

108TH CONGRESS  
2D SESSION

# S. 2766

To amend part D of title XVIII of the Social Security Act to authorize the Secretary of Health and Human Services to negotiate for lower prices for medicare prescription drugs and to eliminate the gap in coverage of medicare prescription drug benefits, to reduce medical errors and increase the use of medical technology, to increase services in primary and preventive care by nonphysician providers, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JULY 22, 2004

Mr. SPECTER introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To amend part D of title XVIII of the Social Security Act to authorize the Secretary of Health and Human Services to negotiate for lower prices for medicare prescription drugs and to eliminate the gap in coverage of medicare prescription drug benefits, to reduce medical errors and increase the use of medical technology, to increase services in primary and preventive care by nonphysician providers, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Prescription Drug and  
3 Health Improvement Act of 2004”.

4 **TITLE I—IMPROVEMENTS**  
5 **UNDER MEDICARE PRESCRIP-**  
6 **TION DRUG PROGRAM**

7 **SEC. 101. NEGOTIATING FAIR PRICES FOR MEDICARE PRE-**  
8 **SCRIPTION DRUGS.**

9 (a) **IN GENERAL.**—Section 1860D–11 of the Social  
10 Security Act (42 U.S.C. 1395w–111) is amended by strik-  
11 ing subsection (i) (relating to noninterference) and by in-  
12 serting the following:

13 “(i) **AUTHORITY TO NEGOTIATE PRICES WITH MAN-**  
14 **UFACTURERS.**—In order to ensure that beneficiaries en-  
15 rolled under prescription drug plans and MA–PD plans  
16 pay the lowest possible price, the Secretary shall have au-  
17 thority similar to that of other Federal entities that pur-  
18 chase prescription drugs in bulk to negotiate contracts  
19 with manufacturers of covered part D drugs, consistent  
20 with the requirements and in furtherance of the goals of  
21 providing quality care and containing costs under this  
22 part.”.

23 (b) **EFFECTIVE DATE.**—The amendment made by  
24 this section shall take effect as if included in the enact-  
25 ment of section 101 of the Medicare Prescription Drug,

1 Improvement, and Modernization Act of 2003 (Public Law  
2 108–173; 117 Stat. 2066).

3 (c) HHS REPORTS COMPARING NEGOTIATED PRE-  
4 SCRIPTON DRUG PRICES AND RETAIL PRESCRIPTION  
5 DRUG PRICES.—Beginning in 2006, the Secretary of  
6 Health and Human Services shall regularly, but in no case  
7 less often than quarterly, submit to Congress a report that  
8 compares the prices for covered part D drugs (as defined  
9 in section 1860D–2(e) of the Social Security Act (42  
10 U.S.C. 1395w–102(e)) negotiated by the Secretary pursu-  
11 ant to section 1860D–11(i) of such Act (42 U.S.C.  
12 1395w–111(i)), as amended by subsection (a), with the  
13 average price a retail pharmacy would charge an indi-  
14 vidual who does not have health insurance coverage for  
15 purchasing the same strength, quantity, and dosage form  
16 of such covered part D drug.

17 **SEC. 102. ELIMINATION OF GAP IN COVERAGE OF MEDI-**  
18 **CARE PRESCRIPTION DRUG BENEFITS.**

19 (a) IN GENERAL.—Section 1860D–2(b) of the Social  
20 Security Act (42 U.S.C. 1395w–102(b)) is amended by  
21 striking paragraph (3) and inserting the following:

22 “(3) Repealed.”.

23 (b) CONFORMING AMENDMENTS.—

24 (1) Section 1860D–2 of the Social Security Act  
25 (42 U.S.C. 1395w–102) is amended—

1 (A) in subsection (a)(2)(A)(i)(I), by strik-  
2 ing “, or an increase in the initial coverage  
3 limit with respect to covered part D drugs”;

4 (B) in subsection (b)(2)(A), by striking  
5 “and up to the initial coverage limit under  
6 paragraph (3)”;

7 (C) in subsection (b)(4)(C)(i)—

8 (i) by striking the comma after “para-  
9 graph (1)” and inserting “and”; and

10 (ii) by striking “, and for amounts for  
11 which benefits are not provided because of  
12 the application of the initial coverage limit  
13 described in paragraph (3)”;

14 (D) in subsection (c)(1), by striking sub-  
15 paragraph (C); and

16 (E) in subsection (d)(1)(A), by striking “or  
17 an initial coverage limit (described in subsection  
18 (b)(3))”.

