striking the section heading and in-
 16 serting the following:

17 **“§747. Family medicine, general internal medicine,**
 18 **general pediatrics, preventive medicine,**
 19 **and physician assistants”;**

20 (B) in subsection (a)—

21 (i) in paragraph (1)—

22 (I) by inserting “, internal medi-
 23 cine, or pediatrics” after “family med-
 24 icine”; and

1 (II) by inserting before the semi-
2 colon the following: “that emphasizes
3 training for the practice of family
4 medicine, general internal medicine,
5 or general pediatrics (as defined in
6 regulations promulgated by the Sec-
7 retary)”;

8 (ii) in paragraph (2), by inserting “,
9 general internal medicine, or pediatrics”
10 before the semicolon;

11 (iii) in paragraphs (3) and (4), by in-
12 serting “, general internal medicine (in-
13 cluding geriatrics), or general pediatrics”
14 after “family medicine”;

15 (iv) in paragraphs (3) and (4), by in-
16 serting “(including geriatrics) after “fam-
17 ily medicine”;

18 (v) in paragraph (3), by striking
19 “and” at the end thereof;

20 (vi) in paragraph (4), by striking the
21 period and inserting a semicolon; and

22 (vii) by adding at the end thereof the
23 following new paragraphs:

24 “(5) to meet the costs of projects to plan, de-
25 velop, and operate or maintain programs for the

1 training of physician assistants (as defined in sec-
2 tion 799), and for the training of individuals who
3 will teach programs to provide such training; and

4 “(6) to meet the costs of projects—

5 “(A) to plan and develop new residency
6 training programs and to maintain or improve
7 existing residency training programs in preven-
8 tive medicine, that have available full-time fac-
9 ulty members with training and experience in
10 the fields of preventive medicine; and

11 “(B) to provide financial assistance to resi-
12 dency trainees enrolled in such programs.”;

13 (C) in paragraphs (1) and (2)(A) of sub-
14 section (b), by inserting “, general internal
15 medicine, or general pediatrics” after “family
16 medicine”;

17 (D) by redesignating subsections (c) and
18 (d) as subsections (d) and (e), respectively;

19 (E) by inserting after subsection (b), the
20 following new subsection:

21 “(c) PRIORITY AND LIMITATION.—

22 “(1) PRIORITY.—With respect to programs for
23 the training of interns or residents, the Secretary
24 shall give priority in awarding grants under this sec-
25 tion to qualified applicants that have a record of

1 training the greatest percentage of providers, or that
2 have demonstrated significant improvements in the
3 percentage of providers, which enter and remain in
4 primary care practice upon completion of their first
5 period of training required to obtain initial board
6 certification. Each program shall designate the pri-
7 mary care training positions that such program shall
8 provide with grant funding to support and for which
9 such program shall be held accountable regarding
10 the primary care requirement set forth in this sec-
11 tion.

12 “(2) LIMITATION.—With respect to programs
13 for the training and education of medical students,
14 the Secretary may only provide grants or contracts
15 under this section to administrative units in general
16 pediatrics or general internal medicine if a qualified
17 administrative unit applicant demonstrates that its
18 medical school has—

19 “(A) a mission statement that has a pri-
20 mary care medical education objective;

21 “(B) faculty role models and administra-
22 tive units in primary care; and

23 “(C) required undergraduate ambulatory
24 medical student clerkships in family medicine,
25 internal medicine, and pediatrics.

1 Where a medical school does not have an adminis-
 2 trative unit in family medicine clerkships in family
 3 medicine shall not be required.”; and

4 (F) in subsection (e) (as so redesign-
 5 nated)—

6 (i) in paragraph (1), by striking
 7 “\$54,000,000” and all that follows and in-
 8 serting “\$76,000,000 for fiscal year 1996,
 9 and such sums as may be necessary for
 10 each of the fiscal years 1997 and 1999.”;
 11 and

12 (ii) in paragraph (2)—

13 (I) by striking “20” and insert-
 14 ing “12”; and

15 (II) by inserting “for family med-
 16 icine academic administrative units”
 17 after “under subsection (b)”.

18 **SEC. 103. ENHANCED HEALTH EDUCATION AND TRAINING.**

19 Part D of title VII of the Public Health Service Act
 20 (42 U.S.C. 294 et seq.) is amended to read as follows:

21 “PART D—AREA HEALTH EDUCATION CENTERS

22 **“§ 750. Area health education centers**

23 “(a) IN GENERAL.—The Secretary may award grants
 24 to and enter into contracts with eligible entities for
 25 projects which—

1 “(1) improve the recruitment, distribution, sup-
2 ply, quality, utilization, and efficiency of personnel
3 providing health services in urban and rural areas
4 and populations that have demonstrated serious
5 unmet health care need;

6 “(2) encourage the regionalization of edu-
7 cational responsibilities of the health professions
8 schools;

9 “(3) are designed to prepare, through field
10 placements, preceptorships, the conduct or affiliation
11 with community-based primary care residency pro-
12 grams, agreements with community-based organiza-
13 tions for the delivery of education and training in
14 the health professions, and other programs, individ-
15 uals to effectively provide health services in health
16 professional shortage areas;

17 “(4) conduct health professions education and
18 training activities consistent with national and State
19 priorities, including geriatrics;

20 “(5) encourage health promotion and disease
21 prevention activities;

22 “(6) conduct interdisciplinary training and
23 practice involving other health professionals;

1 “(7) conduct continuing education programs for
2 health professionals or coordinates with such pro-
3 grams; and

4 “(8) address other areas as determined appro-
5 priate by the Secretary.

6 “(b) PREFERENCES.—In awarding grants or con-
7 tracts to eligible entities under this part, the Secretary
8 shall give preference to projects that—

9 “(1) involve more than one health professions
10 discipline or training institution;

11 “(2) have a good record of retention and grad-
12 uation of individuals that enter practice in medically
13 underserved communities; and

14 “(3) have a higher percentage of medical stu-
15 dents or residents that enter primary care practice.

16 “(c) OTHER ELIGIBLE PROGRAMS.—The Secretary
17 may award grants or contracts under this section for the
18 establishment of geriatric education centers. In making a
19 determination to fund such centers the Secretary shall
20 consider the impact the programs under section 747, this
21 part, and title VIII have made in the production of person-
22 nel to care for geriatric populations.

23 “(d) ELIGIBLE ENTITIES.—As used in this part, the
24 term ‘eligible entities’ means schools of medicine, osteo-
25 pathic medicine, dentistry, pharmacy, podiatric medicine,

1 optometry, veterinary medicine, public health, or allied
2 health or schools offering graduate programs in mental
3 health practice, State or local governments, and other pub-
4 lic or nonprofit private entities determined appropriate by
5 the Secretary that submit to the Secretary an application.

6 “(e) GERIATRIC EDUCATION CENTERS.—A geriatric
7 education center shall be an accredited health professions
8 school or program that—

9 “(1) improves the training of health profes-
10 sionals in geriatrics, including geriatric residencies,
11 traineeships, or fellowships;

12 “(2) develops and disseminates curricula relat-
13 ing to the treatment of the health problems of elder-
14 ly individuals;

15 “(3) supports the training and retraining of
16 faculty to provide instruction in geriatrics;

17 “(4) supports continuing education of health
18 professionals who provide geriatric care; and

19 “(5) provides students with clinical training in
20 geriatrics in nursing homes, chronic and acute dis-
21 ease hospitals, ambulatory care centers, and senior
22 centers.

23 **“§ 751. Authorization of appropriations**

24 “There are authorized to be appropriated to carry out
25 this part, \$39,000,000 for fiscal year 1996, such sums as

1 may be necessary for each of the fiscal years 1997 and
2 1998, and \$25,000,000 for fiscal year 1999.”.

3 **SEC. 104. HEALTH PROFESSION WORKFORCE DEVELOP-**
4 **MENT.**

5 (a) IN GENERAL.—Part E of title VII of the Public
6 Health Service Act (42 U.S.C. 294n et seq.) is amended—

7 (1) in the part heading to read as follows:

8 “PART E—HEALTH PROFESSION WORKFORCE
9 DEVELOPMENT”;

10 (2) by redesignating section 776 (42 U.S.C.
11 294n) as section 761; and

12 (3) by striking sections 777 and 778 (42 U.S.C.
13 294o and 294p) and inserting the following new sec-
14 tion:

15 **“§ 762. Health profession workforce development**

16 “(a) IN GENERAL.—The Secretary may award grants
17 to and enter into contracts with eligible entities for
18 projects to strengthen capacity for health professions edu-
19 cation and practice.

20 “(b) ELIGIBLE APPLICANTS.—Applicants eligible to
21 obtain funds under subsection (a) shall include schools of
22 medicine, osteopathic medicine, dentistry, veterinary medi-
23 cine, pharmacy, podiatric medicine, chiropractic medicine,
24 optometry, public health, or allied health, graduate pro-
25 grams in mental health practice, physician assistant train-

1 ing programs, and other public and nonprofit private enti-
2 ties.

3 “(c) PRIORITY AREAS.—In awarding grants or con-
4 tracts under subsection (a), the Secretary shall give prior-
5 ity to entities that will use amounts provided under such
6 grants or contracts to enhance the education of health pro-
7 fessionals for purposes of—

8 “(1) providing care for underserved populations
9 and other high-risk groups;

10 “(2) increasing the number of individuals who
11 are pursuing a course of study in a health profes-
12 sions field in which there is a severe shortage of
13 health professionals;

14 “(3) conducting health professions research and
15 data collection; and

16 “(4) carrying out other activities in areas deter-
17 mined appropriate by the Secretary.

18 “(d) AUTHORIZATION OF APPROPRIATIONS.—

19 “(1) IN GENERAL.—There are authorized to be
20 appropriated to carry out this section, \$20,000,000
21 for fiscal year 1996, such sums as may be necessary
22 for each of the fiscal years 1997 and 1998, and
23 \$5,000,000 for fiscal year 1999.

24 “(2) RESERVATION.—Of the amounts appro-
25 priated under subsection (a) for a fiscal year, the

1 Secretary may reserve not more than \$2,000,000 for
2 conducting health professions research and data col-
3 lection in accordance with section 792.”.

4 (b) HEALTH PROFESSIONS DATA.—The second sen-
5 tence of section 792(a) of the Public Health Service Act
6 (42 U.S.C. 295k(a)) is amended by striking “is authorized
7 to” and inserting “shall”.

8 (c) COUNCIL ON GRADUATE MEDICAL EDUCATION.—
9 Section 301 of the Health Professions Education Exten-
10 sion Amendments of 1992 (Public Law 102-408) is
11 amended—

12 (1) in subsection (j), by striking “1995” and
13 inserting “1999”;

14 (2) in subsection (k), by striking “1995” and
15 inserting “1999”;

16 (3) by adding at the end thereof the following
17 new subsection:

18 “(l) FUNDING.—Amounts otherwise appropriated
19 under this title may be utilized by the Secretary to support
20 the medical education activities of the Council.”;

21 (4) by transferring such section to part E of
22 title VII of the Public Health Service Act (as
23 amended by subsection (a));

24 (5) by redesignating such section as section
25 763; and

1 (6) by inserting such section after section 762.

2 **SEC. 105. GENERAL PROVISIONS.**

3 (a) IN GENERAL.—

4 (1) Part F of title VII of the Public Health
5 Service Act (42 U.S.C. 295 et seq.) is repealed.

6 (2) Part G of title VII of the Public Health
7 Service Act (42 U.S.C. 295j et seq.) is amended—

8 (A) by redesignating such part as part F;

9 (B) in section 791 (42 U.S.C. 295j) by
10 striking subsection (b);

11 (C) by repealing section 793 (42 U.S.C.
12 295l);

13 (D) by repealing section 798;

14 (E) by redesignating section 799 as section
15 799B; and

16 (F) by inserting after section 794, the fol-
17 lowing new sections:

18 **“§ 796. Application**

19 “(a) IN GENERAL.—To be eligible to receive a grant
20 or contract under this title, an eligible entity shall prepare
21 and submit to the Secretary an application that meets the
22 requirements of this section, at such time, in such manner,
23 and containing such information as the Secretary may re-
24 quire.

1 “(b) PLAN.—An application submitted under this
2 section shall contain the plan of the applicant for carrying
3 out a project with amounts received under this title. Such
4 plan shall be consistent with relevant Federal, State, or
5 regional program plans.

6 “(c) PERFORMANCE OUTCOME STANDARDS.—An ap-
7 plication submitted under this section shall contain a spec-
8 ification by the applicant entity of performance outcome
9 standards that the project to be funded under the grant
10 or contract will be measured against. Such standards shall
11 address relevant health workforce needs that the project
12 will meet. The recipient of a grant or contract under this
13 section shall meet the standards set forth in the grant or
14 contract application.

15 “(d) LINKAGES.—An application submitted under
16 this section shall contain a description of the linkages with
17 relevant educational and health care entities, including
18 training programs for other health professionals as appro-
19 priate, that the project to be funded under the grant or
20 contract will establish.

21 **“§ 797. Use of funds**

22 “(a) IN GENERAL.—Amounts provided under a grant
23 or contract awarded under this title may be used for train-
24 ing program development and support, faculty develop-
25 ment, model demonstrations, trainee support including

1 tuition, books, program fees and reasonable living ex-
2 penses during the period of training, technical assistance,
3 workforce analysis, and dissemination of information, as
4 appropriate to meet recognized health workforce objec-
5 tives, in accordance with this title.

