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SENATE

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**HEALTH PROFESSIONS EDUCATION PARTNERSHIPS ACT OF
1998**

JUNE 23, 1998.—Ordered to be printed

Mr. JEFFORDS, from the Committee on Labor and Human
Resources, submitted the following

REPORT

together with

ADDITIONAL VIEWS

[To accompany S. 1754]

The Committee on Labor and Human Resources, to which was referred the bill (S. 1754) to amend the Public Health Service Act to consolidate and reauthorize health professions and minority and disadvantaged health education programs, and for other purposes, having considered the same, reports favorably thereon with an amendment in the nature of a substitute and recommends that the bill (as amended) do pass.

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I. SUMMARY OF THE BILL

The general focus of this legislation is to reauthorize and consolidate 44 different Federal health professions training programs currently authorized under titles VII and VIII of the Public Health Service Act. It also reauthorizes a variety of other public health service programs.

These 44 programs are consolidated into 7 general and flexible categories of authorities which are designed to train health practitioners most inclined to enter practice in rural and other medically underserved areas. The seven general authorities provide support for: The training of underrepresented minority and disadvantaged health professions students; the training of primary care and dental providers; the establishment and operation of interdisciplinary, community-based training activities; health professions work force information and analysis; public health workforce development; nursing education; and student financial assistance.

A. Minority and Disadvantaged Health Professions Training

Purposes: (1) Provide for the training of minority and disadvantaged health professionals to improve health care access in underserved areas and to improve representation in the health professions; and (2) Provide administrative flexibility and simplification.

General Description: Under this provision, the Secretary would continue to have authority to fund projects which improve the number and quality of minority and disadvantaged health professionals. Three existing scholarship programs would be consolidated. An increased number of minority and disadvantaged providers may result in improvements of services in underserved areas because such individuals tend to practice in those areas more than others. Generally, most minority groups are currently underrepresented in the health professions relative to their representation within the entire U.S. population.

Current law authorities included

- (1) Centers of Excellence in Minority Health.
- (2) Scholarships for Disadvantaged Students.
- (3) Financial Assistance for Disadvantaged Health Professions Students.
- (4) Exceptional Financial Need Scholarships.
- (5) Faculty Loan Repayment and Faculty Fellowships.
- (6) Health Careers Opportunity Program.

Summary of provisions

ELIGIBLE ENTITIES

Centers of Excellence: Unless otherwise specified, schools of medicine, osteopathic medicine, dentistry, pharmacy, or graduate programs in behavioral or mental health which enroll significant numbers of minority students.

Scholarships for Disadvantaged Students: Schools of medicine, osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, allied health, graduate programs in behavioral and mental health practice, physi-

cian assistant training programs, and entities carrying out programs of recruitment or retention of disadvantaged students.

Faculty Loan Repayment and Faculty Fellowships: Health professionals and health professions students in the final year of training.

Health Career Opportunities Program: Schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, and podiatric medicine, programs in behavioral and mental health, physician assistant training programs, and other public or nonprofit educational entities.

ACTIVITIES

Grants and contracts would be made, as appropriate, to plan, develop, or operate:

(1) Programs of excellence in health professions institutions to increase the number of minority individuals trained in health professions disciplines.

(2) Scholarship programs for financially needy health professions students from disadvantaged backgrounds.

(3) Minority faculty development and loan repayment programs.

(4) Programs to develop the pipeline for individuals from disadvantaged backgrounds to enter and remain in health professions schools.

AUTHORIZATION

Centers of Excellence: There would be \$26 million authorized for fiscal year 1998 and such sums as necessary through fiscal year 2002. Funding for this authority in fiscal year 1998 is \$24.798 million. Funds each year would be allocated as follows:

If appropriation is less than \$24 million, the Secretary shall make available \$12 million for four specified Historically Black Colleges and Universities (HBCU's); 60 percent of the balance for Hispanic and Native American Schools; 40 percent of the balance for "other" COE's—health professions schools with above average enrollment of underrepresented minorities.

If appropriation is between \$24 million and \$30 million, the following distribution would be used: 80 percent of the excess above \$24 million would be for Hispanic and Native American COE's, and 20 percent for "other" COE's.

If appropriation is above \$30 million, the following formula would be used: \$12 million for the four HBCU's; \$12 million for Hispanic and Native American COE's; \$6 million for "other" COE's; and the balance would be available for competition among all types of health professions schools that meet the conditions and requirements described in this section.

Scholarships for Disadvantaged Students: There would be \$37 million authorized for fiscal year 1998 and such sums as necessary through fiscal year 2002. Funding in fiscal year 1998 for the three existing scholarship programs being consolidated is \$36.849 million.

Loan Repayment and Faculty Fellowship Program: There would be \$1.1 million authorized for fiscal year 1998 and such sums as

necessary through fiscal year 2002. Funding for this authority in fiscal year 1998 is \$1.065 million.

Health Careers Opportunities Program: There would be \$29.4 million authorized for fiscal year 1998 and such sums as necessary through fiscal year 2002. Funding for this authority in fiscal year 1998 is \$26.870 million.

B. Family Medicine, General Internal Medicine, General Pediatrics, Physician Assistants, General Dentistry, and Pediatric Dentistry

Purposes: (1) Provide for the training of family physicians, general internists, general pediatricians, physician assistants, general dentists, and pediatric dentists to improve access to and quality of health care in underserved areas; (2) provide administrative flexibility and simplification; (3) assure outside input regarding primary care training programs.

General Description: Under this provision, funding for family physician, general pediatrician, general internist, physician assistant, general dentistry and pediatric dentistry training would be authorized. Preference will be given to applicants that have a high rate for placing graduates in settings that serve residents of medically underserved communities or that show a significant increase in placing graduates in such settings. New programs will be eligible for this preference if they meet certain established criteria. Special consideration would be given to projects which prepare practitioners to care for underserved populations and other high-risk groups such as the frail elderly, individuals with HIV-AIDS, substance abusers, homeless, and victims of domestic violence.

Current law authorities consolidated

- (1) Family Medicine Training.
- (2) General Internal Medicine and General Pediatrics Training.
- (3) Physician Assistant Training.
- (4) General Dentistry Training.

Summary of provisions

ELIGIBLE ENTITIES

Public or nonprofit private hospitals, health professions schools, or other public or private nonprofit entities could apply.

ACTIVITIES

Grants and contracts could be made to develop, operate, expand, or improve:

1. Family medicine, general internal medicine, or general pediatrics academic administrative units.
2. Residency training programs in family medicine, general internal medicine, general pediatrics, general dentistry, or pediatric dentistry.
3. Faculty development programs in family medicine (including geriatrics), general internal medicine, or general pediatrics.
4. Predoctoral education programs in family medicine, general internal medicine, or general pediatrics.
5. Physician assistant training programs.

Academic Administrative Units

Family medicine, general internal medicine, and general pediatrics administrative units could be funded, with preference given to proposals to establish or substantially expand the programs of such units. Priority would be given to any qualified applicant who proposes a collaborative project between departments of primary care.

Residency Training Programs

Family medicine, general internal medicine, general pediatrics, and general and pediatric dentistry programs could be funded. Priority would be given to those programs training the greatest percentage of primary care or general or pediatric dentistry providers and to those training individuals from disadvantaged backgrounds.

Faculty Development Programs

Family medicine (including geriatrics), general internal medicine, and general pediatrics faculty development programs could be funded, including traineeships and fellowships.

Predoctoral Programs

Family medicine, general internal medicine, and general pediatrics predoctoral education programs could be funded.

Physician Assistant Training Programs

Physician assistant training programs and the training of individuals to teach in such programs may be funded. Priority would be given to those programs training individuals from disadvantaged backgrounds.

Advisory Committee on Training in Primary Care Medicine and Dentistry

The Secretary would be required to establish a new outside advisory group to provide advice and recommendations to the Secretary with regard to the primary care and dentistry training programs authorized by this section.

AUTHORIZATION

There would be \$78.3 million authorized for fiscal year 1998 and such sums as necessary through fiscal year 2002. Combined funding for these authorities in fiscal year 1998 is \$77.298 million. Of the amounts appropriated each year, the Secretary would be required to make the following minimum allocations:

\$49.3 million for family medicine training, including not less than \$8.6 million for family medicine academic administrative units;

\$17.7 million for general internal medicine and general pediatrics;

\$6.8 million for physician assistant training; and

\$4.5 million for general or pediatric dentistry training.

If the amounts appropriated are less than the amounts required to comply with the minimal allocations, the Secretary would ratably reduce the amount to be available to each of the specific disciplines accordingly.

C. Interdisciplinary, Community-based Linkages

Purposes: (1) Provide support for training centers remote from health professions schools to improve and maintain the distribution of health providers in rural and urban underserved areas; (2) Provide support for geriatric education and geriatric faculty fellowships; (3) Provide support for interdisciplinary training projects; (4) Provide administrative flexibility and simplification.

General Description: This authority would enhance the community-based training in underserved areas of various health professionals. This goal would be achieved through greater flexibility in the design of such programs and through the leveraging of State and local resources. All grantees would be required to assure the collaboration of two or more disciplines. Area Health Education Centers (AHEC's) are generally located in underserved areas. Exposure to practice in underserved areas during training and education is generally recognized as a determinant in whether a health professional returns to practice in such settings. In addition, these centers help support practicing providers in such areas through continuing medical education programs. Geriatric training centers, rural health interdisciplinary projects, allied health training projects, podiatric medicine training, and chiropractic training would also receive funding under this section.

Current law authorities consolidated

- (1) Area Health Education Centers.
- (2) Health Education and Training Centers.
- (3) Geriatric Education Centers.
- (4) Rural Health Interdisciplinary Training.
- (5) Allied Health Training.
- (6) Podiatric Medicine Training.
- (7) Chiropractic Demonstrations.

Summary of provisions

ELIGIBLE ENTITIES

Health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities. With respect to a state in which no AHEC program is in operation, the Secretary may award a grant to a school of nursing.

ACTIVITIES

I. Area Health Education Centers and Health Education and Training Centers. Grants and contracts would be made as appropriate to plan, develop, operate, expand, conduct demonstration projects, and to provide trainee support, for projects which:

1. Improve the distribution, supply, quality, utilization, and efficiency of personnel providing health services to urban and rural underserved populations.
2. Encourage the regionalization of educational responsibilities of the health professions schools into urban and rural underserved areas.
3. Prepare individuals effectively to provide health services in underserved areas through: preceptorships, the conduct or affili-

ation with community-based primary care residency programs, agreements with community-based organizations for the delivery of education and training in the health professions, and other programs.

4. Conduct interdisciplinary training of the various health professions.

5. Provide continuing medical and health professions education to professionals practicing in the underserved areas served by the grantee.

II. Geriatric Education Centers. Grants and contracts would be made for the establishment of geriatric education centers. Such centers would be required to provide training opportunities for students, interns and residents, and practicing health providers. In order to address the severe shortage of academic geriatricians, Geriatric Academic Career Awards would be created. This program would promote the career development of faculty in geriatrics.

III. Other Interdisciplinary Projects. Grants and contracts would be made to support: rural interdisciplinary training projects; expansion or establishment of training programs in the allied health professions; preventive and primary care training of podiatric physicians; and demonstration projects which chiropractors and physicians collaborate on effective treatments for spinal and lower-back conditions.

IV. Advisory Committee. A new Advisory Committee on Interdisciplinary, Community-Based Linkages would be established to provide advice and recommendations to the Secretary with regard to the activities supported under this section.

AUTHORIZATION

There would be \$55.6 million authorized for fiscal year 1998 and such sums as necessary through fiscal year 2002. Combined funding for these authorities in fiscal year 1998 is \$50.983 million. Of the amounts appropriated each year, the Secretary would be required to make the following minimum allocations:

\$28.587 million for Area Health Education Centers;

\$3.765 million for Health Education and Training Centers;

and

\$22.631 million for Geriatric, Rural Interdisciplinary, Allied Health, Podiatric Medicine, and Chiropractic training.

If the amounts appropriated are less than the amounts required to comply with the minimum allocations, the Secretary would ratably reduce the amount available to each of the specific activities accordingly.

D. Health Professions Work Force Information and Analysis

Purposes: (1) Provide for the development of information on the health professions work force and for the analysis of work force related issues; (2) Provide for the development of necessary information for decision-making regarding future directions in health professions and nursing programs; (3) Provide for continued analysis of issues affecting graduate medical education.

Current law authorities included

- (1) Health Professions Research.
- (2) Health Professions Data.
- (3) Council on Graduate Medical Education.

Summary of provisions

ELIGIBLE ENTITIES

State or local governments, health professions schools, schools of nursing, academic health centers, community-based health facilities, and other appropriate public or private nonprofit entities.

ACTIVITIES

Grants and contracts would be made as appropriate to support: targeted information collection and analysis activities; research on high priority work force questions; development of a non-Federal analytic and research infrastructure related to the health professions work force; and the conduct of program evaluation and assessment.

The existing Council on Graduate Medical Education would be extended through fiscal year 2002.

AUTHORIZATION

There would be \$750,000 authorized for fiscal year 1998 and such sums as necessary for fiscal years 1999 through fiscal year 2002. Combined funding for the data and statistics authorities in fiscal year 1998 is \$689,000.

E. Public Health Work Force Development

Purpose: Provide for an increase in the number of individuals in the public health work force and enhance the quality of such work force.

Current law authorities included

- (1) Public Health Traineeships.
- (2) Public Health Special Projects.
- (3) Preventive Medicine and Dental Public Health.
- (4) Health Administration Traineeships and Special Projects.

Summary of provisions

ELIGIBLE ENTITIES

Health professions schools including schools or programs of public health, preventive medicine, dental public health, and programs in public health, health administration, and health management; academic health centers; State or local health departments and other appropriate public or private nonprofit entities.

ACTIVITIES

Grants and contracts would be made as appropriate for: demonstration training programs; faculty development; trainee support; technical assistance; support of residency programs in preventive medicine and dental public health; retraining of existing public

health workers; preparing public health professionals for employment at the State and community levels; and other related activities.

AUTHORIZATION

There would be \$9.1 million authorized for fiscal year 1998 and such sums as necessary through fiscal year 2002. No more than 30 percent of the annual appropriation for this section may be allocated for Public Health Traineeships. Combined funding for these authorities in fiscal year 1998 is \$9.124 million.

F. Nursing Work Force Development

Purposes: (1) Provide for the training of basic and advanced degree nurses to improve access to and quality of health care in underserved medical and public health areas; and (2) Provide administrative flexibility and simplification.

General Description: This proposal would provide for the training of the basic nurse work force and advanced practice nurses, including nurse practitioners, nurse midwives, nurse anesthetists, public health nurses, nurse educators, clinical nurse specialists, and other advanced degree nurses. In addition, projects to improve nursing work force personnel diversity and to expand the training of nurses in certain priority settings would be supported. The Secretary would have broad discretion to determine which projects to fund. Generally, projects which would ultimately lead to a greater number of nursing providers for rural and underserved populations, or those which meet public health nursing needs in State public health departments, would receive a funding preference.

Current law authorities consolidated

- (1) Nursing Special Projects.
- (2) Advanced Nurse Education.
- (3) Nurse Practitioner/Nurse Midwife Education.
- (4) Nurse Anesthetist Training.
- (5) Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds.
- (6) Professional Nurse Traineeships.

Summary of provisions

ELIGIBLE ENTITIES

Schools of nursing, nursing centers, academic health centers, State or local governments, and other public or nonprofit private entities.

ACTIVITIES

Grants and contracts would be made, as appropriate, to plan, develop, or operate:

1. Advanced practice nurse training programs including programs for nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, public health nurses, and other advanced degree nurses.
2. Programs to increase nursing work force diversity.

3. Projects to strengthen the capacity for basic nurse education and practice in certain priority areas.

Amounts provided under any one of these areas could be used for program development and support, faculty development, demonstrations, trainee support, work force analysis, technical assistance, and dissemination of information. In determining which projects to fund under each of these areas, the Secretary would give preference to those projects which would substantially benefit rural or underserved populations or help to meet public health nursing needs in State or local health departments. In addition, the Secretary would have broad discretion to distribute the appropriation among these different activity areas. Funds would be allocated among these activities to meet the priority for underserved areas and underserved populations and to meet relevant national and state nursing work force goals.

The National Advisory Council on Nurse Education and Practice would advise the Secretary and in addition would now advise Congress regarding nursing issues. Funding for this council would be provided through the appropriations under this section.

Advance Practice Nurses Training

Projects that support the enhancement of advanced practice nursing education and practice would be funded. In addition, funds would be used to provide traineeships. Such traineeships would cover the costs of tuition, books, fees, and provide stipends to cover reasonable living expenses. Programs which could receive support under this authority are those which train nurse practitioners, nurse midwives, nurse anesthetists, public health nurses, and other advanced degree nurses.

Programs to Increase Nursing Work Force Diversity

Projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds underrepresented among the registered nurses would be funded. Such projects could provide student stipends or scholarships, pre-entry preparation, or retention activities.

Projects to Strengthen Basic Nurse Education and Practice

Funding priority would be given to nurse education programs which will enhance the educational mix and utilization of the nursing work force such as through projects to: (1) establish or expand nursing practice arrangements in noninstitutional settings; (2) provide care for underserved populations and other high-risk groups such as the elderly, individuals with HIV-AIDS, substance abusers, homeless, and victims of domestic violence; (3) provide skills needed under new health care systems; (4) develop cultural competencies among nurses; (5) and serve other priority areas.

AUTHORIZATION

There would be \$65 million authorized for fiscal year 1998, and such sums as necessary through fiscal year 2002. Combined funding for these activities in fiscal year 1998 is \$63.403 million.

F. Generally Applicable Provisions for Each Training Authority

Outcomes evaluation

Each project funded would be required to set performance outcomes and would be held accountable for meeting such outcomes.

Non-Federal match

The Secretary would have discretion to require institutional or State and local government matching grants to ensure the continuation of the project once Federal aid ends.

Transition

Current grantees would continue to operate under existing authorities through the remainder of their funding cycles. The new provisions would apply only to new grants.

G. Financial Assistance

Purposes: (1) Continue certain loan programs which do not require Federal appropriations or that guarantee the availability of loan sources in the market for health professions students; (2) Continue a loan program for the disadvantaged; and (3) Provide administrative flexibility and simplification.

General Description: This proposal would reauthorize the Loans for Disadvantaged Students program; continue three loan programs which do not require appropriations but, rather, are revolving loan funds which currently exist at schools; and leave in place the current Health Education Assistance Loan Insurance program.

Current law authorities included

- (1) Nursing Student Loan.
- (2) Primary Care Loan Program.
- (3) Health Professional Student Loans.
- (4) Loans for Disadvantaged Students.
- (5) Health Education Assistance Loans.

Summary of provisions

A. Current loan authorities continued without appropriations

ACTIVITIES

The current Nursing Student Loan (NSL) program, Primary Care Loan (PCL) program, Health Professions Student Loan (HPSL) program, and the Loans for Disadvantaged Students (LDS) programs would continue. These programs would continue using the revolving funds which remain at health professions schools.

AUTHORIZATION

There would be \$8 million authorized in each of fiscal years 1998 through 2002 for the LDS program. For fiscal year 2003, the authority for appropriations would be repealed after the revolving funds begin to be paid back by current loan recipients.

The NSL, PCL, and HPSL programs, which do not currently receive appropriations, would not be authorized to receive appropriations.

B. HEAL loans

ACTIVITIES

The HEAL loan program would continue in its current form, with some minor and technical amendments.

AUTHORIZATION

This program would continue to be authorized at such sums as necessary to guarantee sufficient funds for the insurance pool for loan defaulters.

The program would be allowed to insure the following maximum annual amounts: \$350 million for fiscal year 1998; \$375 million for fiscal year 1999; and \$425 million for each of the fiscal years 2000 through 2002.

H. Office of Minority Health

The authority for the office would be extended through fiscal year 2002. The authorization for OMH would be \$30 million for fiscal year 1998, such sums as may be necessary for each of the fiscal years 1999 through 2002.

I. State Offices of Rural Health

There would be "such sums as necessary" authorized through fiscal year 2002. The cumulative appropriations would be capped at \$20 million. The current appropriation for this program is \$3 million.

J. Demonstration Projects Regarding Alzheimer's Disease

There would be \$8 million authorized for fiscal year 1998 and such sums as are necessary for fiscal years 1999 through 2002. There are several technical revisions.

K. Emergency Medical Services for Children

To increase flexibility in the Emergency Medical Services for Children program, the legislation would remove the current one-grant-per-State limitation, and allow up to three grants per State. To improve program administration, the legislation would expand the allowable individual grant period from a current maximum of 2 years to a maximum of 4 years. There would be "such sums as necessary" authorized for fiscal years 1998 through 2005.

II. BACKGROUND AND NEED FOR LEGISLATION

GENERAL

Congress continues to be concerned with developing a national health professions work force policy to: (1) improve the distribution of and quality of health professionals needed to provide health services in under served areas, (2) enhance the production and distribution of public health personnel to improve the State and local health infrastructure, and (3) provide accountability based on uniformly agreed upon outcome measures. This policy could be achieved by: (1) improving the national supply of certain health

professionals, (2) improving the geographic distribution of health professionals in certain urban and rural areas, and (3) increasing minority representation in the pool of practicing health professionals.

Under current law, 44 separate Federal programs to support the health professions education and training through individual and institutional support are authorized under the Public Health Service (PHS) Act in titles VII and VIII. The programs are administered by the Health Resources and Services Administration (HRSA) at the Department of Health and Human Services (DHHS). Continuing Federal budget constraints necessitate program flexibility and administrative simplification. Such flexibility would result in a better targeting of limited resources to address national health work force training and distribution deficits. In addition, an evaluation of each funded project would ensure that Federal resources are used wisely.

INTRODUCTION

Title VII of the PHS Act provides Federal support for health professions education in the fields of allopathic and osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, chiropractic, pharmacy, public health, graduate programs in clinical psychology and health administration, physician assistant training and allied health. Title VIII of the PHS Act provides for a comprehensive set of nurse education programs. Titles VII and VIII provide two forms of assistance: (1) institutional support to health professions and nursing schools in the form of grants and contracts; and (2) student assistance in the form of loans, loan guarantees, traineeships, and scholarships for students enrolled in these schools.

The Health Professions Educational Assistance Act of 1963 (P.L. 88-129), authorized a 3-year program for medical school construction and loan programs for students in schools of medicine, dentistry, and osteopathy. This initial enactment of Federal support for health professions education was in response to a critical shortage of health manpower, and the 1963 legislation was designed to increase enrollment at various health professions schools and assure the financial viability of these schools. However, by the mid-1970's when studies began to indicate that the supply of health professionals would be sufficient to meet the Nation's future needs, the focus of support under title VII began to change. Two areas of need were emerging: first, rural and inner-city communities experiencing shortages of health professionals and second, a relative shortage of primary care providers to specialists.

Subsequent extensions of title VII programs began to focus Federal institutional and student assistance on projects designed to encourage health care personnel to practice in medically underserved shortage areas and increase the number of primary care providers. In particular, the 1992 reauthorization provided a preference for those programs which trained the greatest numbers of individuals who enter practice in underserved areas. Similarly, the Nurse Training Act of 1964 originally authorized support to nursing schools and students to improve the supply of well trained nurses through grants to institutions to strengthen and improve nurse

education, and direct student assistance through low interest loans and scholarships. As national nursing needs changed, the programs of title VIII were modified to focus on the training of advanced practice nurses, such as nurse practitioners, nurse midwives, and certified nurse anesthetists.

GEOGRAPHIC MALDISTRIBUTION

Today, there continues to be a national shortage of public health professionals and certain allied health professionals, and a shortage of primary care providers in certain areas of the country. There is a continued need to improve the supply of these health professionals, and to improve the geographic distribution of health professionals in order to assure access to health care in medically underserved urban and rural communities.

Some have argued that Federal support for the title VII programs over the past 20 years has resulted in overall surpluses of health practitioners and improved their distribution, and there is no longer a need for this legislation. According to the American Medical Association, the total number of physicians grew by 152.6 percent between 1965–96 while the total U.S. population only grew by 34.6 percent. However, even with the growth in the overall number of physicians, some areas of the country are experiencing shortages of physicians and other health professionals. Health professions shortage areas (HPSA's) provide one measure of how adequately the supply of physicians is geographically distributed. As of December 1997, there are 2,723 communities designated by the Federal Government as HPSA's, in which an estimated 5,385 primary care providers are needed. The Office of Shortage Designation at HRSA estimates that there are over 29.9 million persons residing in these underserved areas.

To address these concerns with respect to geographic distribution, the Council on Graduate Medical Education (COGME) in its recent Tenth Report has recommended support for the training of generalist physicians to serve populations lacking adequate access to physician services; expanding the service capacity of the National Health Service Corps; finding innovative techniques to utilize title VII to train physicians who are committed to serving medically underserved populations; and support for the work of the Bureau of Primary Health Care in the Health Resources and Services Administration to develop a better method of designating health professions shortage areas.

SPECIALTY DISTRIBUTION

Today, most experts agree that there is an imbalance between primary care and specialist physicians. In 1931 about 87 percent of U.S. physicians were practicing primary care; by 1970 the proportion had dropped to 38 percent, further falling to 34 percent in 1993. That percentage dropped further to 33 percent in 1995 and rose only to 34 percent in 1996. According to the Association of American Medical Colleges, between 1982 and 1993, the proportion of graduating medical students planning to become board-certified in family medicine, general internal medicine or general pediatrics fell from 36.1 percent to 19.3 percent. It is important to note, however, that the percentage of graduating medical students choosing

primary care training since then has risen to 27.6 percent in 1995 and has further increased to 39.6 percent in 1997. Despite this increase, this percentage falls short of the Council on Graduate Medical Education estimate of 50 percent to assure an adequate supply of generalists in a future system dominated by managed care.

During this period of increasing numbers of medical school graduates entering primary care training, there has been an even greater expansion of nonprimary care specialty residencies. In 1988, there were under 85,000 physicians (both allopathic and osteopathic) in residency training; by 1996, there were over 104,000 residents, representing a 22 percent increase in an eight-year period. Over the same period, the number of residents in the internal medicine subspecialties grew by nearly 60 percent and hospital support specialties grew by 45 percent.

The Eighth Report of the Council on Graduate Medical Education (COGME) published in November 1996 includes physician supply projections incorporating COGME work force goals for the years 2000 and 2020. COGME estimates that generalist requirements in the years 2000 and 2020 will be in the range of 60–80 patient care generalists per 100,000 population and that projected supply will lie in the lower levels of that range if past trends of specialty choice continue. COGME further estimates that the specialist requirements will be in the range of 85–105 specialists per 100,000 population and that projected supply imbalances will worsen assuming historical levels of specialist output. It should be noted that further increases in the generalist supply may facilitate dispersion of generalists to areas of need. At present the system has the capacity to absorb many additional generalists whereas the capacity for gainful employment of additional specialists is declining.

There will be a shortage of 35,000 generalist physicians by the year 2000, assuming that there would be no changes in the current training pipeline of physicians and a health care delivery system dominated by managed care arrangements. The BHP_r also estimates a projected surplus of 115,000 specialist physicians and an overall surplus of 80,000 patient care physicians by 2000. By 2020, BHP_r projects that the physician surplus and specialty imbalance would worsen and there would be a shortage of 80,000 generalist physicians and a surplus of 200,000 specialists.