19 (2) Section 1860D–4(a)(4)(B) of the Social Se-  
20 curity Act (42 U.S.C. 1395w–104(a)(4)(B)) is  
21 amended to read as follows:

22 “(B) when prescription drug benefits are  
23 provided under this part, a notice of the bene-  
24 fits in relation to the annual out-of-pocket  
25 threshold for the current year.”.

1           (3)(A) Section 1860D–14(a) of the Social Secu-  
2           rity Act (42 U.S.C. 1395w–114(a)) is amended—

3           (i) in paragraph (1), by striking subpara-  
4           graph (C) and redesignating subparagraphs (D)  
5           and (E) as subparagraphs (C) and (D), respec-  
6           tively;

7           (ii) in paragraph (2), by striking subpara-  
8           graph (C) and redesignating subparagraphs (D)  
9           and (E) as subparagraphs (C) and (D), respec-  
10          tively; and

11          (iii) in paragraph (4)(A) in the matter pre-  
12          ceding clause (i), by striking “paragraph  
13          (1)(D)(ii)” and inserting “paragraph  
14          (1)(C)(ii)”.

15          (B) Section 1860D–14(c)(1) of the Social Secu-  
16          rity Act (42 U.S.C. 1395w–114(c)(1)) is amended in  
17          the second sentence by striking “subsections  
18          (a)(1)(D) and (a)(2)(E)” and inserting “subsections  
19          (a)(1)(C) and (a)(2)(D)”.

20          (C) Section 1860D–15(e)(1)(B) of the Social  
21          Security Act (42 U.S.C. 1395w–115(e)(1)(B)) is  
22          amended by striking “paragraphs (1)(D) and  
23          (2)(E)” and inserting “paragraphs (1)(C) and  
24          (2)(D)”.

1           (4)(A) Section 1860D–41(a)(6) of the Social  
2           Security Act (42 U.S.C. 1395w–151(a)(6)) is  
3           amended by striking paragraph (6) and redesignig-  
4           nating paragraphs (7) through (18) as paragraphs  
5           (6) through (17), respectively.

6           (B) Section 1860D–1(a)(1)(A) of the Social Se-  
7           curity Act (42 U.S.C. 1395w–101(a)(1)(A)) is  
8           amended by striking “1860D–41(a)(14)” and insert-  
9           ing “1860D–41(a)(13)”.

10          (c) EFFECTIVE DATE.—The amendments made by  
11          this section shall take effect as if included in the enact-  
12          ment of section 101 of the Medicare Prescription Drug,  
13          Improvement, and Modernization Act of 2003 (Public Law  
14          108–173; 117 Stat. 2066).

15          **TITLE II—REDUCING MEDICAL**  
16                **ERRORS AND INCREASING**  
17                **THE USE OF MEDICAL TECH-**  
18                **NOLOGY**

19          **SEC. 201. MEDICAL ERRORS REDUCTION.**

20          Title IX of the Public Health Service Act (42 U.S.C.  
21          299 et seq.) is amended—

22                (1) by redesignating part C as part D;

23                (2) by redesignating sections 921 through 928,  
24          as sections 931 through 938, respectively;

1           (3) in section 938(1) (as so redesignated), by  
2           striking “921” and inserting “931”; and

3           (4) by inserting after part B the following:

4   **“PART C—REDUCING ERRORS IN HEALTH CARE**

5   **“SEC. 921. DEFINITIONS.**

6           “In this part:

7           “(1) ADVERSE EVENT.—The term ‘adverse  
8           event’ means an injury resulting from medical man-  
9           agement rather than the underlying condition of the  
10          patient.

11          “(2) ERROR.—The term ‘error’ means the fail-  
12          ure of a planned action to be completed as intended  
13          or the use of a wrong plan to achieve the desired  
14          outcome.

15          “(3) HEALTH CARE PROVIDER.—The term  
16          ‘health care provider’ means an individual or entity  
17          that provides medical services and is a participant in  
18          a demonstration program under this part.

19          “(4) HEALTH CARE-RELATED ERROR.—The  
20          term ‘health care-related error’ means a preventable  
21          adverse event related to a health care intervention or  
22          a failure to intervene appropriately.