6 “(b) MAINTENANCE OF EFFORT.—With respect to
7 activities for which a grant awarded under this title is to
8 be expended, the entity shall agree to maintain expendi-
9 tures of non-Federal amounts for such activities at a level
10 that is not less than the level of such expenditures main-
11 tained by the entity for the fiscal year preceding the fiscal
12 year for which the entity receives such a grant.

13 **“§ 798. Matching requirement**

14 “The Secretary may require that an entity that ap-
15 plies for a grant or contract under this title provide non-
16 Federal matching funds, as appropriate, to ensure the in-
17 stitutional commitment of the entity to the projects funded
18 under the grant. As determined by the Secretary, such
19 non-Federal matching funds may be provided directly or
20 through donations from public or private entities and may
21 be in cash or in-kind, fairly evaluated, including plant,
22 equipment, or services.

23 **“§ 799. Generally applicable provisions**

24 “(a) AWARDING OF GRANTS AND CONTRACTS.—The
25 Secretary shall ensure that grants and contracts under

1 this title are awarded on a competitive basis, as appro-
2 priate, to carry out innovative demonstration projects or
3 provide for strategic workforce supplementation activities
4 as needed to meet health workforce goals and in accord-
5 ance with this title.

6 “(b) INFORMATION REQUIREMENTS.—Recipients of
7 grants and contracts under this title shall meet informa-
8 tion requirements as specified by the Secretary.

9 “(c) TRAINING PROGRAMS.—Training programs con-
10 ducted with amounts received under this title shall meet
11 applicable accreditation and quality standards.

12 “(d) DURATION OF ASSISTANCE.—

13 “(1) IN GENERAL.—Subject to paragraph (2),
14 in the case of an award to an entity of a grant, co-
15 operative agreement, or contract under this title, the
16 period during which payments are made to the en-
17 tity under the award may not exceed 5 years. The
18 provision of payments under the award shall be sub-
19 ject to annual approval by the Secretary of the pay-
20 ments and subject to the availability of appropria-
21 tions for the fiscal year involved to make the pay-
22 ments. This paragraph may not be construed as lim-
23 iting the number of awards under the program in-
24 volved that may be made to the entity.

1 “(2) LIMITATION.—In the case of an award to
2 an entity of a grant, cooperative agreement, or con-
3 tract under this title, paragraph (1) shall apply only
4 to the extent not inconsistent with any other provi-
5 sion of this title that relates to the period during
6 which payments may be made under the award.

7 “(e) PEER REVIEW REGARDING CERTAIN PRO-
8 GRAMS.—Each application for a grant under this title, ex-
9 cept any scholarship or loan program, including those
10 under sections 701, 721, or 723, shall be submitted to a
11 peer review group for an evaluation of the merits of the
12 proposals made in the application. The Secretary may not
13 approve such an application unless a peer review group
14 has recommended the application for approval. Each peer
15 review group under this subsection shall be composed prin-
16 cipally of individuals who are not officers or employees of
17 the Federal Government. This subsection shall be carried
18 out by the Secretary acting through the Administrator of
19 the Health Resources and Services Administration.

20 “(f) PREFERENCE CONSIDERATIONS.—In consider-
21 ing a preference for funding which is based on outcome
22 measures for an eligible entity under this title, the Sec-
23 retary shall also consider the future ability of the eligible
24 entity to meet the outcome preference through improve-
25 ments in the eligible entity’s program design.

1 **“§ 799A. Technical assistance**

2 “Funds appropriated under this title may be used by
3 the Secretary to provide technical assistance in relation
4 to any of the authorities under this title.”.

5 (b) CONFORMING AMENDMENTS.—Section 791(a)(2)
6 of the Public Health Service Act (42 U.S.C. 295j(a)) is
7 amended by inserting “as such section existed one day
8 prior to the date of enactment of the Health Professions
9 Education Consolidation and Reauthorization Act of
10 1995” before the period.

11 **SEC. 106. PREFERENCE AND REQUIRED INFORMATION IN**
12 **CERTAIN PROGRAMS.**

13 (a) IN GENERAL.—Section 791 of the Public Health
14 Service Act (42 U.S.C. 295j) is amended by adding at the
15 end thereof the following subsection:

16 “(d) EXCEPTIONS.—

17 “(1) IN GENERAL.—To permit new programs to
18 compete equitably for funding under this section,
19 those new programs that meet the criteria described
20 in paragraph (3) shall qualify for a funding pref-
21 erence under this section.

22 “(2) DEFINITION.—As used in this subsection,
23 the term ‘new program’ means any program that
24 has graduated less than three classes. Upon grad-
25 uating at least three classes, a program shall have
26 the capability to provide the information necessary

1 to qualify the program for the general funding pref-
2 erences described in subsection (a).

3 “(3) CRITERIA.—The criteria referred to in
4 paragraph (1) are the following:

5 “(A) The mission statement of the pro-
6 gram identifies a specific purpose of the pro-
7 gram as being the preparation of health profes-
8 sionals to serve underserved populations.

9 “(B) The curriculum of the program in-
10 cludes content which will help to prepare practi-
11 tioners to serve underserved populations.

12 “(C) Substantial clinical training experi-
13 ence is required under the program in medically
14 underserved communities.

15 “(D) A minimum of 20 percent of the clin-
16 ical faculty of the program spend at least 50
17 percent of their time providing or supervising
18 care in medically underserved communities.

19 “(E) The entire program or a substantial
20 portion of the program is physically located in
21 a medically underserved community.

22 “(F) Student assistance, which is linked to
23 service in medically underserved communities
24 following graduation, is available to the stu-
25 dents in the program.

1 “(G) The program provides a placement
2 mechanism for deploying graduates to medically
3 underserved communities.”.

4 (b) CONFORMING AMENDMENTS.—Section 791(a) of
5 the Public Health Service Act (42 U.S.C. 295j(a)) is
6 amended—

7 (1) in paragraph (1), by striking “sections 747”
8 and all that follows through “767” and inserting
9 “section 747”; and

10 (2) in paragraph (2), by striking “under section
11 798(a)”.

12 **SEC. 107. DEFINITIONS.**

13 Section 799B(6) of the Public Health Service Act (42
14 U.S.C. 295p(6)) (as so redesignated by section
15 105(a)(2)(E)) is amended—

16 (1) in subparagraph (B), by striking “or” at
17 the end thereof;

18 (2) in subparagraph (C), by striking the period
19 and inserting “; or”; and

20 (3) by adding at the end the following new sub-
21 paragraph:

22 “(D) is a State or local health department
23 that has a severe shortage of public health per-
24 sonnel as determined under criteria established
25 by the Secretary.”.

1 **SEC. 108. SAVINGS PROVISION.**

2 In the case of any authority for making awards of
3 grants or contracts that is terminated by the amendments
4 made by this subtitle, the Secretary of Health and Human
5 Services may, notwithstanding the termination of the au-
6 thority, continue in effect any grant or contract made
7 under the authority that is in effect on the day before the
8 date of the enactment of this Act, subject to the duration
9 of any such grant or contract not exceeding the period
10 determined by the Secretary in first approving such finan-
11 cial assistance, or in approving the most recent request
12 made (before the date of such enactment) for continuation
13 of such assistance, as the case may be.

14 **Subtitle B—Nursing Education**

15 **SEC. 121. SHORT TITLE.**

16 This title may be cited as the “Nursing Education
17 Consolidation and Reauthorization Act of 1995”.

18 **SEC. 122. PURPOSE.**

19 It is the purpose of this title to restructure the nurse
20 education authorities of title VIII of the Public Health
21 Service Act to permit a comprehensive, flexible, and effec-
22 tive approach to Federal support for nursing workforce
23 development.

24 **SEC. 123. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.**

25 Title VIII of the Public Health Service Act (42
26 U.S.C. 296k et seq.) is amended—

1 (1) by striking the title heading and all that fol-
 2 lows except for subparts II and III of part B and
 3 sections 855 and 860; and inserting the following:

4 “TITLE VIII—NURSING WORKFORCE
 5 DEVELOPMENT”;

6 (2) in subpart II of part B, by striking the sub-
 7 part heading and inserting the following:

8 “PART E—STUDENT LOANS
 9 “SUBPART I—GENERAL PROGRAM”;

10 (3) by redesignating subpart III as subpart II;

11 (4) by striking section 837;

12 (5) by inserting after the title heading the fol-
 13 lowing new parts:

14 “PART A—GENERAL PROVISIONS

15 **“§ 801. Definitions**

16 “As used in this title:

17 “(1) ELIGIBLE ENTITIES.—The term ‘eligible
 18 entities’ means schools of nursing, nursing centers,
 19 State or local governments, and other public or non-
 20 profit private entities determined appropriate by the
 21 Secretary that submit to the Secretary an applica-
 22 tion in accordance with section 802.

23 “(2) SCHOOL OF NURSING.—The term ‘school
 24 of nursing’ means a collegiate, associate degree, or
 25 diploma school of nursing in a State.

1 “(3) COLLEGIATE SCHOOL OF NURSING.—The
2 term ‘collegiate school of nursing’ means a depart-
3 ment, division, or other administrative unit in a col-
4 lege or university which provides primarily or exclu-
5 sively a program of education in professional nursing
6 and related subjects leading to the degree of bach-
7 elor of arts, bachelor of science, bachelor of nursing,
8 or to an equivalent degree, or to a graduate degree
9 in nursing, and including advanced training related
10 to such program of education provided by such
11 school, but only if such program, or such unit, col-
12 lege or university is accredited.

13 “(4) ASSOCIATE DEGREE SCHOOL OF NURS-
14 ING.—The term ‘associate degree school of nursing’
15 means a department, division, or other administra-
16 tive unit in a junior college, community college, col-
17 lege, or university which provides primarily or exclu-
18 sively a two-year program of education in profes-
19 sional nursing and allied subjects leading to an asso-
20 ciate degree in nursing or to an equivalent degree,
21 but only if such program, or such unit, college, or
22 university is accredited.

23 “(5) DIPLOMA SCHOOL OF NURSING.—The
24 term ‘diploma school of nursing’ means a school af-
25 filiated with a hospital or university, or an independ-

1 ent school, which provides primarily or exclusively a
2 program of education in professional nursing and al-
3 lied subjects leading to a diploma or to equivalent
4 indicia that such program has been satisfactorily
5 completed, but only if such program, or such affili-
6 ated school or such hospital or university or such
7 independent school is accredited.

8 “(6) ACCREDITED.—

9 “(A) IN GENERAL.—Except as provided in
10 subparagraph (B), the term ‘accredited’ when
11 applied to any program of nurse education
12 means a program accredited by a recognized
13 body or bodies, or by a State agency, approved
14 for such purpose by the Secretary of Education
15 and when applied to a hospital, school, college,
16 or university (or a unit thereof) means a hos-
17 pital, school, college, or university (or a unit
18 thereof) which is accredited by a recognized
19 body or bodies, or by a State agency, approved
20 for such purpose by the Secretary of Education.
21 For the purpose of this paragraph, the Sec-
22 retary of Education shall publish a list of recog-
23 nized accrediting bodies, and of State agencies,
24 which the Secretary of Education determines to

1 be reliable authority as to the quality of edu-
2 cation offered.

3 “(B) NEW PROGRAMS.—A new school of
4 nursing that, by reason of an insufficient period
5 of operation, is not, at the time of the submis-
6 sion of an application for a grant or contract
7 under this title, eligible for accreditation by
8 such a recognized body or bodies or State agen-
9 cy, shall be deemed accredited for purposes of
10 this title if the Secretary of Education finds,
11 after consultation with the appropriate accredi-
12 tation body or bodies, that there is reasonable
13 assurance that the school will meet the accredi-
14 tation standards of such body or bodies prior to
15 the beginning of the academic year following
16 the normal graduation date of students of the
17 first entering class in such school.

18 “(7) NONPROFIT.—The term ‘nonprofit’ as ap-
19 plied to any school, agency, organization, or institu-
20 tion means one which is a corporation or association,
21 or is owned and operated by one or more corpora-
22 tions or associations, no part of the net earnings of
23 which inures, or may lawfully inure, to the benefit
24 of any private shareholder or individual.

1 “(8) STATE.—The term ‘State’ means a State,
2 the Commonwealth of Puerto Rico, the District of
3 Columbia, the Commonwealth of the Northern Mari-
4 ana Islands, Guam, American Samoa, the Virgin Is-
5 lands, or the Trust Territory of the Pacific Islands.

6 **“§ 802. Application**

7 “(a) IN GENERAL.—To be eligible to receive a grant
8 or contract under this title, an eligible entity shall prepare
9 and submit to the Secretary an application that meets the
10 requirements of this section, at such time, in such manner,
11 and containing such information as the Secretary may re-
12 quire.

13 “(b) PLAN.—An application submitted under this
14 section shall contain the plan of the applicant for carrying
15 out a project with amounts received under this title. Such
16 plan shall be consistent with relevant Federal, State, or
17 regional program plans.

18 “(c) PERFORMANCE OUTCOME STANDARDS.—An ap-
19 plication submitted under this section shall contain a spec-
20 ification by the applicant entity of performance outcome
21 standards that the project to be funded under the grant
22 or contract will be measured against. Such standards shall
23 address relevant national nursing needs that the project
24 will meet. The recipient of a grant or contract under this

1 section shall meet the standards set forth in the grant or
2 contract application.