MINORITY REPRESENTATION

The committee continues to be concerned about the underrepresentation of minorities in the health professions compared to their proportion in the general population. The concern with increasing the number of under represented minority health care providers is part of an overall strategy to increase the availability and accessibility of health care providers to populations who have difficulty obtaining adequate health care, i.e. low-income and minority populations. African Americans, Hispanics, and Native Americans are considered to be under represented in most of the health professions. Taken together, African Americans, Hispanics and Native Americans constitute 24 percent of the U.S. population, but only 10 percent of the total physician work force.

African-Americans constitute about 12 percent of the U.S. population, and although the number of African American physicians

has increased, the percentage of black physicians has remained at about 4 percent of the total physician work force. Similarly, the percentage of African American nurses has remained at about 8 percent, physician assistants has remained at less than 5 percent, and dentists at 1 percent. For Hispanics, who represent about 11 percent of the total U.S. population, the percentage of Hispanic physicians and nurses has remained at 5 percent.

According to the COGME's Fourth Report, physician-to-population ratios for the overall population of 264/100,000 are much higher than those for African Americans (99/100,000), Hispanics (126/100,000), or Native Americans (54/100,000). In 1997, 1,770 underrepresented minorities entering medical schools represented 10.9 percent of the total number of entrants. However, the number of medical school entrants is significantly below the goal established by COGME of 3,350 underrepresented minority entrants by the year 2000 and 1997 is the second year in which not only the percentage minority representation declined but the actual number of minorities declined as well.

Most RN's are female white, non-Hispanics. Although there have been increases in the total number of nurses, there has not been significant change in the proportionate number of underrepresented minority nurses. According to DHHS, in 1996 the number of RN's from racial/ethnic minority backgrounds accounted for 10.2 percent of all registered nurses compared to 9.4 percent in 1984. Although data is limited for other health professionals, the public health work force is considered to also have a problem of minority underrepresentation, although according to a survey of students by the Association of Public Health Schools 20 percent of students are minorities. Similarly, in many allied health professions the proportion of minorities remains small.

NURSES AND NONPHYSICIAN PROVIDERS

According to the Department of Health and Human Services (DHHS) 1996 Sample Survey of Registered Nurses, there are 2.6 million nurses in the U.S., with 83 percent actively employed. Over 60 percent of nurses are employed in hospitals. Nursing jobs outside the hospital setting have shown the strongest growth rate, and even within the hospital setting, nurse employment in outpatient departments grew by 25 percent between 1992 and 1996. Nurse employment in public health and community settings also increased by 54 percent.

There is some anecdotal information indicating that new nurses are having difficulty finding employment in hospitals due to hospital downsizing and decreasing patient lengths of stay. However, there are regions of the country that continue to have an unmet demand for hospital-based nurses, and many underserved rural areas and inner-city facilities continue to experience shortages of nurses. In addition, the demand for nurses is expected to continue to exceed the available supply in community-based care sites such as home health care agencies, long-term care facilities, independent clinical practice, nursing centers, school systems and birthing centers.

A major source of primary care providers for medically underserved or rural communities are from nonphysician providers, who

are generally nurse practitioners, certified nurse midwives, and physician assistants. Today in the U.S. there are over 36,000 nurse practitioners, and over 5,700 certified nurse-midwives. In addition, in 1978, approximately 74 percent of physician assistants (PA's) were working in primary care; by 1994, the figure had dropped to 48 percent. The percentage of PAs practicing in rural areas with populations of less than 10,000 was 17.7 percent in 1994. According to the Academy of Physician Assistants, the possible reasons for more specialization among PA's and fewer PA's locating in rural areas are similar to those for physicians and other health professionals. These may include higher pay for specialty practice, more interesting and intellectually stimulating work in specialty practice, and greater professional and economic opportunities outside of isolated or small rural communities. Nurse anesthetists are the sole providers of anesthesia in 85 percent of hospitals in rural areas and provide 65 percent of the 26 million anesthesia services annually. Thirty-four percent of nurse anesthetists practice in communities of less than 50,000 and there continues to be a need for nurse anesthetists in rural areas. Without the service of these nurse anesthetists, important surgical procedures may often be postponed, thus limiting access to needed care. Studies, surveys, and reports by groups such as the American Medical Association, American Hospital Association, American Society of Allied Health Professions, the Department of Health and Human Services and the Institute of Medicine of the National Academy of Sciences provide further evidence of the diminishing pool of certain allied health personnel. The demand is high for allied health practitioners in medical nutrition therapy, occupational therapy, speech pathology/audiology, clinical laboratories, medical imaging, dental hygiene and respiratory therapy. It is projected that by the year 2000, the demand for physical therapists will increase by 57 percent, for occupational therapists by 49 percent, for laboratory technologists by 24 percent, and for medical imaging technologists by 66 percent.

GENERAL ACCOUNTING OFFICE REPORTS

The 1992 amendments reauthorizing the Titles VII and VIII health professions education programs required the GAO to report on whether these programs were effective in advancing three key purposes—increasing the numbers of health professionals, improving distribution in locations that have shortages of health professionals, and adding minorities to their ranks. The GAO reported on these issues in July 1994, and provided a statement for the record to this subcommittee at the April 1997 hearing. GAO's overarching message was that the effectiveness of title VII and title VIII programs will remain difficult to measure as long as they are authorized to support a broad range of health care objectives without common goals, outcome measures, and reporting requirements. Without a clearer results orientation, the programs are difficult to evaluate.

While in recent years budget justifications for titles VII and VIII programs have cited the need to improve the supply, distribution, and minority representation of health professionals, the programs address other objectives as well. GAO reported that this piecemeal approach for the large number of title VII and title VIII programs

makes it difficult to evaluate their overall impact on the three key areas of improving the supply, distribution and minority representation of health professionals.

Another problem GAO identified as hindering program evaluation is that none of the titles VII and VIII programs had established specific program outcome measures—that is, the desired results—against which to gauge effectiveness. GAO found that some grantees reported on the process they established to achieve results, rather than on the results themselves. For example, a grantee reported that it instituted a recruitment activity but did not report how many students were actually recruited through federal funding of that activity.

Regarding the 1992 provision providing preferences for programs which train health professionals in underserved areas, the GAO identified problems in the data provided to HHS to qualify for the preference. The data were not necessarily complete or comparable among schools, and HHS had not established a way to validate the data provided. In addition to those problems, GAO also reported, in September 1995, that the underlying criteria used to identify some medically underserved communities need to be updated.

GAO concluded that without valid criteria and data against which to measure grantee performance, it will be difficult to determine whether grantee efforts under titles VII and VIII programs are needed and would be successful, or if other Federal programs would be more appropriate.

GAO also concluded that the 75 percent increase in the number of primary care physicians between 1975 and 1990 did not improve the geographic maldistribution between urban and rural areas. The increased numbers of primary care physicians in urban and rural areas has not improved their availability in HPSA's.

GAO pointed out that the implementation of the Government Performance and Results Act provides an opportunity to clarify the intended nature and extent of the impact of title VII and VIII programs, particularly as they relate to other Federal funding for training specialists or biomedical research at medical schools from the Medicare program and the National Institutes for Health.

Testimony received

On April 25, 1997, the Subcommittee on Public Health and Safety of the Committee on Labor and Human Resources held a hearing on the Federal health professions and nursing programs. Despite the inconclusive results of the GAO evaluation, the testimony supported a continuation of Federal health professions training and distribution programs because many of the initiatives have been successful. According to Dr. Claude Earl Fox, Acting Administrator of the Health Resources and Services Administration in the Department of Health and Human Services:

Thirty-three percent of the 1995 Family Practice residency graduates of title VII programs entered practices in medically underserved communities.

Over 69 percent of the graduates of currently funded General Internal Medicine/General Pediatrics residency training programs practice primary care, compared to 45 percent of a simi-

lar national sample of residents whose training was not supported through title VII.

Thirty-nine percent of the most recent physician assistant graduates of title VII program practice in medically underserved communities. Thirty-two percent of these graduates are themselves from under represented minority backgrounds.

Title VII and VIII programs have also been effective in improving the distribution of health care providers and encouraging collaboration among institutions and providers. Fifty-four percent of all graduates of the rural interdisciplinary program are employed in rural areas, and all of these programs target health professions shortage areas. According to Dr. J. Ocie Harris, Associate Dean for Community Based Programs, University of Florida College of Medicine, the Area Health Education Center Programs have made contributions to the Nation's work force distribution in both rural and urban underserved communities. Dr. Robert Roush, Director of the Texas Consortium of Geriatric Education Centers states nearly 90 percent of all Geriatric Education Centers are of a consortia of three or more colleges, universities, hospitals and community agencies.

III. LEGISLATIVE HISTORY AND COMMITTEE ACTION

S. 1754 was introduced on March 12, 1998, by Senators Frist, Kennedy, Jeffords, Bingaman, Cochran, and Inouye. The bill was referred to the Committee on Labor and Human Resources. The Committee on Labor and Human Resources considered S. 1754 in an executive session held on Wednesday April 1, 1998. Senator Frist offered an amendment in the nature of a substitute, and the bill as amended was adopted by voice vote and favorably reported to the full Senate.

IV. COMMITTEE VIEWS

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

GENERAL

The committee sets two general goals for programs authorized under this title:

A. Federal health professions education programs and distribution programs should: (1) improve the distribution of and quality of health professionals needed to provide health services in underserved areas; and (2) enhance the production and distribution of public health personnel to improve the state and local public health infrastructure.

B. The bureaucracy required to administer the existing programs should be simplified and reduced. Furthermore, due to Federal fiscal constraints, the committee has only authorized funding for the training of health professions which it has determined to be in short-supply nationally and for which an increased supply would benefit not only underserved areas, but all areas of the country.

Throughout this legislation, the committee intends that whenever the term "medical school" is used, it shall mean both allopathic and osteopathic medical schools. Furthermore, whenever

the term “medical students” is used, it shall mean both allopathic and osteopathic medical students and whenever the term “physician” is used it shall mean both allopathic and osteopathic physicians.

Subtitle A—Health professions education programs

Section 101. Underrepresented minority health professions grant programs

Scholarships for Disadvantaged Students—Funding Preferences and Priorities. The committee intends that the Department fund former recipients of Exceptional Financial Need (EFN) *Scholarships and Financial Assistance for Disadvantaged Health Professions Students*. (FADHPS) at levels comparable to what they would have received prior to phase out of these programs, before allocating SDS funds for other purposes. Following the allocation of SDS funds for former EBN and FADHPS recipients, the committee intends that the initial awarding of remaining SDS funds in each fiscal year be limited to schools that meet at least one of the three funding priorities. Schools which do not meet any of the funding priorities should receive funds only if there is money remaining after fully funding the needs of schools meeting one or more funding priorities. The committee also intends that any school interested in qualifying for a funding priority must provide the Secretary with whatever data the Secretary determines is necessary to assess whether the funding priority has been met.

Scholarships for Disadvantaged Students—Allied Health; general eligibility. With regard to the eligibility of allied health schools under the revised Scholarships for Disadvantaged Students program, the committee instructs the Secretary, consistent with eligibility provisions under the current Scholarships for Disadvantaged Students program, to limit participation to the following baccalaureate or graduate degree allied health professions schools or programs: dental hygiene, medical laboratory technology, occupational therapy, physical therapy, radiologic technology, speech pathology, audiology, and registered dietitians.

The committee recognizes the benefits of training greater numbers of individuals from disadvantaged and minority backgrounds. Such individuals tend to enter primary care practice and practice in under served areas to a much greater degree than others.

The committee expects the Secretary to apply appropriate standards in determining which schools from all eligible disciplines have complied with the requirement to be carrying out a program for recruiting and retaining students from disadvantaged backgrounds, using outcome-based measures that provide an indication of the success of the program. The existence of a recruitment and retention program for students from disadvantaged backgrounds should not, in itself, result in the eligibility of a school if the school is unable to demonstrate that the program has achieved success, based on the number and/or percentage of disadvantaged students who graduate from the school.

Faculty Loan Repayment—Part-Time Faculty. The committee instructs the Department to allow part-time faculty members to participate in the Faculty Loan Repayment program. This would en-

courage more underrepresented minority health practitioners who want to maintain a practice in the community to become involved as faculty members of health profession schools.

The committee recognizes that there are over 3,000 accredited allied health programs and therefore instructs the Secretary to restrict eligibility to the following allied health professions schools or programs: dental hygiene, medical laboratory technology, occupational therapy, physical therapy, radiologic technology, speech pathology/ audiology, and medical nutrition therapy. The committee further intends that allied health eligibility be restricted to individuals from disadvantaged backgrounds who are faculty of baccalaureate or graduate degree allied health programs.

Educational Assistance in the Health Professions—Individuals from Disadvantaged Backgrounds. The committee recognizes the role that community colleges have in expanding the educational opportunities for students from disadvantaged backgrounds. The committee notes the Secretary will give preference to approved applications for programs that involve a comprehensive approach by several public or nonprofit private health or educational entities. The committee expects that community colleges will be given the opportunity to participate in a comprehensive approach to establish, enhance, and expand educational programs in health professions for students from disadvantaged backgrounds.

Section 102. Training in family medicine, general internal medicine, general pediatrics, physician assistants, general dentistry, and pediatric dentistry

While the proposed authority would allow grants or contracts to be targeted in part toward training in a particular discipline (e.g., the various primary care medical specialties, physician assistants, and advanced general and pediatric dentistry), the committee intends that the Secretary encourage interested entities and groups to collaborate in efforts to meet primary care and related work force needs of communities, States, or regions served. When possible, applications should be submitted and goals established by consortia of health professions schools, health care facilities, community organizations, and other entities that can work together to address shared needs for ambulatory care training sites, curriculum improvement, faculty development, data analysis, and quality assurance. Such community-wide educational initiatives would accomplish educational goals and reduce repetitive administrative tasks for both the government and applicant institutions.

In carrying out these directives, the committee does not intend that the Department create a funding preference or priority for such consortia applicants other than the priority given to collaborative projects of administrative units of primary care. In addition, such consortia applicants should meet the program requirements as specified in the legislation.

The committee also intends that osteopathic internships continue to receive consideration for funding under this section. In general, individuals in osteopathic internships complete residency training and successfully enter practice in primary care.

The legislation grants the Secretary the authority to make grants or enter into contracts with schools of allopathic or osteopathic

medicine to meet the costs of projects to establish, maintain, or improve academic administrative units to provide clinical instruction in family medicine, general internal medicine, or general pediatrics, and to give priority to applicants that propose a collaborative project between departments of primary care. In this regard, it should be noted that this past year the Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration, entered into a contract with the American Association of Colleges of Osteopathic Medicine to administer a subcontract program designed to promote the development and implementation of collaborative, multidisciplinary programs in schools of allopathic and osteopathic medicine. The demonstration program is entitled, "Undergraduate Medical Education in the 21st century: A Demonstration of Curriculum Innovations to Keep Pace With A Changing Health Care Environment (UME-21)." Because of the limited funding, only 8 schools would be funded through this demonstration. The fact that 54 schools submitted full proposals in response to the announcement of the subcontract program, demonstrates the level of interest among schools in establishing such programs and the very substantial need for funds to meet the cost of the programs. Given this experience, the committee strongly encourages the Secretary to assure that adequate funds are available to support academic administrative units in all three primary care disciplines (family medicine, general internal medicine, and general pediatrics) and to give consideration in making awards to medical schools that propose to develop and implement such collaborative clinical instruction programs involving the school's departments of primary care. The committee also believes this program should be expanded with additional flexibility and innovation.

The committee supports programs that have been proven to increase the number of physicians who choose generalist careers, practice in rural and inner-city areas, and serve under served populations. The committee recognizes that our nation needs more family practice physicians in under served areas.

The committee recognizes that the primary care combined specialty of Internal Medicine/Pediatrics is the fastest growing primary care specialty in the United States. Physicians trained in Internal Medicine and Pediatrics are able to provide cost-effective, preventive, episodic, and continuing care to both pediatric and adult patients who may suffer from complicated and disabling diseases. Three-quarters of general internal medicine and pediatric graduates practice primary care after graduation. The committee recognizes that our nation needs more general internists and pediatricians in underserved areas.

The committee recognizes that General Dentistry and Pediatric Dentistry Programs are essential to meet the Nation's oral health needs, especially of the Nation's most vulnerable populations.

The committee is concerned about the national problem of domestic violence and about reports that health professionals frequently may not be adequately trained to recognize, treat, and report domestic violence. The committee is aware of concerns that medical schools include, as part of their curriculum, training to recognize domestic violence. The committee strongly opposes any attempt by the Federal Government to dictate medical school curriculum. How-

ever, to address the articulated concern, the bill requires the Secretary to give special consideration to projects that prepare practitioners to care for victims of domestic violence. The committee expects the Secretary to provide appropriate technical assistance to grantees using title VII and VIII funds to focus attention on the domestic violence problem in the training of health professionals. The committee notes that the term domestic violence incorporates child and elder abuse, as well as other forms of domestic violence. In addition, the bill will further address this issue by requesting that the Institute of Medicine conduct a study on the training needs of health professionals with respect to the detection and referral of victims of family or acquaintance violence.

Section 103. Interdisciplinary, community-based linkages

The committee recognizes the definition of a health service psychologist as an individual who: (1) holds a doctoral degree in psychology; and (2) is licensed or certified on the basis of the doctoral degree in psychology, by the state in which he/she practices, at the independent practice level of psychology to furnish diagnostic, assessment, preventive, and therapeutic services directly to individuals. Although one of the three categories of the National Health Service Corps' health professional shortage areas is behavioral and mental health, these professions are not specifically listed as eligible. The committee recognizes the need for behavioral and mental health professionals in underserved areas.

The committee recognizes the valuable and important contributions made by the members of the allied health professions and expects the Secretary to continue to fund such projects. The committee notes that the allied health and other disciplines section of the bill authorizes a variety of activities associated with expanding or establishing programs that will increase the number of individuals trained in allied health professions. There are other nonallied health activities also authorized in this section. It is the intent of the committee that the program for allied health training continue to grow and develop. The inclusion of nonallied health disciplines should not diminish support for the allied health training disciplines.

The committee recognizes that advances in telecommunication technology have resulted in the potential for increased access to educational opportunities for health care providers including those in rural areas. These advances lend themselves to the increased utilization of distance education as a more accessible and cost effective venue for initial and continuing education for health professionals who serve in under served areas.

The committee recognizes the advantages of providing distance learning opportunities for nurses and encourages expansion of these services. Providing distance learning training in underserved areas increases the retention of nurses and other health professionals in these communities. Additionally, the committee encourages that these distance learning opportunities be offered in interdisciplinary settings with other health professionals such as physicians, psychologists, physical and occupational therapists, rehabilitation counselors and communication disorder specialists to encourage further provision of health care by interdisciplinary teams. Re-

search has shown that interdisciplinary training decreases professional isolation and facilitates provision of health services by interdisciplinary teams, while enhancing the retention and recruitment of health professionals in rural and underserved areas.

Area Health Education Centers (AHEC's) have successfully trained individuals to practice in under served settings. The committee continues to support this model of training. Because of fiscal constraints, the committee encourages applicants to obtain matching funds. In addition, the Secretary should place greater emphasis on providing funds for new entities or for the expansion and enhancement of existing entities.

In the development of area health education center programs, there is need for emphasis on training of health professionals in managed care, quality improvement, and other skills needed under new systems of organizing health care.

HRSA is directed to conduct an evaluative study of Area Health Education Centers (AHEC's) to identify key factors, characteristics, and methodologies employed by successful AHEC's; and factors, barriers and impediments in areas where AHEC's have not been able to cover their defined service areas, to involve other health professions, and to maintain an interdisciplinary focus. The results of the study should be used to define further the selection criteria program requirements essential for successful AHEC operations and to assure effectiveness in providing primary care to under served areas. This study should be performed in a timely manner.

The committee notes that HRSA commissioned a strategic plan regarding geriatric education in this country, titled "A National Agenda For Geriatric Education", in 1995. The report concluded that the need for adequately trained health care providers to care for older people in this country is urgent and contained a package of recommendations to address this critical problem. Our population is aging and we should be prepared to meet the demand. Therefore, the committee urges the Secretary to enact the recommendations included in the 1995 report. The committee directs the Secretary to submit to the committee, in a timely manner, an action plan regarding implementation of such recommendations that are within HHS' jurisdiction and a status report of recommendations that are outside of HHS' jurisdiction.

Section 104. Health professions work force information and analysis

If the Nation is to target Federal health professions educational initiatives effectively toward areas of greatest national and local need, additional information on those needs must be collected and analyzed. To allow responsible measurement of program outcomes, additional information also is required on the relative effectiveness of various ways of meeting health work force needs. In addition to the specific amount authorized in this section for health professions research and data activities, the committee encourages the administration and grant recipients to use the authority available under all of the title VII and VIII consolidated authorities to spend a portion of grant funds for data analysis as appropriate to meet recognized health work force objectives.

Section 105. Public health work force development

The committee recognizes the role of preventive medicine residency training, public health special projects and public health trainee ships in helping to reduce the risks of disease, disability, and death for individuals and specific population groups. There are currently shortages of epidemiologist, biostatisticians, environmental health experts and public health nurses and physicians. The committee urges the Secretary to continue funding these training programs, which are critical for a strong and viable public health infrastructure.

Subtitle B—Nursing education

Section 123. Part A—General provisions

The committee strongly endorses the need for and reauthorization of the Nurse Education Act (NEA). Due to important differences between nursing and other health professions education, it is important that title VIII programs of the Public Health Service Act remain separate from title VII programs. The need for Federal support of nursing education continues. Particular educational support is needed to improve primary care delivery, management of care and chronic diseases, health promotion and disease prevention, and home and other care outside of the hospital. The committee urges the Department of Health and Human Services to fund creative approaches to nursing education. In addition, the committee believes that the central purpose of program support is to encourage creativity with start-up funding rather than to provide routine funding of long-term programs that could become self-sufficient.

Section 802 is not intended to require linkages for all applications, but the Secretary has the discretion to decide whether a “linkage” is required.

Regarding the funding preference in section 805, an applicant should receive consideration not only if it trains nurses who will substantially benefit rural and unserved populations, but also if its program leads to individuals providing services in under served areas after their training is completed. Other applicants, which do not meet the preference criteria, should not be excluded from funding, but should not receive a funding preference. This preference will only be applied to applications that rank above the 20th percentile of applications that have been recommended for approval by peer review groups under this section.

The committee commends the National Advisory Council on Nurse Education (NACNEP) for its “Report on the Basic Nurse Workforce” and work in addressing key issues relating to enabling nursing to meet the health care needs of the public.

Section 123. Part B—Nurse practitioners, nurse midwives, nurse anesthetists, and other advanced degree practice nurses

The committee recognizes the important role that nurse practitioners, nurse midwives, and nurse anesthetists and other advanced practice nurses play in providing quality care to medically underserved and rural communities. The committee continues to support nurses pursuing advanced education, especially in primary

care, public health, geriatrics, clinical nurse specialties, and administration. As long as the need for increasing the numbers of primary care providers continues, the committee expects that the Secretary will continue to give priority to programs preparing nurse practitioners and nurse midwives who provide primary care services and practice in underserved areas and among underserved populations.

The committee acknowledges that nurse anesthetists help meet the goals of the legislation by providing critical anesthesia services in underserved areas. As the sole providers of anesthesia in about 70 percent of rural hospitals, nurse anesthetists can help increase access to health care services in rural and under served areas. Thus, the committee encourages the Secretary to give priority to those programs that educate nurse anesthetists to practice in rural and underserved areas.

The committee recognizes that programs which prepare nurses to serve as nurse educators have proven to be a valuable investment. The need for nursing administration education continues to increase as the administrative component of nursing becomes more important to design, facilitate, and manage systems of health care meeting the needs of the underserved.

Finally, the committee continues to support traineeships to provide for advanced practice nursing students. Only students who have completed the requirements for the registered nursing degree should be eligible for these traineeships.

Section 123. Part C—Increasing nursing work force diversity

The Division of Nursing has shown a strong commitment to enhancement of diversity in the nursing work force. The Division is encouraged to expand its efforts to address the pipeline issues and to continue efforts to increase diversity among nurses to enable greater participation of nurses in leadership positions in community health, primary care, education, and administration. The committee urges the Department to encourage Schools of Nursing to work with local communities, local schools including elementary and secondary schools and health centers to provide individuals from disadvantaged backgrounds exposure to the nursing profession (including mentoring opportunities) to emphasize the importance of the basic education necessary to prepare for a career in nursing.

Section 123. Part D—Strengthening capacity for basic nurse education and practice

The Associate Degree Nurses (ADN) are capable of working in a variety of health-care settings, including hospitals (acute and critical care), rehabilitation centers, clinics, home health, and long-term care. The committee recognizes that ADN nursing programs offer accessible, affordable, quality instruction to individuals who seek entry into registered nurse (RN) practice.

The Division of Nursing is encouraged to enable regional collaborative nursing work force development projects. Developing pilot initiatives with such groups as regional educational compacts, State departments of public health, higher education councils or boards, and other key parties would be useful in those efforts.

Recognizing the importance of telecommunications, informatics, and other advanced technology to both nursing education and practice, the division is encouraged to support innovative demonstrations in this area. The Division is also encouraged to provide leadership in this area, promoting dissemination of new technologies and outcomes of supported projects.

The committee continues to support continuing education for nurses; appropriate retraining opportunities for nurses not currently practicing nursing; efforts to resolve geographic inequities in the distribution of registered nurses; support for clinical nursing programs which combine educational curricula and clinical practice in health care delivery organizations, including long-term care facilities and ambulatory care facilities.

Section 123. Part F—Appropriations

In making a decision on how best to allocate funds under this section, the committee urges the Secretary to consider how the funds could best be utilized to: (1) Improve the distribution, skill mix, and quality of nursing professionals needed to provide services in underserved areas and to underrepresented populations and (2) enhance the production and distribution of public health personnel to improve the State and local public health infrastructure. To meet these goals, the Secretary should consider the relative benefit of training individuals from disadvantaged and minority populations.

Subtitle C—Financial assistance

Section 131. Primary Care Loans—measurement of graduates entering primary care

The committee intends that section 131(a), which amends the procedures for measuring compliance with the Primary Care Loan school conditions, be effective for the reporting period beginning July 1, 1998.

Section 132. Loans for disadvantaged students

The committee intends that funding for this program should be repealed after 5 years. This should provide sufficient time to complete the establishment of these revolving loan funds at institutions currently operating such programs.

Section 134. Health professions student loans/Loans for disadvantaged students/Primary care loans—Repayment period

The committee intends that Section 134(a)(3), which extends the repayment period for various student loans from 10 to 25 years, at the discretion of the educational institution, be available for any borrowers who have not yet completed repayment of their loans.

Section 142. HEAL lender and holder performance standards

The committee intends that the exceptional performance requirements for HEAL lenders, holders, and services be implemented in a manner similar to the exceptional performance provision for the Department of Education guaranteed loan programs. In addition, the committee intends that, in determining whether a lender, hold-

er, or service demonstrates exceptional performance, the financial and compliance audit include a review of compliance with all requirements associated with the HEAL loan that are performed by the lender, holder, or services, from the making of the loan through submission of a claim. Finally, it should be understood that lenders, holders, or services seeking designation as exceptional performers should be required to provide compliance audit results, in accord with established timeframes, to the Division of Student Assistance of the Bureau of Health Professions, Health Resources and Services Administration. Failure to do so should result in loss of the exceptional performance designation.