23          “(5) MEDICATION-RELATED ERROR.—The term  
24          ‘medication-related error’ means a preventable ad-



1 input from interested, non-governmental parties in-  
2 cluding patient, consumer and health care provider  
3 groups.

4 “(2) GUIDELINES.—Not later than 90 days  
5 after the date of enactment of this part, the Agency  
6 for Healthcare Research and Quality shall develop  
7 and publish the guidelines described in paragraph  
8 (1).

9 “(c) DATA.—

10 “(1) AVAILABILITY.—A State that receives a  
11 grant under subsection (a) shall make the data pro-  
12 vided to the medical error reporting system involved  
13 available only to the Agency for Healthcare Research  
14 and Quality and may not otherwise disclose such in-  
15 formation.

16 “(2) CONFIDENTIALITY.—Nothing in this part  
17 shall be construed to supersede any State law that  
18 is inconsistent with this part.

19 “(d) APPLICATION.—To be eligible for a grant under  
20 this section, a State shall prepare and submit to the Sec-  
21 retary an application at such time, in such manner and  
22 containing, such information as the Secretary shall re-  
23 quire.

1 **“SEC. 923. DEMONSTRATION PROJECTS TO REDUCE MED-**  
2 **ICAL ERRORS, IMPROVE PATIENT SAFETY,**  
3 **AND EVALUATE REPORTING.**

4 “(a) ESTABLISHMENT.—The Secretary, acting  
5 through the Director of the Agency for Healthcare Re-  
6 search and Quality and in conjunction with the Adminis-  
7 trator of the Health Care Financing Administration, may  
8 establish a program under which funding will be provided  
9 for not less than 15 demonstration projects, to be competi-  
10 tively awarded, in health care facilities and organizations  
11 in geographically diverse locations, including rural and  
12 urban areas (as determined by the Secretary), to deter-  
13 mine the causes of medical errors and to—

14 “(1) use technology, staff training, and other  
15 methods to reduce such errors;

16 “(2) develop replicable models that minimize  
17 the frequency and severity of medical errors;

18 “(3) develop mechanisms that encourage report-  
19 ing, prompt review, and corrective action with re-  
20 spect to medical errors; and

21 “(4) develop methods to minimize any addi-  
22 tional paperwork burden on health care profes-  
23 sionals.

24 “(b) ACTIVITIES.—

1           “(1) IN GENERAL.—A health care provider par-  
2           ticipating in a demonstration project under sub-  
3           section (a) shall—

4                   “(A) utilize all available and appropriate  
5                   technologies to reduce the probability of future  
6                   medical errors; and

7                   “(B) carry out other activities consistent  
8                   with subsection (a).

9           “(2) REPORTING TO PATIENTS.—In carrying  
10          out this section, the Secretary shall ensure that—

11                   “(A) 5 of the demonstration projects per-  
12                   mit the voluntary reporting by participating  
13                   health care providers of any adverse events,  
14                   sentinel events, health care-related errors, or  
15                   medication-related errors to the Secretary;

16                   “(B) 5 of the demonstration projects re-  
17                   quire participating health care providers to re-  
18                   port any adverse events, sentinel events, health  
19                   care-related errors, or medication-related errors  
20                   to the Secretary; and

21                   “(C) 5 of the demonstration projects re-  
22                   quire participating health care providers to re-  
23                   port any adverse events, sentinel events, health  
24                   care-related errors, or medication-related errors

1 to the Secretary and to the patient involved and  
2 a family member or guardian of the patient.

3 “(3) CONFIDENTIALITY.—

4 “(A) IN GENERAL.—The Secretary and the  
5 participating grantee organization shall ensure  
6 that information reported under this section re-  
7 mains confidential.

8 “(B) USE.—The Secretary may use the in-  
9 formation reported under this section only for  
10 the purpose of evaluating the ability to reduce  
11 errors in the delivery of care. Such information  
12 shall not be used for enforcement purposes.

13 “(C) DISCLOSURE.—The Secretary may  
14 not disclose the information reported under this  
15 section.