3 “(d) LINKAGES.—An application submitted under
4 this section shall contain a description of the linkages with
5 relevant educational and health care entities, including
6 training programs for other health professionals as appro-
7 priate, that the project to be funded under the grant or
8 contract will establish.

9 **“§ 803. Use of funds**

10 “(a) IN GENERAL.—Amounts provided under a grant
11 or contract awarded under this title may be used for train-
12 ing program development and support, faculty develop-
13 ment, model demonstrations, trainee support including
14 tuition, books, program fees and reasonable living ex-
15 penses during the period of training, technical assistance,
16 workforce analysis, and dissemination of information, as
17 appropriate to meet recognized nursing objectives, in ac-
18 cordance with this title.

19 “(b) MAINTENANCE OF EFFORT.—With respect to
20 activities for which a grant awarded under this title is to
21 be expended, the entity shall agree to maintain expendi-
22 tures of non-Federal amounts for such activities at a level
23 that is not less than the level of such expenditures main-
24 tained by the entity for the fiscal year preceding the fiscal
25 year for which the entity receives such a grant.

1 **“§ 804. Matching requirement**

2 “The Secretary may require that an entity that ap-
3 plies for a grant or contract under this title provide non-
4 Federal matching funds, as appropriate, to ensure the in-
5 stitutional commitment of the entity to the projects funded
6 under the grant. Such non-Federal matching funds may
7 be provided directly or through donations from public or
8 private entities and may be in cash or in-kind, fairly evalu-
9 ated, including plant, equipment, or services.

10 **“§ 805. Preference**

11 “In awarding grants or contracts under this title, the
12 Secretary shall give preference to applicants with projects
13 that will substantially benefit rural or underserved popu-
14 lations, or public health personnel shortage professions in
15 State or local health departments.

16 **“§ 806. Generally applicable provisions**

17 “(a) AWARDING OF GRANTS AND CONTRACTS.—The
18 Secretary shall ensure that grants and contracts under
19 this title are awarded on a competitive basis to carry out
20 innovative demonstration projects or provide for strategic
21 workforce supplementation activities as needed to meet
22 national nursing service goals and in accordance with this
23 title.

24 “(b) INFORMATION REQUIREMENTS.—Recipients of
25 grants and contracts under this title shall meet informa-
26 tion requirements as specified by the Secretary.

1 “(c) TRAINING PROGRAMS.—Training programs con-
2 ducted with amounts received under this title shall meet
3 applicable accreditation and quality standards.

4 “(d) DURATION OF ASSISTANCE.—

5 “(1) IN GENERAL.—Subject to paragraph (2),
6 in the case of an award to an entity of a grant, co-
7 operative agreement, or contract under this title, the
8 period during which payments are made to the en-
9 tity under the award may not exceed 5 years. The
10 provision of payments under the award shall be sub-
11 ject to annual approval by the Secretary of the pay-
12 ments and subject to the availability of appropri-
13 ations for the fiscal year involved to make the pay-
14 ments. This paragraph may not be construed as lim-
15 iting the number of awards under the program in-
16 volved that may be made to the entity.

17 “(2) LIMITATION.—In the case of an award to
18 an entity of a grant, cooperative agreement, or con-
19 tract under this title, paragraph (1) shall apply only
20 to the extent not inconsistent with any other provi-
21 sion of this title that relates to the period during
22 which payments may be made under the award.

23 “(e) PEER REVIEW REGARDING CERTAIN PRO-
24 GRAMS.—Each application for a grant under this title, ex-
25 cept advanced nurse traineeship grants under section

1 811(a)(2), shall be submitted to a peer review group for
2 an evaluation of the merits of the proposals made in the
3 application. The Secretary may not approve such an appli-
4 cation unless a peer review group has recommended the
5 application for approval. Each peer review group under
6 this subsection shall be composed principally of individuals
7 who are not officers or employees of the Federal Govern-
8 ment. This subsection shall be carried out by the Secretary
9 acting through the Administrator of the Health Resources
10 and Services Administration.

11 **“§ 807. National advisory council on nurse education**
12 **and practice**

13 “(a) ESTABLISHMENT.—There is hereby established
14 a National Advisory Council on Nurse Education and
15 Practice (in this section referred to as the ‘Council’), con-
16 sisting of the Secretary or the delegate of the Secretary
17 (who shall be an ex officio member and shall serve as the
18 Chairperson), and 15 members appointed by the Secretary
19 without regard to the Federal civil service laws, of which—

20 “(1) 2 shall be selected from full-time students
21 enrolled in schools of nursing;

22 “(2) 3 shall be selected from the general public;

23 “(3) 2 shall be selected from practicing profes-
24 sional nurses; and

1 “(4) 8 shall be selected from among the leading
2 authorities in the various fields of nursing, higher,
3 and secondary education, and from representatives
4 of hospitals and other institutions and organizations
5 which provide nursing services.

6 A majority of the members shall be nurses. The student-
7 members of the Council shall be appointed for terms of
8 one year and shall be eligible for reappointment to the
9 Council.

10 “(b) DUTIES.—The Council shall advise the Sec-
11 retary in the preparation of general regulations and with
12 respect to policy matters arising in the administration of
13 this title, including the range of issues relating to nurse
14 supply, education and practice improvement.

15 “(c) FUNDING.—Amounts appropriated under this
16 title may be utilized by the Secretary to support the nurse
17 education and practice activities of the Council.

18 **“§ 808. Technical assistance**

19 “Funds appropriated under this title may be used by
20 the Secretary to provide technical assistance in relation
21 to any of the authorities under this title.

22 **“§ 809. Recovery for construction assistance**

23 “(a) IN GENERAL.—If at any time within 20 years
24 (or within such shorter period as the Secretary may pre-
25 scribe by regulation for an interim facility) after the com-

1 pletion of construction of a facility with respect to which
2 funds have been paid under subpart I of part A (as such
3 subpart was in effect on September 30, 1985)—

4 “(1) the owner of the facility ceases to be a
5 public or nonprofit school,

6 “(2) the facility ceases to be used for the train-
7 ing purposes for which it was constructed, or

8 “(3) the facility is used for sectarian instruction
9 or as a place for religious worship,

10 the United States shall be entitled to recover from the
11 owner of the facility the base amount prescribed by sub-
12 section (c)(1) plus the interest (if any) prescribed by sub-
13 section (c)(2).

14 “(b) NOTICE OF CHANGE IN STATUS.—The owner of
15 a facility which ceases to be a public or nonprofit school
16 as described in paragraph (1) of subsection (a), or the
17 owner of a facility the use of which changes as described
18 in paragraph (2) or (3) of such subsection shall provide
19 the Secretary written notice of such cessation or change
20 of use within 10 days after the date on which such ces-
21 sation or change of use occurs or within 30 days after
22 the date of enactment of the Health Professions Training
23 Assistance Act of 1985, whichever is later.

24 “(c) AMOUNT OF RECOVERY.—

1 “(1) BASE AMOUNT.—The base amount that
2 the United States is entitled to recover under sub-
3 section (a) is the amount bearing the same ratio to
4 the then value (as determined by the agreement of
5 the parties or in an action brought in the district
6 court of the United States for the district in which
7 the facility is situated) of the facility as the amount
8 of the Federal participation bore to the cost of the
9 construction.

10 “(2) INTEREST.—

11 “(A) IN GENERAL.—The interest that the
12 United States is entitled to recover under sub-
13 section (a) is the interest for the period (if any)
14 described in subparagraph (B) at a rate (deter-
15 mined by the Secretary) based on the average
16 of the bond equivalent rates of 91-day Treasury
17 bills auctioned during such period.

18 “(B) TIME PERIOD.—The period referred
19 to in subparagraph (A) is the period begin-
20 ning—

21 “(i) if notice is provided as prescribed
22 by subsection (b), 191 days after the date
23 on which the owner of the facility ceases to
24 be a public or nonprofit school as described
25 in paragraph (1) of subsection (a), or 191

1 days after the date on which the use of the
2 facility changes as described in paragraph
3 (2) or (3) of such subsection, or

4 “(ii) if notice is not provided as pre-
5 scribed by subsection (b), 11 days after the
6 date on which such cessation or change of
7 use occurs,

8 and ending on the date the amount the United
9 States is entitled to recover if collected.

10 “(d) WAIVER OF RIGHTS.—The Secretary may waive
11 the recovery rights of the United States under subsection
12 (a)(2) with respect to a facility (under such conditions as
13 the Secretary may establish by regulation) if the Secretary
14 determines that there is good cause for waiving such
15 rights.

16 “(e) LIMITATION ON LIENS.—The right of recovery
17 of the United States under subsection (a) shall not, prior
18 to judgment, constitute a lien on any facility.

19 “PART B—NURSE PRACTITIONERS, NURSE MIDWIVES,
20 AND OTHER ADVANCED PRACTICE NURSES

21 “§ 811. **Advanced practice nursing grants**

22 “(a) IN GENERAL.—The Secretary may award grants
23 to and enter into contracts with eligible entities to meet
24 the costs of—

1 “(1) projects that support the enhancement of
2 advanced practice nursing education and practice;
3 and

4 “(2) traineeships for individuals in advanced
5 practice nursing programs.

6 “(b) DEFINITION OF ADVANCED PRACTICE
7 NURSES.—For purposes of this section, the term ‘ad-
8 vanced practice nurses’ means nurses trained in advanced
9 degree programs including individuals in combined R.N./
10 Master’s degree programs, post-nursing master’s certifi-
11 cate programs, or, in the case of nurse midwives or nurse
12 anesthetists, in certificate programs that received funding
13 under this title on the date that is one day prior to the
14 date of enactment of this section, to serve as nurse practi-
15 tioners, nurse midwives, nurse anesthetists, nurse edu-
16 cators, or public health nurses, or in other nurse special-
17 ties determined by the secretary to require advanced edu-
18 cation.

19 “(c) AUTHORIZED NURSE PRACTITIONER AND
20 NURSE-MIDWIFERY PROGRAMS.—

21 “(1) IN GENERAL.—Nurse practitioner and
22 nurse midwifery programs eligible for support under
23 this section are educational programs for registered
24 nurses (irrespective of the type of school of nursing
25 in which the nurses received their training) that—

1 “(A) meet guidelines prescribed by the
2 Secretary in accordance with paragraph (2);
3 and

4 “(B) have as their objective the education
5 of nurses who will upon completion of their
6 studies in such programs, be qualified to effec-
7 tively provide primary health care, including
8 primary health care in homes and in ambula-
9 tory care facilities, long-term care facilities and
10 other health care institutions.

11 “(2) GUIDELINES.—After consultation with ap-
12 propriate educational organizations and professional
13 nursing and medical organizations, the Secretary
14 shall prescribe guidelines for programs described in
15 paragraph (1). Such guidelines shall, as a minimum,
16 require that such a program—

17 “(A) extend for at least one academic year
18 and consist of—

19 “(i) supervised clinical practice di-
20 rected toward preparing nurses to deliver
21 primary health care; and

22 “(ii) at least four months (in the ag-
23 gregate) of classroom instruction that is so
24 directed; and

1 “(B) have an enrollment of not less than
2 six full-time equivalent students.

3 “(d) OTHER AUTHORIZED EDUCATIONAL PRO-
4 GRAMS.—The Secretary shall prescribe guidelines as ap-
5 propriate for other advanced practice nurse education pro-
6 grams eligible for support under this section.

7 “(e) TRAINEESHIPS.—

8 “(1) IN GENERAL.—The Secretary may not
9 award a grant to an applicant under subsection (a)
10 unless the applicant involved agrees that
11 traineeships provided with the grant will only pay all
12 or part of the costs of—

13 “(A) the tuition, books, and fees of the
14 program of advanced nursing practice with re-
15 spect to which the traineeship is provided; and

16 “(B) the reasonable living expenses of the
17 individual during the period for which the
18 traineeship is provided.

19 “(2) DOCTORAL PROGRAMS.—The Secretary
20 may not obligate more than 10 percent of the
21 traineeships under subsection (a) for individuals in
22 doctorate degree programs.

23 “(3) SPECIAL CONSIDERATION.—In making
24 awards of grants and contracts under subsection
25 (a)(2), the Secretary shall give special consideration

1 to an eligible entity that agrees to expend the award
2 to train advanced practice nurses who will practice
3 in health professional shortage areas designated
4 under section 332.

5 “PART C—INCREASING NURSING WORKFORCE
6 DIVERSITY

7 **“§ 821. Workforce diversity grants**

8 “(a) IN GENERAL.—The Secretary may award grants
9 to and enter into contracts with eligible entities to meet
10 the costs of special projects to increase nursing education
11 opportunities for individuals who are from disadvantaged
12 racial and ethnic backgrounds underrepresented among
13 registered nurses by providing student scholarships or sti-
14 pends, pre-entry preparation, and retention activities.

15 “(b) GUIDANCE.—In carrying out subsection (a), the
16 Secretary shall take into consideration the recommenda-
17 tions of the First and Second Invitational Congresses for
18 Minority Nurse Leaders on ‘Caring for the Emerging Ma-
19 jority,’ in 1992 and 1993, and consult with nursing asso-
20 ciations including the American Nurses Association, the
21 National League for Nursing, the American Association
22 of Colleges of Nursing, the Black Nurses Association, the
23 Association of Hispanic Nurses, the Association of Asian
24 American and Pacific Islander Nurses, the National

1 Nurses Association, the Native American Indian and Alas-
2 kan Nurses Association.

3 “(c) REQUIRED INFORMATION AND CONDITIONS FOR
4 AWARD RECIPIENTS.—

5 “(1) IN GENERAL.—Recipients of awards under
6 this section may be required, where requested, to re-
7 port to the Secretary concerning the annual admis-
8 sion, retention, and graduation rates for ethnic and
9 racial minorities in the school or schools involved in
10 the projects.