Section 143. HEAL reauthorization

This bill would reauthorize the Health Education Assistance Loan (HEAL) program, providing lending limits of \$350 million for Fiscal Years 2000 through 2002. The committee recognizes that HEAL is a sound program which provides a cost-effective way of delivering financial aid and is responsive to the needs of the health professions students. It is the committee's belief that a combination of legislative, regulatory, and policy changes implemented since the early 1990's have eliminated the default problem which plagued the program during the 1980's. In addition, innovative management initiatives such as the competitive bidding process, have made HEAL loans less expensive than the Unsubsidized Stafford Loans for both the borrower and the tax payer.

TITLE II—OFFICE OF MINORITY HEALTH

The committee expects that the Office of Minority Health will serve as a resource for the entire Public Health Service, and assure the appropriate sensitivity and attention to efforts to improve the health status of racial and ethnic minorities, among all Public Health Service programs. The committee urges the development and implementation of interagency agreements with Public Health Service agencies and staff offices to increase the participation of minorities in health services and health promotion, and to stimulate and undertake innovative projects. The committee expects that the interagency agreements will emphasize a collaboration between The Office of Minority Health and the individual agencies. It is the intent of the committee, that the agencies will contribute resources to collaborative projects. The committee expects that awards in general will be competitive while recognizing the need for OMH to make sole source awards in accordance with PHS procurement regulations. The committee recognizes the work accomplished under OMH's cooperative agreements with organizations having unique capabilities to address the health concerns of racial and ethnic minorities.

The committee urges better information dissemination, education, prevention and service delivery to disadvantaged racial and ethnic minorities. The Secretary would also be authorized to provide grants and contracts to support new and innovative programs designed to reduce the incidence of specific illnesses and improve the health status of racial and ethnic minorities. The committee strongly encourages the Secretary to consider and support innova-

tive proposals designed to reduce the incidence of specific illnesses among racial and ethnic minorities.

The committee is concerned about the disproportionate number of underserved, disadvantaged individuals in urban areas that lack access to primary care. The committee urges the Office of Minority Health to continue to confront this problem by supporting projects such as the “Integrated Health Delivery Systems in a Historically Underserved Community,” that demonstrate how the collaboration between minority academic health centers and local governments can provide cost-effective, high quality primary care to the medically indigent.

The committee urges the Department to encourage Schools of Nursing to work with local communities, local schools including elementary and secondary schools and health centers to provide Hispanic and Native American students exposure to the nursing profession (including mentoring opportunities) to emphasize the importance of the basic education necessary to prepare for a career in nursing.

TITLE III—SELECTED INITIATIVES

Section 301. State offices of rural health

The committee encourages the continuation of the state offices of rural health program. Funds authorized under this section are intended to help all States administer the activities of such offices.

Section 302. Demonstration projects regarding Alzheimer’s disease

The Alzheimer’s Home and Community Care Demonstration project’s reauthorization expands the existing program which is designed to improve services to meet the special needs of persons with Alzheimer’s and related dementias. This reauthorization removes the limit on the number of States that may participate in the program and allows extension for grants to States for more than 3 years. The purpose of the program is to encourage coordination among public and private agencies providing health and long term care services in the State, to expand access to existing services for persons with Alzheimer’s and related dementia, and to develop services to fill gaps in the existing system. Special emphasis is placed on services that support family caregivers.

Section. 303. Project grants for immunization services

The committee recognizes that administration of safe and effective vaccines remains the most cost-effective method of preventing human suffering from vaccine preventable diseases. The committee commends the CDC for increasing immunization rates for children and recognizes the number of cases of vaccine-preventable diseases has been reduced to record low levels. Despite the progress on the immunization of children, the committee is concerned about the number of adults who suffer from vaccine-preventable diseases. The committee, as reflected in the new statutory language, places the emphasis of the program on children, adolescents, and adults. The committee urges the CDC to expand its activities to ensure that adults, adolescents, and children are all protected from vaccine-preventable diseases.

Grantees under this program are encouraged to develop programs to educate providers, the public, and employers about the availability of vaccines. The activity should focus on public health education, improving the infrastructure for vaccine delivery, and improving communication with providers about the importance of immunization in these populations.

In order to maintain a healthy environment for vaccine research and development, the committee believes that CDC should consider working with industry to: 1. establish research priorities; 2. in the conduct of research, encourage a diversity of scientific approaches to the development of vaccines; and 3. support the use of preventative vaccines by the public.

An important role of the CDC is to ensure that parents and providers have full information about the safety and efficacy of vaccines. The committee commends the work the CDC has done on informing health providers and consumers of the risks associated with vaccine-acquired paralytic polio. The committee encourages the CDC to develop an ongoing program to communicate the relationship of benefits versus risks of immunization. The committee is aware that the CDC is currently testing procurement policy. The committee is concerned that the procurement policy may eliminate a physician's choice of vaccines, thus discouraging competition and innovation which may raise public health concerns. The committee requests that the CDC report one year after enactment of this section on the progress of its procurement policy and address its concerns regarding the issue of vaccine choice.

TITLE IV—MISCELLANEOUS PROVISIONS

Section 405. Reauthorization of preventative health services regarding tuberculosis

The committee commends the CDC for the results that have been achieved under this program. In 1996, there were 21,337 new cases of tuberculosis reported, a decline of 7 percent from the 22,860 new cases in 1995. Despite the success of this program the committee is concerned about the reports of sporadic outbreaks of drug-resistant tuberculosis over the past 2 years. The committee recommends that under this program the Secretary should give priority to research concerning strains of drug-resistant tuberculosis.

Section 407. Community programs on domestic violence

The committee is concerned about the national problem of domestic violence. The committee notes that the term domestic violence incorporates child and elder abuse, as well as other forms of domestic violence. The committee has requested an IOM study concerning the training needs of health professionals with respect to the detection and referral of victims of family or acquaintance violence. The committee requests the IOM consult with health educators and experts in the domestic violence field in carrying out this study. The committee expects that the study will identify any regulatory or legislative means that may be effective in encouraging training in the area of domestic violence, as well as the level of funding appropriate to accomplish such goals. In addition, the committee requests that the report determine the number of teaching institu-

tions that incorporate training for health professionals in the area of domestic violence, assess whether the training in existing programs is adequate for both detection and referral of victims of domestic violence, and assess whether increased training is needed with respect to detection of domestic violence.

Section 413. Emergency Medical Services for Children

The committee supports continuation of the Emergency Medical Services for Children (EMSC) program, which ensures state-of-the-art emergency medical care for ill or injured children and adolescents. Covering the entire spectrum of emergency services, including primary prevention, acute care, and rehabilitation, the EMSC program builds upon existing Emergency Medical Services (EMS) systems, which initially focused on adult emergency care with little attention to the special needs of children. Since 1984, all States, the District of Columbia, and four territories have received EMSC program funds to better address pediatric needs in EMS. The committee believes that loosening restrictions on the number and length of grants that may be awarded under the program will encourage greater flexibility in making EMSC funds available for broader-based, more comprehensive State or community efforts.

V. COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 28, 1998.

Hon. JAMES M. JEFFORDS,
Chairman, Committee on Labor and Human Resources,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for S. 1754, Health Professions Education Partnerships Act of 1998.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Cyndi Dudzinski.

Sincerely,

JUNE E. O'NEILL, *Director.*

Enclosure.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

S. 1754 would reauthorize, amend, and consolidate programs within the Public Health Service Act. These programs provide federal funding through grants and contracts for health professions students, schools, clinics, and demonstration projects. They focus on increasing the diversity and supply of health care providers and the care they provide to shortage areas, ethnic populations, and high-risk population groups. The legislation would authorize appropriations for fiscal years beginning in 1998 and, in most instances, ending in 2002. Assuming appropriation of the authorized amounts, CBO estimates that enacting S. 1754 would result in additional discretionary outlays of \$334 million in 1999 and a total of \$3.5 billion over the 1998–2003 period.

Subtitle C would reauthorize the Health Education Assistance Loan (HEAL) program through 2002. This provision would increase

direct spending by \$17 million in fiscal year 1998 and by \$158 million during the 1998–2003 period. Because the bill would affect direct spending, pay-as-you-go procedures would apply.

S. 1754 would waive any state statutes of limitations that govern the repayment of loans by nursing and other medical students. This preemption of State statutory authority would represent a mandate as defined by the Unfunded Mandates Reform Act (UMRA). However, CBO estimates that the mandate would have no impact on the budgets of state, local, or tribal governments. The legislation does not include any private-sector mandates as defined in UMRA.

Estimated cost to the Federal Government: The estimated budgetary impact of S. 1754 is shown in the following table.

[By fiscal year, in millions of dollars]

	1998	1999	2000	2001	2002	2003
SPENDING SUBJECT TO APPROPRIATION						
Spending under current law:						
Budget authority ¹	828	0	0	0	0	0
Estimated outlays	796	522	151	39	(2)	0
WITH ADJUSTMENTS FOR INFLATION						
Proposed changes:						
Authorization level	24	875	898	922	944	46
Estimated outlays	0	334	724	862	924	618
Spending under S. 1754:						
Authorization level	852	875	898	922	944	46
Estimated outlays	796	856	875	901	924	618
WITHOUT ADJUSTMENTS FOR INFLATION						
Proposed changes:						
Authorization level	24	852	852	852	851	40
Estimated outlays	0	326	698	813	851	561
Spending under S. 1754:						
Authorization level	852	852	852	852	851	40
Estimated outlays	796	848	849	852	852	561
DIRECT SPENDING						
Spending under current law:						
Estimated budget authority	1	0	0	0	0	0
Estimated outlays	1	0	0	0	0	0
Proposed changes:						
Estimated budget authority	17	26	30	31	31	23
Estimated outlays	17	26	30	31	31	23
Spending under S. 1754:						
Estimated budget authority	18	26	30	31	31	23
Estimated outlays	18	26	30	31	31	23

¹ The 1998 level is the amount appropriated for that year.

² Less than \$500,000.

The costs of this legislation fall within budget function 550 (health).

Basis of estimate: S. 1754 would reauthorize and consolidate several programs within the Public Health Service Act. The initial and final year of the period of authorization would vary across programs. For years in which the bill specifies the amount authorized, CBO assumed that appropriations for each program would be made in the full amount of the authorization. For years in which the bill authorizes appropriation of such sums as may be necessary, CBO assumed that the specific amount appropriated in 1998 or authorized in a subsequent year would be increased by inflation and that the amount authorized would be appropriated.

With the exception of 1998, CBO assumed that all amounts authorized by S. 1754 would be appropriated by the start of the fiscal year and that outlays would follow the historical spending patterns of the respective agencies. The estimate assumes that amounts authorized for 1998 would be appropriated late in the year and that outlays would begin in 1999.

Title I—Health Professions Education and Financial Assistance Programs

Subtitle A—Health Professions Education Programs

S. 1754 would reauthorize, amend, and consolidate the Health Professions Education Programs administered by the Health Resources and Services Administration (HRSA) and would include funding for behavioral or mental health providers and services under the Programs. It authorizes \$237 million in 1998 and such sums as necessary for 1999–2002. Assuming appropriation of the authorized amounts CBO estimates Subtitle A would result in additional discretionary outlays of \$107 million in 1999 and \$985 million over the 1998–2003 period.

Subtitle B—Nursing Workforce Development

S. 1754 would reauthorize, amend, and consolidate the Nursing Workforce Development programs administered by HRSA. It authorizes \$65 million in 1998 and such sums as necessary over the 1999–2002 period. CBO estimates that this subtitle would result in additional discretionary spending of \$28 million in 1999 and \$269 million over the 1998–2003 period.

Subtitle C—Financial Assistance

Chapter 1—School-Based Revolving Loan Funds. S. 1745 would reauthorize and amend HRSA's school-based revolving loan funds. It authorizes \$8 million in annual appropriations for 1998 through 2002. CBO estimates this provision would result in additional discretionary outlays of \$11 million in 1999 and \$39 million during the 1998–2003 period.

Chapter 2—Insured Health Education Assistance Loans to Graduate Students. S. 1754 would reauthorize the HEAL program through 2002. Currently, the program's authorization expires at the end of 1998, and it is only authorized to make loans to students who received their first HEAL loan before 1995. Section 143 of the bill would reauthorize HEAL for 5 years, starting in 1998. The authorized loan limits would be \$350 million in 1998, \$375 million in 1999, and \$425 million a year for 2000 through 2002. Loans to new borrowers would not be issued after 2000, and no loans would be insured under the program after 2005. CBO assumes that loan disbursements would equal the amount authorized. CBO estimates that the average subsidy rate for these disbursements would be about 7 percent. Therefore, this provision would result in \$17 million in direct spending in 1998 and a total of \$158 million during the 1998–2003 period.

For lenders who fail to meet certain performance standards, the bill would also reduce federal payments from 100 percent to 98 percent of losses incurred through loan defaults. In addition, the Sec-

retary would have the authority to collect any unpaid balances from the estate of a deceased borrower. Finally, the proposal would grant a deferment to borrowers who furnish health care services to Indians through an Indian Health Service program.

Title II—Office of Minority Health

S. 1754 would reauthorize the Office of Minority Health within the Office of the Assistant Secretary. It would also require the Secretary to establish the Advisory Committee on Minority Health. It would authorize appropriations of \$30 million for 1998 and such sums as necessary for 1999–2002.

It would also reauthorize the National Center for Health Statistics (NCHS) within the Centers for Disease Control and Prevention (CDC), providing such sums as necessary for 1999 through 2003. In addition, where current law provides a general authorization for NCHS to make grants to entities for data collection and analysis on racial and ethnic populations, S. 1754 would authorize an additional grant program. The funding under this grant program would be used for collecting data specifically on Hispanics and major Hispanic subpopulation groups and on American Indians, and for developing special area population studies on major Asian American and Pacific Islander populations. For this additional grant program, it would authorize \$1 million in appropriations for fiscal year 1998 and such sums as necessary for 1999–2002.

CBO estimates the provisions under title II would result in additional discretionary outlays of \$25 million in 1999 and \$242 million during the 1998–2003 period.

Title III—Selected Initiatives and Title IV—Miscellaneous Provisions

S. 1754 would amend and reauthorize several other grant programs within HRSA, CDC, the National Institutes of Health, and the Administration on Aging. Except for a few small programs where the bill specifies the authorization for one or more years, titles III and IV would provide such sums as necessary for the entire period of the authorization for these programs. In addition, it would provide a permanent authorization of \$0.5 million a year for the Foundation for the National Institutes of Health.

Assuming appropriation of the authorized amounts, CBO estimates that titles III and IV would result in additional discretionary spending of \$163 million in 1999 and \$1.9 billion over the 1998–2003 period.

Pay-as-you-go considerations: The Balanced Budget and Emergency Deficit Control Act of 1985 sets up pay-as-you-go procedures for legislation affecting direct spending or receipts. Because section 143 of the bill would affect direct spending, pay-as-you-go procedures would apply. The impact of this provision on Federal outlays is shown in the following table. For the purposes of enforcing pay-as-you-go procedures, only the effects in the budget year and the succeeding four years are counted.

SUMMARY OF PAY-AS-YOU-GO EFFECTS

[By fiscal year, in millions of dollars]

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Change in outlays	17	26	30	31	31	23	16	8	0	0
Change in receipts					Not applicable					

Estimated impact on State, local, and tribal governments: S. 1754 would waive any state statutes of limitations that govern the repayment of loans to nursing and other medical students. This preemption of state statutory authority would be a mandate as defined by the Unfunded Mandates Reform Act. However, CBO estimates that the mandate would have no impact on the budgets of State, local, or tribal governments.

The bill would also authorize appropriations for a number of grant programs. State and local governments, as well as other public and private entities, would be eligible to receive funding from these grant programs as long as they meet certain grant conditions. Participation in these programs would be voluntary, and the overall budgetary effects to the participating governments would be favorable.

Estimated impact on the private sector: S. 1754 does not include any private sector mandates as defined in the Unfunded Mandates Reform Act.

Estimate prepared by: Federal costs: Cyndi Dudzinski; Impact on State, local, and tribal governments: Leo Lex; Impact on the private sector: Julia Matson.

Estimate approved by: Paul N. Van de Water, Assistant Director for Budget Analysis.

VI. APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1, the Congressional Accountability Act (CAA), requires a description of the application of this bill to the legislative branch. S. 1754 reauthorizes the programs funded through titles VII and VIII of the Public Health Service Act and other selected initiatives in public health.

S. 1754 does not amend any act that applies to the legislative branch. Therefore, the committee has determined that there will be no budgetary or administrative impact on the legislative branch as a result of this bill.

S. 1754 will require one study and several reports and will result in additional information available to the Congress. The bill requires that no later than 2 years after the date of enactment of this Act, the Institute of Medicine report to the Congress the results of a study on victims of family or acquaintance violence. Not later than 6 months after enactment of the bill, the Secretary would be required to submit to Congress a report on efforts to address the need for a representative mix of individuals from historically minority health professions schools, or from institutions or other entities that have a demonstrated record of training and educating underrepresented minorities. The bill requires the Deputy Assistant Secretary to submit to the relevant congressional committees a biennial report, describing the activities carried out in the preceding two fiscal years, and evaluate the extent to which such ac-

tivities have been effective in improving the health of racial and ethnic minorities. The bill requires the Secretary to establish three advisory bodies. Not later than 3 years after enactment, and annually thereafter, each of these advisory bodies is required to submit to the Secretary and to Congress a report of its activities and any findings and recommendations.

VII. REGULATORY IMPACT STATEMENT

The committee has determined that there will be no increase in the regulatory burden of paperwork as the result of this bill.

VIII. SECTION-BY-SECTION ANALYSIS

Section 1. Short Title; Table of Contents

The title of the bill would be “Health Professions Education Partnerships Act of 1998.”

TITLE I—HEALTH PROFESSIONS EDUCATION AND FINANCIAL ASSISTANCE PROGRAMS

Subtitle A—Health Professions Education Programs

Section 101. Under-Represented Minority Health Professions Grant Program. Amends Part B of title VII of the Public Health Service Act to read as follows: “Part B—Health Professions Training For Diversity.”

Section 736. Centers of Excellence (COE). The Secretary would be required to make grants to designated health professions schools for the purpose of assisting the schools in supporting programs of excellence in health professions education for underrepresented minority individuals. In order to receive a grant, a school would have to agree to expend the grant to: (1) develop a large competitive applicant pool through links to institutions of higher education, local school districts, and other community-based entities and establish an education pipeline for health professions careers; (2) establish, strengthen, or expand programs to enhance the academic performance of underrepresented minority students attending the school; (3) improve the capacity of the school to train, recruit, and retain underrepresented minority faculty, including the payment of such stipends and fellowships as the Secretary determined necessary; (4) carry out activities to improve the information resources, clinical education, curricula and cultural competence of the graduates of the school related to minority health issues; (5) facilitate faculty and student research on health issues particularly affecting underrepresented minority groups, including research on issues relating to the delivery of health care; (6) carry out a program to train students of the school in providing health services to a significant number of underrepresented minority individuals through training provided to such students at community-based health facilities that provide such health services, and were located on the teaching facilities of the school; and (7) provide stipends as the Secretary determines appropriate, in the amount as the Secretary determines appropriate.

To be designated a COE, schools would be required to: (1) have a significant number of underrepresented minority individuals en-

rolled or accepted for enrollment in the school; (2) be effective in assisting underrepresented minority students in completing the educational program and receiving a degree; (3) be effective in recruiting underrepresented minority individuals to enroll in and graduate from the school by providing scholarships and other financial assistance, and encouraging underrepresented minority students from all levels of the educational pipeline to pursue health professions careers; and (4) make significant recruitment efforts to increase the number of underrepresented minority individuals serving in faculty or administrative positions at the school. Designated health professions schools, including Native American COE's, could be involved with other health professions schools (designated or not) in a consortium in order to be eligible to participate in the program. The criteria for the COE program established by this section, with respect to racial and ethnic minorities, could not be construed to authorize, require, or prohibit the use of such criteria in any other program.

A COE in Historically Black Colleges and Universities would also be permitted to expend the grant to develop a plan to achieve institutional improvements including: financial independence; enabling the school to support programs of excellence in health professions for underrepresented minority individuals; and, providing improved access to the library and informational resources of the school. An exception is allowed to the consortium requirements for historically black COE's that receive other funding based on underrepresentation. Schools participating as Hispanic COE's would be required to give priority to Hispanic individuals. The school would agree, as a condition of getting a grant, that the school would enter into an arrangement with one or more public or nonprofit community-based, Hispanic serving organizations or public, or nonprofit private institutions of higher education, including schools of nursing, who have traditionally enrolled significant numbers of Hispanics, to identify Hispanic students interested in a health professions career and facilitate the educational preparation of such students. The school would also be required to make efforts to recruit Hispanic students, especially those students who were helped in an undergraduate or other matriculation program, and assist Hispanic students with the completion of the educational requirements for a degree from the school.

Native American COE's would have to agree, as a condition of receiving a grant, to give priority to Native Americans. The school would be required to establish an arrangement with one or more public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Native Americans. The school would be required to identify Native American students, facilitate the educational preparation of such students. Designated schools would be required to make efforts to recruit Native American students, including students who had participated in the undergraduate program, and agree to assist Native American students with the completion of the educational requirements for a degree. The Secretary would be permitted to make grants to schools that do not meet the requirements of participation if the school has formed a

consortium and the schools in the consortium collectively meet such conditions.

Grants could not exceed 5 years, and grant payments would be subject to annual review by the Secretary and to the availability of appropriations for a fiscal year.

Unless otherwise specified, a health professions school would be defined as a school of medicine, osteopathic medicine, dentistry, pharmacy, or a graduate program in behavioral or mental health. Native Americans would be defined to include American Indians, Alaskan Natives, Aleuts, and native Hawaiians.

To make these grants, the bill would authorize appropriations of \$26 million for FY 1998, and such sums as necessary for fiscal years 1999–2002. If the appropriated amount was less than \$24 million, \$12 million would go to the Historically Black Colleges and University COE's, and 60 percent of the remainder would go to Hispanic or Native American COE's, and the remaining 40 percent would go to consortia receiving COE grants. If appropriations were more than \$24 million but less than \$30 million, 80 percent of the excess amounts would be made available for grants to health professions schools that were, Hispanic or Native American COE's, and 20 percent of such excess would be made available for grants to other COE's. If appropriations were more than \$30 million, not less than \$12 million would go to Historically Black Colleges and University COE's, not less than \$12 million would go to Hispanic and Native American COE's, not less than \$6 million would go to other COE's, and after grants were made with appropriated funds any remaining funds would go toward grants to health professions schools that met the conditions and requirements described in the authority for Historically Black Colleges and Universities, Hispanic, Native American, or other COE's.

The bill would prohibit the Secretary from making grants to a COE for any fiscal year unless the center agreed to maintain expenditures of non-federal amounts for activities at a level that was not less than the level maintained by the center for the fiscal year preceding the fiscal year in which the school received such a grant. The Secretary would also be prohibited from making a grant unless the center agreed to spend Federal amounts obtained from other sources before expending the amount of the COE grant.

Section 737. Scholarships for Disadvantaged Students. The Secretary would be authorized to make grants to eligible schools for the awarding of scholarships by schools to any full-time eligible student. Scholarships could only be expended for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred by attending the school. The Secretary would be prohibited from making a grant unless the health professions and nursing schools involved agreed that in providing scholarships under this grant, the schools would give preference to students for whom the cost of attending the school would constitute a severe financial hardship, as well as to students who had been former recipients under the Scholarships for Students of Exceptional Financial Need or the Health Career Opportunity Program (former sections 736 and 740(d)(2)(B) of title VII). The Secretary would be required to give priority to eligible entities based on the proportion of graduating students going into primary care, the proportion of

underrepresented minority students, and the proportion of graduates working in medically underserved areas.

An eligible entity would be defined as a school of medicine, osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, allied health, schools offering graduate programs in behavioral and mental health practice, or an entity providing programs for the training of physician assistants. Eligible entities would be required to carry out a program for recruiting and retaining students from disadvantaged backgrounds, including students who were members of racial and ethnic minority groups.

Section 738. Loan Repayments and Fellowships Regarding Faculty Positions. The Secretary would be required to establish a program for entering into contracts with individuals from disadvantaged backgrounds who had a degree in medicine, osteopathic medicine, dentistry, nursing, or other health profession, or were enrolled in the final year of a course of study or program offered by an institution leading to a degree in such a health profession. Eligible schools would be schools of medicine, nursing, osteopathic medicine, dentistry, pharmacy, allied health, podiatric medicine, optometry, veterinary medicine, public health, or schools offering graduate programs in behavioral and mental health.

The Secretary would be prohibited from entering into a contract with an individual unless the individual had entered into a contract with an eligible school to serve as a member of the faculty for not less than 2 years. In addition, the contract must provide that (1) the school, for each year the individual served as a faculty member, make payments of the principal and interest due on educational loans of the individual for such year in an amount equal to the amount of such payments made by the Secretary; (2) the payments made by the school on behalf of the eligible individual be in addition to the pay that would otherwise be received by the individual; and (3) the school, in determining the amount of compensation to be provided by the school to the eligible individual for serving as a member of the faculty, make the determination, without regard to the amount of payments made to the individual by the federal government under this program.

The provisions of the National Health Service Corps regarding Obligated Service, Special Loans for Former Corps Members to Enter Private Practice, and Grants to states for Loan Repayment Programs, would apply to this program, including the applicability of provisions regarding reimbursements for increased tax liability and bankruptcy.

The Secretary would be authorized to make grants to and enter into contracts with eligible entities to assist them in increasing the number of underrepresented minority individuals on their faculty. To be eligible to receive a grant or contract, a school would be required to provide assurances in the application that amounts received under a grant or contract would be used to award fellowships to eligible individuals, and that each fellowship awarded would include a stipend in an amount not exceeding 50 percent of the regular salary of a similar faculty member for no more than 3 years of training, and an allowance for other expenses, such as travel to professional meetings and costs related to specialized

training. Eligible schools would be required to demonstrate the ability to: (1) identify, recruit and select underrepresented minority individuals who had the potential for teaching, administration, or conducting research at a health professions institution; (2) provide such individuals with the skills necessary to enable them to secure a tenured faculty position at such an institution; (3) provide services designed to assist such individuals in their preparation for an academic career, including providing counselors; and (4) provide health services to rural or medically underserved populations.

To be eligible to receive a grant or contract, the schools would be required to: (1) provide assurance that an applicant would match every \$1 of federal funds received under this program for the fellowships; (2) provide assurance that institutional support would be provided for the individual for the second and third years at a level equal to the total amount of institutional funds provided; (3) provide assurance that the individual receiving the fellowship would be a member of the faculty of the school that was applying; and (4) provide assurance that the individual receiving the fellowship would have, at a minimum, appropriate advanced preparation and special skills necessary to enable such an individual to teach and practice.

Underrepresented minority individuals would be defined as members of racial or ethnic minority groups that were underrepresented in the health professions, including nursing.