16 “(D) NONADMISSIBILITY.—Information re-  
17 ported under this section shall be privileged,  
18 confidential, shall not be admissible as evidence  
19 or discoverable in any civil or criminal action or  
20 proceeding or subject to disclosure, and shall  
21 not be subject to the Freedom of Information  
22 Act (5 U.S.C. App). This paragraph shall apply  
23 to all information maintained by the reporting  
24 entity and the entities who receive such reports.

1       “(c) USE OF TECHNOLOGIES.—The Secretary shall  
2 encourage, as part of the demonstration projects con-  
3 ducted under subsection (a), the use of appropriate tech-  
4 nologies to reduce medical errors, such as hand-held elec-  
5 tronic prescription pads, training simulators for medical  
6 education, and bar-coding of prescription drugs and pa-  
7 tient bracelets.

8       “(d) DATABASE.—The Secretary shall provide for the  
9 establishment and operation of a national database of  
10 medical errors to be used as provided for by the Secretary.  
11 The information provided to the Secretary under sub-  
12 section (b)(2) shall be contained in the database.

13       “(e) EVALUATION.—The Secretary shall evaluate the  
14 progress of each demonstration project established under  
15 this section in reducing the incidence of medical errors and  
16 submit the results of such evaluations as part of the re-  
17 ports under section 926(b).

18       “(f) REPORTING.—Prior to October 1, of the third  
19 fiscal year for which funds are made available under this  
20 section, the Secretary shall prepare and submit to the ap-  
21 propriate committees of Congress an interim report con-  
22 cerning the results of such demonstration projects.

23 **“SEC. 924. PATIENT SAFETY IMPROVEMENT.**

24       “(a) IN GENERAL.—The Secretary shall provide in-  
25 formation to educate patients and family members about

1 their role in reducing medical errors. Such information  
2 shall be provided to all individuals who participate in Fed-  
3 erally-funded health care programs.

4 “(b) DEVELOPMENT OF PROGRAMS.—The Secretary  
5 shall develop programs that encourage patients to take a  
6 more active role in their medical treatment, including en-  
7 couraging patients to provide information to health care  
8 providers concerning pre-existing conditions and medica-  
9 tions.

10 **“SEC. 925. PRIVATE, NONPROFIT EFFORTS TO REDUCE**  
11 **MEDICAL ERRORS.**

12 “(a) IN GENERAL.—The Secretary shall make grants  
13 to health professional associations and other organizations  
14 to provide training in ways to reduce medical errors, in-  
15 cluding curriculum development, technology training, and  
16 continuing medical education.

17 “(b) APPLICATION.—To be eligible for a grant under  
18 this section, an entity shall prepare and submit to the Sec-  
19 retary an application at such time, in such manner and  
20 containing, such information as the Secretary shall re-  
21 quire.

22 **“SEC. 926. REPORT TO CONGRESS.**

23 “(a) INITIAL REPORT.—Not later than 180 days  
24 after the date of enactment of this part, the Secretary  
25 shall prepare and submit to the appropriate committees

1 of Congress a report concerning the costs associated with  
2 implementing a program that identifies factors that con-  
3 tribute to errors and which includes upgrading the health  
4 care computer systems and other technologies in the  
5 United States in order to reduce medical errors, including  
6 computerizing hospital systems for the coordination of  
7 prescription drugs and handling of laboratory specimens,  
8 and contains recommendations on ways in which to reduce  
9 those factors.

10 “(b) OTHER REPORTS.—Not later than 180 days  
11 after the completion of all demonstration projects under  
12 section 923, the Secretary shall prepare and submit to the  
13 appropriate committees of Congress a report concerning—

14 “(1) how successful each demonstration project  
15 was in reducing medical errors;

16 “(2) the data submitted by States under section  
17 922(c);

18 “(3) the best methods for reducing medical er-  
19 rors;

20 “(4) the costs associated with applying such  
21 best methods on a nationwide basis; and

22 “(5) the manner in which other Federal agen-  
23 cies can share information on best practices in order  
24 to reduce medical errors in all Federal health care  
25 programs.

1 **“SEC. 927. AUTHORIZATION OF APPROPRIATIONS.**

2 “There is authorized to be appropriated such sums  
3 as may be necessary to carry out this part.”.