11 “(2) FALLING RATES.—If any of the rates re-
12 ported under paragraph (1) fall below the average of
13 the two previous years, the grant or contract recipi-
14 ent shall provide the Secretary with plans for imme-
15 diately improving such rates.

16 “(3) INELIGIBILITY.—A recipient described in
17 paragraph (2) shall be ineligible for continued fund-
18 ing under this section if the plan of the recipient
19 fails to improve the rates within the 1-year period
20 beginning on the date such plan is implemented.

21 “PART D—STRENGTHENING CAPACITY FOR BASIC

22 NURSE EDUCATION AND PRACTICE

23 “§ 831. Basic nurse education and practice grants

24 “(a) IN GENERAL.—The Secretary may award grants
25 to and enter into contracts with eligible entities for

1 projects to strengthen capacity for basic nurse education
2 and practice.

3 “(b) PRIORITY AREAS.—In awarding grants or con-
4 tracts under this section the Secretary shall give priority
5 to entities that will use amounts provided under such a
6 grant or contract to enhance the education mix and utili-
7 zation of the basic nursing workforce by strengthening
8 programs that provide basic nurse education for purposes
9 of—

10 “(1) improving nursing services in schools and
11 other community settings;

12 “(2) providing care for underserved populations
13 and other high-risk groups such as the elderly, indi-
14 viduals with HIV-AIDS, substance abusers, home-
15 less, and battered women;

16 “(3) providing case management, quality im-
17 provement, delegation and supervision, other skills
18 needed under new health care systems;

19 “(4) developing cultural competencies among
20 nurses;

21 “(5) providing emergency health services;

22 “(6) promoting career mobility for nursing per-
23 sonnel in a variety of training settings and cross
24 training or specialty training among diverse popu-
25 lation groups; or

1 “(7) other priority areas as determined by the
2 Secretary.

3 “PART E—AUTHORIZATION OF APPROPRIATIONS

4 **“§ 841. Authorization of appropriations**

5 “There are authorized to be appropriated to carry out
6 section 811, 821, and 831, \$62,000,000 for fiscal year
7 1996, such sums as may be necessary in each of the fiscal
8 years 1997 and 1998, and \$59,000,000 for fiscal year
9 1999.”; and

10 (6) by redesignating sections 855 and 860 as
11 sections 810 and 810A, and transferring such sec-
12 tions so as to appear after section 809 (as added by
13 the amendment made by paragraph (5)).

14 **SEC. 124. SAVINGS PROVISION.**

15 In the case of any authority for making awards of
16 grants or contracts that is terminated by the amendment
17 made by section 123, the Secretary of Health and Human
18 Services may, notwithstanding the termination of the au-
19 thority, continue in effect any grant or contract made
20 under the authority that is in effect on the day before the
21 date of the enactment of this Act, subject to the duration
22 of any such grant or contract not exceeding the period
23 determined by the Secretary in first approving such finan-
24 cial assistance, or in approving the most recent request

1 made (before the date of such enactment) for continuation
2 of such assistance, as the case may be.

3 **SEC. 125. PREFERENCE AND REQUIRED INFORMATION IN**
4 **CERTAIN PROGRAMS.**

5 Section 810A of the Public Health Service Act (42
6 U.S.C. 298b-7) (as so redesignated by section 123(6)) is
7 amended by adding at the end thereof the following sub-
8 section:

9 “(f) EXCEPTIONS.—

10 “(1) IN GENERAL.—To permit new programs to
11 compete equitably for funding under this section,
12 those new programs that meet the criteria described
13 in paragraph (3) shall qualify for a funding pref-
14 erence under this section.

15 “(2) DEFINITION.—As used in this subsection,
16 the term ‘new program’ means any program that
17 has graduated less than three classes. Upon grad-
18 uating at least three classes, a program shall have
19 the capability to provide the information necessary
20 to qualify the program for the general funding pref-
21 erences described in subsection (a).

22 “(3) CRITERIA.—The criteria referred to in
23 paragraph (1) are the following:

24 “(A) The mission statement of the pro-
25 gram identifies a specific purpose of the pro-

1 gram as being the preparation of nurses to
2 serve underserved populations.

3 “(B) The curriculum of the program in-
4 cludes content which will help to prepare practi-
5 tioners to serve underserved populations.

6 “(C) Substantial clinical training experi-
7 ence is required under the program in medically
8 underserved communities.

9 “(D) A minimum of 20 percent of the fac-
10 ulty of the program spend at least 50 percent
11 of their time providing or supervising care in
12 medically underserved communities.

13 “(E) The entire program or a substantial
14 portion of the program is physically located in
15 a medically underserved community.

16 “(F) Student assistance, which is linked to
17 service in medically underserved communities
18 following graduation, is available to the stu-
19 dents in the program.

20 “(G) The program provides a placement
21 mechanism for deploying graduates to medically
22 underserved communities.”.

23 **SEC. 126. EFFECTIVE DATE.**

24 This title shall take effect on October 1, 1995, or the
25 date of enactment of this Act, whichever is later.

1 Subtitle C—Financial Assistance**2 PART 1—NATIONAL HEALTH SERVICE CORPS****3 FINANCIAL ASSISTANCE PROGRAMS****4 SEC. 131. GENERAL AMENDMENTS WITH RESPECT TO FED-
5 ERALLY SUPPORTED LOANS.**

6 (a) LOAN REPAYMENT PROGRAM.—Section 338B of
7 the Public Health Service Act (42 U.S.C. 254l-1) is
8 amended—

9 (1) in subsection (a)—

10 (A) in the matter preceding paragraph (1),
11 by inserting “and public health disease preven-
12 tion and health promotion activities” before the
13 dash; and

14 (B) in paragraph (1), by striking “and
15 physician assistants” and inserting “physician
16 assistants, and public health professionals”;

17 (2) in subsection (b)(1)—

18 (A) in subparagraph (A), by inserting
19 “public health,” after “dentistry,”;

20 (B) in subparagraph (B), by inserting
21 “public health,” after “dentistry,”; and

22 (C) in subparagraph (C), by inserting
23 “public health,” after “dentistry,”;

24 (3) in subsection (c)(4)—

1 (A) in subparagraph (A), by inserting
2 “and schools of public health” after “profes-
3 sions schools”;

4 (B) in subparagraph (B)(i)—

5 (i) by inserting “or public health pro-
6 fessional” after “and health professional”;

7 and

8 (ii) by inserting “or public health dis-
9 ease prevention and health promotion ac-
10 tivities” before the period;

11 (C) in subparagraph (C)—

12 (i) by inserting “or public health dis-
13 ease prevention and health promotion ac-
14 tivities,” after primary health services,”;

15 (ii) by inserting “or public health pro-
16 fessions” after “health professions”; and

17 (iii) by inserting “or public health
18 professionals” after “health professionals”
19 each place that such occurs;

20 (4) in subsection (f)(1)(B)(iv), by inserting “or
21 public health disease prevention and health pro-
22 motion activities” after “primary health services”;

23 (5) in subsection (g)(2)(A)(iii)—

24 (A) by inserting “or public health profes-
25 sional” after “the health professional”; and

1 (B) by inserting “or public health disease
2 prevention and health promotion activities”
3 after “primary health services”; and

4 (6) in subsection (i)(8), —

5 (A) by inserting “or public health profes-
6 sionals” after “health professionals”; and

7 (B) by inserting “or public health disease
8 prevention and health promotion activities”
9 after “primary health services”.

10 (b) OBLIGATED SERVICE.—Section 338C(b)(5) of the
11 Public Health Service Act (42 U.S.C. 254m(b)(5)) is
12 amended—

13 (1) in subparagraph (A), by inserting “public
14 health,” after “dentistry,”; and

15 (2) in subparagraph (E)—

16 (A) in clause (ii), by inserting “public
17 health,” after “dentistry,”; and

18 (B) in clause (iii), by inserting “public
19 health,” after “dentistry,”.

20 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
21 338H of the Public Health Service Act (42 U.S.C. 254q)
22 is amended to read as follows:

23 **“§ 338h. Authorization of appropriations**

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

1 to be appropriated \$90,000,000 for fiscal year 1996 and
2 such sums as may be necessary for each of the fiscal years
3 1997 through 2000.

4 “(b) DISTRIBUTION OF AMOUNTS.—The Secretary
5 shall determine the most appropriate manner in which to
6 allocate amounts appropriated under subsection (a) be-
7 tween the programs authorized in chapter 1, chapter 2,
8 and chapter 3. In determining the manner in which to allo-
9 cate such amounts, the Secretary shall give priority to
10 funding State-based programs as appropriate under chap-
11 ter 3. The Secretary shall distribute such amounts among
12 the various programs in such chapters in a manner which
13 furthers both Federal and State needs for health profes-
14 sionals in underserved areas.”.

15 (d) GRANTS FOR LOAN REPAYMENT PROGRAM.—
16 Section 338I of the Public Health Service Act (42 U.S.C.
17 254q-1) is amended—

18 (1) in subsection (a)—

19 (A) in paragraph (1), by striking “in
20 health professional shortage areas” and insert-
21 ing “or public health disease prevention and
22 health promotion activities in Federal health
23 professional shortage areas or approved State
24 designated health professional shortage areas”;
25 and

1 (B) in paragraph (2)—

2 (i) by inserting “or public health pro-
3 fessionals” after “health professionals”;
4 and

5 (ii) by striking “in health professional
6 shortage areas” and inserting “or public
7 health disease prevention and health pro-
8 motion activities in Federal health profes-
9 sional shortage areas or approved State
10 designated health professional shortage
11 areas”;

12 (2) in subsection (c)—

13 (A) in paragraph (1)—

14 (i) in the paragraph heading, by strik-
15 ing “FEDERAL” and inserting “FEDERAL
16 OR APPROVED STATE”; and

17 (ii) by inserting before the period the
18 following: “or approved State designated
19 health professional shortage areas”;

20 (B) in paragraph (2), by inserting “or
21 public health professionals” after “health pro-
22 fessionals”;

23 (C) in paragraph (3)—

24 (i) in subparagraph (A)—

1 (I) in the matter preceding clause
2 (i), by inserting “or public health pro-
3 fessionals” after “health profes-
4 sionals”; and

5 (II) in clause (ii), by striking
6 health”;

7 (ii) in subparagraph (B)—

8 (I) in the matter preceding clause
9 (i), by inserting “or public health pro-
10 fessional” after “health professional”;
11 and

12 (II) in clause (ii)—

13 (aa) by inserting “or public
14 health professional” after “the
15 health professional”; and

16 (bb) by striking “services in
17 a” and inserting “services or
18 public health disease prevention
19 and health promotion activities in
20 a Federal”; and

21 (D) by adding at the end thereof the fol-
22 lowing new paragraph:

23 “(4) PRIVATE PRACTICE.—

24 “(A) In carrying out the program operated
25 with a grant under subsection (a), a State may

1 waive the requirement of paragraph (1) regard-
2 ing the assignment of a health professional if,
3 subject to subparagraph (B), the health profes-
4 sional enters into an agreement with the State
5 to provide primary health services in a full-time
6 private clinical practice in a health professional
7 shortage area.

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

19 (3) in subsection (h), to read as follows:

20 “(h) DEFINITIONS.—Unless specifically provided oth-
21 erwise, as used in this subpart and section 338F:

22 “(1) APPROVED STATE DESIGNATED HEALTH
23 PROFESSIONAL SHORTAGE AREA.—The term ‘ap-
24 proved State designated health professional shortage
25 area’ means an area designated by the State as un-

1 derserved using specific methodology and criteria to
2 identify such areas. Such criteria and methodology
3 shall be approved by the Secretary.

4 “(2) COMMUNITY ORGANIZATION.—The term
5 ‘community organization’ means a public or non-
6 profit private entity.

7 “(3) PRIMARY HEALTH CARE.—The term ‘pri-
8 mary health care’ means health services regarding
9 family medicine, general internal medicine, general
10 pediatrics, or may include obstetrics and gynecology,
11 that are provided by physicians, certified nurse prac-
12 titioners, certified nurse midwives, or physician as-
13 sistants.

14 “(4) STATE.—The term ‘State’ means each of
15 the several States and the District of Columbia.”.

16 (e) COMMUNITY SCHOLARSHIP PROGRAMS.—Section
17 338L of the Public Health Service Act (42 U.S.C. 254t)
18 is amended—

19 (1) in the section heading, by striking “**dem-**
20 **onstration grants to states for**”

21 (2) in subsection (a), by striking “manpower
22 shortage areas” and inserting “Federal health pro-
23 fessional shortage areas and in approved State des-
24 ignated health professional shortage areas”;

25 (3) in subsection (c)—

1 (A) in the matter preceding paragraph (1),
2 by striking “manpower shortage areas” and in-
3 serting “Federal health professional shortage
4 areas and in approved State designated health
5 professional shortage areas”; and

6 (B) in paragraph (2), by striking “man-
7 power shortage areas” and inserting “Federal
8 health professional shortage areas and in ap-
9 proved State designated health professional
10 shortage areas”;

11 (4) in subsection (e)(1), by striking “manpower
12 shortage areas” and inserting “Federal health pro-
13 fessional shortage areas and in approved State des-
14 ignated health professional shortage areas”;

15 (5) in subsection (f)(1)(A), by striking “man-
16 power shortage areas” and inserting “Federal health
17 professional shortage areas and in approved State
18 designated health professional shortage areas”;

19 (6) in subsection (g), by striking “manpower
20 shortage areas” each place that such appears and
21 inserting “Federal health professional shortage areas
22 and in approved State designated health professional
23 shortage areas”; and

24 (7) by striking subsections (j) through (l).