Section 739. Educational Assistance in the Health Professions Regarding Individuals From Disadvantaged Backgrounds. The Secretary would be authorized to make grants for the purpose of assisting individuals from disadvantaged backgrounds to enter a health profession. The Secretary would be authorized to make grants to and enter contracts with schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for training physician assistants, and other public or private nonprofit health or educational entities. The grants could be used to meet the cost of: (1) identifying, recruiting, and selecting individuals from disadvantaged backgrounds for education and training in a health profession; (2) facilitating the entry of such individuals in such a school; (3) providing counseling, mentoring, or other services designed to assist such individuals in successfully completing their education at such a school; (4) providing, for a period prior to entry into the regular course of education at such a school, preliminary education and health research training designed to assist them in successfully completing the regular course of education, including a graduate course in behavioral or mental health; (5) publicizing existing sources of financial aid available to students in the education program or who were undertaking training necessary to qualify them to enroll in such a program; (6) paying such scholarships as the Secretary determines for such individuals for any period of health professions education at a health professions school; (7) paying such stipends as the Secretary approves for any period of education in student-enhancement programs at any health professions school for no more than 12 months; (8) carrying out programs under

which such individuals gain experience regarding a career in a field of primary health care through working at facilities of public or private non-profit community-based providers of primary health care services; and (9) conducting activities to develop a larger and more competitive applicant pool through partnerships with institutions of higher education, school districts, and other community-based entities.

In making grants to eligible entities, the Secretary would be required to give preference to approved applications for programs that involve a comprehensive approach by several public or non-profit private health or educational entities to establish, enhance and expand educational programs that would result in the development of a competitive applicant pool of individuals from disadvantaged backgrounds who were interested in pursuing health professions careers. In considering awards for such a comprehensive partnership approach, the following requirements would apply: (1) the entity would be required to have a demonstrated commitment to such approach through formal agreements that had common objectives with institutions of higher education, school districts, and other community-based entities; (2) such formal agreements would be required to reflect the coordination of educational activities and support services, increased linkages, and the consolidation of resources within a specified geographic area; (3) the design of the educational activities involved would be required to provide for the establishment of a competitive health professions applicant pool of individuals from disadvantaged backgrounds by enhancing the total preparation (academic and social) of such individuals to pursue a health professions career; and (4) the programs or activities under the award would be required to focus on developing a culturally competent health care workforce that would serve the unserved and underserved populations within the geographic area.

The Secretary, to the extent practicable, would be required to ensure that services and activities under the grant program were adequately allocated among the various racial and ethnic populations who were from disadvantaged backgrounds. The Secretary would be authorized to require that an entity that applied for a grant or contract under this program provided non-federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant or contract. The Secretary could determine that such non-federal matching funds could be provided directly or through donations from public or private entities and could be in cash or in kind, including plant, equipment, or services.

Section 740. Authorization of Appropriation. The bill would authorize appropriations of \$37 million for FY1998 and such sums as necessary for each of the fiscal years 1999 through 2002 for section 737, Scholarships for Disadvantaged Students. The bill would also require that, of the amount appropriated for each year, not less than 16 percent be distributed to schools of nursing. For section 738, Loan Repayments and Fellowships Regarding Faculty Positions, the bill would authorize appropriations of \$1.1 million for FY 1998, and such sums as may be necessary for fiscal years 1999 through 2002. For section 739, Educational Assistance in the Health Professions Regarding Individuals From Disadvantaged

Backgrounds, the bill would authorize appropriations of \$29.4 million for FY1998, and such sums as may be necessary for fiscal years 1999 through 2002. The Secretary would be prohibited from using more than 20 percent of the appropriated amount for a fiscal year to provide undergraduate scholarships.

The Secretary would be required to prepare and submit a report to the appropriate committees of Congress not later than 6 months after enactment on the efforts of the Secretary to address the need for a representative mix of individuals from historically minority health professions schools, or from institutions or other entities that historically or by geographic location had a demonstrated record of training and educating underrepresented minorities, within various health professions disciplines, on peer review councils.

The bill would repeal Section 795 of current law, which requires individuals receiving scholarships, stipends, or other financial assistance, including loan repayments, for health professions education to enter into an agreement to complete residency training in a primary care specialty no later than 4 years after completing medical school, and agree to practice in the primary care specialty for 5 years after completing the program. Dentists would be required to practice general dentistry for 5 years after completing dental residency training under Section 795.

Section 102. Training in Primary Care Medicine and Dentistry. Part C of Title VII of the PHS Act is amended by changing its title from "Training in Primary Health Care" to "Training in Family Medicine, General Internal Medicine, General Pediatrics, Physician Assistants, General Dentistry, and Pediatric Dentistry."

The bill would repeal section 746 which governs Area Health Education Center programs and replace section 747, which currently governs family medicine, with a new section described below.

Section 747. Family Medicine, General Internal Medicine, General Pediatrics, General Dentistry, Pediatric Dentistry, and Physician Assistants. The bill would modify provisions that govern the Family Medicine training program to merge provisions that govern general internal medicine and general pediatrics training. The bill would add provisions that permit a grant under this program to be used to meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants and for the training of individuals to teach in programs providing such training. The bill would additionally permit the grants under this section to be used to meet the costs of planning, developing or operating programs, and to provide financial assistance to residents in general dentistry or pediatric dentistry programs.

The Secretary, in awarding grants and contracts to qualified applicants (hospitals and medical schools), would be required to give priority to those applicants that propose a collaborative project between departments of primary care. With respect to programs to train interns or residents, the Secretary would be required to give priority in awarding grants to qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, who enter and remain in primary care practice or general or pediatric dentistry. The Secretary would be required to give priority in awarding grants to training programs for interns, residents,

or physician assistants that have a record of training individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among primary care practice or general or pediatric dentistry). The Secretary would be required to give special consideration to projects which prepare practitioners to care for underserved populations and other high risk groups such as the elderly, individuals with HIV-AIDS, substance abusers, homeless, and victims of domestic violence.

The bill would authorize appropriations of \$78.3 million for FY1998, and such sums as necessary for each of the fiscal years 1999 through 2002. Of the appropriated amounts for a fiscal year, the Secretary would be required to allocate not less than \$49.3 million for awards to programs of family medicine, of which not less than \$8.6 million would be made available for grants and contracts for family medicine academic administrative units. Not less than \$17.7 million would be allocated for awards of grants and contracts to programs of general internal medicine and general pediatrics; not less than \$6.8 million for awards for physician assistants programs; and not less than \$4.5 million would be allocated for programs related to general or pediatric dentistry. If the amounts appropriated for any fiscal year are less than the amounts required to comply with these allocations, the Secretary would be required to proportionately reduce the amounts allocated for each category of training program.

The bill would repeal sections 748 through 752, the General Internal Medicine and General Pediatrics program, the General Practice of Dentistry program, the Physicians Assistants program, the Podiatric Medicine program, and the General Provisions section of Part C of the PHS Act.

The bill would insert the following new section:

Section 748. Advisory Committee on Training in Primary Care Medicine and Dentistry. The Secretary would be required to establish an advisory committee, the Advisory Committee on Training in Primary Care Medicine and Dentistry, made up of individuals who are not officers or employees of the federal government, the size of which would be determined by the Secretary. The Secretary would be required to appoint the members of the Advisory Committee, no later than 90 days after enactment of this bill, who represented a fair balance between the health professions, and ensure that at least 75 percent of the Advisory Committee are health professionals, and that the members represent broad geographic interests and were balanced between urban and rural areas. The Secretary would also be required to appoint members of the Advisory Committee that adequately represented the interests of women and minorities. The Advisory Committee would be required to advise and make recommendations to the Secretary concerning policy and program development, and other matters of significance concerning the Family Medicine, General Internal Medicine, General Pediatrics, General Dentistry, Pediatric Dentistry, and Physician Assistants program. No later than 3 years after enactment, and annually thereafter, the Advisory Committee would be required to prepare and submit to the Secretary and the Senate Labor and Human Resources Committee and the House Commerce Committee a report on the activities of the Advisory Committee and any findings and

recommendations concerning the activities under section 747 of the bill.

Section 103. Interdisciplinary, Community-Based Linkages. This section of the bill would amend Part D of title VI of the PHS Act to read as follows: “Part D—Interdisciplinary, Community-Based Linkages.”

Section 750. General Provisions. In order to receive assistance under this section, an academic institution would be required to use the assistance in collaboration with 2 or more disciplines. An entity would be required to use the assistance under this section to carry out innovative demonstration projects for strategic workforce supplementation activities necessary to meet national goals for interdisciplinary community-based linkages. The assistance provided by this section could be used: (1) to develop and support training programs; (2) for faculty development; (3) for model demonstration programs; (4) for the provision of stipends for fellowship trainees; (5) to provide technical assistance; and (6) for other activities that would produce outcomes consistent with the purposes of this program.

Section 751. Area Health Education Centers. The Secretary would be required to award grants and enter into contracts with schools of medicine and osteopathic medicine, and incorporated consortia made up of such schools, or the parent institutions of such schools, for projects for planning, developing and operating area health education center (AHEC) programs. The AHEC programs would be required to: (1) improve the recruitment, distribution, supply, quality and efficiency of personnel providing health services in underserved rural and urban areas, and personnel providing health services to populations with serious unmet health care needs; (2) increase the number of primary care physicians and other primary care providers who serve in underserved areas by offering an educational continuum of health career recruitment through clinical education concerning underserved areas in a comprehensive health workforce strategy; (3) carry out recruitment and health career awareness programs to recruit individuals from underserved areas and underrepresented populations, including minority and other elementary or secondary students; (4) prepare individuals to more effectively provide health care services to underserved areas or underserved populations through field placements, preceptorships, the conduct of or support of community-based primary care residency programs, and agreements with community-based organizations such as community health centers, migrant health centers, Indian health centers, public health departments and others; (5) conduct health professions education and training activities for students of health professions schools and medical residents; (6) conduct at least 10 percent of medical students required clinical education at sites remote to the primary teaching facility of the contracting institution; and (7) provide information dissemination and educational support to reduce professional isolation, increase retention, enhance the practice environment, and improve health care through the timely dissemination of research findings using relevant resources.

Project grants could not exceed 12 years, or 6 years in the case of an AHEC. However, the limitation would not apply to projects that had already completed the initial period of federal funding,

and that wanted to compete for awards for model programs. The Secretary would be authorized to provide financial assistance to entities that had previously received funds under the AHEC program, were currently operating an AHEC program, and no longer received financial assistance from this program. The financial assistance provided to such an entity could be used to pay the costs of operating and carrying out the requirements of the new program, described above. In order to be eligible to receive a model program grant, an entity would be required to make available cash contributions from state, county, or municipal governments, or the private sector toward at least 50 percent of the program costs. The aggregate amount of awards to AHECs in a state for a fiscal year could not exceed the lesser of \$2 million or the product of \$250,000 and the aggregate number of AHECs operated in a state.

Each AHEC program receiving funds would be required to encourage the regionalization of health professions schools through the establishment of partnerships with community-based organizations. Each AHEC program would be required to specifically designate a geographic area or medically underserved population to be served by the center that was located away from the main location of the teaching facilities of the schools participating in the program. AHEC programs would also be required to: (1) assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs; (2) arrange and support rotations for students and residents in family medicine, general internal medicine, or general pediatrics, with at least one center in each program being affiliated with or conducting a rotating osteopathic internship or medical residency training program in these same medical specialties (including geriatrics), in which no fewer than 4 individuals were enrolled in first-year positions; (3) conduct and participate in interdisciplinary training that involves physicians and other health personnel; and (4) have an advisory board, of which at least 75 percent of members would be required to be both health care providers and consumers, from the area served by the center.

At least 75 percent of federal funds provided to an AHEC program would be allocated by the program to the AHEC, with each center specifying the allocation of the 75 percent of funds. At least 50 percent of the operating costs of the AHEC program would be made available from non-federal contributions, except that the Secretary would be authorized to grant a waiver for up to 75 percent of the amount of non-federal match in the first 3 years that funds were received.

Section 752. Health Education and Training Centers (HETCs). In order to be eligible to receive funds, HETCs would be required to be an entity otherwise eligible for the AHECs funds, that (1) addressed the persistent and severe unmet health care needs in states along the border between the U.S. and Mexico, in the state of Florida, or other urban and rural areas with populations with serious unmet health care needs; (2) established an advisory board comprised of health service providers, educators, and consumers from the service area; (3) conducted training and education programs for health professions students in these areas; (4) conducted training in health education services, including training to prepare

community health workers; and (5) supported health professionals (including nurses) practicing in the area through educational and other services.

The Secretary would be required to make available 50 percent of the amounts appropriated for each fiscal year under the HETCs program for the establishment or operation of HETCs through projects in states along the U.S. and Mexico border and the State of Florida.

Section 753. Education and Training Relating to Geriatrics. The Secretary would be required to award grants or contracts for the establishment or operation of geriatric education centers (GECs) to health professions schools, academic health centers, state or local governments, or other appropriate public or private nonprofit entities for funding and participation in health professions and nurse training activities. A GEC would be a program that: (1) improves the training of health professionals in geriatrics, including geriatric residencies, traineeships or fellowships; (2) develops and disseminates curricula relating to the treatment of the health problems of elderly individuals; (3) supports the training and retraining of faculty to provide instruction in geriatrics; (4) supports continuing education of health professionals who provide geriatric care; and (5) provides students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

The Secretary would also be allowed to make grants or enter into contracts with eligible entities for geriatric training in projects to train physicians and dentists who planned to teach geriatric medicine, geriatric psychiatry, or geriatric dentistry. The Secretary would also be required to establish a program to provide Geriatric Academic Career Awards to eligible individuals to promote the career development of such individuals in academic geriatrics. Eligible individuals must be board certified or board eligible in internal medicine, family practice, or psychiatry, have completed an approved fellowship program geriatrics and have a junior faculty appointment at an accredited school of medicine or osteopathic medicine. The amount of an award would equal \$50,000 for FY 1998, adjusted for subsequent years by the CPI, and the term of any award could not exceed 5 years. Individuals who received awards would be required to provide training in clinical geriatrics including the training of interdisciplinary teams of health care professionals. This training would constitute at least 75 percent of the obligations of an individual receiving an award.

Section 754. Rural Interdisciplinary Training Grants. The Secretary would be authorized to make grants or enter contracts to help entities fund interdisciplinary training projects designed to: (1) use new and innovative methods to train health care practitioners to provide services in rural areas; (2) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care; (3) deliver health care services to individuals residing in rural areas; (4) enhance the amount of relevant research conducted concerning health care issues in rural areas; and (5) increase the recruitment and retention of health care practitioners from rural areas and make rural practice a more attractive career choice for health care practi-

tioners. Not more than 10 percent of the funds made available could be used for administrative expenses, and not more than 10 percent of the individuals receiving training with grant funds could be physicians. Applications would have to be jointly submitted by at least two eligible applicants with the express purpose of assisting individuals in academic institutions in establishing long-term collaborative relationships with health care providers in rural areas. Applications would also be required to designate a rural health care agency or agencies for clinical treatment or training, including hospitals, community health centers, migrant health centers, rural health clinics, community behavioral and mental health centers, or facilities operated by the Indian Health Service or an Indian tribe or tribal organization.

Section 755. Allied Health and Other Disciplines. The Secretary would be authorized to make grants or enter into contracts with entities to help fund activities including (1) assisting entities in meeting the costs associated with expanding or establishing programs that would increase the number of individuals trained in allied health professions; (2) planning and implementing projects in preventive and primary care training for podiatric physicians in approved or provisionally approved residency programs that were required to provide financial assistance in the form of traineeships to residents who participated in such projects and who planned to specialize in primary care; and (3) carrying out demonstration projects in which chiropractors and physicians collaborated to identify and provide effective treatment for spinal and lower-back conditions.

Section 756. Advisory Committee on Interdisciplinary, Community-Based Linkages. The Secretary would be required to establish an advisory committee known as the Advisory Committee on Interdisciplinary, Community-Based Linkages, made up of members the Secretary determined appropriate and appointed no later than 90 days after enactment of this bill. The Advisory Committee would be required to provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance to programs designed to promote interdisciplinary, community-based linkages. Not later than 3 years after enactment of the bill, and each year thereafter, the Advisory Committee would be required to prepare and submit a report describing the activities of the Committee, including findings and recommendations made by the Advisory Committee to the Secretary, the Senate Committee on Labor and Human Resources and the House Committee on Commerce.

Section 757. Authorization of Appropriations. The bill would authorize appropriations of \$55.6 million for FY 1998, and such sums as may be necessary for fiscal years 1999 through 2002. Of these appropriated amounts, not less than \$28.587 million would be available for grants and contracts for AHECs; not less than \$3.765 million would go for HETCs, of which not less than 50 percent would be required to be made available for centers that address the persistent and severe unmet health care needs along the U.S. and Mexico border and in the state of Florida; and not less than \$22.631 million for awards grants and contracts for geriatrics, rural interdisciplinary grants, and allied health and other disciplines. If

amounts appropriated for a fiscal year were less than the amount required for this allocation, the Secretary would be required to reduce the amounts available for each program accordingly. Of the amounts available for AHECs, the Secretary would be permitted to obligate certain amounts for the operation of model programs for each fiscal year of not less than 23 percent of such amounts in FY 1998, not less than 30 percent in FY 1999, not less than 35 percent in FY 2000, not less than 40% in FY 2001, and not less than 45 percent in FY 2002.

The bill would also include a Sense of the Congress that every state have an AHEC program in effect, and that the ratio of federal funding for model programs should be increased over time and that federal funding for other awards under this section shall decrease so that the national program becomes entirely comprised of programs funded at least 50 percent by state and local partners.

Section 104. Health Professions Workforce Information and Analysis. Part E of title VII of the PHS Act would be amended to read as follows: “Part E—Health Professions and Public Health Workforce, Subpart 1—Health Professions Workforce Information and Analysis.”

Section 761. Health Professions Workforce Information and Analysis. The purpose of the section would be to provide for the development of information describing the health professions workforce and the analysis of workforce related issues, and to provide necessary information for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs. The Secretary would be authorized to award grants or contracts to state or local governments, health professions schools, schools of nursing, academic health centers, community-based health facilities, and other appropriate public or private nonprofit entities to provide: (1) targeted information collection and analysis activities related to the purposes of health professions workforce analysis for future decision-making; (2) research on high priority workforce questions; (3) development of a non-federal analytic and research infrastructure; and (4) program evaluation and assessment.

The bill would authorize appropriations of \$750,000 for FY 1998; and such sums as may be necessary for fiscal years 1999 through 2002. Of the amounts appropriated, the Secretary would be required to reserve not less than \$600,000 for conducting health professions research and for carrying out data collection and analysis in accordance with Section 792 of current law. Amounts otherwise appropriated could be used for activities of the Council on Graduate Medical Education (COGME).

The bill would also amend current law (Section 301 of the PHS Act) to authorize COGME through FY 2002, and move that section into Part E of title VII of the PHS Act and redesignate the section as Section 763.

Section 105. Public Health Workforce Development. Part E of title VII of the PHS Act, as amended by the bill, would be further amended by adding at the end the following: “Subpart 2—Public Health Workforce.”

Section 765. General Provisions. The Secretary would be authorized to make grants or contracts to eligible entities to increase the

number of individuals in the public health workforce, to enhance the quality of the workforce, and to enhance the ability of the workforce to meet national, state, and local health care needs. In order to receive a grant, an entity would be required to: (1) be a health professions school, including an accredited school or program of public health, health administration, preventive medicine, or dental public health or a school providing health management programs; an academic health center; a state or local government; or any other appropriate public or private nonprofit entity; and (2) prepare and submit to the Secretary an application at such time, in such manner, and containing the information required by the Secretary.

In awarding grants or contracts, the Secretary would be authorized to grant a preference to entities serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities), and graduating large proportions of individuals who serve in underserved communities. The grants could be used for: (1) the costs of planning, developing, or operating demonstration training programs; (2) faculty development; (3) trainee support; (4) technical assistance; (5) meeting the costs of projects to plan and develop new residency training programs and maintain or improve existing residency training programs in preventive medicine and dental public health, and provide financial assistance to residency trainees enrolled in such programs; (6) retraining existing public health workers as well as increasing the supply of new practitioners to address priority public health, preventive medicine, public health dentistry, and health administration needs; (7) preparing public health professionals for employment at the state and community levels; or (8) activities that could produce outcomes that were consistent with the purposes of this section.

Traineeships would be required to be designed to: (1) make public health education more accessible to the public and private health workforce; (2) increase the relevance of public health academic preparation to public health practice in the future; (3) provide education or training for students from traditional on-campus programs in practice-based sites; or (4) develop educational methods and distance-based approaches or technology that address adult learning requirements and increase knowledge and skill related to community-based cultural diversity in public health education. Appropriated amounts for grants or contracts could be used for the operation of programs designed to award traineeships to students in accredited schools of public health who entered educational programs in fields where there was a severe shortage of public health professionals, including epidemiology, biostatistics, environmental health, toxicology, public health nursing, nutrition, preventive medicine, maternal and child health, and behavioral and mental health professions.

Section 766. Public Health Training Centers. The Secretary would be authorized to make grants or contracts for the operation of public health training centers. A public health training center would be required to be an accredited school of public health, or another public or nonprofit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects to reach the Sec-

retary's goals for the year 2000 in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities. The Secretary would be required to give preference to accredited schools of public health in awarding grants and contracts. In order to receive a grant or contract a public health training center would be required to agree to: (1) establish or strengthen field placements for students in public or nonprofit private health agencies or organizations; (2) involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities; (3) designate a specific geographic area or medically underserved population to be served by the center that was geographically removed from the location of the teaching facility of the school that was participating in the program with the center; and (4) assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.

Section 767. Public Health Traineeships. The Secretary would be authorized to make grants to accredited schools of public health, and to other public or nonprofit private institutions accredited for the provision of graduate or specialized training in public health, for the purpose of assisting such schools and institutions in providing traineeships to individuals. The Secretary would be required to determine the amount of any grant awarded under this section. The traineeships awarded would be required to provide for tuition and fees and such stipends and allowances (including travel, subsistence expenses, and dependency allowances) for trainees as the Secretary determined necessary. Traineeship grants would be provided to eligible individuals who are pursuing a course of study in a health professions field in which there is a severe shortage of health professionals, including epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal and child health.

Section 768. Preventive Medicine; Dental Public Health. The Secretary would be authorized to make grants and enter into contracts with schools of medicine, osteopathic medicine, public health, and dentistry to meet the costs of projects to: (1) plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine and dental public health; and (2) provide financial assistance to residency trainees enrolled in such programs. The Secretary would determine the amount of any grant under this section. To be eligible for a grant an applicant would be required to demonstrate that it had or would have available full-time faculty members with training and experience in the fields of preventive medicine or dental public health and support from other faculty members trained in public health. Schools of medicine, osteopathic medicine, dentistry, and public health would be allowed to use funds committed by state, local, or county public health officers as matching amounts for federal grant funds for residency training programs in preventive medicine.

Section 769. Health Administration Traineeships and Special Projects. The Secretary would be authorized to make grants to state or local governments that have in effect preventive medical and dental public health residency programs, or to public or non-

profit private educational entities, including graduate schools of social work and business schools or health management programs that offered a program in health administration, hospital administration, or health policy analysis and planning. The grants could be used to provide traineeships for students enrolled in such programs, and to assist accredited programs in health administration in the development or improvement of programs to prepare students for employment with public or nonprofit private entities.

In making these grants, the Secretary would be required to give preference to qualified applicants who met the following conditions: (1) that not less than 25 percent of the graduates were engaged in full-time practice settings in medically underserved communities; (2) the educational entity recruited and admitted students from medically underserved communities; (3) for the purpose of training students, the entity had established relationships with public and nonprofit providers of health care in the community; and (4) in training students, the entity emphasized employment with public or nonprofit private entities. The traineeships awarded under the grants would be required to be used to provide tuition and fees and such stipends and allowances for the trainees as the Secretary decided are necessary. The entity applying for the grant would be required to assure the Secretary that priority would be given to students who demonstrated a commitment to employment with public or nonprofit private entities in the fields for which the traineeships were awarded.

Section 770. Authorization of Appropriations. The bill would authorize appropriations of \$9.1 million for FY 1998, and such sums as may be necessary for fiscal years 1999 through 2002. The Secretary would be prohibited from obligating more than 30 percent of appropriated amounts for Section 767 of the bill, Public Health Traineeships.

Section 106. General Provisions. Part F of title VII of the PHS Act, Miscellaneous Programs, would be repealed. Part G of title VII of the PHS Act, General Provisions, would be amended in section 791, Preferences and Required Information in Certain Programs, by striking subsection (b), Required Submission of Information, and redesignating subsection (c) as subsection (b). Part G would be further amended by repealing section 793, Statistics; Annual Report; repealing section 798, Certain General Provisions; by redesignating section 799 as section 799B; and by inserting after section 794 the following:

Section 796. Application. In order to receive a grant or contract under this title, an eligible entity would be required to prepare and submit an application to the Secretary that met the requirements of this section specified by the Secretary. An application submitted under this section would be required to contain the plan of the applicant for carrying out a project with amounts received under this title. The plan would be required to be consistent with relevant federal, state, or regional health professions program plans. An application would also be required to contain a specification by the applicant entity of performance outcome standards that the project being funded would be measured against, and the standards would address relevant health workforce needs that the project would meet. An application would also be required to contain a descrip-

tion of the linkages that would be established with relevant educational and health care entities, including training programs for other health professionals as appropriate. To the extent practicable, grantees would be required to establish linkages with health care providers who care for underserved communities and populations.

Section 797. Use of Funds. In general, amounts provided under a grant or contract awarded under this title could be used for training program development and support; faculty development; model demonstrations; trainee support including tuition, books, program fees and reasonable living expenses during the training period; technical assistance; workforce analysis; dissemination of information; and exploring new policy directions as appropriate to meet recognized health workforce objectives. The entity receiving the grant would be required to agree to maintain expenditures of non-federal amounts for grant-related activities at the level that was no less than the level of such expenditures by the entity in the fiscal year before receiving the grant.

Section 798. Matching Requirement. The Secretary would be authorized to require that an entity that applied for a grant or contract under this title provide non-federal matching funds, as appropriate, to ensure the institutional commitment of the entity to projects funded under the grant. The Secretary would determine if such non-federal matching funds could be provided directly or through donations from public or private entities and could be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

Section 799. Generally Applicable Provisions. The Secretary would be required to ensure that grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet health workforce goals in accordance with this title. Contracts could be entered into with public or private entities as may be necessary.

Unless otherwise required, the Secretary would be required to accept applications for grants or contracts from health professions schools, academic health centers, state or local governments, or other appropriate public or private nonprofit entities for funding and participation in health professions and nursing training activities. The Secretary would also be authorized to accept applications from for-profit private entities if determined to be appropriate by the Secretary.

Grant and contract recipients would be required to meet information requirements specified by the Secretary. The Secretary would be required to establish procedures to ensure that, with respect to data collected under this title, the data was collected in a manner that takes into account age, gender, race, and ethnicity. The Secretary would be required to establish procedures to permit the use of amounts appropriated under this title to be used for data collection purposes. The Secretary would be required to establish procedures to ensure the annual evaluation of programs and projects operated by recipients of grants or contracts under this title. The procedures would be required to ensure that continued funding for such programs and projects would be conditioned upon a demonstration that satisfactory progress has been made in meeting the

objectives of the program or project. Training programs conducted with amounts received under this title would be required to meet applicable accreditation and quality standards.

In general, the period of time during which payments would be made to an entity under this title could not exceed 5 years. The provision of payments under the award would be subject to annual approval by the Secretary. Each application for a grant under this title, except scholarships or loan programs, would be required to be submitted to a peer review group for evaluation of the merits of the proposals made in the application. The Secretary would be prohibited from approving an application unless a peer review group had recommended the application for approval.