4 **SEC. 202. ENHANCING INVESTMENT IN COST-EFFECTIVE**  
5 **METHODS OF HEALTH CARE.**

6 (a) IN GENERAL.—Subchapter A of chapter 98 of the  
7 Internal Revenue Code of 1986 (relating to trust fund  
8 code) is amended by adding at the end the following:

9 **“SEC. 9511. TRUST FUND FOR MEDICAL TREATMENT OUT-**  
10 **COMES RESEARCH.**

11 “(a) CREATION OF TRUST FUND.—There is estab-  
12 lished in the Treasury of the United States a trust fund  
13 to be known as the ‘Trust Fund for Medical Treatment  
14 Outcomes Research’ (referred to in this section as the  
15 ‘Trust Fund’), consisting of such amounts as may be ap-  
16 propriated or credited to the Trust Fund as provided in  
17 this section or section 9602(b).

18 “(b) TRANSFERS TO TRUST FUND.—There is hereby  
19 appropriated to the Trust Fund an amount equivalent to  
20 the taxes received in the Treasury under section 4491 (re-  
21 lating to tax on health insurance policies).

22 “(c) DISTRIBUTION OF AMOUNTS IN TRUST FUND.—  
23 On an annual basis and without further appropriation the  
24 Secretary shall distribute the amounts in the Trust Fund  
25 to the Secretary of Health and Human Services for use  
26 by the Agency for Healthcare Research and Quality. Such

1 amounts shall be available to pay for research activities  
2 related to medical treatment outcomes and shall be in ad-  
3 dition to any other amounts appropriated for such pur-  
4 poses.”.

5 (b) CONFORMING AMENDMENT.—The table of sec-  
6 tions for subchapter A of chapter 98 of such Code is  
7 amended by adding at the end the following:

“Sec. 9511. Trust Fund for Medical Treatment Outcomes Re-  
search.”.

8 **SEC. 203. INCREASING THE USE OF MEDICAL TECHNOLOGY**

9 The Secretary of Health and Human Services shall—

10 (1) provide grants and contracts to enhance the  
11 development of information technology standards by  
12 the private sector;

13 (2) carry out activities to examine how the use  
14 of information technology can be encouraged; and

15 (3) coordinate information technology-related  
16 activities taken by the Federal Government and en-  
17 sure that such activities will further national health  
18 information and infrastructure.

1           **TITLE III—PRIMARY AND**  
 2           **PREVENTIVE CARE PROVIDERS**

3   **SEC. 301. INCREASED MEDICARE REIMBURSEMENT FOR**  
 4                   **PHYSICIAN ASSISTANTS, NURSE PRACTI-**  
 5                   **TIONERS, AND CLINICAL NURSE SPECIAL-**  
 6                   **ISTS.**

7           (a)    **FEE       SCHEDULE       AMOUNT.**—Section  
 8 1833(a)(1)(O) of the Social Security Act (42 U.S.C.  
 9 1395l(a)(1)(O)) is amended by striking “85 percent” and  
 10 inserting “90 percent” each place it appears.

11          (b)           **TECHNICAL        AMENDMENT.**—Section  
 12 1833(a)(1)(O) of the Social Security Act (42 U.S.C.  
 13 1395l(a)(1)(O)) is amended by striking “clinic” and in-  
 14 serting “clinical”.

15          (c)   **EFFECTIVE DATE.**—The amendments made by  
 16 this section shall apply to items and services furnished on  
 17 and after January 1, 2005.

18   **SEC. 302. REQUIRING COVERAGE OF CERTAIN NONPHYSI-**  
 19                   **CIAN PROVIDERS UNDER THE MEDICAID**  
 20                   **PROGRAM.**

21          (a)   **IN GENERAL.**—Section 1905(a) of the Social Se-  
 22 curity Act (42 U.S.C. 1396d(a)) is amended—

23                   (1) in paragraph (26), by striking “and” at the  
 24                   end;

1           (2) by redesignating paragraph (27) as para-  
2           graph (28); and

3           (3) by inserting after paragraph (26) the fol-  
4           lowing:

5           “(27) services furnished by a physician assist-  
6           ant, nurse practitioner, clinical nurse specialist (as  
7           defined in section 1861(aa)(5)), or certified reg-  
8           istered nurse anesthetist (as defined in section  
9           1861(bb)(2)); and”.

10          (b)           CONFORMING           AMENDMENT.—Section  
11 1902(a)(10)(C)(iv) of the Social Security Act (42 U.S.C.  
12 1396a(a)(10)(C)(iv)) is amended by inserting “and (27)”  
13 after “(24)”.