1 **SEC. 132. RESTRUCTURING AND TECHNICAL AMENDMENTS.**

2 (a) REDESIGNATIONS.—Subpart III of part D of title
3 III of the Public Health Service Act (42 U.S.C. 254l et
4 seq.) is amended—

5 (1) by redesignating sections 338J and 338K
6 (42 U.S.C. 254s and 254t) as sections 338M and
7 338N, respectively;

8 (2) by redesignating sections 338C through
9 338H (42 U.S.C. 254m through 254q) as sections
10 338G through 338L, respectively;

11 (3) by redesignating section 338I (as such sec-
12 tion exists one day prior to the date of enactment
13 of this Act) (42 U.S.C. 254r) as section 338E;

14 (4) by redesignating section 338L (as such sec-
15 tion exists one day prior to the date of enactment
16 of this Act) (42 U.S.C. 254u) as section 338F;

17 (b) CONSOLIDATION OF CERTAIN PROGRAMS.—Sub-
18 part III of part D of title III of the Public Health Service
19 Act (42 U.S.C. 254l et seq.) (as amended by subsection
20 (a)) is further amended—

21 (1) by striking the subpart heading and insert-
22 ing the following:

1 “SUBPART III—FEDERALLY SUPPORTED SCHOLARSHIPS
2 AND LOANS

3 **“CHAPTER 1—NATIONAL HEALTH SERVICE**
4 **CORPS SCHOLARSHIPS PROGRAMS**

5 (2) by redesignating section 338b as section
6 338c;

7 (3) by inserting before section 338c (as so re-
8 designated) the following:

9 **“CHAPTER 2—NATIONAL HEALTH SERVICE**
10 **CORPS LOAN REPAYMENT PROGRAMS**

11 **“Subchapter A—Loan Repayment Program”;**

12 and

13 (4) by inserting after section 338C (as so redес-
14 igned) the following:

15 **“Subchapter B—Nursing Loan Repayment Program”.**

16 (c) TRANSFERS AND REDESIGNATIONS OF NURSING
17 LOAN REPAYMENT PROGRAM.—Subpart III of part B of
18 title VIII (42 U.S.C. 297n et seq.) is amended—

19 (1) by striking the subpart heading;

20 (2) by transferring section 846 (42 U.S.C.
21 297n) to subchapter B of chapter 2 of subpart III
22 of part D of title III (as added by subsection (b)(4));

23 and

24 (3) in section 846—

1 (A) by striking the section heading and in-
 2 serting the following:

3 **“§ 338d. Nursing loan repayment program”;**

4 (B) by striking subsection (d); and

5 (C) by striking subsection (g).

6 (d) TRANSFERS AND REDESIGNATIONS OF STATE
 7 LOAN REPAYMENT AND COMMUNITY SCHOLARSHIP PRO-
 8 GRAMS.—Subpart III of part D of title III of the Public
 9 Health Service Act (42 U.S.C. 254l et seq.) (as amended
 10 by subsections (a) through (c)) is further amended—

11 (1) by inserting after section 338D (as so
 12 transferred and redesignated by subsection (c)(3))
 13 the following:

14 **“CHAPTER 3—STATE LOAN REPAYMENT AND**
 15 **COMMUNITY SCHOLARSHIP PROGRAMS**

16 **“Subchapter A—State Loan Repayment Programs”;**

17 (2) by transferring section 338E (as so redesi-
 18 gnated by subsection (a)(3)) to subchapter A of chap-
 19 ter 3 of such subpart (as added by paragraph (1));

20 (3) by inserting after section 338E (as trans-
 21 ferred by paragraph (2)) the following:

22 **“Subchapter B—Community Scholarship Programs”;**

23 (4) by transferring section 338F (as so redesi-
 24 gnated by subsection (a)(4)) to subchapter B of chap-

1 ter 3 of such subpart (as added by paragraph (3));
2 and

3 (5) by inserting after section 338F (as trans-
4 ferred by paragraph (4)) the following:

5 **“CHAPTER 4—GENERAL PROVISIONS”**

6 (e) CLINICAL RESEARCHERS.—Paragraph (3) of sec-
7 tion 487E(a) of the Public Health Service Act (42 U.S.C.
8 288–5(a)(3)) is amended to read as follows:

9 “(3) APPLICABILITY OF CERTAIN PROVISIONS
10 REGARDING OBLIGATED SERVICE.—With respect to
11 the National Health Service Corps loan repayment
12 program established in subpart III of part D of title
13 III, the provisions of such subpart shall, except as
14 inconsistent with this section, apply to the program
15 established in subsection (a) in the same manner
16 and to the same extent as such provisions apply to
17 the National Health Service Corps loan repayment
18 programs.”.

19 **SEC. 133. DEFINITION OF UNDERSERVED AREAS.**

20 Section 332(a)(1) of the Public Health Service Act
21 (42 U.S.C. 254e(a)(1)) is amended in the first sentence—

22 (1) by striking “, or (C)” and inserting “, (C)”;

23 and

24 (2) by inserting before the period the following:

25 “, or (D) a State or local health department that

1 has a severe shortage of public health personnel as
2 determined under criteria established by the Sec-
3 retary’.

4 **SEC. 134. CONFORMING AMENDMENTS.**

5 Title III of the Public Health Service Act (42 U.S.C.
6 241 et seq.) is amended—

7 (1) in subparagraphs (A) and (B) of section
8 303(d)(4) (42 U.S.C. 242a(d)(4)(A) and (B)), by
9 striking “338C or 338D” each place that such oc-
10 curs and inserting “338G or 338H”;

11 (2) in section 331(c) (42 U.S.C. 254d(c)), by
12 striking “338D” and inserting “338H”;

13 (3) in section 337(a) (42 U.S.C. 254j(a)), by
14 striking “338G” and inserting “338K”;

15 (4) in 338A (42 U.S.C. 254l)—

16 (A) in subsection (c)(1)—

17 (i) in subparagraph (A), by striking
18 “338D” and inserting “338I”; and

19 (ii) in subparagraph (B), by striking
20 “338C” and inserting “338H”;

21 (B) in subsection (f)(3), by striking
22 “338D” and inserting “338I”; and

23 (C) in subsection (i)(5)—

24 (i) in subparagraph (A), by striking
25 “338E” and inserting “338I”; and

- 1 (ii) in subparagraph (B)(ii), by strik-
2 ing “338E” and inserting “338I”;
- 3 (5) in section 338B (42 U.S.C. 2541-1)—
- 4 (A) in subsection (c)(1)—
- 5 (i) in subparagraph (A), by striking
6 “338E” and inserting “338I”; and
- 7 (ii) in subparagraph (B), by striking
8 “338D” and inserting “338H”;
- 9 (B) in subsection (f)(1)(B)(iv), by striking
10 “338D” and inserting “338H”;
- 11 (C) in subsection (f)(4), by striking
12 “338E” and inserting “338I”; and
- 13 (D) in subsection (i)(7)—
- 14 (i) in subparagraph (A), by striking
15 “338E” and inserting “338I”; and
- 16 (ii) in subparagraph (B)(ii), by strik-
17 ing “338E” and inserting “338I”;
- 18 (6) in section 338E(d)(1)(C) (as so redesign-
19 nated by section 102), by striking “338J” and in-
20 sserting “338M”;
- 21 (7) in section 338G (as so redesignated by sec-
22 tion 102)—
- 23 (A) in subsection (a), by striking “338D”
24 and inserting “338H”; and

1 (B) in subsection (c)(2), by striking
2 “338D” and inserting “338H”;

3 (8) in section 338H(a) (as so redesignated by
4 section 102), by striking “338C” and inserting
5 “338G”;

6 (9) in section 338I (as so redesignated by sec-
7 tion 102)—

8 (A) in subsection (b)(1)(A)—

9 (i) by striking “338F” and inserting
10 “338K”;

11 (ii) by striking “338C or 338D” and
12 inserting “338G or 338H”;

13 (iii) by striking “338C” and inserting
14 “338G”; and

15 (iv) by striking “338D” and inserting
16 “338H”; and

17 (B) in subsection (c)(1)—

18 (i) by striking “338F” and inserting
19 “338K”; and

20 (ii) by striking “338C or 338D” and
21 inserting “338G or 338H”;

22 (10) in section 338J(b) (as so redesignated by
23 section 102)—

24 (A) in paragraph (1), by striking “338E”
25 and inserting “338I”; and

1 (B) in paragraph (2), by striking “338I”
2 and inserting “338E”;

3 (11) in section 338K (as so redesignated by
4 section 102)—

5 (A) in subsection (a)(2), by striking
6 “338D” and inserting “338H”; and

7 (B) in subsection (d)(1), by striking
8 “338E” and inserting “338I”; and

9 (12) in section 338M(e)(1)(B)(ii)(III) (as so re-
10 designated by section 102), by striking “338I” and
11 inserting “338E”.

12 **PART 2—SCHOOL-BASED REVOLVING LOAN**

13 **FUNDS**

14 **SEC. 135. PRIMARY CARE LOAN PROGRAM.**

15 (a) REQUIREMENT FOR SCHOOLS.—Section
16 723(b)(1) of the Public Health Service Act (42 U.S.C.
17 292s(b)(1)), as amended by section 2014(c)(2)(A)(ii) of
18 Public Law 103–43 (107 Stat. 216), is amended by strik-
19 ing “3 years before” and inserting “4 years before”.

20 (b) SERVICE REQUIREMENT FOR PRIMARY CARE
21 LOAN BORROWERS.—Section 723(a) of the Public Health
22 Service Act (42 U.S.C. 292s(a)) is amended in subpara-
23 graph (B) of paragraph (1), by striking “through the date
24 on which the loan is repaid in full” and inserting “for 5
25 years after completing the residency program”.

1 **SEC. 136. LOANS FOR DISADVANTAGED STUDENTS.**

2 (a) AUTHORIZATION OF APPROPRIATIONS.—Section
3 724(f)(1) of the Public Health Service Act (42 U.S.C.
4 292t(f)(1)) is amended by striking “\$15,000,000 for fiscal
5 year 1993” and inserting “\$8,000,000 for each of the fis-
6 cal years 1996 through 1998”.

7 (b) REPEAL.—Effective October 1, 1998, paragraph
8 (1) of section 724(f) of the Public Health Service Act (42
9 U.S.C. 292t(f)(1)) is repealed.

10 **SEC. 137. STUDENT LOANS REGARDING SCHOOLS OF NURS-**
11 **ING.**

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

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

16 (2) in paragraph (2)—

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

19 (B) by inserting before the semicolon at
20 the end the following: “, and (C) such addi-
21 tional periods under the terms of paragraph (8)
22 of this subsection”;

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

25 (4) by adding at the end the following para-
26 graph:

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

9 (b) BREACH OF AGREEMENTS.—Subpart II of part
10 B of title VIII of the Public Health Service Act (42 U.S.C.
11 297a et seq.) is amended by adding at the end thereof
12 the following new section:

13 **“§ 843. Breach of agreement**

14 “(a) IN GENERAL.—In the case of any program
15 under this subpart under which an individual makes an
16 agreement to provide health services for a period of time
17 in accordance with such program in consideration of re-
18 ceiving an award of Federal funds regarding education as
19 a nurse (including an award for the repayment of loans),
20 the following applies if the agreement provides that this
21 section is applicable:

22 “(1) In the case of a program under this sub-
23 part that makes an award of Federal funds for at-
24 tending an accredited program of nursing (in this
25 section referred to as a ‘nursing program’), the indi-

1 vidual is liable to the Federal Government for the
2 amount of such award (including amounts provided
3 for expenses related to such attendance), and for in-
4 terest on such amount at the maximum legal prevail-
5 ing rate, if the individual—

6 “(A) fails to maintain an acceptable level
7 of academic standing in the nursing program
8 (as indicated by the program in accordance
9 with requirements established by the Sec-
10 retary);

11 “(B) is dismissed from the nursing pro-
12 gram for disciplinary reasons; or

13 “(C) voluntarily terminates the nursing
14 program.

15 “(2) The individual is liable to the Federal Gov-
16 ernment for the amount of such award (including
17 amounts provided for expenses related to such at-
18 tendance), and for interest on such amount at the
19 maximum legal prevailing rate, if the individual fails
20 to provide health services in accordance with the
21 program under this subpart for the period of time
22 applicable under the program.

23 “(b) WAIVER OR SUSPENSION OF LIABILITY.—In the
24 case of an individual or health facility making an agree-
25 ment for purposes of subsection (a), the Secretary shall

1 provide for the waiver or suspension of liability under such
2 subsection if compliance by the individual or the health
3 facility, as the case may be, with the agreements involved
4 is impossible, or would involve extreme hardship to the in-
5 dividual or facility, and if enforcement of the agreements
6 with respect to the individual or facility would be uncon-
7 scionable.

8 “(c) DATE CERTAIN FOR RECOVERY.—Subject to
9 subsection (b), any amount that the Federal Government
10 is entitled to recover under subsection (a) shall be paid
11 to the United States not later than the expiration of the
12 3-year period beginning on the date the United States be-
13 comes so entitled.