Section 799A. Technical Assistance. The Secretary would be authorized to use funds appropriated under this title to provide technical assistance in relation to the programs of this title. Section 792(a) of the PHS Act would be amended by including professional counselors as mental health professionals.

Section 107. Preference in Certain Programs. Section 791 of the PHS Act, as amended by section 105(a)(2)(B) of the bill, would be further amended by adding the following subsection (c) "Exceptions for New Programs." New programs, defined as having graduating less than 3 classes, would be permitted to meet different criteria in order to qualify for funding. The criteria would be: (1) the mission statement of the program identified a specific purpose of the program as preparing health professionals to serve underserved populations; (2) the curriculum of the program included content which would help prepare practitioners to serve underserved populations; (3) substantial clinical training experience would be required to take place in medically underserved communities; (4) a minimum of 20 percent of the clinical faculty of the program would spend at least 50 percent of their time providing or supervising care in medically underserved areas; (5) the entire program, or a substantial portion of the program, would be physically located in a medically underserved community; (6) student assistance, linked to service in medically underserved communities following graduation, would be made available to students in the program; and (7) the program would provide a placement mechanism for deploying graduates to medically underserved communities.

Section 108. Definitions. The bill would make conforming amendments and define certain terms including: (1) a graduate program in behavioral and mental health practice; (2) professional counseling as a behavioral and mental health practice; (3) a medically underserved community; and (4) programs for the training of physician assistants.

Section 109. Technical Amendment on National Health Service Corps (NHSC). The bill would amend section 338B(b)(1)(B) of current law which provides for the NHSC loan repayment program for individuals enrolled in approved graduate training programs in medicine, osteopathic medicine, dentistry, or other health profession, by adding "behavioral and mental health," in order to qualify individuals in graduate programs of behavioral and mental health for NHSC loan repayments.

Section 110. Savings Provision. The Secretary would be permitted to continue in effect any grant or contract made under an

authority of this title that was in effect on the day before the date of enactment of the bill, subject to the duration of the grant or determined by the Secretary in first approving such financial assistance.

Subtitle B—Nursing Workforce Development

Section 121. Short Title. This title would be named the Nursing Education and Practice Improvement Act of 1998.

Section 122. Purpose. The nurse education authorities of title VIII of the PHS Act would be restructured to permit a comprehensive, flexible, and effective approach to federal support for nursing workforce development.

Section 123. Amendments to Public Health Service Act. This section would amend Title VIII of the PHS Act to establish new provisions governing nurse education. The following current nurse education provisions would be maintained as new Part E: Student Loans: (1) the student loan program; and (2) the loan repayment program. The prohibition against discrimination by schools on the basis of sex would also be maintained. The new Title VIII: Nursing Workforce Development would be as follows:

Part A: General Provisions

Section 801. Definitions. This section would define “eligible entities,” “school of nursing,” “collegiate school of nursing,” and other terms.

Section 802. Application. This section would describe procedures and requirements for eligible entities to receive a grant or contract under the nursing program.

Section 803. Use of Funds. Grants or contracts would be allowed to be used for training program development and support, faculty development, model demonstrations, trainee support (including books, program fees, and reasonable living expenses), technical assistance, workforce analysis, and dissemination of information.

Section 804. Matching Requirement. The Secretary could require an applicant to provide non-Federal matching funds. The funds could be provided directly or through donations from public or private entities and could be cash or in-kind, fairly evaluated, including plant, equipment, or services.

Section 805. Preference. The Secretary would be required to give preference to applicants with projects that would substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

Section 806. Generally Applicable Provisions. The Secretary would be required to ensure that grants and contracts were awarded on a competitive basis to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet national nursing service goals and in accordance with this title. The Secretary would be required to ensure the annual evaluation of programs and projects operated by grant recipients. Award payments to grantees could not exceed five years. Applications would be required to be approved by peer review groups, except applications for advanced nurse traineeship grants. The Secretary would be required to carry out specified analytic activities. Activities under this title, to the extent practicable, would

be required to be consistent with related Federal, State, or regional nursing professions program plans and priorities.

Section 807. Technical Assistance. The Secretary would be authorized to use funds under this title to provide technical assistance.

Part B: Nurse Practitioners, Nurse Midwives, Nurse Anesthetists, and Other Advanced Practice Nurses

Section 811. Advanced Practice Nursing Grants. The Secretary would be authorized to award grants and enter into contracts to meet the costs of: (1) projects that supported the enhancement of advanced practice nursing education and practice; and (2) traineeships for individuals in advanced practice nursing programs. Advanced practice nurses would be defined as individuals trained in advanced degree programs, or, in the case of nurse midwives, in certificate programs in existence on the date that was one day prior to the date of enactment of this section, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education. Nurse anesthesia programs eligible for support under this section would be those programs that provided registered nurses with full-time anesthetist education and were accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. The Secretary would be prohibited from obligating more than 10 percent of the traineeships for advanced practice nursing programs for individuals in doctorate degree programs. The Secretary would be required to give special consideration to an entity that agreed to expend the award to train advanced practice nurses who would practice in health professions shortage areas.

Part C: Increasing Nursing Workforce Diversity

Section 821. Workforce Diversity Grants. The Secretary would be authorized to award grants and enter into contracts with eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who were from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities. The Secretary, in the award of such grants, would be required to take into consideration the recommendations of the First and Second Invitational Congresses for Minority Nurse Leaders on "Caring for the Emerging Majority" in 1992 and 1993, and to consult with nursing associations. The grant recipients would be required to report to the Secretary on admission, retention, and graduation rates.

Part D: Strengthening Capacity for Basic Nurse Education and Practice

Section 831. Basic Nurse Education and Practice Grants. The Secretary would be authorized to award grants to and enter into contracts with eligible entities for projects to strengthen capacity for basic nurse education and practice. The Secretary would be required to give priority to entities that would use grants to enhance

the educational mix and utilization of the basic nursing workforce by strengthening programs that provide basic nurse education.

Part F: Authorization of Appropriations

Section 841. Authorization of Appropriations. Appropriations would be authorized to carry out sections 811, 821, and 831 in the amount of \$65 million for FY 1998 and such sums as may be necessary in each of the fiscal years 1999 through 2002.

Part G: National Advisory Council on Nurse Education and Practice

Section 845. National Advisory Council on Nurse Education and Practice. The Secretary would be required to establish and appoint members to an advisory council to be known as the National Advisory Council on Nurse Education and Practice. The Secretary would be required to ensure a fair balance between the nursing professions, a broad geographic representation of members and a balance between urban and rural members. A majority of the members would be required to be nurses and the Secretary would be required to ensure the adequate representation of minorities. The Advisory Council would be required to: (1) advise and recommend to the Secretary and Congress on policy matters arising in the administration of this title, including the range of issues relating to the nurse workforce, education, and practice improvement; (2) advise the Secretary and Congress in the preparation of general regulations and with respect to policy matters arising under this title, including the range of issues relating to nurse supply, education and practice improvement; and (3) not later than three years after the date of enactment of this section, and annually thereafter, report to the Secretary, the Senate Committee on Labor and Human Resources, and the House Committee on Commerce on the activities of the Council, including findings and recommendations.

Section 124. Savings Provision. The Secretary would be allowed to continue in effect any grant or contract made prior to enactment of section 123 of the bill for its duration.

Subtitle C—Financial Assistance

CHAPTER 1—SCHOOL-BASED REVOLVING LOAN FUNDS

Section 131. Primary Care Loan. The bill would make a technical amendment to section 723(b) requiring schools operating a loan program to meet certain conditions related to primary care residency training, to meet these conditions with respect to students who graduated from the school within the last 4 years rather than 3-years of each fiscal year. The bill would amend section 723(a)(3) to require that if a student failed to comply with the loan agreement, interest at a rate of 18 percent per year would begin to accrue on the loan as of the date of noncompliance. The bill would also strike section 723(c), eliminating the requirement that the Secretary report to the relevant committees of Congress on the administration of the loan program.

Section 132. Loans for Disadvantaged Students. The bill would amend section 724(f)(1) of the PHS Act to authorize \$8 million for each of the fiscal years 1998 through 2002 for the loan program.

The bill would also repeal the authority for appropriations for the loan program, effective October 1, 2002.

Section 133. Student Loans Regarding Schools of Nursing. The bill would amend section 836(b), adding the requirement that, pursuant to uniform criteria established by the Secretary, the repayment period for a student borrower who had during the repayment period failed to make consecutive payments and had during the last 12 months made at least 12 consecutive payments, could be extended for a period not to exceed 10 years. The bill would increase the minimum monthly loan repayment from \$15 to \$40. The bill would eliminate the statute of limitation for loan collections by nursing schools, including the period during which suit could be filed, a judgment could be enforced, or an offset, garnishment, or other action could be initiated or taken, effective with respect to actions pending on or after the date of enactment of the bill.

The bill would amend section 846 of the PHS Act to add provisions for breach of agreements for the nurse student loan repayment for shortage area service program.

The bill would also amend section 839 of the PHS Act, which provides for the distribution of capital assets from nurse student loan program, eliminating the stated dates for the distribution in current law (September 30, 1996 and December 31, 1999). The bill would require instead that if a school terminated a loan fund, or the Secretary for good cause terminated the agreement with the school, there would be a capital distribution under which the Secretary would be first paid an amount which bears the same ratio to the balance in the loan fund on the date of termination of the fund. If a capital distribution was made, the school would be required to pay the Secretary not less than quarterly the same proportionate share of amounts received by the school in payment of principal or interest on loans made from the fund.

Section 134. General Provisions. The bill would amend section 722(a)(1) of the PHS Act to provide that the maximum amount of a loan under this program would be equal to the cost of attendance (including tuition, other reasonable education expenses, and reasonable living costs) for that year at the educational institution attended by the student. The bill would amend section 722(a)(2), which provides loan amounts for third and fourth years of medical school, and would provide for a loan amount that could be increased to the extent necessary. The bill would amend section 722(c), which provides for repayment and exclusions from the ten-year repayment in current law, to provide for a repayment period of no less than 10 years and no more than 25 years, at the discretion of the institution, which would begin one year after the student was no longer in full-time course of study. The bill would strike the 10-year limit on exclusions from loan repayment and provide for exclusions of "such period." The bill would increase minimum loan repayment amounts from \$15 per month to \$40 per month. The bill would also eliminate the statute of limitation for loan collections under section 722 of the PHS Act, effective with respect to actions pending on or after the date of enactment of the bill.

CHAPTER 2—INSURED HEALTH EDUCATION ASSISTANCE
LOANS TO GRADUATE STUDENTS

Section 141. Health Education Assistance Loan Program (HEAL). The bill would amend section 705(a)(2)(C) of the PHS Act, which provides deferments for certain categories of HEAL borrowers, by adding a deferment of 3 years for borrowers providing health care services to Indians through an Indian health programs established by the Indian Health Care Improvement Act. The amendment would apply to services provided on or after the first day of the third month that begins after the date of enactment of the bill.

The bill would eliminate the requirement that the Office of HEAL Default Reduction prepare and submit a report annually to the relevant congressional committees. The bill would amend section 714, Repayment by the Secretary of Loans of Deceased or Disabled Borrowers, to authorize the Secretary to, in the case of a borrower who dies, collect any remaining unpaid balance owed to the lender, the holder of the loan, or the federal government from the borrower's estate. The bill would also amend sections 703 and 719 of current law to add "behavioral and mental health practice, including clinical psychology" to eligibility definitions in place of "clinical psychology."

Section 142. HEAL Lender and Holder Performance Standards. The bill would amend section 707 of current law which provides the conditions of payment to beneficiary when a borrower defaults on a loan, adding that if the insurance beneficiary was not designated for "exceptional performance," as defined by the bill, the Secretary would be required to pay 98 percent of the amount of the loss sustained on a loan. The bill would define exceptional performance as an eligible lender, holder, or servicer of a loan with a compliance performance rating that equaled or exceeded 97 percent. A compliance performance rating would be determined based on compliance with due diligence in the disbursement, servicing, and collection of loans for each year for which the determination was made.

Each eligible lender, holder, or servicer would be required, if seeking the designation of exceptional performance, to have an annual financial and compliance audit on its loan portfolio by a qualified independent organization from a list of such organizations identified by the Secretary in accordance with standards established by the Secretary. The Secretary would be required to make the determinations of exceptional performance based on the audits and any information submitted by any other federal agency or office. To maintain its status as an exceptional performer, the lender, holder, or servicer would be required to undergo a quarterly compliance audit and submit the results of the audit to the Secretary. The Secretary would be required to revoke such designation of a lender, holder, or servicer if the quarterly audit was not received by the Secretary by a certain date, although if they did not meet the standard for designation they could reapply at any time. The cost of the audit would be paid for by the eligible lender, holder, or servicer of loans. The Secretary would be authorized to revoke the designation if it was determined that the lender, holder, or servicer had failed to maintain an overall level of compliance consistent with a submitted audit, or could have engaged in fraud in

securing the designation. A lender, holder, or servicer that failed to service loans or otherwise comply with applicable program regulations would be considered to have violated the federal False Claims Act.

Section 143. Reauthorization. The bill would amend section 702 of the PHS Act authorizing federal loan insurance of \$350 million for FY 1998, \$375 million for FY1999, and \$425 million for fiscal years 2000–2002. The bill would provide continued federal loan insurance to enable students who had obtained insured loans in FY2001 or in prior fiscal years to complete their educations, and would extend the provision of federal loan insurance through September 30, 2005.

Section 144. HEAL Bankruptcy. The bill would amend section 707(g), Conditions for Discharge of Debt in Bankruptcy, to specify that the provision would apply notwithstanding any other provision of federal or state law, and the amended provision would apply to any loan insured on or after the date of enactment of the bill, or prior to enactment in cases in which a discharge had not yet been granted.

Section 145. HEAL Refinancing. The bill would amend section 706(d), Effect of Consolidations on Obligations, to add “Refinancing” to the subsection title, and to provide for consolidation of indebtedness or refinancing of a single loan. The bill would also amend section 706(e), Rule of Construction Regarding Consolidation of Debts, to include “Debts and Refinancing,” and allow for the refinancing of a single HEAL loan.

TITLE II—OFFICE OF MINORITY HEALTH

Section 201. Revision and Extension of Programs of Office of Minority Health. The bill amends section 1707 of the PHS Act providing for extension and revision of the Office of Minority Health authorities, regarding the duties of the office to improve the health of racial and ethnic minority groups, requiring the Secretary to carry out the following: (1) establish short-range and long-range goals and objectives and coordinate all other activities with the PHS Act related to disease prevention, health promotion, service delivery, and research on minority individuals; (2) carry out activities by entering into interagency agreements with PHS agencies supporting research, demonstrations and evaluations to test new and innovative models, increasing knowledge and understanding of risk factors, and support improvements in information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds; (3) support a national minority health resource center to facilitate the exchange of health information, health promotion, preventive services, and education in the appropriate use of health care; (4) establish programs to improve access to health care services for individuals with limited proficiency in speaking English; and, (5) submit an annual report by February 1 summarizing the minority health activities of each of the respective agencies.

Requires the Secretary to establish the Advisory Committee on Minority Health, composed of 12 members, to provide advice to the Deputy Assistant Secretary on the development of goals and specific program activities for each racial and ethnic minority. The

Deputy Assistant Secretary would be required to ensure that awards are made, to the extent practical, on a competitive basis and that grant awards are peer reviewed. The use of sole source awards in accordance with PHS procurement regulations is allowed.

Subject to the availability of appropriations to carry out the activities authorized under new section 306(m)(4) of the Public Health Service (PHS) Act, requires the National Center for Health Statistics to collect and report additional data on Hispanics and major Hispanic subgroups, American Indians and Alaska Natives, and develop special area population studies on major Asian American and Pacific Islander populations.

Further, requires the Deputy Assistant Secretary to submit to the relevant congressional committees a biennial report, describing the activities carried out in the preceding two fiscal years, and evaluate the extent to which such activities have been effective in improving the health of racial and ethnic minorities.

Section 201 authorizes appropriations for OMH of \$30 million for fiscal year 1998, such sums as may be necessary for each of the fiscal years 1999 through 2002. Authorizes for section 306(n)(1) of the PHS Act such sums as necessary for each of fiscal years through 2003, and such sums as necessary for each of fiscal years 1999 through 2003 for section 306(n)(2) of the same Act. In addition, authorizes appropriation of \$1 million in FY 1998 for NCHS to carry out activities under new section 306(m)(4) of the PHS Act. Further authorizes for this purpose such sums as may be necessary for each of the fiscal years 1999 through 2002.

TITLE III—SELECTED INITIATIVES

Section 301. State Offices of Rural Health. The bill would amend section 338J of the PHS Act to remove the requirement under the program for grants to states for the operation of offices of rural health that states match such federal grant amounts “in cash.” Appropriations would be authorized as necessary for each of the fiscal years 1998 through 2002. The program would be terminated when aggregate appropriations equal \$20 million. The authority for the grant program would be repealed effective October 1, 2002.

Section 302. Demonstration Projects Regarding Alzheimer’s Disease. The bill would amend section 398(a) of the PHS Act by removing the limitations on the number of grants that the Secretary of HHS would be authorized to award to states to assist in carrying out demonstration projects for planning, establishing, and operating programs regarding Alzheimer’s disease. Respite care could be provided to individuals who were living in single family homes or in congregate settings. The Secretary would be required to make grants to states to improve the access of individuals with Alzheimer’s disease to home-based or community-based long-term care services, particularly such individuals who were members of racial or ethnic minority groups, who had limited English proficiency, or who lived in rural areas. The long-term care services would be subject to the services in the State involved as of October 1, 1995. The three-year limitation on the duration of demonstration grants would be removed. Appropriations of \$8 million would be author-

ized for FY 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

Section 303. Project Grants for Immunization Services. The bill would amend section 317(j) of the PHS Act by authorizing appropriations of such sums as may be necessary for each of the fiscal years 1998 through 2002 for grants for immunization services for children, adolescents, and adults. Appropriations would be authorized as necessary for preventive health service programs to provide without charge vaccines recommended and approved for routine use after October 1997.

TITLE IV—MISCELLANEOUS PROVISIONS

Section 401. Technical Corrections Regarding Public Law 103-183. The bill would make technical and amendatory corrections to the PHS Act as required by Public Law 103-183, the Preventive Health Amendments of 1993.

Section 402. Miscellaneous Amendments Regarding PHS Commissioned Officers. The bill would amend section 212 of the PHS Act by declaring the active service of commissioned officers of the Public Health Service to be active military service in the armed forces for purposes of laws related to discrimination on the basis of race, color, gender, ethnicity, age, religion, and disability. Section 218 of the PHS Act would be amended to allow the Secretary to place a commissioned officer on leave without pay status while attending an educational institution or training program when the Secretary determined that such status would be in the best interest of the Service. Section 543(e) of the PHS Act, covering the confidentiality of alcohol and drug abuse records, would be made applicable to PHS commissioned officers.

Section 403. Clinical Traineeships. The bill would amend section 303(d)(1) of the PHS Act to allow clinical traineeships in counseling with respect to mental health in the Public Health Service.

Section 404. Project Grants for Screenings, Referrals, and Education Regarding Lead Poisoning. The bill would amend section 317A(l) of the PHS Act to extend authorized appropriations through fiscal year 2002 in such sums as may be necessary for project grants for screenings, referrals, and education regarding lead poisoning.

Section 405. Project Grants for Preventive Health Services Regarding Tuberculosis. The bill would amend section 317E(g)(1) of the PHS Act by extending authorized appropriations of such sums as may be necessary through fiscal year 2002 for project grants for preventive health services regarding tuberculosis. The Secretary could reserve not more than 25 percent of such grants for any fiscal year for emergency grants for geographical areas with a substantial number of cases of tuberculosis or a substantial rate of increases in such cases.

Section 406. CDC Loan Repayment Program. The bill would amend section 317F of the PHS Act to extend the loan repayment program of the Centers for Disease Control and Prevention (CDC) from FY 1998 through FY2002. It would also increase from \$20,000 to \$35,000 the amount paid for each year of service on the principal and interest on educational loans of health professionals that agree

to conduct prevention activities as employees of CDC and the Agency for Toxic Substances and Disease Registry.

Section 407. Community Programs on Domestic Violence. The bill would amend the Family Violence Prevention and Services Act to authorize appropriations of \$6 million for each of the fiscal years 1997 through 2002 for the establishment and operation of community projects to coordinate intervention and prevention of domestic violence. The Secretary is required to request the Institute of Medicine (IOM) to conduct a study concerning the training needs of health professionals with respect to the detection and referral of victims of family or acquaintance violence. The IOM, not later than two years after the date of enactment of this Act, would be required to submit a report to Congress on the study.

Section 408. State Loan Repayment Program. The bill would amend section 338I of the PHS Act to make such sums as may be necessary for each of the fiscal years 1998 through 2002 available for the state loan repayment grant program. The program would assist states in providing for the increased availability of primary health services in health professional shortage areas.

Section 409. Authority of the Director of NIH. The bill would amend section 402(b) of the PHS Act to authorize the Director of National Institutes of Health to: (1) conduct and support research training for which fellowships are not provided under the National Research Service Awards program and which do not consist of residency training of physicians or other health professionals; and (2) appoint physicians, dentists, and other health care professionals and compensate them in accordance with provisions of the Veterans Health Administration.

Section 410. Raise in Maximum Level of Loan Repayments. The bill would amend sections 487A, 487B, 487C, and 487E to increase the maximum yearly loan repayment amount from \$20,000 to \$35,000 annually for health professionals in the following programs: (1) research with respect to AIDS; (2) research with respect to contraception and fertility; (3) research generally; and (4) clinical researchers from disadvantaged backgrounds. Provides for the loan repayment for clinical researchers from disadvantaged background to include the tax reimbursement benefit.

Section 411. Construction of Regional Centers for Research on Primates. The bill would amend section 481B(a) of the PHS Act, with respect to construction of regional centers for research on primates for FY1994 through FY1996, to allow the Director of NIH to decrease from \$5 million to up to \$2.5 million, the amount that can be reserved for such construction.

Section 412. Peer Review. The bill would amend section 504(d)(2) of the PHS Act to remove the requirement for peer review of contracts administered through the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services.

Section 413. Funding for Trauma Care. The bill would amend section 1232(a) of the PHS Act to authorize appropriations for trauma care of such sums as may be necessary through FY2002.

Section 414. Health Information and Health Promotion. The bill would amend section 1701(b) of the PHS Act to authorize appro-

priations of such sums as may be necessary through FY2002 for health information and health promotion.

Section 415. Emergency Medical Services for Children. The bill would amend section 1910(a) of the PHS Act with respect to the program for emergency medical services for children to change the two-year grant period to a three-year grant period, with an optional fourth year based on performance. Three grants may be made in a state in any fiscal year. The bill would authorize appropriations of such sums as may be necessary through FY2005 to carry out the program.

Section 416. Administration of Certain Requirements. The bill would amend Public Law 103-43, National Institutes of Health Revitalization Act of 1993, to strike provisions requiring compliance with the Buy American Act for fiscal years 1994 through 1996 check provision.

Section 417. AIDS Drug Assistance Program. The bill would amend section 2618(b)(3) of the PHS Act with respect to the Ryan White CARE Act, to treat the Virgin Islands and Guam as states instead of territories for purposes of distributing funds for the AIDS Drug Assistance Program.

Section 418. National Foundation for Biomedical Research. The bill would amend section 499 of the PHS Act to change the name of the National Foundation for Biomedical Research to the Foundation for the National Institutes of Health. The Foundation would be allowed to transfer funds to the National Institutes of Health and subjects such funds to federal limitations relating to federally-funded research. Appropriations of \$500,000 are authorized for each fiscal year.

IX. ADDITIONAL VIEWS

ADDITIONAL VIEWS OF SENATORS COATS, GREGG, FRIST, DEWINE, McCONNELL, HUTCHINSON

In the weeks just prior to the markup of the Health Professions Education Partnerships Act of 1998, we became aware of an issue of enormous significance to faith-based and other community hospitals around the nation. Specifically, the issue is whether the Federal government, States or other governmental entities receiving Federal funds may discriminate against a hospital, provider sponsored organization, health maintenance organization, health plan or other health care entity because of its refusal to perform, refer for, or arrange for the provision of abortions.

In our view, congress has already stated its intent with regard to this issue. Just 2 years ago, congress passed legislation in the context of a dispute over physician training in which we stated that: The Federal government, and any State or local government that receives Federal financial assistance may not subject any health care entity to discrimination on the basis that—

1. The entity refuses to undergo training in the performance of induced abortions, to require or provide such training, *to perform such abortions, or to provide referrals for such training or such abortions;*

2. The entity refuses to make arrangements for any of the activities specified in paragraph (1.) * * * 42 U.S.C. §238n (1996). added in H.R. 3019, Pub. L. No. 104-134, 110 Stat. 1321 (April 26, 1996) (emphasis added).

Congress explained that “the term ‘health care entity’ includes an individual physician, a postgraduate physician training program, and a participant in a program of training in the health professions.” 42 U.S.C. §238n(c)(2) (1996) (emphasis added).

We believe that the term “health care entity” in 42 U.S.C. §238n was intended to be read in the straightforward manner of “including” not only the specific entities mentioned, but also those which are routinely seen as health care entities in common usage and other Federal laws, such as a hospital, provider sponsored entity, health maintenance organization, health plan, or any other type of health care entity. By the word “includes” congress intended to add to, not subtract, from, the range of entities generally seen as “health care entities” under Federal law. We intend to explore other means of definitively resolving this question of legislative intent.

BILL FRIST.
MITCH McCONNELL.
JUDD GREGG.
TIM HUTCHINSON.
DAN COATS.
MIKE DEWINE.

X. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part of section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

MILITARY BENEFITS

SEC. 212. [213] (a) * * *

* * * * *

(f) Active service of commissioned officers of the Service shall be deemed to be active military service in the Armed Forces of the United States for purposes of all laws related to discrimination on the basis of race, color, sex, ethnicity, age, religion, and disability.

* * * * *

TRAINING OF OFFICERS

SEC. 218. [218a] (a) * * *

* * * * *

(c) A commissioned officer may be placed in leave without pay status while attending an educational institution or training program whenever the Secretary determines that such status is in the best interest of the Service. For purposes of computation of basic pay, promotion, retirement, compensation for injury or death, and the benefits provided by sections 212 and 224, an officer in such status pursuant to the preceding sentence shall be considered as performing service in the Service and shall have an active service obligation as set forth in subsection (b) of this section.

* * * * *

MENTAL HEALTH

SEC. 303. [242a] (a) In carrying out the purposes of section 301 with respect to mental health—

(1) * * *

* * * * *

(d)(1) Any individual who has received a clinical traineeship, in psychology, psychiatry, nursing, marital and family therapy, or *counseling* social work, under subsection (a)(1) that was not of a limited duration or experimental nature (as determined by the Sec-

retary) is obligated to serve, in service determined by the Secretary to be appropriate in the light of the individual's training and experience, at the rate of one year for each year (or academic year, whichever the Secretary determines to be appropriate) of the traineeship.

* * * * *

SEC. 338B. [2541-1] NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM.