14          (c) EFFECTIVE DATE.—The amendments made by  
15 this section shall apply to medical assistance furnished  
16 under title XIX of the Social Security Act (42 U.S.C.  
17 1396 et seq.) beginning with the first fiscal year quarter  
18 that begins after the date of enactment of this Act.

19 **SEC. 303. MEDICAL STUDENT TUTORIAL PROGRAM**  
20 **GRANTS.**

21          Part C of title VII of the Public Health Service Act  
22 (42 U.S.C. 293j et seq.) is amended by adding at the end  
23 the following:

1 **“SEC. 749. MEDICAL STUDENT TUTORIAL PROGRAM**  
2 **GRANTS.**

3 “(a) **ESTABLISHMENT.**—The Secretary shall estab-  
4 lish a program to award grants to eligible schools of medi-  
5 cine or osteopathic medicine to enable such schools to pro-  
6 vide medical students for tutorial programs or as partici-  
7 pants in clinics designed to interest high school or college  
8 students in careers in general medical practice.

9 “(b) **APPLICATION.**—To be eligible to receive a grant  
10 under this section, a school of medicine or osteopathic  
11 medicine shall prepare and submit to the Secretary an ap-  
12 plication at such time, in such manner, and containing  
13 such information as the Secretary may require, including  
14 assurances that the school will use amounts received under  
15 the grant in accordance with subsection (c).

16 “(c) **USE OF FUNDS.**—

17 “(1) **IN GENERAL.**—Amounts received under a  
18 grant awarded under this section shall be used to—

19 “(A) fund programs under which students  
20 of the grantee are provided as tutors for high  
21 school and college students in the areas of  
22 mathematics, science, health promotion and  
23 prevention, first aid, nutrition and prenatal  
24 care;

25 “(B) fund programs under which students  
26 of the grantee are provided as participants in

1           clinics and seminars in the areas described in  
2           paragraph (1); and

3           “(C) conduct summer institutes for high  
4           school and college students to promote careers  
5           in medicine.

6           “(2) DESIGN OF PROGRAMS.—The programs,  
7           institutes, and other activities conducted by grantees  
8           under paragraph (1) shall be designed to—

9           “(A) give medical students desiring to  
10          practice general medicine access to the local  
11          community;

12          “(B) provide information to high school  
13          and college students concerning medical school  
14          and the general practice of medicine; and

15          “(C) promote careers in general medicine.

16          “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
17          are authorized to be appropriated to carry out this section,  
18          \$5,000,000 for fiscal year 2005, and such sums as may  
19          be necessary for fiscal year 2006.”.

20       **SEC. 304. GENERAL MEDICAL PRACTICE GRANTS.**

21          Part C of title VII of the Public Health Service Act,  
22          as amended by section 303, is amended by adding at the  
23          end the following:

1 **“SEC. 749A. GENERAL MEDICAL PRACTICE GRANTS.**

2       “(a) ESTABLISHMENT.—The Secretary shall estab-  
3 lish a program to award grants to eligible public or private  
4 nonprofit schools of medicine or osteopathic medicine, hos-  
5 pitals, residency programs in family medicine or pediatri-  
6 cians, or to a consortium of such entities, to enable such  
7 entities to develop effective strategies for recruiting med-  
8 ical students interested in the practice of general medicine  
9 and placing such students into general practice positions  
10 upon graduation.

11       “(b) APPLICATION.—To be eligible to receive a grant  
12 under this section, an entity of the type described in sub-  
13 section (a) shall prepare and submit to the Secretary an  
14 application at such time, in such manner, and containing  
15 such information as the Secretary may require, including  
16 assurances that the entity will use amounts received under  
17 the grant in accordance with subsection (c).

18       “(c) USE OF FUNDS.—Amounts received under a  
19 grant awarded under this section shall be used to fund  
20 programs under which effective strategies are developed  
21 and implemented for recruiting medical students inter-  
22 ested in the practice of general medicine and placing such  
23 students into general practice positions upon graduation.

24       “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
25 are authorized to be appropriated to carry out this section,  
26 \$25,000,000 for each of the fiscal years 2005 through

- 1 2007, and such sums as may be necessary for fiscal years
- 2 thereafter.”.

○