14 “(d) AVAILABILITY.—Amounts recovered under sub-
15 section (a) with respect to a program under this subpart
16 shall be available for the purposes of such program, and
17 shall remain available for such purposes until expended.”.

18 (c) TECHNICAL AMENDMENTS.—Section 839 of the
19 Public Health Service Act (42 U.S.C. 297e) is amended—

20 (1) in subsection (a)—

21 (A) by striking the matter preceding para-
22 graph (1) and inserting the following:

23 “(a) If a school terminates a loan fund established
24 under an agreement pursuant to section 835(b), or if the
25 Secretary for good cause terminates the agreement with

1 the school, there shall be a capital distribution as fol-
 2 lows:”; and

3 (B) in paragraph (1), by striking “at the
 4 close of September 30, 1999,” and inserting
 5 “on the date of termination of the fund”; and
 6 (2) in subsection (b), to read as follows:

7 “(b) If a capital distribution is made under sub-
 8 section (a), the school involved shall, after such capital dis-
 9 tribution, pay to the Secretary, not less often than quar-
 10 terly, the same proportionate share of amounts received
 11 by the school in payment of principal or interest on loans
 12 made from the loan fund established under section 835(b)
 13 as determined by the Secretary under subsection (a).”.

14 **PART 3—INSURED HEALTH EDUCATION**

15 **ASSISTANCE LOANS TO GRADUATE STUDENTS**

16 **SEC. 141. HEALTH EDUCATION ASSISTANCE LOAN PRO-**
 17 **GRAM.**

18 (a) HEALTH EDUCATION ASSISTANCE LOAN
 19 DEFERMENT FOR BORROWERS PROVIDING HEALTH
 20 SERVICES TO INDIANS.—

21 (1) IN GENERAL.—Section 705(a)(2)(C) of the
 22 Public Health Service Act is amended by striking
 23 “and (x)” and inserting “(x) not in excess of three
 24 years, during which the borrower is providing health
 25 care services to Indians through an Indian health

1 program (as defined in section 108(a)(2)(A) of the
2 Indian Health Care Improvement Act (25 U.S.C.
3 1616a(a)(2)(A)); and (xi)’’.

4 (2) CONFORMING AMENDMENTS.—Section
5 705(a)(2)(C) of the Public Health Service Act is fur-
6 ther amended—

7 (A) in clause (xi) (as so redesignated) by
8 striking ‘‘(ix)’’ and inserting ‘‘(x)’’; and

9 (B) in the matter following such clause
10 (xi), by striking ‘‘(x)’’ and inserting ‘‘(xi)’’.

11 (3) EFFECTIVE DATE.—The amendments made
12 by this subsection shall apply with respect to serv-
13 ices provided on or after the first day of the third
14 month that begins after the date of the enactment
15 of this Act.

16 (b) MAXIMUM STUDENT LOAN PROVISION.—

17 (1) IN GENERAL.—Section 722(a)(1) of the
18 Public Health Service Act (42 U.S.C. 292r(a)(1)),
19 as amended by section 2014(b)(1) of Public Law
20 103–43, is amended by striking ‘‘the sum of’’ and
21 all that follows through the end thereof and insert-
22 ing ‘‘the cost of attendance (including tuition, other
23 reasonable educational expenses, and reasonable liv-
24 ing costs) for that year at the educational institution

1 attended by the student (as determined by such edu-
2 cational institution).”.

3 (2) THIRD AND FOURTH YEARS.—Section
4 722(a)(2) of the Public Health Service Act (42
5 U.S.C. 292r(a)(2)), as amended by section
6 2014(b)(1) of Public Law 103–43, is amended by
7 striking “the amount \$2,500” and all that follows
8 through “including such \$2,500” and inserting “the
9 amount of the loan may, in the case of the third or
10 fourth year of a student at school of medicine or os-
11 teopathic medicine, be increased to the extent nec-
12 essary”.

13 **PART 4—SCHOLARSHIPS FOR DISADVANTAGED**
14 **STUDENTS**

15 **SEC. 151. SCHOLARSHIPS FOR DISADVANTAGED STUDENTS.**

16 Part B of title VII of the Public Health Service Act
17 (as amended by section 101(a)) is further amended by
18 adding at the end thereof the following new section:

19 **“§ 740. Scholarships for disadvantaged students**

20 “(a) IN GENERAL.—The Secretary may make a grant
21 or enter into a contract with an eligible entity (as defined
22 in subsection (f)(1)) under this section for the awarding
23 of scholarships by schools to any full-time student who is
24 an eligible individual as defined in subsection (f). Such
25 scholarships may be expended only for tuition expenses,

1 other reasonable educational expenses, and reasonable liv-
2 ing expenses incurred in the attendance of such school,
3 and may not, for any year of such attendance for which
4 the scholarship is provided, provide an amount exceeding
5 the total amount required for the year.

6 “(b) PREFERENCE IN PROVIDING SCHOLARSHIPS.—
7 The Secretary may not make a grant to or enter into a
8 contract with an entity under subsection (a) unless the
9 health professions school involved agrees that, in providing
10 scholarships pursuant to the grant or contract, the school
11 will give preference to students for whom the costs of at-
12 tending the school would constitute a severe financial
13 hardship.

14 “(c) AMOUNT OF AWARD.—In awarding grants and
15 contracts to eligible entities that are health professions
16 schools, the Secretary shall give priority to eligible entities
17 based on the proportion of graduating students going into
18 primary care, the proportion of minority students, and the
19 proportion of graduates working in medically underserved
20 areas.

21 “(d) MAXIMUM SCHOLARSHIP AWARD.—The maxi-
22 mum scholarship that an individual may receive in any
23 year from an eligible entity that is a health professions
24 school shall be \$3000.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section,
3 \$32,000,000 for each of the fiscal years 1996 through
4 1999.

5 “(f) DEFINITIONS.—As used in this section:

6 “(1) ELIGIBLE ENTITIES.—The term ‘eligible
7 entities’ means an entity that—

8 “(A) is a school of medicine, osteopathic
9 medicine, dentistry, nursing, pharmacy,
10 podiatric medicine, optometry, veterinary medi-
11 cine, public health, or allied health, a school of-
12 fering graduate programs in mental health
13 practices, or an entity providing programs of-
14 fering physician assistant training; and

15 “(B) is carrying out a program for recruit-
16 ing and retaining students from disadvantaged
17 backgrounds, including students who are mem-
18 bers of racial and ethnic minority groups.

19 “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible
20 individual’ means an individual who—

21 “(A) is from a disadvantaged background;

22 “(B) has a financial need for a scholar-
23 ship; and

24 “(C) is enrolled (or accepted for enroll-
25 ment) at an eligible health profession school as

1 a full-time student in a program leading to a
2 degree in a health profession.”.

3 **TITLE II—OFFICE OF MINORITY**
4 **HEALTH**

5 **SEC. 201. REVISION AND EXTENSION OF PROGRAMS OF OF-**
6 **FICE OF MINORITY HEALTH.**

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

11 “(b) DUTIES.—With respect to improving the health
12 of racial and ethnic minority groups, the Secretary, acting
13 through the Deputy Assistant Secretary for Minority
14 Health (in this section referred to as the ‘Deputy Assist-
15 ant Secretary’), shall carry out the following:

16 “(1) Establish short-range and long-range goals
17 and objectives and coordinate all other activities
18 within the Public Health Service that relate to dis-
19 ease prevention, health promotion, service delivery,
20 and research concerning such individuals. The heads
21 of each of the agencies of the Service shall consult
22 with the Deputy Assistant Secretary to ensure the
23 coordination of such activities.

1 “(2) Carry out the following types of activities
2 by entering into interagency agreements with other
3 agencies of the Public Health Service:

4 “(A) Support research, demonstrations and
5 evaluations to test new and innovative models.

6 “(B) Increase knowledge and understand-
7 ing of health risk factors.

8 “(C) Develop mechanisms that support
9 better information dissemination, education,
10 prevention, and service delivery to individuals
11 from disadvantaged backgrounds, including in-
12 dividuals who are members of racial or ethnic
13 minority groups.

14 “(D) Ensure that the National Center for
15 Health Statistics collects data on the health
16 status of each minority group.

17 “(E) With respect to individuals who lack
18 proficiency in speaking the English language,
19 enter into contracts with public and nonprofit
20 private providers of primary health services for
21 the purpose of increasing the access of the indi-
22 viduals to such services by developing and car-
23 rying out programs to provide bilingual or in-
24 terpretive services.

1 “(3) Support a national minority health re-
2 source center to carry out the following:

3 “(A) Facilitate the exchange of informa-
4 tion regarding matters relating to health infor-
5 mation and health promotion, preventive health
6 services, and education in the appropriate use
7 of health care.

8 “(B) Facilitate access to such information.

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

11 “(D) Provide technical assistance with re-
12 spect to the exchange of such information (in-
13 cluding facilitating the development of materials
14 for such technical assistance).

15 “(4) Carry out programs to improve access to
16 health care services for individuals with limited pro-
17 ficiency in speaking the English language by facili-
18 tating the removal of impediments to the receipt of
19 health care that result from such limitation. Activi-
20 ties under the preceding sentence shall include con-
21 ducting research and developing and evaluating
22 model projects.

23 “(5) Not later than June 8 of each year, the
24 heads of the Public Health Service agencies shall
25 submit to the Deputy Assistant Secretary a report

1 summarizing the minority health activities of each of
2 the respective agencies.

3 “(c) ADVISORY COMMITTEE.—

4 “(1) IN GENERAL.—The Secretary shall estab-
5 lish an advisory committee to be known as the Advi-
6 sory Committee on Minority Health (in this sub-
7 section referred to as the ‘Committee’). The Deputy
8 Assistant Secretary shall consult with the Committee
9 in carrying out this section.

10 “(2) DUTIES.—The Committee shall provide
11 advice to the Deputy Assistant Secretary carrying
12 out this section, including advice on the development
13 of goals and specific program activities under para-
14 graphs (1) and (2) of subsection (b) for each racial
15 and ethnic minority group.

16 “(3) CHAIR.—The Deputy Assistant Secretary
17 shall serve as the chair of the Committee.

18 “(4) COMPOSITION.—

19 “(A) The Committee shall be composed of
20 12 voting members appointed in accordance
21 with subparagraph (B), and nonvoting, ex
22 officio members designated in subparagraph
23 (C).

24 “(B) The voting members of the Commit-
25 tee shall be appointed by the Secretary from

1 among individuals who are not officers or em-
2 ployees of the Federal Government and who
3 have expertise regarding issues of minority
4 health. The racial and ethnic minority groups
5 shall be equally represented among such mem-
6 bers.

7 “(C) The nonvoting, ex officio members of
8 the Committee shall be the directors of each of
9 the minority health offices, and such additional
10 officials of the Department of Health and
11 Human Services as the Secretary determines to
12 be appropriate.

13 “(5) TERMS.—Each member of the Committee
14 shall serve for a term of 4 years, except that the
15 Secretary shall initially appoint a portion of the
16 members to terms of 1 year, 2 years, and 3 years.

17 “(6) VACANCIES.—If a vacancy occurs on the
18 Committee, a new member shall be appointed by the
19 Secretary within 90 days from the date that the va-
20 cancy occurs, and serve for the remainder of the
21 term for which the predecessor of such member was
22 appointed. The vacancy shall not affect the power of
23 the remaining members to execute the duties of the
24 Committee.

1 “(7) COMPENSATION.—Members of the Com-
2 mittee who are officers or employees of the United
3 States shall serve without compensation. Members of
4 the Committee who are not officers or employees of
5 the United States shall receive compensation, for
6 each day (including travel time) they are engaged in
7 the performance of the functions of the Committee.
8 Such compensation may not be in an amount in ex-
9 cess of the daily equivalent of the annual maximum
10 rate of basic pay payable under the General Sched-
11 ule (under title 5, United States Code) for positions
12 above GS-15.

13 “(d) CERTAIN REQUIREMENTS REGARDING DU-
14 TIES.—

15 “(1) RECOMMENDATIONS REGARDING LAN-
16 GUAGE AS IMPEDIMENT TO HEALTH CARE.—The
17 Deputy Assistant Secretary for Minority Health
18 shall consult with the Director of the Office of Refu-
19 gee Health, the Director of the Office of Civil
20 Rights, and the Director of the Office of Minority
21 Health of the Health Resources and Services Admin-
22 istration, and other appropriate offices, regarding
23 recommendations for carrying out activities under
24 subsection (b)(4).

1 “(2) EQUITABLE ALLOCATION REGARDING AC-
2 TIVITIES.—

3 “(A) In making awards of grants, coopera-
4 tive agreements, or contracts under this section
5 or section 338A, 338B, 340A, 404, or 724, or
6 part B of title VII, the Secretary, acting as ap-
7 propriate through the Deputy Assistant Sec-
8 retary or the Administrator of the Health Re-
9 sources and Services Administration, shall en-
10 sure that such awards are equitably allocated
11 with respect to the various racial and minority
12 populations.

13 “(B) With respect to grants, cooperative
14 agreements, and contracts that are available
15 under the sections specified in subparagraph
16 (A), the Secretary shall—

17 “(i) carry out activities to inform enti-
18 ties, as appropriate, that the entities may
19 be eligible for awards of such assistance;

20 “(ii) provide technical assistance to
21 such entities in the process of preparing
22 and submitting applications for the awards
23 in accordance with the policies of the Sec-
24 retary regarding such application; and

1 “(iii) inform populations, as appro-
2 priate, that members of the populations
3 may be eligible to receive services or other-
4 wise participate in the activities carried out
5 with such awards.