(a) ESTABLISHMENT.— * * *

* * * * *

(B) be enrolled in an approved graduate training program in medicine, osteopathic medicine, dentistry, [or other health profession] *behavioral and mental health, or other health profession*; or

* * * * *

NATIONAL CENTER FOR HEALTH STATISTICS

SEC. 306. (a) * * *

* * * * *

(m)(1) * * *

* * * * *

(4)(A) *Subject to subparagraph (B), the Secretary, acting through the Center, shall make grants to public and nonprofit private entities for collecting data on Hispanics and major Hispanic subpopulation groups and American Indians, and for developing special area population studies on major Asian American and Pacific Islander populations.*

(B) *The provisions of subparagraph (A) shall be effective with respect to a fiscal year only to the extent that funds are appropriated pursuant to paragraph (3) of subsection (n), and only if the amounts appropriated for such fiscal year pursuant to each of paragraphs (1) and (2) of subsection (n) equal or exceed the amounts so appropriated for fiscal year 1997.*

(n)(1) For health statistical and epidemiological activities undertaken or supported under subsections (a) through (l), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1991 [through 1998] *through 2003.*

(2) For activities [authorized in subsection (m)] *authorized in paragraphs (1) through (3) of subsection (m), there are authorized to be appropriated [\$5,000,000 for fiscal year 1991, \$7,500,000 for fiscal year 1992, \$10,000,000 for fiscal year 1993, and \$10,000,000 for each of the fiscal years 1994 through 1998.] such sums as may be necessary for each of the fiscal years 1999 through 2003. Of such amounts, the Secretary shall use not more than 10 percent for administration and for activities described in subsection (m)(2).*

(3) *For activities authorized in subsection (m)(4), there are authorized to be appropriated \$1,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.*

* * * * *

PROJECT GRANTS FOR PREVENTIVE HEALTH SERVICES

SEC. 317. (a) * * *

* * * * *

(j)(1) Except for grants for immunization programs the authorization of appropriations for which are established in paragraph (2), for grants under subsections (a) and (k)(1) for preventive health service programs to immunize without charge **[**individuals against vaccine-preventable diseases, there are authorized to be appropriated \$205,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 through 1995.**]** *children, adolescents, and adults against vaccine-preventable diseases, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1998 through 2002.* Not more than 10 percent of the total amount appropriated under the preceding sentence for any fiscal year shall be available for grants under subsection (k)(1) for such fiscal year.

(2) For grants under subsection (a) for preventive health service programs for the provisions without charge of immunizations with vaccines approved for use, and recommended for routine use, after October 1, **[1990]** 1997, there are authorized to be appropriated such sums as may be necessary.

* * * * *

SCREENINGS, REFERRALS, AND EDUCATION REGARDING LEAD POISONING

SEC. 327A. (a) AUTHORITY FOR GRANTS.—

* * * * *

(1) FUNDING.—

(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$40,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal year 1994 through **[1998]** 2002.

* * * * *

PREVENTIVE HEALTH SERVICES REGARDING TUBERCULOSIS

SEC. 317S. (a) IN GENERAL.— * * *

* * * * *

(g) FUNDING.—

(1) IN GENERAL; ALLOCATION FOR EMERGENCY GRANTS.—

(A) For the purpose of making grants under subsection (a), there are authorized to be appropriated \$200,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through **[1998]** 2002.

(B) Of the amounts appropriated under subparagraph (A) for a fiscal year, the Secretary may reserve not more than **[\$50,000,000]** 25 percent for emergency grants under subsection (a) for any geographic area in which there is, relative to other areas, a substantial number of cases of tuberculosis or a substantial rate of increase in such cases.

(2) RESEARCH, DEMONSTRATION PROJECTS, EDUCATION, AND TRAINING.—For the purpose of [making grants under subsection (b)] carrying out subsection (b) there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1994 through [1998] 2002.

* * * * *

LOAN REPAYMENT PROGRAM

SEC. 317F. (a) IN GENERAL.—

(1) AUTHORITY.—Subject to paragraph (2), the Secretary may carry out a program of entering into contracts with appropriately qualified health professionals under which such health professionals agree to conduct prevention activities, as employees of the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than [\$20,000] of the principal and interest of the educational loans of such health professionals.

* * * * *

(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$500,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through [1998] 2002.

(d) Availability of Appropriations.—Amounts appropriated for a fiscal year for contracts under subsection (a) shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were appropriated.

PROJECTS AND PROGRAMS FOR THE PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED DISEASES

SEC. 318. (a) * * *

* * * * *

[(e)] (f) Nothing in this section shall be construed to require any State or any political subdivision of a State to have a sexually transmitted diseases program which would require any person, who objects to any treatment provided under such a program, to be treated under such a program.

* * * * *

SEC. 338I. GRANTS TO STATES FOR LOAN REPAYMENT PROGRAMS.

(a) IN GENERAL.—

* * * * *

(h) DEFINITIONS.—For purposes of this section, the term “State” means each of the several States.

(i) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—For the purpose of making grants under subsection (a), there is authorized to be appropriated \$10,000,000 for each of the fiscal years 1991 through 1995, and

such sums as may be necessary for each of the fiscal years 1998 through 2002.

* * * * *

SEC. 338J. GRANTS TO STATES FOR OPERATION OF OFFICES OF RURAL HEALTH.

(a) IN GENERAL.— * * *

(b) REQUIREMENT OF MATCHING FUNDS.—

(1) IN GENERAL.—The Secretary may not make a grant under subsection (a) unless the State involved agrees, with respect to the costs to be incurred by the State in carrying out the purpose described in such subsection, to provide non-Federal contributions [in cash] toward such costs in an amount equal to—

* * * * *

(j) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—For the purpose of making grants under subsection (a), there are authorized to be appropriated \$3,000,000 for fiscal year 1991, \$4,000,000 for fiscal year 1992, [and] \$3,000,000 for fiscal year 1993, *and such sums as may be necessary for each of the fiscal years 1998 through 2002.*

(2) AVAILABILITY.—Amounts appropriated under paragraph (1) shall remain available until expended.

(k) TERMINATION OF PROGRAM.—No grant may be made under this section after the aggregate amounts appropriated under subsection (j)(1) are equal to **[\$10,000,000] \$20,000,000.**

* * * * *

Subpart II—Grants for Demonstrations Projects With Respect to Alzheimer’s Disease

SEC. 398. ESTABLISHMENT OF PROGRAM.

(a) IN GENERAL.—The Secretary shall make [not less than 5, and not more than 15,] grants to States for the purpose of assisting grantees in carrying out demonstration projects for planning, establishing, and operating programs—

(1) to coordinate the development and operation with public and private organizations of diagnostic, treatment, care management, respite care, legal counseling, and education services provided within the State to individuals with Alzheimer’s disease or related disorders and to the families and care providers of such individuals;

(2) to provide home health care, personal care, day care, companion services, short-term care in health facilities, and other respite care to individuals with Alzheimer’s disease or related disorders *who are living in single family homes or in congregate settings; [and]*

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

[(3)] (4) to provide to health care providers, to individuals with Alzheimer’s disease or related disorders, to the families of such individuals, to organizations established for such individuals and such families, and to the general public, information with respect to—

* * * * *

SEC. 398A. [LIMITATION] REQUIREMENT OF MATCHING FUNDS ON DURATION OF GRANT AND REQUIREMENT OF MATCHING FUNDS.

[(a) LIMITATION ON DURATION OF GRANT.—The period during which payments are made to a State from a grant under section 398(a) may not exceed 3 years. Such payments shall be subject to annual evaluation by the Secretary.]

[(b) (a) REQUIREMENT OF MATCHING FUNDS.—

(1)(A) For the first year of payments to a State from a grant under section 398(a), the Secretary may not make such payments in an amount exceeding 75 percent of the costs of services to be provided by the State pursuant to such section.

(B) For the second year of such payments to a State, the Secretary may not make such payments in an amount exceeding 65 percent of the costs of such services.

(C) For the [third year] *third or subsequent year* of such payments to a State, the Secretary may not make such payments in an amount exceeding 55 percent of the costs of such services.

(2) The Secretary may not make a grant under section 398(a) to a State unless the State agrees to make available, directly or through donations from public or private entities, non-Federal contributions toward the costs of services to be provided pursuant to such section in an amount equal to—

(A) for the first year of payments to the State from the grant, not less than \$25 (in cash or in kind under subsection (c)) for each \$75 of Federal funds provided in the grant;

(B) for the second year of such payments to the State, not less than \$35 (in cash or in kind under subsection (c)) for each \$65 of such Federal funds; and

(C) for the [third year] *third or subsequent year* of such payments to the State, not less than \$45 (in cash or in kind under subsection (c)) for each \$55 of such Federal funds.

[(c) (b) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—Non-Federal; contributions required in subsection (b) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

SEC. 398B. GENERAL PROVISIONS.

(a) LIMITATION OF ADMINISTRATION EXPENSES.— * * *

* * * * *

(e) AUTHORIZATIONS OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated

\$5,000,000 for each of the fiscal years 1998 through 1990, \$7,500,000 for fiscal year 1991, [and such sums] *such sums* as may be necessary for each of the fiscal years 1992 and 1993, \$8,000,000 for fiscal year 1998, and *such sums as may be necessary for each of the fiscal years 1999 through 2002.*

* * * * *

TITLE IV—SEXUALLY TRANSMITTED DISEASES

SEC. 401. EXTENSION OF PROGRAM OF GRANTS REGARDING PREVENTION AND CONTROL OF SEXUALLY TRANSMITTED DISEASES.

(a) INNOVATIVE, INTERDISCIPLINARY APPROACHES.— * * *

* * * * *

(c) TECHNICAL CORRECTIONS.—Section 318 of the Public Health Service Act, as amended by subsection (a) of this section, is amended—

- (1) in subsection (b)(3), by striking “, and” and inserting “; and”;
- (2) in subsection (c)(3), by striking “, and” and inserting “; and”; and
- (3) in subsection [(d)(5)] (e)(5)—

* * * * *

APPOINTMENT AND AUTHORITY OF DIRECTOR OF NIH

SEC. 402. (a) The National Institutes of Health shall be headed by the Director of the National Institutes of Health (hereafter in this title referred to as the “Director of NIH”) who shall be appointed by the President by and with the advice and consent of the Senate. The Director of NIH shall perform functions as provided under subsection (b) and as the Secretary may otherwise prescribe.

(b) In carrying out the purposes of section 301, the Secretary, acting through the Director of NIH—

(1) * * *

* * * * *

(11) may perform such other administrative functions as the Secretary determines are needed to effectively carry out this title; [and]

(12) after consultation with the Director of the Office of Research of Women’s Health, shall ensure that resources of the National Institutes of Health are sufficiently allocated for projects of research on women’s health that are identified under section 486(b)[.];

(13) *may conduct and support research training—*

(A) *for which fellowship support is not provided under section 487; and*

(B) *which does not consist of residency training of physicians or other health professionals; and*

(14) *may appoint physicians, dentists, and other health care professionals, subject to the provisions of title 5, United States Code, relating to appointments and classifications in the com-*

petitive service, and may compensate such professionals subject to the provisions of chapter 74 of title 38, United States Code.

* * * * *

RESEARCH CENTERS REGARDING CHRONIC FATIGUE SYNDROME

SEC. 447. (a) The Director of the Institute, after consultation with the advisory council for the Institute, may make grants to, or enter into contracts with, public or nonprofit private entities for the development and operation of centers to conduct basic and clinical research on chronic fatigue syndrome.

(b) Each center assisted under this section shall use the facilities of a single institution, or be formed from a consortium of cooperating institutions, meeting such requirements as may be prescribed by the Director of the Institute.

RESEARCH AND RESEARCH TRAINING REGARDING TUBERCULOSIS

SEC. ~~447.~~ 447A. (a) In carrying out section 446, the Director of the Institute shall conduct or support research and research training regarding the cause, diagnosis, early detection, prevention and treatment of tuberculosis.

(b) For the purpose of carrying out subsection (a), there are authorized to be appropriated \$50,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 through 1998. Such authorization is in addition to any other authorization of appropriations that is available for such purpose.

* * * * *

BIOMEDICAL AND BEHAVIORAL RESEARCH FACILITIES

SEC. 481A. ~~287a-2~~ (a) MODERNIZATION AND CONSTRUCTION OF FACILITIES.—

(1) IN GENERAL.— * * *

* * * * *

(c) * * *

* * * * *

(i) has been designated as a center of excellence under ~~section 739~~ *part B of title VII*;

* * * * *

CONSTRUCTION OF REGIONAL CENTERS FOR RESEARCH ON PRIMATES

SEC. 481B. (a) With respect to activities carried out by the National Center for Research Resources to support regional centers for research on primates, the Director of NIH ~~shall~~ *may*, for each of the fiscal years 1994 through 1996, reserve from the amounts appropriated under section 481A(h) ~~\$5,000,000~~ *up to \$2,500,000* for the purpose of making awards of grants and contracts to public or nonprofit private entities to construct, renovate, or otherwise improve such regional centers. The reservation of such amounts for any fiscal year is subject to availability of qualified applicants for such awards.

LOAN REPAYMENT PROGRAM FOR RESEARCH WITH RESPECT TO
ACQUIRED IMMUNE DEFICIENCY SYNDROME

SEC. 487A. (a) IN GENERAL.—The Secretary shall carry out a program of entering into agreements with appropriately qualified health professionals under which such health professionals agree to conduct, as employees of the National Institutes of Health, research with respect to acquired immune deficiency syndrome in consideration of the Federal Government agreeing to repay, for each year of such service, not more than ~~[\$20,000]~~ \$35,000 of the principal and interest of the educational loans of such health professionals.

(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1994 through ~~[1996]~~ 2001.

LOAN REPAYMENT PROGRAM FOR RESEARCH WITH RESPECT TO
CONTRACEPTION AND INFERTILITY

SEC. 487B. (a) The Secretary, in consultation with the Director of the National Institute of Child Health and Human Development, shall establish a program of entering into contracts with qualified health professionals (including graduate students) under which such health professionals agree to conduct research with respect to contraception, or with respect to infertility, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than ~~[\$20,000]~~ \$35,000 of the principal and interest of the educational loans of such health professionals.

* * * * *

LOAN REPAYMENT PROGRAM FOR RESEARCH GENERALLY

SEC. 487C. (a) IN GENERAL.—

(1) AUTHORITY FOR PROGRAM.—Subject to paragraph (2), the Secretary shall carry out a program of entering into contracts with appropriately qualified health professionals under which such health professionals agree to conduct research, as employees of the National Institutes of Health, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than ~~[\$20,000]~~ \$35,000 of the principal and interest of the educational loans of such health professionals.

* * * * *

LOAN REPAYMENT PROGRAM REGARDING CLINICAL RESEARCHERS
FROM DISADVANTAGED BACKGROUNDS

SEC. 487E. (a) IMPLEMENTATION OF PROGRAM.—

(1) IN GENERAL.—Subject to section 487(a)(1)(C), the Secretary, acting through the Director of NIH may, subject to paragraph (2), carry out a program of entering into contracts with appropriately qualified health professionals who are from disadvantaged backgrounds under which such health professionals agree to conduct clinical research as employees of the National Institutes of Health in consideration of the Federal Government agreeing to pay, for each year of such service, not

more than **[\$20,000]** \$35,000 of the principal and interest of the educational loans of the health professionals.

* * * * *

(3) APPLICABILITY OF CERTAIN PROVISIONS REGARDING OBLIGATED SERVICE.—Except to the extent inconsistent with this section, the provisions of sections **[338C]** 338B, 338C and 338E shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in section 338B.

* * * * *

[PART I—NATIONAL FOUNDATION FOR BIOMEDICAL RESEARCH]

Part I—Foundation for the National Institutes of Health

SEC. 499. ESTABLISHMENT AND DUTIES OF FOUNDATION.

(a) IN GENERAL.—The Secretary shall, acting through the Director of NIH, establish a nonprofit corporation to be known as the **[National Foundation for Biomedical Research]** *Foundation for the National Institutes of Health* (hereafter in this section referred to as the “Foundation”). The Foundation shall not be an agency or instrumentality of the United States Government.

* * * * *

PEER REVIEW

SEC. 504. (a) IN GENERAL.— * * *

* * * * *

(d) RECOMMENDATIONS.—

(1) IN GENERAL.— * * *

(2) BY APPROPRIATE ADVISORY COUNCIL.—If the direct cost of a grant, **[cooperative agreement, or contract]** or *cooperative agreement* (described in subsection (a)) to be made exceeds \$50,000, the Secretary may make such grant, **[cooperative agreement, or contract]** or *cooperative agreement* only if such grant, **[cooperative agreement, or contract]** or *cooperative agreement* is recommended—

* * * * *

SEC. 543. CONFIDENTIALITY OF RECORDS.

(a) REQUIREMENT.— * * *

* * * * *

(e) NONAPPLICABILITY.—The prohibitions of this section do not apply to any interchange of records—

(1) within the **[Armed Forces]** *Uniformed Services* or within those components of the Department of Veterans Affairs furnishing health care to veterans; or

(2) between such components and the **[Armed Forces]** *Uniformed Services*.

* * * * *

TITLE VI—TRAUMA CARE SYSTEMS

SEC. 601. REVISIONS IN PROGRAMS RELATING TO TRAUMA CARE.

(a) GENERAL AUTHORITY.— * * *

* * * * *

(b) ADVISORY COUNCIL.—[Section 1201 of the Public Health Service Act (42 U.S.C. 300)] *Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.)* is amended—

* * * * *

(f) TECHNICAL CORRECTIONS.—Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended—

(1) [in section 1204(c)] *in section 1203(c) (as redesignated by subsection (b)(2) of this section)* by inserting before the period the following: “determines to be necessary to carry out this section”;

* * * * *

SEC. 602. AUTHORIZATION OF APPROPRIATIONS.

Section 1232(a) of the Public Health Service Act (42 U.S.C. 300d–32(a)) is amended by striking [“for the purpose”] *“For the purpose”* and all that follows and inserting the following: “For the purpose of carrying out parts A and B, there are authorized to be appropriated \$6,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 and 1996.”.

* * * * *

SEC. 702. SCOPE AND DURATION OF LOAN INSURANCE PROGRAM.

(a) IN GENERAL.—The total principal amount of new loans made and installments paid pursuant to lines of credit (as defined in section 719) to borrowers covered by Federal loan insurance under this subpart shall not exceed [\$350,000,000 for fiscal year 1993, \$375,000,000 for fiscal year 1994, and \$425,000,000 for fiscal year 1995] *\$350,000,000 for fiscal year 1998, \$375,000,000 for fiscal year 1999, and \$425,000,000 for each of the fiscal years 2000 through 2002*. If the total amount of new loans made and installments paid pursuant to lines of credit in any fiscal year in less than the ceiling established for such year, the difference between the loans made and installments paid and the ceiling shall be carried over to the next fiscal year and added to the ceiling applicable to that fiscal year, and if in any fiscal year no ceiling has been established, any difference carried over shall constitute the ceiling for making new loans (including loans to new borrowers) and paying installments for such fiscal year. Thereafter, Federal loan insurance pursuant to this subpart may be granted only for loans made (or for loan installments paid pursuant to lines of credit) to enable students, who have [obtained prior loans insured under this subpart] *obtained loans insured under this subpart in fiscal year 2002 or in prior fiscal years*, to continue or complete their educational program or to obtain a loan under section 705(a)(1)(B) to pay interest on such prior loans; but no insurance may be granted for any loan made or installment paid after [September 30, 1998] *September 30, 2005*. The total principal amount of Federal loan insurance available under this subsection shall be granted by the Secretary

without regard to any apportionment for the purpose of Chapter 15 of title 31, United States Code, and without regard to any similar limitation. *The Secretary may establish guidelines and procedures that lenders must follow in distributing funds under this subpart.*

* * * * *

SEC. 703. LIMITATIONS ON INDIVIDUAL INSURED LOANS AND ON LOAN INSURANCE.

(a) **IN GENERAL.**—The total of the loans made to a student in any academic year or its equivalent (as determined by the Secretary) which may be covered by Federal loan insurance under this subpart may not exceed \$20,000 in the case of a student enrolled in a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, or podiatric medicine, and \$12,500 in the case of a student enrolled in a school of pharmacy, public health, allied health, or chiropractic, or a graduate program in health administration **[or clinical psychology]** *or behavioral and mental health practice, including clinical psychology.* The aggregate insured unpaid principal amount for all such insured loans made to any borrower shall not at any time exceed \$80,000 in the case of a borrower who is or was a student enrolled in a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, or podiatric medicine, and \$50,000 in the case of a borrower who is or was a student enrolled in a school of pharmacy, public health, allied health, or chiropractic, or a graduate program in health administration or clinical psychology. The annual insurable limit per student shall not be exceeded by a line of credit under which actual payments by the lender to the borrower will not be made in any year in excess of the annual limit.

* * * * *

SEC. 705. ELIGIBILITY OF BORROWERS AND TERMS OF INSURED LOANS.

(a) **IN GENERAL.**—A loan by an eligible lender shall be insurable by the Secretary under the provisions of this subpart only if—

(1) made to—

(A) a student who—

* * * * *

(C) provides that periodic installments of principal and interest need not be paid, but interest shall accrue, during any period (i) during which the borrower is pursuing a full-time course of study at an eligible institution (or at an institution defined by section 481(a) of the Higher Education Act of 1965); (ii) not in excess of four years during which the borrower is a participant in an accredited internship or residency program (including any period in such a program described in subclause (I) or subclause (II) of subparagraph (B)(i)); (iii) not in excess of three years, during which the borrower is a member of the Armed Forces of the United States; (iv) not in excess of three years during which the borrower is in service as a volunteer under the Peace Corps Act; (v) not in excess of three years during which the borrower is a member of the National Health Service Corps; (vi) not in excess of three

years during which the borrower is in service as a full-time volunteer under title I of the Domestic Volunteer Service Act of 1993; (vii) not in excess of 3 years, for a borrower who has completed an accredited internship or residency training program in osteopathic general practice, family medicine, general internal medicine, preventive medicine, or general pediatrics and who is practicing primary care; (viii) not in excess of 1 year, for borrowers who are graduates of schools of chiropractic; (ix) any period not in excess of two years which is described in subparagraph (B)(ii); **and (x)** *(x) not in excess of three years, during which the borrower is providing health care services to Indians through an Indian health program (as defined in section 108(a)(2)(A) of the Indian Health Care Improvement Act (25 U.S.C. 1616a(a)(2)(A)); and (xi) in addition to all other deferments for which the borrower is eligible under clauses (i) through **[(ix)] (x)**, any period during which the borrower is a member of the Armed Forces on active during the Persian Gulf conflict, and any period described in clauses (i) through **[(x)] (xi)** shall not be included in determining the 25-year period described in subparagraph (B);*

* * * * *

SEC. 706. CERTIFICATE OF LOAN INSURANCE; EFFECTIVE DATE OF INSURANCE.

(a) **IN GENERAL.**—

* * * * *

(d) **EFFECT OF **[(CONSOLIDATION)] REFINANCING OR CONSOLIDATION** OF OBLIGATIONS.**—The consolidation of the obligations of two or more federally insured loans obtained by a borrower in any fiscal year into a single obligation evidenced by a single instrument of **[(indebtedness)] *indebtedness or the refinancing of a single loan*** shall not affect the insurance by the United States. If the loans thus consolidated are covered by separate certificate of insurance issued under subsection (a), the Secretary may upon surrender of the original certificates issue a new certificate of insurance in accordance with that subsection upon the consolidated obligation. If the loans thus consolidated are covered by a single comprehensive certificate issued under subsection (b), the Secretary may amend that certificate accordingly.

(e) **RULE OF CONSTRUCTION REGARDING CONSOLIDATION OF **[(DEBTS)] DEBTS AND REFINANCING.****—Nothing in this section shall be construed to preclude the lender and the borrower, by mutual agreement, from consolidating **[(all of the borrower's debts into a single instrument)] *all of the borrower's loans insured under this subpart into a single instrument (or, if the borrower obtained only 1 loan insured under the subpart, refinancing the loan 1 time)*** under the terms applicable to an insured loan made at the same time as the consolidation. The lender or loan holder should provide full information to the borrower concerning the advantages and disadvantages of loan **[(consolidation)] *Consolidation or refinancing.*** Nothing in this section shall be construed to preclude the consolidation of the borrower's loans insured under this subpart under section 428C of the Higher Education Act of 1965. Any loans in-

sured pursuant to this subpart that are consolidated under section 428C of such Act shall not be eligible for special allowance payments under section 438 of such Act.

SEC. 707. DEFAULT OF BORROWERS.

(a) **CONDITIONS FOR PAYMENT TO BENEFICIARY.**—**[Upon]** (1) *IN GENERAL.*—*Upon* default by the borrower on any loan covered by Federal loan insurance pursuant to this subpart, and after a substantial collection effort (including, subject to subsection (h), commencement and prosecution of an action) as determined under regulations of the Secretary, the insurance beneficiary shall promptly notify the Secretary and the Secretary shall, if requested (at that time or after further collection efforts) by the beneficiary, or may on his own motion, if the insurance is still in effect, pay to the beneficiary the amount of this loss sustained by the insured upon that loan as soon as that amount has been **[determined.** Not later than one year after the date of the enactment of the Health Professions Education Extension Amendments of 1992, the Secretary shall establish performance standards for lenders and holders of loans under this subpart, including fees to be imposed for failing to meet such standards.] *determined, except that, if the insurance beneficiary including any servicer of the loan is not designated for exceptional performance, as set forth in paragraph (2), the Secretary shall pay to the beneficiary a sum equal to 98 percent of the amount of the loss sustained by the insured upon that loan.*

(2) *EXCEPTIONAL PERFORMANCE.*—

(A) *AUTHORITY.*—*Where the Secretary determines that an eligible lender, holder, or servicer has a compliance performance rating that equals or exceeds 97 percent, the Secretary shall designate that eligible lender, holder, or servicer, as the case may be, for exceptional performance.*

(B) *COMPLIANCE PERFORMANCE RATING.*—*For purposes of subparagraph (A), a compliance performance rating is determined with respect to compliance with due diligence in the disbursement, servicing, and collection of loans under this subpart for each year for which the determination is made. Such rating shall be equal to the percentage of all due diligence requirements applicable to each loan, on average, as established by the secretary, with respect to loans serviced during the period by the eligible lender, holder, or servicer.*

(C) *ANNUAL AUDITS FOR LENDERS, HOLDERS, AND SERVICERS.*—*Each eligible lender, holder, or servicer desiring a designation under subparagraph (A) shall have an annual financial and compliance audit conducted with respect to the loan portfolio of such eligible lender, holder, or servicer, by a qualified independent organization from a list of qualified organizations identified by the Secretary and in accordance with standards established by the Secretary. The standards shall measure the lender's, holder's, or servicer's compliance with due diligence standards and shall include a defined statistical sampling technique designed to measure the performance rating of the eligible lender, holder, or servicer for the purpose of this section. Each eligible lender, holder, or servicer shall submit the audit required by this section to the Secretary.*

(D) *SECRETARY'S DETERMINATIONS.*—The Secretary shall make the determination under subparagraph (A) based upon the audits submitted under this paragraph and any information in the possession of the Secretary or submitted by any other agency or office of the Federal Government.

(E) *QUARTERLY COMPLIANCE AUDIT.*—To maintain its status as an exceptional performer, the lender, holder, or servicer shall undergo a quarterly compliance audit at the end of each quarter (other than the quarter in which status as an exceptional performer is established through a financial and compliance audit, as described in subparagraph (C)), and submit the results of such audit to the Secretary. The compliance audit shall review compliance with due diligence requirements for the period beginning on the day after the ending date of the previous audit, in accordance with standards determined by the Secretary.

(F) *REVOCATION AUTHORITY.*—The Secretary shall revoke the designation of a lender, holder, or servicer under subparagraph (A) if any quarters audit required under subparagraph (E) is not received by the Secretary by the date established by the Secretary or if the audit indicates the lender, holder, or servicer has failed to meet the standards for designation as an exceptional performer under subparagraph (A). A lender, holder, or servicer receiving a compliance audit not meeting the standard for designation as an exceptional performer may reapply for designation under subparagraph (A) at any time.

(G) *DOCUMENTATION.*—Nothing in this section shall restrict or limit the authority of the Secretary to require the submission of claims documentation evidencing servicing performed on loans, except that the Secretary may not require exceptional performers to submit greater documentation than that required for lenders, holders, and servicers not designated under subparagraph (A).

(H) *COST OF AUDITS.*—Each eligible lender, holder, or servicer shall pay for all the costs associated with the audits required under this section.

(I) *ADDITIONAL REVOCATION AUTHORITY.*—Notwithstanding any other provision of this section, a designation under subparagraph (A) may be revoked at any time by the Secretary if the Secretary determines that the eligible lender, holder, or servicer has failed to maintain an overall level of compliance consistent with the audit submitted by the eligible lender, holder, or servicer under this paragraph or if the Secretary asserts that the lender, holder, or servicer may have engaged in fraud in securing designation under subparagraph (A) or is failing to service loans in accordance with program requirements.

(J) *NONCOMPLIANCE.*—A lender, holder, or servicer designated under subparagraph (A) that fails to service loans or otherwise comply with applicable program regulations shall be considered in violation of the Federal False Claims Act.

* * * * *

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

(1) * * *

* * * * *

(4) *The term servicer means any agency acting on behalf of the insurance beneficiary.*

* * * * *

(g) **CONDITIONS FOR DISCHARGE OF DEBT IN BANKRUPTCY.**—[A debt which is a loan insured] *Notwithstanding any other provision of Federal or State law, a debt that is a loan insured under the authority of this subpart may be released by a discharge in bankruptcy under any chapter of title 11, United States Code, only if such discharge is granted—*

* * * * *

SEC. 709. OFFICE HEALTH EDUCATION ASSISTANCE LOAN DEFAULT REDUCTION.

(a) **ESTABLISHMENT.**— * * *

(b) **PURPOSE AND FUNCTIONS.**— * * *

* * * * *

(4) * * *

(A) * * *

(B) with respect to the Department of Justice, in the recovery of payments from health professionals who have defaulted on loans guaranteed under this subpart; and

(5) provide technical assistance to borrowers, lenders, holders, and institutions concerning deferments and collection activities[; and]

[(6) prepare and submit a report not later than March 31, 1993, and annually, thereafter, to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives concerning—

[(A) the default rates for each—

[(i) institution described in section 719(1) that is participating in the loan programs under this subpart;

[(ii) lender participating in the loan program under this subpart; and

[(iii) loan holder under this subpart;

[(B) the total amounts recovered pursuant to section 707(b) during the preceding fiscal year; and

[(C) a plan for improving the extent of such recoveries during the current fiscal year.]

* * * * *

SEC. 710. INSURANCE ACCOUNT.

(a) **IN GENERAL.**—

(1) **ESTABLISHMENT.**— * * *

(2) **FUNDING.**—

(A) * * *

(B) With respect to amounts described in subparagraph (A) that are received by the Secretary for [any of the fiscal years 1993 through 1996] *fiscal year 1993 and subsequent fiscal years*, the Secretary may, before depositing such amounts in the Account, reserve from the amounts each

such fiscal year not more than \$1,000,000 for obligation under section 709(d).

* * * * *

SEC. 714. REPAYMENT BY SECRETARY OF LOANS OF DECEASED OR DISABLED BORROWERS.

If a borrower who has received a loan dies or becomes permanently and totally disabled (as determined in accordance with regulations of the Secretary), the Secretary shall discharge the borrower's liability on the loan by repaying the amount owed on the loan from the account established under section 710. *Notwithstanding the first sentence, the Secretary may, in the case of a borrower who dies, collect any remaining unpaid balance owed to the lender, the holder of the loan, or the Federal Government from the borrower's estate.*

* * * * *

SEC. 719. DEFINITIONS.

For purposes of this subpart:

(1) The term "eligible institution" means, with respect to a fiscal year, a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, pediatric medicine, pharmacy, public health, allied health, chiropractic, or a graduate program in health administration **[or clinical psychology]** *or behavioral and mental health practice, including clinical psychology.*

* * * * *

SEC. 722. LOAN PROVISIONS.

(a) AMOUNT OF LOAN.—

(1) IN GENERAL.—Loans from a student loan fund (established under an agreement with a school under section 721) may not, subject to paragraph (2), exceed for any student for a school year (or its equivalent) **[for the sum of—**

[(A) the cost of tuition for such year at such school, and (B) \$2,500.] *the cost of attendance (including tuition, other reasonable educational expenses, and reasonable living costs) for that year at the educational institution attended by the student (as determined by such educational institution).*

(2) THIRD AND FOURTH YEARS OF MEDICAL SCHOOL.—For purposes of paragraph (1), **[the amount \$2,500 may, in the case of the third or fourth year of a student at school of medicine or osteopathic medicine, be increased to the extent necessary (including such \$2,500) [the amount of the loan may, in the case of the third or fourth year of a student at a school of medicine or osteopathic medicine, be increased to the extent necessary to pay the balances of loans that, from sources other than the student loan fund under section 721, were made to the individual for attendance at the school. The authority to make such an increase is subject to the school and the student agreeing that such amount (as increased) will be expended to pay such balances.**

* * * * *

(c) REPAYMENT; EXCLUSIONS FROM **TEN-YEAR** REPAYMENT PERIOD.—Such loans shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the **ten-year period which begins** *period of not less than 10 years nor more than 25 years, at the discretion of the institution, which begins* one year after the student ceases to pursue a full-time course of study at a school of medicine, osteopathic medicine, dentistry, pharmacy, podiatry, optometry, or veterinary medicine, excluding from **such ten-year period** *such period*—

* * * * *

(j) AUTHORITY OF SCHOOLS REGARDING RATE OF PAYMENT.—A school may provide, in accordance with regulations of the Secretary, that during the repayment period of a loan from a loan fund established pursuant to an agreement under this subpart payments of principal and interest by the borrower with respect to all the outstanding loans made to him from loan funds so established shall be at a rate equal to not less than **\$15** \$40 per month.

* * * * *

(m) ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.—

(1) PURPOSE.—*It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.*

(2) PROHIBITION.—*Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school that has an agreement with the Secretary pursuant to section 721 that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.*

* * * * *

SEC. 723. MEDICAL SCHOOLS AND PRIMARY HEALTH CARE.

(a) REQUIREMENTS FOR STUDENTS.—

(1) IN GENERAL.— * * *

* * * * *

[(3) NONCOMPLIANCE BY STUDENT.—Each agreement entered into with a student pursuant to paragraph (1) shall provide that, if the student fails to comply with the agreement—

[(A) the balance due on the loan involved will be immediately recomputed from the date of issuance at an interest rate of 15 percent per year, compounded annually; and

[(B) the recomputed balance will be paid not later than the expiration of the 3-year period beginning on the date on which the student fails to comply with the agreement.]

(3) NONCOMPLIANCE BY STUDENT.—Each agreement entered into with a student pursuant to paragraph (1) shall provide that, if the student fails to comply with such agreement, the

loan involved will begin to accrue interest at a rate of 18 percent per year beginning on the date of such noncompliance.

* * * * *

(b) REQUIREMENTS FOR SCHOOLS.—

(1) **IN GENERAL.**—Subject to the provisions of this subsection, in the case of student loan funds established under section 721 by schools of medicine or osteopathic medicine, each agreement entered into under such section with such a school shall provide (in addition to the provisions required in subsection (b) of such section) that, for the 1-year period ending on June 30, 1997; and for the 1-year period ending on June 30 of each subsequent fiscal year, the school will meet not less than 1 of the conditions described in paragraph (2) with respect to graduates of the school whose date of graduation from the school occurred approximately **【3 years before】** *4 years before* the end of the 1-year period involved.

* * * * *

[(c) REPORTS BY SECRETARY.—The Secretary shall each fiscal year submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report regarding the administration of this section, including the extent of compliance with the requirements of this section, during the preceding fiscal year.

[(d)] (c) DEFINITIONS.—For purposes of this section:

* * * * *

SEC. 724. INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.

(a) FUND AGREEMENTS REGARDING CERTAIN AMOUNTS.— * * *

* * * * *

(f) AUTHORIZATION OF APPROPRIATIONS.—

(1) **IN GENERAL.**—With respect to making Federal capital contributions to student loan funds for purposes of subsection (a), there is authorized to be appropriated for such contributions **【\$15,000,000 for fiscal year 1993】** *\$8,000,000 for each of the fiscal years 1998 through 2002.*

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SEC. 735. GENERAL PROVISIONS

(a) DATE CERTAIN FOR APPLICATIONS.— * * *

* * * * *

(e) DISPOSITION OF FUNDS RETURNED TO SECRETARY.—

(1) EXPENDITURE FOR FEDERAL CAPITAL CONTRIBUTIONS.—
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(2) DATE CERTAIN FOR CONTRIBUTIONS.—*Amounts described in paragraph (1) that are returned to the Secretary shall be obligated before the end of the succeeding fiscal year.*

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TITLE VII—HEALTH PROFESSIONS EDUCATION**PART A—STUDENT LOANS**

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**[PART B—STUDENTS FROM DISADVANTAGED
BACKGROUNDS****[SEC. 736. [293] SCHOLARSHIPS FOR STUDENTS OF EXCEPTIONAL FINANCIAL NEED.**

[(a) IN GENERAL.—The Secretary shall make grants to public and nonprofit private schools of medicine, osteopathic medicine, and dentistry for scholarships to be awarded by the schools to full-time students thereof who are of exceptional financial need, subject to section 795 (relating to residency training and practice in primary health care).

[(b) REQUIREMENTS REGARDING SCHOLARSHIPS.—

[(1) ACCEPTANCE FOR FULL-TIME ENROLLMENT.—Scholarships may be awarded by a school from a grant under sub-section (a) only to individuals who have been accepted by it for enrollment as full-time students.

[(2) AUTHORIZED EXPENDITURES.—A scholarship provided to a student for a school year under a grant under subsection (a) shall consist of payment to, or (in accordance with paragraph (4)) on behalf of, the student of an amount (except as provided in section 798(c)) equivalent to the amount of—

[(A) the tuition of the student in such school year; and

[(B) all other reasonable educational expenses, incurred by the student in such year.

[(3) AUTHORITY REGARDING PAYMENTS TO EDUCATIONAL INSTITUTION.—The Secretary may contract with an educational institution in which is enrolled a student who has received a scholarship with a grant under subsection (a) for the payment to the educational institution of the amounts of tuition and other reasonable educational expenses described in paragraph (2). Payment to such an educational institution may be made without regard to section 3324 of title 31, United States Code.

(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under this section, there is authorized to be appropriated \$11,000,000 for fiscal year 1993.

[SEC. 737. [293a] SCHOLARSHIPS GENERALLY; CERTAIN OTHER PURPOSES**[(a) ESTABLISHMENT OF PROGRAM.—**

[(1) IN GENERAL.—Subject to subsection (e), the Secretary may make grants to health professions schools for the purpose of assisting such schools in providing scholarships to individuals described in paragraph (2).

[(2) ELIGIBLE INDIVIDUALS.—The individuals referred to in paragraph (1) are individuals who—

[(A) are from disadvantaged backgrounds; and

[(B) are enrolled (or accepted for enrollment) as full-time students in such schools.

[(3) HEALTH PROFESSIONS SCHOOLS.—For purposes of this section, the term “health professions schools” means schools of

medicine, nursing (as schools of nursing are defined in section 853), osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health, or schools offering graduate programs in clinical psychology.

[(b) MINIMUM QUALIFICATIONS OF GRANTEEES.—THE SECRETARY MAY NOT MAKE A GRANT UNDER SUBSECTION (A) UNLESS THE HEALTH PROFESSIONS SCHOOL—

[(1) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including racial and ethnic minorities; and

[(2) is carrying out a program for recruiting and retaining minority faculty.

[(c) PREFERENCES IN PROVIDING SCHOLARSHIPS.—The Secretary may not make a grant under subsection (a) unless the health professions school involved agrees that, in providing scholarships pursuant to the grant, the school will give preference to students—

[(1) who are from disadvantaged backgrounds; and

[(2) for whom the costs of attending the school would constitute a severe financial hardship.

[(d) USE OF SCHOLARSHIP.—A scholarship provided pursuant to subsection (a) for attendance at a health professions school—

[(1) may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in such attendance; and

[(2) may not, for any year of such attendance for which the scholarship is provided, provide an amount exceeding the total amount required for the year for the expenses specified in paragraph (1).

[(e) PROVISIONS REGARDING PURPOSES OTHER THAN SCHOLARSHIPS.—

[(1) AUTHORITY REGARDING ASSISTANCE FOR UNDERGRADUATES.—With respect to undergraduates who have demonstrated a commitment to pursuing a career in the health professions, a health professions school may expend not more than 25 percent of a grant under subsection (a) for the purpose of providing financial assistance to such undergraduates in order to facilitate the completion of the educational requirements for such careers.

[(2) REQUIRED ACTIVITIES OF SCHOOL.—The Secretary may not make a grant under subsection (a) unless the health professions school involved agrees—

[(A) to ensure that adequate instruction regarding minority health issues is provided for in the curricula of the school;

[(B) with respect to health clinics providing services to a significant number of individuals who are from disadvantaged backgrounds, including members of minority groups, to enter into arrangements with 1 or more such clinics for the purpose of providing students of the school with experience in providing clinical services to such individuals;

[(C) with respect to public or nonprofit secondary educational institutions and undergraduate institutions of higher education, to enter into arrangements with 1 or

more such institutions for the purpose of carrying out programs regarding the educational preparation of disadvantaged students, including minority students, to enter the health professions and regarding the recruitment of such students into the health professions;

[(D) to establish a mentor program for assisting disadvantaged students, including minority students, regarding the completion of the educational requirements for degrees from the school;

[(E) to be carrying out the activities specified in subparagraphs (A) through (D) by not later than 1 year after the date on which a grant under subsection (a) is first made to the school; and

[(F) to continue carrying out such activities, and the activities specified in paragraphs (1) and (2) of subsection (b), throughout the period during which the school is receiving a grant under subsection (a).

[(3) RESTRICTIONS ON USE OF GRANT.—The Secretary may not make a grant under subsection (a) for a fiscal year unless the health professions school involved agrees that the grant will not be expended to carry out the activities specified in paragraph (1) or (2) of subsection (b), or in any of subparagraphs (A) through (D) of paragraph (2) of this subsection.

[(f) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

[(g) DEFINITION.—For purposes of this section, the term “school of nursing” has the meaning given such term in section 853.

[(h) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for fiscal year 1993.

[(2) ALLOCATIONS BY SECRETARY.—In making grants under subsection (a), the Secretary—

[(A) shall, of the amounts appropriated under paragraph (1), make available 30 percent for such grants to schools of nursing; and

[(B) shall give special consideration to health professions schools that have enrollments of underrepresented minorities above the national average for health professions schools.

[SEC. 738. [293b] LOAN REPAYMENTS AND FELLOWSHIPS REGARDING FACULTY POSITIONS.

[(a) LOAN REPAYMENTS.—

[(1) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program of entering into contracts with individuals described in subsection (b) under which the individuals agree to serve as members of the faculties of schools described in paragraph (3) in consideration of the Federal Government agreeing to pay, for each year of such service, not more than

\$20,000 of the principal and interest of the educational loans of such individuals.

[(2) ELIGIBLE INDIVIDUALS.—The individuals referred to in paragraph (1) are individuals from disadvantaged backgrounds who—

[(A) have a degree in medicine, osteopathic medicine, dentistry, or another health profession;

[(B) are enrolled in an approved graduate training program in medicine, osteopathic medicine, dentistry, or other health profession; or

[(C) are enrolled as a full-time student—

[(i) in an accredited (as determined by the Secretary) school described in paragraph (3); and

[(ii) in the final year of a course of a study or program, offered by such institution and approved by the Secretary, leading to a degree from such a school.

[(3) ELIGIBLE HEALTH PROFESSIONS SCHOOLS.—The schools described in this paragraph are schools of medicine, nursing (as schools of nursing are defined in section 853), osteopathic medicine, dentistry, pharmacy, podiatric medicine, optometry, veterinary medicine, or public health, or schools offering graduate programs in clinical psychology.

[(4) ADDITIONAL LIMITATION ON AMOUNT OF REPAYMENTS.—Payments made under this subsection regarding the educational loans of an individual may not, for any year for which the payments are made, exceed an amount equal to 20 percent of the outstanding principal and interest on the loans.

[(5) REQUIREMENTS REGARDING FACULTY POSITIONS.—The Secretary may not enter into a contract under paragraph (1) unless—

[(A) the individual involved has entered into a contract with a school described in paragraph (3) to serve as a member of the faculty of the school for not less than 2 years, and the individual has not been a member of the faculty of any school at any time during the 18-month period preceding the date on which the Secretary receives the request of the individual for a contract under paragraph (1); and

[(B) the contract referred to in subparagraph (A) provides that—

[(i) the school will, for each year for which the individual will serve as a member of the faculty under the contract with the school, make payments of the principal and interest due on the educational loans of the individual for such year in an amount equal to the amount of such payments made by the Secretary for the year; and

[(ii) the payments made by the school pursuant to clause (i) on behalf of the individual will be in addition to the pay that the individual would otherwise receive for serving as a member of such faculty.

[(6) WAIVER REGARDING SCHOOL CONTRIBUTIONS.—The Secretary may waive the requirement established in paragraph (5)(B) if the Secretary determines that the requirement will

impose an undue financial hardship on the school involved. If the Secretary grants such a waiver, paragraph (4) shall not apply with respect to the individual involved.

[(7) APPLICABILITY OF CERTAIN PROVISIONS.—The provisions of sections 338B, 338C, and 338E shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III, including the applicability of provisions regarding reimbursements for increased tax liability and regarding bankruptcy.

[(b) FELLOWSHIPS.—

[(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatric medicine, pharmacy, public health, health administration, clinical psychology, and other public or private nonprofit health or educational entities of the type described in section 799, to assist such schools in increasing the number of underrepresented minority faculty members at such schools.

[(2) APPLICATIONS.—To be eligible to receive a grant or contract under this subsection, a school shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including an assurance that—

[(A) amounts received under such a grant or contract will be used to award a fellowship to an individual only if—

[(i) the individual has not been a member of the faculty of any school at any time during the 18-month period preceding the date on which the individual submits a request for the fellowship; and

[(ii) the individual meets the requirements of paragraphs (3) and (4); and

[(B) each fellowship awarded pursuant to the grant or contract will include a stipend in an amount not exceeding 50 percent of the regular salary of a similar faculty member, or \$30,000, whichever is less.

[(3) ELIGIBILITY.—To be eligible to receive a grant or contract under paragraph (1), an applicant shall demonstrate to the Secretary that such applicant has or will have the ability to—

[(A) identify, recruit and select individuals from underrepresented minorities in health professions who have the potential for teaching, administration, or conducting research at a health professions institution;

[(B) provide such individuals with the skills necessary to enable them to secure a tenured faculty position at such institution, which may include training with respect to pedagogical skills, program administration, the design and conduct of research, grants writing, and the preparation of articles suitable for publication in peer reviewed journals;

[(C) provide services designed to assist such individuals in their preparation for an academic career, including the provision of mentors; and

[(D) provide health services to rural or medically underserved populations.

[(4) REQUIREMENTS.—To be eligible to receive a grant or contract under paragraph (1) an applicant shall—

[(A) provide an assurance that such applicant will make available (directly through cash donations) \$1 for every \$1 of Federal funds received under this section for the fellowship;

[(B) provide an assurance that institutional support will be provided for the individual for a second year at a level that is not less than the total amount of Federal and institutional funds provided in the year in which the grant or contract was awarded;

[(C) provide an assurance that the individual that will receive the fellowship will be a member of the faculty of the applicant school; and

[(D) provide an assurance that the individual that will receive the fellowship will have, at a minimum, appropriate advanced preparation (such as a master's or doctoral degree) and special skills necessary to enable such individual to teach and practice.

[(5) DEFINITION.—For purposes of this subsection, the term “minority” means an individual from a racial or ethnic group that is underrepresented in the health professions.

[(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$4,000,000 for fiscal year 1993.

[SEC. 739. [293c] CENTERS OF EXCELLENCE.

[(a) IN GENERAL.—The Secretary shall make grants to health professions schools described in subsection (c) for the purpose of assisting the schools in supporting programs of excellence in health professions education for minority individuals.

[(b) REQUIRED USE OF FUNDS.—The Secretary may not make a grant under subsection (a) unless the health professions school involved agrees to expend the grant—

[(1) to establish, strengthen, or expand programs to enhance the academic performance of minority students attending the school;

[(2) to establish, strengthen, or expand programs to increase the number and quality of minority applicants to the school;

[(3) to improve the capacity of such school to train, recruit, and retain minority faculty;

[(4) with respect to minority health issues, to carry out activities to improve the information resources, and curricula of the school and clinical education at the school; and

[(5) to facilitate faculty and student research on health issues particularly affecting minority groups.

[(c) CENTERS OF EXCELLENCE.—

[(1) IN GENERAL.—

[(A) The health professions schools referred to in subsection (a) are such schools that meet each of the conditions specified in subparagraph (B), and that—

[(i) meet each of the conditions specified in paragraph (2)(A);

[(ii) meet each of the conditions specified in paragraph (3);

[(iii) meet each of the conditions specified in paragraph (4); or

[(iv) meet each of the conditions specified in paragraph (5); or

[(B) The conditions specified in this subparagraph are that a health professions school—

[(i) has a significant number of minority individuals enrolled in the school, including individuals accepted for enrollment in the school;

[(ii) has been effective in assisting minority students of the school to complete the program of education and receive the degree involved;

[(iii) has been effective in recruiting minority individuals to attend the school, including providing scholarships and other financial assistance to such individuals and encouraging minority students of secondary educational institutions to attend the health professions school; and

[(iv) has made significant recruitment efforts to increase the number of minority individuals serving in faculty or administrative positions at the school.

[(C) in the case of any criteria established by the Secretary for purposes of determining whether schools meet the conditions described in subparagraph (B), this section may not, with respect to racial and ethnic minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

[(2) CENTERS OF EXCELLENCE AT CERTAIN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES.—

[(A) The conditions specified in this subparagraph are that a health professions school—

[(i) is a school described in section 799(1); and

[(ii) received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year.

[(B) In addition to the purposes described in subsection (b), a grant under subsection (a) to a health professions school meeting the conditions described in subparagraph (A) may be expended—

[(i) to develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for minority individuals; and

[(ii) to provide improved access to the library and informational resources of the school.

[(3) HISPANIC CENTERS OF EXCELLENCE.—The conditions specified in this paragraph are that—

[(A) with respect to Hispanic individuals, each of clauses (i) through (iv) of paragraph (1)(B) applies to the health professions school involved; and

[(B) the health professions school agree, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Hispanic individuals.

[(4) NATIVE AMERICAN CENTERS OF EXCELLENCE.—Subject to subsection (e), the conditions specified in this paragraph are that—

[(A) with respect to Native Americans, each of clauses (i) through (iv) of paragraph (1)(B) applies to the health professions school involved;

[(B) the health professions school agree, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Native Americans; and

[(C) the health professions school agree, as a condition of receiving a grant under subsection (a), that—

[(i) the school will establish an arrangement with 1 or more public or nonprofit private institutions of higher education whose enrollment of students has traditionally included a significant number of Native Americans, the purpose of which arrangement will be to carry out a program—

[(I) to identify the Native American students of the institution who are interested in a career in the health profession or professions involved; and

[(II) to facilitate the educational preparation of such students to enter the health professions school; and

[(ii) the health professions school will make efforts to recruit Native American students, including students who have participated in the undergraduate program carried out under arrangements established by the school pursuant to clause (i) and will assist Native American students regarding the completion of the educational requirements for a degree from the health professions school.

[(5) OTHER CENTERS OF EXCELLENCE.—The conditions specified in this paragraph are that a health professions school has an enrollment of underrepresented minorities above the national average for such enrollments of health professions schools.

[(d) DESIGNATION AS CENTER OF EXCELLENCE.—

[(1) IN GENERAL.—Any health professions school receiving a grant under subsection (a) and meeting the conditions described in paragraph (2) or (5) of subsection (c) shall, for purposes of this section, be designated by the Secretary as a Center of Excellence in Minority Health Professions Education.

[(2) HISPANIC CENTERS OF EXCELLENCE.—Any health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(3) shall, for purposes of this section, be designated by the Secretary as a Hispanic Center of Excellence in Health Professions Education

[(3) NATIVE AMERICAN CENTERS OF EXCELLENCE.—Any health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(4) shall, for purposes of this section, be designated by the Secretary as a Native American Center of Excellence in Health Professions Education. Any consortium receiving such a grant pursuant to subsection (e) shall, for purposes of this section, be so designated.

[(e) AUTHORITY REGARDING NATIVE AMERICAN CENTERS OF EXCELLENCE.—

[(1) AUTHORITY FOR COLLECTIVELY MEETING RELEVANT REQUIREMENTS.—With respect to meeting the conditions specified in subsection (c)(4), the Secretary may make a grant under subsection (a) to any school of medicine, osteopathic medicine, dentistry, or pharmacy that has in accordance with paragraph (2) formed a consortium of schools that meets such conditions (without regard to whether the schools of the consortium individually meet such conditions).

[(2) REQUIREMENTS REGARDING CONSORTIUM.—A consortium of schools has been formed in accordance with this paragraph if—

[(A) the consortium consists of a school seeking a grant pursuant to paragraph (1) and 1 or more schools of medicine, osteopathic medicine, dentistry, pharmacy, nursing, allied health, or public health;

[(B) the schools of the consortium have entered into any agreement for the allocation of such grant among the schools;

[(C) each of the schools agrees to expend the grant in accordance with this section; and

[(D) each of the schools of the consortium—

[(i) is part of the same institution of higher education as the school seeking the grant; or

[(ii) is located not farther than 50 miles from school seeking the grant.

[(f) DURATION AND AMOUNT OF GRANT.—

[(1) DURATION.—The period during which payments are made under a grant under subsection (a) may not exceed 3 years. Such payments shall be subject to annual approval by the Secretary and to the availability of appropriations for the fiscal year involved to make the payments.

[(2) AMOUNT.—A grant under subsection (a) for a fiscal year may not be made in an amount that is less than \$500,000.

[(g) MAINTENANCE OF EFFORT.—

[(1) IN GENERAL.—With respect to activities for which a grant under subsection (a) is authorized to be expended, the Secretary may not make such a grant to a health professions school for any fiscal year unless the school agrees to maintain expenditures of non-Federal amounts for such activities at a

level that is not less than the level of such expenditures maintained by the school for the fiscal year preceding the fiscal year for which the school receives such a grant.

[(2) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a health professions school and available for carrying out activities for which a grant under subsection (a) is authorized to be expended, the Secretary may not make such a grant to the school for any fiscal year unless the school agrees that the school will, before expending the grant, expend the Federal amounts obtained from sources other than the grant.