6 “(3) CULTURAL COMPETENCY OF SERVICES.—
7 The Secretary shall ensure that information and
8 services provided pursuant to subsection (b) are pro-
9 vided in the language, educational, and cultural con-
10 text that is most appropriate for the individuals for
11 whom the information and services are intended.

12 “(e) GRANTS AND CONTRACTS REGARDING DU-
13 TIES.—

14 “(1) IN GENERAL.—In carrying out subsection
15 (b), the Deputy Assistant Secretary may make
16 awards of grants, cooperative agreements, and con-
17 tracts to public and nonprofit private entities.

18 “(2) PROCESS FOR MAKING AWARDS.—The
19 Deputy Assistant Secretary shall ensure that awards
20 under paragraph (1) are made only on a competitive
21 basis, and that a grant is awarded for a proposal
22 only if the proposal has been recommended for such
23 an award through a process of peer review and has
24 been so recommended by the advisory committee es-
25 tablished under subsection (c).

1 “(3) EVALUATION AND DISSEMINATION.—The
2 Deputy Assistant Secretary, directly or through con-
3 tracts with public and private entities, shall provide
4 for evaluations of projects carried out with awards
5 made under paragraph (1) during the preceding 2
6 fiscal years. The report shall be included in the re-
7 port required under subsection (f) for the fiscal year
8 involved.

9 “(f) BIENNIAL REPORTS.—Not later than February
10 1 of fiscal year 1996 and of each second year thereafter,
11 the Deputy Assistant Secretary shall submit to the Com-
12 mittee on Energy and Commerce of the House of Rep-
13 resentatives, and to the Committee on Labor and Human
14 Resources of the Senate, a report describing the activities
15 carried out under this section during the preceding 2 fiscal
16 years and evaluating the extent to which such activities
17 have been effective in improving the health of racial and
18 ethnic minority groups. Each such report shall include the
19 biennial reports submitted to the Deputy Assistant Sec-
20 retary under section 201(b)(5) for such years by the heads
21 of the Public Health Service agencies.

22 “(g) DEFINITION.—For purposes of this section:

23 “(1) The term ‘racial and ethnic minority
24 group’ means American Indians (including Alaska

1 Natives, Eskimos, and Aleuts); Asian Americans and
 2 Pacific Islanders; Blacks; and Hispanics.

3 “(2) The term ‘Hispanic’ means individuals
 4 whose origin is Mexican, Puerto Rican, Cuban,
 5 Central or South American, or any other Spanish-
 6 speaking country.

7 “(h) FUNDING.—For the purpose of carrying out this
 8 section, there are authorized to be appropriated
 9 \$21,000,000 for fiscal year 1996, such sums as may be
 10 necessary for each of the fiscal years 1997 and 1998, and
 11 \$19,000,000 for fiscal year 1999.”.

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

16 **TITLE III—SELECTED**
 17 **INITIATIVES**

18 **SEC. 301. PROGRAMS REGARDING BIRTH DEFECTS.**

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

21 “PROGRAMS REGARDING BIRTH DEFECTS

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

25 “(1) to collect, analyze, and make available data
 26 on birth defects (in a manner that facilitates compli-

1 ance with subsection (d)(2)), including data on the
2 causes of such defects and on the incidence and
3 prevalence of such defects; and

4 “(2) to operate regional centers for the conduct
5 of applied epidemiological research on the prevention
6 of such defects.

7 “(b) ADDITIONAL PROVISIONS REGARDING COLLEC-
8 TION OF DATA.—

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

11 “(A) shall collect and analyze data by gen-
12 der and by racial and ethnic group, including
13 Hispanics, non-Hispanic whites, Blacks, Native
14 Americans, Asian Americans, and Pacific Is-
15 landers;

16 “(B) shall collect data under subparagraph
17 (A) from birth certificates, death certificates,
18 hospital records, and such other sources as the
19 Secretary determines to be appropriate; and

20 “(C) shall encourage States to establish or
21 improve programs for the collection and analy-
22 sis of epidemiological data on birth defects, and
23 to make the data available.

24 “(2) NATIONAL CLEARINGHOUSE.—In carrying
25 out subsection (a)(1), the Secretary shall establish

1 and maintain a National Information Clearinghouse
2 on Birth Defects to collect and disseminate to health
3 professionals and the general public information on
4 birth defects, including the prevention of such de-
5 fects.

6 “(c) GRANTS AND CONTRACTS.—

7 “(1) IN GENERAL.—In carrying out subsection
8 (a), the Secretary may make grants to and enter
9 into contracts with public and nonprofit private enti-
10 ties.

11 “(2) SUPPLIES AND SERVICES IN LIEU OF
12 AWARD FUNDS.—

13 “(A) Upon the request of a recipient of an
14 award of a grant or contract under paragraph
15 (1), the Secretary may, subject to subparagraph
16 (B), provide supplies, equipment, and services
17 for the purpose of aiding the recipient in carry-
18 ing out the purposes for which the award is
19 made and, for such purposes, may detail to the
20 recipient any officer or employee of the Depart-
21 ment of Health and Human Services.

22 “(B) With respect to a request described
23 in subparagraph (A), the Secretary shall reduce
24 the amount of payments under the award in-
25 volved by an amount equal to the costs of de-

1 tailing personnel and the fair market value of
2 any supplies, equipment, or services provided by
3 the Secretary. The Secretary shall, for the pay-
4 ment of expenses incurred in complying with
5 such request, expend the amounts withheld.

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

14 “(d) BIENNIAL REPORT.—Not later than February
15 1 of fiscal year 1997 and of every second such year there-
16 after, the Secretary shall submit to the Committee on En-
17 ergy and Commerce of the House of Representatives, and
18 the Committee on Labor and Human Resources of the
19 Senate, a report that, with respect to the preceding 2 fis-
20 cal years—

21 “(1) contains information regarding the inci-
22 dence and prevalence of birth defects and the extent
23 to which birth defects have contributed to the inci-
24 dence and prevalence of infant mortality;

1 “(2) contains information under paragraph (1)
2 that is specific to various racial and ethnic groups
3 (including Hispanics, non-Hispanic whites, Blacks,
4 Native Americans, and Asian Americans);

5 “(3) contains an assessment of the extent to
6 which various approaches of preventing birth defects
7 have been effective;

8 “(4) describes the activities carried out under
9 this section; and

10 “(5) contains any recommendations of the Sec-
11 retary regarding this section.”.

12 **SEC. 302. TRAUMATIC BRAIN INJURY.**

13 (a) PROGRAMS OF NATIONAL INSTITUTES OF
14 HEALTH.—Section 1261 of the Public Health Service Act
15 (42 U.S.C. 300d-61) is amended—

16 (1) in subsection (d)—

17 (A) in paragraph (2), by striking “and”
18 after the semicolon at the end;

19 (B) in paragraph (3), by striking the pe-
20 riod and inserting “; and”; and

21 (C) by adding at the end the following
22 paragraph:

23 “(4) the authority to make awards of grants or
24 contracts to public or nonprofit private entities for
25 the conduct of basic and applied research regarding

1 traumatic brain injury, which research may in-
2 clude—

3 “(A) the development of new methods and
4 modalities for the more effective diagnosis,
5 measurement of degree of injury, post-injury
6 monitoring and prognostic assessment of head
7 injury for acute, subacute and later phases of
8 care;

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

15 “(C) the development of research on a con-
16 tinuum of care from acute care through reha-
17 bilitation, designed, to the extent practicable, to
18 integrate rehabilitation and long-term outcome
19 evaluation with acute care research; and

20 “(D) the development of programs that in-
21 crease the participation of academic centers of
22 excellence in head injury treatment and reha-
23 bilitation research and training.”; and

24 (2) in subsection (h), by adding at the end the
25 following paragraph:

1 “(2) FUNCTIONS.—An advisory board estab-
2 lished under paragraph (1) shall be cognizant of
3 findings and concerns of Federal, State and local
4 agencies, citizens groups, and private industry (such
5 as insurance, health care, automobile, and other in-
6 dustry entities). Such advisory boards shall encour-
7 age citizen participation through the establishment
8 of public hearings and other types of community
9 outreach programs.

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

12 “(A) representatives of—

13 “(i) the corresponding State agencies
14 involved;

15 “(ii) public and nonprofit private
16 health related organizations;

17 “(iii) other disability advisory or plan-
18 ning groups within the State;

19 “(iv) members of an organization or
20 foundation representing traumatic brain
21 injury survivors in that State; and

22 “(v) injury control programs at the
23 State or local level if such programs exist;
24 and

1 “(B) a substantial number of individuals
2 who are survivors of traumatic brain injury, or
3 the family members of such individuals.

4 “(c) MATCHING FUNDS.—

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

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

19 “(d) APPLICATION FOR GRANT.—The Secretary may
20 make a grant under subsection (a) only if an application
21 for the grant is submitted to the Secretary and the appli-
22 cation is in such form, is made in such manner, and con-
23 tains such agreements, assurances, and information as the
24 Secretary determines to be necessary to carry out this sec-
25 tion.

1 “(e) COORDINATION OF ACTIVITIES.—The Secretary
2 shall ensure that activities under this section are coordi-
3 nated as appropriate with other agencies of the Public
4 Health Service that carry out activities regarding trau-
5 matic brain injury.

6 “(f) REPORT.—Not later than 2 years after the date
7 of enactment of this section, the Secretary shall submit
8 to the Committee on Energy and Commerce of the House
9 of Representatives, and to the Committee on Labor and
10 Human Resources of the Senate, a report describing the
11 findings and results of the programs established under
12 this section, including measures of outcomes and
13 consumer and surrogate satisfaction.

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

20 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section,
22 \$5,000,000 for fiscal year 1996, and such sums as may
23 be necessary for each of the fiscal years 1997 and 1998.’.

24 (c) STUDY; CONSENSUS CONFERENCE.—

25 (1) STUDY.—

1 (A) IN GENERAL.—The Secretary of
2 Health and Human Services (in this subsection
3 referred to as the “Secretary”), acting through
4 the appropriate agencies of the Public Health
5 Service, shall conduct a study for the purpose
6 of carrying out the following with respect to
7 traumatic brain injury:

8 (i) In collaboration with appropriate
9 State and local health-related agencies—

10 (I) determine the incidence and
11 prevalence of traumatic brain injury;
12 and

13 (II) develop a uniform reporting
14 system under which States report inci-
15 dence of traumatic brain injury, if the
16 Secretary determines that such a sys-
17 tem is appropriate.

18 (ii) Identify common therapeutic
19 interventions which are used for the reha-
20 bilitation of individuals with such injuries,
21 and shall, subject to the availability of in-
22 formation, include an analysis of—

23 (I) the effectiveness of each such
24 intervention in improving the func-

1 tioning of individuals with brain inju-
2 ries;

3 (II) the comparative effectiveness
4 of interventions employed in the
5 course of rehabilitation of individuals
6 with brain injuries to achieve the
7 same or similar clinical outcome; and

8 (III) the adequacy of existing
9 measures of outcomes and knowledge
10 of factors influencing differential out-
11 comes.

12 (iii) Develop practice guidelines for
13 the rehabilitation of traumatic brain injury
14 at such time as appropriate scientific re-
15 search becomes available.

16 (B) DATES CERTAIN FOR REPORTS.—

17 (i) Not later than 18 months after the
18 date of enactment of this Act, the Sec-
19 retary shall submit to the Committee on
20 Commerce of the House of Representa-
21 tives, and to the Committee on Labor and
22 Human Resources of the Senate, a report
23 describing the findings made as a result of
24 carrying out subparagraph (A)(i).

1 (ii) Not later than 3 years after the
2 date of enactment of this Act, the Sec-
3 retary shall submit to the Committees
4 specified in clause (i) a report describing
5 the findings made as a result of carrying
6 out clauses (ii) and (iii) of subparagraph
7 (A).

8 (2) CONSENSUS CONFERENCE.—The Secretary,
9 acting through the Director of the National Center
10 for Medical Rehabilitation Research within the Na-
11 tional Institute for Child Health and Human Devel-
12 opment, shall conduct a national consensus con-
13 ference on managing traumatic brain injury and re-
14 lated rehabilitation concerns.

15 (3) DEFINITION.—For purposes of this sub-
16 section, the term “traumatic brain injury” means an
17 acquired injury to the brain. Such term does not in-
18 clude brain dysfunction caused by congenital or de-
19 generative disorders, nor birth trauma, but may in-
20 clude brain injuries caused by anoxia due to near
21 drowning.

22 **SEC. 303. STATE OFFICES OF RURAL HEALTH.**

23 (a) IN GENERAL.—Section 338M of the Public
24 Health Service Act (as so redesignated by section 132)
25 is amended—

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

3 (2) in subsection (j)(1)—

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

5 (B) by inserting before the period the fol-
6 lowing: “, and such sums as may be necessary
7 for each of the fiscal years 1996 through
8 1997”; and

9 (3) in subsection (k), by striking
10 “\$10,000,000” and inserting “\$20,000,000”.

11 (b) REPEAL.—Effective on October 1, 1997, section
12 338M of the Public Health Service Act (as so redesignated
13 by section 132) is repealed.

14 **SEC. 304. HEALTH SERVICES FOR PACIFIC ISLANDERS.**

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

17 (1) in subsection (b)—

18 (A) in paragraph (2)—

19 (i) by inserting “, substance abuse”
20 after “availability of health”; and

21 (ii) by striking “, including improved
22 health data systems”;

23 (B) in paragraph (3)—

24 (i) by striking “manpower” and in-
25 serting “care providers”; and

1 (ii) by striking “by—” and all that
2 follows through the end thereof and insert-
3 ing a semicolon;

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

5 (D) by redesignating paragraphs (7), and
6 (8) as paragraphs (5) and (6), respectively;

7 (E) in paragraph (5) (as so redesignated),
8 by striking “and” at the end thereof;

9 (F) in paragraph (6) (as so redesignated),
10 by striking the period and inserting a semi-
11 colon; and

12 (G) by inserting after paragraph (6) (as so
13 redesignated), the following new paragraphs:

14 “(7) to provide primary health care, preventive
15 health care, and related training to American Sa-
16 moan health care professionals; and

17 “(8) to improve access to health promotion and
18 disease prevention services for rural American
19 Samoa.”;

20 (2) in subsection (f)—

21 (A) by striking “there is” and inserting
22 “there are”; and

23 (B) by striking “\$10,000,000” and all that
24 follows through “1993” and inserting
25 “\$3,000,000 for fiscal year 1995, \$4,000,000

1 for fiscal year 1996, and \$5,000,000 for fiscal
2 year 1997”; and

3 (3) by adding at the end thereof the following
4 new subsection:

5 “(g) STUDY AND REPORT.—

6 “(1) STUDY.—Not later than 180 days after
7 the date of enactment of this subsection, the Sec-
8 retary, acting through the Administrator of the
9 Health Resources and Services Administration, shall
10 enter into a contract with a public or nonprofit pri-
11 vate entity for the conduct of a study to determine
12 the effectiveness of projects funded under this sec-
13 tion.

14 “(2) REPORT.—Not later than July 1, 1996,
15 the Secretary shall prepare and submit to the Com-
16 mittee on Labor and Human Resources of the Sen-
17 ate and the Committee on Energy and Commerce of
18 the House of Representatives a report describing the
19 findings made with respect to the study conducted
20 under paragraph (1).”.

21 **SEC. 305. DEMONSTRATION PROJECTS REGARDING ALZ-**
22 **HEIMER’S DISEASE.**

23 (a) IN GENERAL.—Section 398(a) of the Public
24 Health Service Act (42 U.S.C. 280c-3(a)) is amended—

1 (1) in the matter preceding paragraph (1), by
2 striking “not less than 5, and not more than 15,”;

3 (2) in paragraph (2)—

4 (A) by inserting after “disorders” the fol-
5 lowing: “who are living in single family homes
6 or in congregate settings”; and

7 (B) by striking “and” at the end;

8 (3) by redesignating paragraph (3) as para-
9 graph (4); and

10 (4) by inserting after paragraph (2) the follow-
11 ing:

12 “(3) to improve the access of such individuals
13 to home-based or community-based long-term care
14 services (subject to the services being provided by
15 entities that were providing such services in the
16 State involved as of October 1, 1995), particularly
17 such individuals who are members of racial or ethnic
18 minority groups, who have limited proficiency in
19 speaking the English language, or who live in rural
20 areas; and”.

21 (b) DURATION.—Section 398A of the Public Health
22 Service Act (42 U.S.C. 280c-4) is amended—

23 (1) in the heading for the section, by striking
24 “**limitation**” and all that follows and inserting
25 “**requirement of matching funds**”;

1 (2) by striking subsection (a);

2 (3) by redesignating subsections (b) and (c) as
3 subsections (a) and (b), respectively;

4 (4) in subsection (a) (as so redesignated), in
5 each of paragraphs (1)(C) and (2)(C), by striking
6 “third year” and inserting “third or subsequent
7 year”.

8 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
9 398B(e) of the Public Health Service Act (42 U.S.C.
10 280c-5(e)) is amended by striking “and 1993” and insert-
11 ing “through 1998”.

12 **TITLE IV—MISCELLANEOUS**
13 **PROVISIONS**

14 **SEC. 401. TECHNICAL CORRECTIONS REGARDING PUBLIC**
15 **LAW 103-183.**

16 (a) AMENDATORY INSTRUCTIONS.—Public Law 103-
17 183 is amended—

18 (1) in section 601—

19 (A) in subsection (b), in the matter preced-
20 ing paragraph (1), by striking “Section 1201 of
21 the Public Health Service Act (42 U.S.C.
22 300d)” and inserting “Title XII of the Public
23 Health Service Act (42 U.S.C. 300d et seq.)”;
24 and

1 (B) in subsection (f)(1), by striking “in
2 section 1204(c)” and inserting “in section
3 1203(c) (as redesignated by subsection (b)(2) of
4 this section)”;

5 (2) in section 602, by striking “for the pur-
6 pose” and inserting “For the purpose”; and

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

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

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

15 (2) in section 318, in subsection (e) as in effect
16 on the day before the date of the enactment of Pub-
17 lic Law 103–183, by redesignating the subsection as
18 subsection (f);

19 (3) in subpart 6 of part C of title IV—

20 (A) by transferring the first section 447
21 (added by section 302 of Public Law 103–183)
22 from the current placement of the section;

23 (B) by redesignating the section as section
24 447A; and

1 (C) by inserting the section after section
2 447;

3 (4) in section 1213(a)(8), by striking “provides
4 for for” and inserting “provides for”;

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

8 (6) in section 1505(3), by striking “nonprofit”.

9 (c) MISCELLANEOUS CORRECTION.—Section
10 401(c)(3) of Public Law 103–183 is amended in the mat-
11 ter preceding subparagraph (A) by striking “(d)(5)” and
12 inserting “(e)(5)”.

13 (d) EFFECTIVE DATE.—This section is deemed to
14 have taken effect immediately after the enactment of Pub-
15 lic Law 103–183.

16 **SEC. 402. CERTAIN AUTHORITIES OF CENTERS FOR DIS-**
17 **EASE CONTROL AND PREVENTION.**

18 (a) IN GENERAL.—Part B of title III of the Public
19 Health Service Act is amended by inserting after section
20 317H the following section:

21 “MISCELLANEOUS AUTHORITIES REGARDING CENTERS
22 FOR DISEASE CONTROL AND PREVENTION

23 “SEC. 317I. (a) TECHNICAL AND SCIENTIFIC PEER
24 REVIEW GROUPS.—The Secretary, acting through the Di-
25 rector of the Centers for Disease Control and Prevention,
26 may, without regard to the provisions of title 5, United

1 States Code, governing appointments in the competitive
2 service, and without regard to the provisions of chapter
3 51 and subchapter III of chapter 53 of such title relating
4 to classification and General Schedule pay rates, establish
5 such technical and scientific peer review groups and sci-
6 entific program advisory committees as are needed to
7 carry out the functions of such Centers and appoint and
8 pay the members of such groups, except that officers and
9 employees of the United States shall not receive additional
10 compensation for service as members of such groups. The
11 Federal Advisory Committee Act shall not apply to the
12 duration of such peer review groups. Not more than one-
13 fourth of the members of any such group shall be officers
14 or employees of the United States.

15 “(b) FELLOWSHIP AND TRAINING PROGRAMS.—The
16 Secretary, acting through the Director of the Centers for
17 Disease Control and Prevention, shall establish fellowship
18 and training programs to be conducted by such Centers
19 to train individuals to develop skills in epidemiology, sur-
20 veillance, laboratory analysis, and other disease detection
21 and prevention methods. Such programs shall be designed
22 to enable health professionals and health personnel trained
23 under such programs to work, after receiving such train-
24 ing, in local, State, national, and international efforts to-
25 ward the prevention and control of diseases, injuries, and

1 disabilities. Such fellowships and training may be adminis-
2 tered through the use of either appointment or
3 nonappointment procedures.”.

4 (b) EFFECTIVE DATE.—This section is deemed to
5 have taken effect July 1, 1995.

6 **SEC. 403. ADMINISTRATION OF CERTAIN REQUIREMENTS.**

7 (a) IN GENERAL.—Section 2004 of Public Law 103-
8 43 (107 Stat. 209) is amended by striking subsection (a).

9 (b) CONFORMING AMENDMENTS.—Section 2004 of
10 Public Law 103-43, as amended by subsection (a) of this
11 section, is amended—

12 (1) by striking “(b) SENSE” and all that follows
13 through “In the case” and inserting the following:

14 “(a) SENSE OF CONGRESS REGARDING PURCHASE
15 OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In
16 the case”;

17 (2) by striking “(2) NOTICE TO RECIPIENTS OF
18 ASSISTANCE” and inserting the following:

19 “(b) NOTICE TO RECIPIENTS OF ASSISTANCE”; and

20 (3) in subsection (b), as redesignated by para-
21 graph (2) of this subsection, by striking “paragraph
22 (1)” and inserting “subsection (a)”.

23 (c) EFFECTIVE DATE.—This section is deemed to
24 have taken effect immediately after the enactment of Pub-
25 lic Law 103-43.

1 **SEC. 404. TECHNICAL CORRECTIONS RELATING TO HEALTH**
2 **PROFESSIONS PROGRAMS.**

3 (a) DEFINITIONS.—Section 799B(6) of the Public
4 Health Service Act (as so redesignated by section
5 105(a)(2)(C)) is amended—

6 (1) in subparagraph (B) by striking “; or” at
7 the end thereof;

8 (2) in subparagraph (C) by striking the period
9 and inserting a semicolon; and

10 (3) by adding at the end thereof the following:

11 “(D) ambulatory practice sites designated
12 by State Governors as shortage areas or medi-
13 cally underserved communities for purposes of
14 State scholarships or loan repayment or related
15 programs; or

16 “(E) practices or facilities in which not
17 less than 50 percent of the patients are recipi-
18 ents of aid under title XIX of the Social Secu-
19 rity Act or eligible and uninsured.”.

20 (b) RECOVERY.—Part G of title VII of the Public
21 Health Service Act (42 U.S.C. 295j et seq.) is amended
22 by inserting after section 794 the following section:

23 **“§ 794a. Recovery**

24 “(a) IN GENERAL.—If at any time within 20 years
25 (or within such shorter period as the Secretary may pre-
26 scribe by regulation for an interim facility) after the com-

1 pletion of construction of a facility with respect to which
2 funds have been paid under section 720(a) (as such sec-
3 tion existed one day prior to the date of enactment of the
4 Health Professions Education Extension Amendments of
5 1992 (Public Law 102-408)—

6 “(1)(A) in case of a facility which was an affili-
7 ated hospital or outpatient facility with respect to
8 which funds have been paid under such section
9 720(a)(1), the owner of the facility ceases to be a
10 public or other nonprofit agency that would have
11 been qualified to file an application under section
12 605;

13 “(B) in case of a facility which was not an af-
14 filiated hospital or outpatient facility but was a facil-
15 ity with respect to which funds have been paid under
16 paragraph (1) or (3) of such section 720(a), the
17 owner of the facility ceases to be a public or non-
18 profit school, or

19 “(C) in case of a facility which was a facility
20 with respect to which funds have been paid under
21 such section 720(a)(2), the owner of the facility
22 ceases to be a public or nonprofit entity,

23 “(2) the facility ceases to be used for the teach-
24 ing or training purposes (or other purposes per-
25 mitted under section 722 (as such section existed

1 one day prior to the date of enactment of the Health
2 Professions Education Extension Amendments of
3 1992 (Public Law 102–408)) for which it was con-
4 structed, or

5 “(3) the facility is used for sectarian instruction
6 or as a place for religious worship,

7 the United States shall be entitled to recover from the
8 owner of the facility the base amount prescribed by sub-
9 section (c)(1) plus the interest (if any) prescribed by sub-
10 section (c)(2).

11 “(b) NOTICE.—The owner of a facility which ceases
12 to be a public or nonprofit agency, school, or entity as
13 described in subparagraph (A), (B), or (C) of subsection
14 (a)(1), as the case may be, or the owner of a facility the
15 use of which changes as described in paragraph (2) or (3)
16 of subsection (a), shall provide the Secretary written no-
17 tice of such cessation or change of use within 10 days after
18 the date on which such cessation or change of use occurs
19 or within 30 days after the date of enactment of this sub-
20 section, whichever is later.

21 “(c) AMOUNT.—

22 “(1) BASE AMOUNT.—The base amount that
23 the United States is entitled to recover under sub-
24 section (a) is the amount bearing the same ratio to
25 the then value (as determined by the agreement of

1 the parties or in an action brought in the district
2 court of the United States for the district in which
3 the facility is situated) of the facility as the amount
4 of the Federal participation bore to the cost of con-
5 struction.

6 “(2) INTEREST.—

7 “(A) IN GENERAL.—The interest that the
8 United States is entitled to recover under sub-
9 section (a) is the interest for the period (if any)
10 described in subparagraph (B) at a rate (deter-
11 mined by the Secretary) based on the average
12 of the bond equivalent rates of ninety-one-day
13 Treasury bills auctioned during that period.

14 “(B) PERIOD.—The period referred to in
15 subparagraph (A) is the period beginning—

16 “(i) if notice is provided as prescribed
17 by subsection (b), 191 days after the date
18 on which the owner of the facility ceases to
19 be a public or nonprofit agency, school, or
20 entity as described in subparagraph (A),
21 (B), or (C) of subsection (a)(1), as the
22 case may be, or 191 days after the date on
23 which the use of the facility changes as de-
24 scribed in paragraph (2) or (3) of sub-
25 section (a), or

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