[(h) DEFINITIONS.—For purposes of this section:

[(1)(A) The term “health professions school” means, except as provided in subparagraph (B), a school of medicine, a school of osteopathic medicine, a school of dentistry, or a school of pharmacy.

[(B) the definition established in subparagraph (A) shall not apply to the use of the term “health professions school” for purposes of subsection (c)(2).

[(2) The term “program of excellence” means any program carried out by a health professions school with a grant made under subsection (a), if the program is for purposes for which the school involved is authorized in subsection (b) or (c) to expend the grant.

[(3) The term “Native Americans” means American Indians, Alaskan Natives, Alerts, and Native Hawaiians.

[(i) Funding.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for fiscal year 1993.

[(2) ALLOCATIONS BY SECRETARY.—

[(A) Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available \$12,000,000 for grants under subsection (a) to health professions schools that are eligible for such grants pursuant to meeting the conditions described in paragraph (2)(A) of subsection (c).

[(B) Of the amounts appropriated under paragraph (1) for a fiscal year and available after compliance with subparagraph (A), the Secretary shall make available 60 percent for grants under subsection (a) to health professions schools that are eligible for such grants pursuant to meeting the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e)).

[(C) Of the amounts appropriated under paragraph (1) for a fiscal year and available after compliance with subparagraph (A), the Secretary shall make available 40 percent for grants under subsection (a) to health professions schools that are eligible for such grants pursuant to meeting the conditions described in paragraph (5) of subsection (c).

[SEC. 740. [293d] EDUCATIONAL ASSISTANCE REGARDING UNDERGRADUATES.

[(a) IN GENERAL.—

[(1) AUTHORITY FOR GRANTS.—For the purpose of assisting individuals from disadvantaged backgrounds, as determined in accordance with criteria prescribed by the Secretary, to undertake education to enter a health profession, the Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, and podiatric medicine, public and nonprofit private schools which offer graduate programs in clinical psychology, and other public or private nonprofit health or educational entities to assist in meeting the costs described in paragraph (2).

[(2) AUTHORIZED EXPENDITURES.—A grant or contract under paragraph (1) may be used by the health or educational entity to meet the cost of—

[(A) identifying, recruiting, and selecting individuals from disadvantaged backgrounds, as so determined, for education and training in a health profession,

[(B) facilitating the entry of such individuals into such a school,

[(C) providing counseling or other services designed to assist such individuals to complete successfully their education at such a school,

[(D) providing, for a period prior to the entry of such individuals into the regular course of education of such a school, preliminary education designed to assist them to complete successfully such regular course of education at such a school, or referring such individuals to institutions providing such preliminary education,

[(E) publicizing existing sources of financial aid available to students in the education program of such a school or who are undertaking training necessary to qualify them to enroll in such a program,

[(F) paying such scholarships as the Secretary may determine for such individuals for any period of health professions education at a school of medicine, osteopathic medicine, or dentistry,

[(G) paying such stipends as the Secretary may approve for such individuals for any period of education in student-enhancement programs (other than regular courses) at any school described in subsection (a)(1), except that such a stipend may not be provided to an individual for more than 12 months, and such a stipend shall be in an amount of \$40 per day (notwithstanding any other provision of law regarding the amount of stipends). The term “regular course of education of such a school” as used in subparagraph (D) includes a graduate program in clinical psychology.

[(b) REQUIREMENTS REGARDING ENROLLMENT; PRIORITY IN MAKING GRANTS.—

[(1) INCREASED ENROLLMENT OF INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.—Schools of medicine, osteopathic

medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, podiatric medicine and public and nonprofit schools that offer graduate programs in clinical psychology that receive a grant under subsection (a) shall, during a period of 3 years commencing on the date of the award of the grant, increase their first year enrollments of individuals from disadvantaged backgrounds by at least 20 percent over enrollments in the base year 1987.

[(2) CONDITIONS FOR SCHOOLS TO RECEIVE PRIORITY.—The Secretary shall give priority for funding, in years subsequent to the expiration of the 3-year period described in paragraph (1)—

[(A) to schools that attain such increase in their first year enrollment by the end of such 3-year period, and

[(B) to schools that attain a 20 percent increase over such base year enrollment.

[(3) APPLICABILITY OF CERTAIN CONDITION FOR PRIORITY.—The requirement for at least a 20 percent increase in such enrollment shall apply only to those schools referred to in paragraph (1) that have a proportionate enrollment of such individuals from disadvantaged backgrounds that is less than 200 percent of the national average percentage of such individuals in all schools of each health professions discipline.

[(4) DETERMINATION OF ENROLLMENT.—Determination of both first year and total enrollment of such individuals shall be made by the Secretary in accordance with section 792.

[(c) EQUITABLE ALLOCATION OF FINANCIAL ASSISTANCE.—The Secretary shall ensure that services and activities under subsection (a) are equitably allocated among the various racial and ethnic populations.

[(d) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of grants and contracts under subsection (a)(1), there is authorized to be appropriated \$31,500,000 for fiscal year 1993.

[(2) ALLOCATIONS.—Of the amounts appropriated under paragraph (1) for any fiscal year, the Secretary shall obligate amounts in accordance with the following:

[(A) 70 percent shall be obligated for grants or contracts to institutions of higher education.

[(B) 20 percent shall be obligated for scholarships under subsection (a)(2)(F) to individuals of exceptional financial need (as defined by the Secretary under section 736) who are students at schools of medicine, osteopathic medicine, or dentistry. The provision of such scholarships to such individuals shall be subject to section 795 (relating to residency training and practice in primary health care). Such scholarships shall be administered and awarded in the same manner and subject to the same requirements as scholarships under section 736.

[(C) 10 percent shall be obligated for community-based programs.

[(D) Not more than 5 percent may be obligated for grants and contracts having the primary purpose of in-

forming individuals about the existence and general nature of health careers.】

PART B—HEALTH PROFESSIONS TRAINING FOR DIVERSITY

SEC. 736. CENTERS OF EXCELLENCE.

(a) *IN GENERAL.*—The Secretary shall make grants to, and enter into contracts with, designated health professions schools described in subsection (c), and other public and nonprofit health or educational entities, for the purpose of assisting the schools in supporting programs of excellence in health professions education for under-represented minority individuals.

(b) *REQUIRED USE OF FUNDS.*—The Secretary may not make a grant under subsection (a) unless the designated health professions school involved agrees, subject to subsection (c)(1)(C), to expend the grant—

(1) to develop a large competitive applicant pool through linkages with institutions of higher education, local school districts, and other community-based entities and establish an education pipeline for health professions careers;

(2) to establish, strengthen, or expand programs to enhance the academic performance of under-represented minority students attending the school;

(3) to improve the capacity of such school to train, recruit, and retain under-represented minority faculty including the payment of such stipends and fellowships as the Secretary may determine appropriate;

(4) to carry out activities to improve the information resources, clinical education, curricula and cultural competence of the graduates of the school, as it relates to minority health issues;

(5) to facilitate faculty and student research on health issues particularly affecting under-represented minority groups, including research on issues relating to the delivery of health care;

(6) to carry out a program to train students of the school in providing health services to a significant number of under-represented minority individuals through training provided to such students at community-based health facilities that—

(A) provide such health services; and

(B) are located at a site remote from the main site of the teaching facilities of the school; and

(7) to provide stipends as the Secretary determines appropriate, in amounts as the Secretary determines appropriate.

(c) *CENTERS OF EXCELLENCE.*—

(1) *DESIGNATED SCHOOLS.*—

(A) *IN GENERAL.*—The designated health professions schools referred to in subsection (a) are such schools that meet each of the conditions specified in subparagraphs (B) and (C), and that—

(i) meet each of the conditions specified in paragraph (2)(A);

(ii) meet each of the conditions specified in paragraph (3);

(iii) meet each of the conditions specified in paragraph (4); or

(iv) meet each of the conditions specified in paragraph (5).

(B) *GENERAL CONDITIONS.*—The conditions specified in this subparagraph are that a designated health professions school—

(i) has a significant number of under-represented minority individuals enrolled in the school, including individuals accepted for enrollment in the school;

(ii) has been effective in assisting under-represented minority students of the school to complete the program of education and receive the degree involved;

(iii) has been effective in recruiting under-represented minority individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging under-represented minority students from all levels of the educational pipeline to pursue health professions careers; and

(iv) has made significant recruitment efforts to increase the number of under-represented minority individuals serving in faculty or administrative positions at the school.

(C) *CONSORTIUM.*—The condition specified in this subparagraph is that, in accordance with subsection (e)(1), the designated health profession school involved has with other health profession schools (designated or otherwise) formed a consortium to carry out the purposes described in subsection (b) at the schools of the consortium.

(D) *APPLICATION OF CRITERIA TO OTHER PROGRAMS.*—In the case of any criteria established by the Secretary for purposes of determining whether schools meet the conditions described in subparagraph (B), this section may not, with respect to racial and ethnic minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

(2) *CENTERS OF EXCELLENCE AT CERTAIN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES.*—

(A) *CONDITIONS.*—The conditions specified in this subparagraph are that a designated health professions school—

(i) is a school described in section 799B(1); and

(ii) received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year.

(B) *USE OF GRANT.*—In addition to the purposes described in subsection (b), a grant under subsection (a) to a designated health professions school meeting the conditions described in subparagraph (A) may be expended—

(i) to develop a plan to achieve institutional improvements, including financial independence, to enable the

school to support programs of excellence in health professions education for under-represented minority individuals; and

(ii) to provide improved access to the library and informational resources of the school.

(C) *EXCEPTION.*—The requirements of paragraph (1)(C) shall not apply to a historically black college or university that receives funding under paragraphs (2) or (5).

(3) *HISPANIC CENTERS OF EXCELLENCE.*—The conditions specified in this paragraph are that—

(A) with respect to Hispanic individuals, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;

(B) the school agrees, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Hispanic individuals; and

(C) the school agrees, as a condition of receiving a grant under subsection (a), that—

(i) the school will establish an arrangement with 1 or more public or nonprofit community based Hispanic serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Hispanic individuals, the purposes of which will be to carry out a program—

(I) to identify Hispanic students who are interested in a career in the health profession involved; and

(II) to facilitate the educational preparation of such students to enter the health professions school; and

(ii) the school will make efforts to recruit Hispanic students, including students who have participated in the undergraduate or other matriculation program carried out under arrangements established by the school pursuant to clause (i)(II) and will assist Hispanic students regarding the completion of the educational requirements for a degree from the school.

(4) *NATIVE AMERICAN CENTERS OF EXCELLENCE.*—Subject to subsection (e), the conditions specified in this paragraph are that—

(A) with respect to Native Americans, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;

(B) the school agrees, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Native Americans; and

(C) the school agrees, as a condition of receiving a grant under subsection (a), that—

(i) the school will establish an arrangement with 1 or more public or nonprofit private institutions of higher education, including schools of nursing, whose enroll-

ment of students has traditionally included a significant number of Native Americans, the purpose of which arrangement will be to carry out a program—

(I) to identify Native American students, from the institutions of higher education referred to in clause (i), who are interested in health professions careers; and

(II) to facilitate the educational preparation of such students to enter the designated health professions school; and

(ii) the designated health professions school will make efforts to recruit Native American students, including students who have participated in the undergraduate program carried out under arrangements established by the school pursuant to clause (i) and will assist Native American students regarding the completion of the educational requirements for a degree from the designated health professions school.

(5) *OTHER CENTERS OF EXCELLENCE.*—The conditions specified in this paragraph are—

(A) with respect to other centers of excellence, the conditions described in clauses (i) through (iv) of paragraph (1)(B); and

(B) that the health professions school involved has an enrollment of under-represented minorities above the national average for such enrollments of health professions schools.

(d) *DESIGNATION AS CENTER OF EXCELLENCE.*—

(1) *IN GENERAL.*—Any designated health professions school receiving a grant under subsection (a) and meeting the conditions described in paragraph (2) or (5) of subsection (c) shall, for purposes of this section, be designated by the Secretary as a Center of Excellence in Under-Represented Minority Health Professions Education.

(2) *HISPANIC CENTERS OF EXCELLENCE.*—Any designated health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(3) shall, for purposes of this section, be designated by the Secretary as a Hispanic Center of Excellence in Health Professions Education.

(3) *NATIVE AMERICAN CENTERS OF EXCELLENCE.*—Any designated health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(4) shall, for purposes of this section, be designated by the Secretary as a Native American Center of Excellence in Health Professions Education. Any consortium receiving such a grant pursuant to subsection (e) shall, for purposes of this section, be so designated.

(e) *AUTHORITY REGARDING NATIVE AMERICAN CENTERS OF EXCELLENCE.*—With respect to meeting the conditions specified in subsection (c)(4), the Secretary may make a grant under subsection (a) to a designated health professions school that does not meet such conditions if—

(1) the school has formed a consortium in accordance with subsection (d)(1); and

(2) *the schools of the consortium collectively meet such conditions, without regard to whether the schools individually meet such conditions.*

(f) *DURATION OF GRANT.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Secretary and to the availability of appropriations for the fiscal year involved to make the payments.*

(g) *DEFINITIONS.—In this section:*

(1) *DESIGNATED HEALTH PROFESSIONS SCHOOL.—*

(A) *IN GENERAL.—The term “health professions school” means, except as provided in subparagraph (B), a school of medicine, a school of osteopathic medicine, a school of dentistry, a school of pharmacy, or a graduate program in behavioral or mental health.*

(B) *EXCEPTION.—The definition established in subparagraph (A) shall not apply to the use of the term “designated health professions school” for purposes of subsection (c)(2).*

(2) *PROGRAM OF EXCELLENCE.—The term “program of excellence” means any program carried out by a designated health professions school with a grant made under subsection (a), if the program is for purposes for which the school involved is authorized in subsection (b) or (c) to expend the grant.*

(3) *NATIVE AMERICANS.—The term “Native Americans” means American Indians, Alaskan Natives, Aleuts, and Native Hawaiians.*

(h) *FUNDING.—*

(1) *AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there authorized to be appropriated \$26,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.*

(2) *ALLOCATIONS.—Based on the amount appropriated under paragraph (1) for a fiscal year, one of the following subparagraphs shall apply:*

(A) *IN GENERAL.—If the amounts appropriated under paragraph (1) for a fiscal year are less than \$24,000,000—*

(i) *the Secretary shall make available \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A); and*

(ii) *and available after grants are made with funds under clause (i), the Secretary shall make available—*

(I) *60 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting the conditions under subsection (e)); and*

(II) *40 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).*

(B) *FUNDING IN EXCESS OF \$24,000,000.—If amounts appropriated under paragraph (1) for a fiscal year exceed \$24,000,000 but are less than \$30,000,000—*

(i) 80 percent of such excess amounts shall be made available for grants under subsection (a) to health professions schools that meet the requirements described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e)); and

(ii) 20 percent of such excess amount shall be made available for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

(C) *FUNDING IN EXCESS OF \$30,000,000.*—If amounts appropriated under paragraph (1) for a fiscal year exceed \$30,000,000, the Secretary shall make available—

(i) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);

(ii) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));

(iii) not less than \$6,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and

(iv) after grants are made with funds under clauses (i) through (iii), any remaining funds for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).

(3) *NO LIMITATION.*—Nothing in this subsection shall be construed as limiting the centers of excellence referred to in this section to the designated amount, or to preclude such entities from competing for other grants under this section.

(4) *MAINTENANCE OF EFFORT.*—

(A) *IN GENERAL.*—With respect to activities for which a grant made under this part are authorized to be expended, the Secretary may not make such a grant to a center of excellence for any fiscal year unless the center agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the center for the fiscal year preceding the fiscal year for which the school receives such a grant.

(B) *USE OF FEDERAL FUNDS.*—With respect to any Federal amounts received by a center of excellence and available for carrying out activities for which a grant under this part is authorized to be expended, the Secretary may not make such a grant to the center for any fiscal year unless the center agrees that the center will, before expending the grant, expend the Federal amounts obtained from sources other than the grant.

SEC. 737. SCHOLARSHIPS FOR DISADVANTAGED STUDENTS.

(a) *IN GENERAL.*—The Secretary may make a grant to an eligible entity (as defined in subsection (d)(1)) under this section for the awarding of scholarships by schools to any full-time student who is an eligible individual as defined in subsection (d). Such scholar-

ships may be expended only for tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in the attendance of such school.

(b) *PREFERENCE IN PROVIDING SCHOLARSHIPS.*—The Secretary may not make a grant to an entity under subsection (a) unless the health professions and nursing schools involved agree that, in providing scholarships pursuant to the grant, the schools will give preference to students for whom the costs of attending the schools would constitute a severe financial hardship and, notwithstanding other provisions of this section, to former recipients of scholarships under sections 736 and 740(d)(2)(B) (as such sections existed on the day before the date of enactment of this section).

(c) *AMOUNT OF AWARD.*—In awarding grants to eligible entities that are health professions and nursing schools, the Secretary shall give priority to eligible entities based on the proportion of graduating students going into primary care, the proportion of underrepresented minority students, and the proportion of graduates working in medically underserved communities.

(d) *DEFINITIONS.*—In this section:

(1) *ELIGIBLE ENTITIES.*—The term “eligible entities” means an entity that—

(A) is a school of medicine, osteopathic medicine, dentistry, nursing (as defined in section 801), pharmacy, podiatric medicine, optometry, veterinary medicine, public health, or allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants; and

(B) is carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups.

(2) *ELIGIBLE INDIVIDUAL.*—The term “eligible individual” means an individual who—

(A) is from a disadvantaged background;

(B) has a financial need for a scholarship; and

(C) is enrolled (or accepted for enrollment) at an eligible health professions or nursing school as a full-time student in a program leading to a degree in a health profession or nursing.

SEC. 738. LOAN REPAYMENTS AND FELLOWSHIPS REGARDING FACULTY POSITIONS.

(a) *LOAN REPAYMENTS.*—

(1) *ESTABLISHMENT OF PROGRAM.*—The Secretary shall establish a program of entering into contracts with individuals described in paragraph (2) under which the individuals agree to serve as members of the faculties of schools described in paragraph (3) in consideration of the Federal Government agreeing to pay, for each year of such service, not more than \$20,000 of the principal and interest of the educational loans of such individuals.

(2) *ELIGIBLE INDIVIDUALS.*—The individuals referred to in paragraph (1) are individuals from disadvantaged backgrounds who—

- (A) have a degree in medicine, osteopathic medicine, dentistry, nursing, or another health profession;
- (B) are enrolled in an approved graduate training program in medicine, osteopathic medicine, dentistry, nursing, or other health profession; or
- (C) are enrolled as full-time students—
- (i) in an accredited (as determined by the Secretary) school described in paragraph (3); and
 - (ii) in the final year of a course of a study or program, offered by such institution and approved by the Secretary, leading to a degree from such a school.
- (3) **ELIGIBLE HEALTH PROFESSIONS SCHOOLS.**—The schools described in this paragraph are schools of medicine, nursing (as schools of nursing are defined in section 801), osteopathic medicine, dentistry, pharmacy, allied health, podiatric medicine, optometry, veterinary medicine, or public health, or schools offering graduate programs in behavioral and mental health.
- (4) **REQUIREMENTS REGARDING FACULTY POSITIONS.**—The Secretary may not enter into a contract under paragraph (1) unless—
- (A) the individual involved has entered into a contract with a school described in paragraph (3) to serve as a member of the faculty of the school for not less than 2 years; and
 - (B) the contract referred to in subparagraph (A) provides that—
- (i) the school will, for each year for which the individual will serve as a member of the faculty under the contract with the school, make payments of the principal and interest due on the educational loans of the individual for such year in an amount equal to the amount of such payments made by the Secretary for the year;
 - (ii) the payments made by the school pursuant to clause (i) on behalf of the individual will be in addition to the pay that the individual would otherwise receive for serving as a member of such faculty; and
 - (iii) the school, in making a determination of the amount of compensation to be provided by the school to the individual for serving as a member of the faculty, will make the determination without regard to the amount of payments made (or to be made) to the individual by the Federal Government under paragraph (1).
- (5) **APPLICABILITY OF CERTAIN PROVISIONS.**—The provisions of sections 338C, 338G, and 338I shall apply to the program established in paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III, including the applicability of provisions regarding reimbursements for increased tax liability and regarding bankruptcy.
- (6) **WAIVER REGARDING SCHOOL CONTRIBUTIONS.**—The Secretary may waive the requirement established in paragraph

(4)(B) if the Secretary determines that the requirement will impose an undue financial hardship on the school involved.

(b) **FELLOWSHIPS.**—

(1) **IN GENERAL.**—The Secretary may make grants to and enter into contracts with eligible entities to assist such entities in increasing the number of underrepresented minority individuals who are members of the faculty of such schools.

(2) **APPLICATIONS.**—To be eligible to receive a grant or contract under this subsection, an entity shall provide an assurance, in the application submitted by the entity, that—

(A) amounts received under such a grant or contract will be used to award a fellowship to an individual only if the individual meets the requirements of paragraphs (3) and (4); and

(B) each fellowship awarded pursuant to the grant or contract will include—

(i) a stipend in an amount not exceeding 50 percent of the regular salary of a similar faculty member for not to exceed 3 years of training; and

(ii) an allowance for other expenses, such as travel to professional meetings and costs related to specialized training.

(3) **ELIGIBILITY.**—To be eligible to receive a grant or contract under paragraph (1), an applicant shall demonstrate to the Secretary that such applicant has or will have the ability to—

(A) identify, recruit and select underrepresented minority individuals who have the potential for teaching, administration, or conducting research at a health professions institution;

(B) provide such individuals with the skills necessary to enable them to secure a tenured faculty position at such institution, which may include training with respect to pedagogical skills, program administration, the design and conduct of research, grants writing, and the preparation of articles suitable for publication in peer reviewed journals;

(C) provide services designed to assist such individuals in their preparation for an academic career, including the provision of counselors; and

(D) provide health services to rural or medically underserved populations.

(4) **REQUIREMENTS.**—To be eligible to receive a grant or contract under paragraph (1) an applicant shall—

(A) provide an assurance that such applicant will make available (directly through cash donations) \$1 for every \$1 of Federal funds received under this section for the fellowship;

(B) provide an assurance that institutional support will be provided for the individual for the second and third years at a level that is equal to the total amount of institutional funds provided in the year in which the grant or contract was awarded;

(C) provide an assurance that the individual that will receive the fellowship will be a member of the faculty of the applicant school; and

(D) provide an assurance that the individual that will receive the fellowship will have, at a minimum, appropriate advanced preparation (such as a master's or doctoral degree) and special skills necessary to enable such individual to teach and practice.

(5) DEFINITION.—For purposes of this subsection, the term “underrepresented minority individuals” means individuals who are members of racial or ethnic minority groups that are underrepresented in the health professions including nursing.

SEC. 739. EDUCATIONAL ASSISTANCE IN THE HEALTH PROFESSIONS REGARDING INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.

(a) IN GENERAL.—

(1) AUTHORITY FOR GRANTS.—For the purpose of assisting individuals from disadvantaged backgrounds, as determined in accordance with criteria prescribed by the Secretary, to undertake education to enter a health profession, the Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, and podiatric medicine, public and nonprofit private schools that offer graduate programs in behavioral and mental health, programs for the training of physician assistants, and other public or private nonprofit health or educational entities to assist in meeting the costs described in paragraph (2).

(2) AUTHORIZED EXPENDITURES.—A grant or contract under paragraph (1) may be used by the entity to meet the cost of—

(A) identifying, recruiting, and selecting individuals from disadvantaged backgrounds, as so determined, for education and training in a health profession;

(B) facilitating the entry of such individuals into such a school;

(C) providing counseling, mentoring, or other services designed to assist such individuals to complete successfully their education at such a school;

(D) providing, for a period prior to the entry of such individuals into the regular course of education of such a school, preliminary education and health research training designed to assist them to complete successfully such regular course of education at such a school, or referring such individuals to institutions providing such preliminary education;

(E) publicizing existing sources of financial aid available to students in the education program of such a school or who are undertaking training necessary to qualify them to enroll in such a program;

(F) paying such scholarships as the Secretary may determine for such individuals for any period of health professions education at a health professions school;

(G) paying such stipends as the Secretary may approve for such individuals for any period of education in student-enhancement programs (other than regular courses), except that such a stipend may not be provided to an individual for more than 12 months, and such a stipend shall be in

an amount determined appropriate by the Secretary (notwithstanding any other provision of law regarding the amount of stipends);

(H) carrying out programs under which such individuals gain experience regarding a career in a field of primary health care through working at facilities of public or private nonprofit community-based providers of primary health services; and

(I) conducting activities to develop a larger and more competitive applicant pool through partnerships with institutions of higher education, school districts, and other community-based entities.

(3) *DEFINITION.*—In this section, the term ‘regular course of education of such a school’ as used in subparagraph (D) includes a graduate program in behavioral or mental health.

(b) *REQUIREMENTS FOR AWARDS.*—In making awards to eligible entities under subsection (a)(1), the Secretary shall give preference to approved applications for programs that involve a comprehensive approach by several public or nonprofit private health or educational entities to establish, enhance and expand educational programs that will result in the development of a competitive applicant pool of individuals from disadvantaged backgrounds who desire to pursue health professions careers. In considering awards for such a comprehensive partnership approach, the following shall apply with respect to the entity involved:

(1) The entity shall have a demonstrated commitment to such approach through formal agreements that have common objectives with institutions of higher education, school districts, and other community-based entities.

(2) Such formal agreements shall reflect the coordination of educational activities and support services, increased linkages, and the consolidation of resources within a specific geographic area.

(3) The design of the educational activities involved shall provide for the establishment of a competitive health professions applicant pool of individuals from disadvantaged backgrounds by enhancing the total preparation (academic and social) of such individuals to pursue a health professions career.

(4) The programs or activities under the award shall focus on developing a culturally competent health care workforce that will serve the unserved and underserved populations within the geographic area.

(c) *EQUITABLE ALLOCATION OF FINANCIAL ASSISTANCE.*—The Secretary, to the extent practicable, shall ensure that services and activities under subsection (a) are adequately allocated among the various racial and ethnic populations who are from disadvantaged backgrounds.

(d) *MATCHING REQUIREMENTS.*—The Secretary may require that an entity that applies for a grant or contract under subsection (a), provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant or contract. As determined by the Secretary, such non-Federal matching funds may be provided directly or through donations

from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

SEC. 740. AUTHORIZATION OF APPROPRIATION.

(a) **SCHOLARSHIPS.**—*There are authorized to be appropriated to carry out section 737, \$37,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002. Of the amount appropriated in any fiscal year, the Secretary shall ensure that not less than 16 percent shall be distributed to schools of nursing.*

(b) **LOAN REPAYMENTS AND FELLOWSHIPS.**—*For the purpose of carrying out section 738, there is authorized to be appropriated \$1,100,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.*

(c) **EDUCATIONAL ASSISTANCE IN HEALTH PROFESSIONS REGARDING INDIVIDUALS FOR DISADVANTAGED BACKGROUNDS.**—*For the purpose of grants and contracts under section 739(a)(1), there is authorized to be appropriated \$29,400,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002. The Secretary may use not to exceed 20 percent of the amount appropriated for a fiscal year under this subsection to provide scholarships under section 739(a)(2)(F).*

(d) **REPORT.**—*Not later than 6 months after the date of enactment of this part, the Secretary shall prepare and submit to the appropriate committees of Congress a report concerning the efforts of the Secretary to address the need for a representative mix of individuals from historically minority health professions schools, or from institutions or other entities that historically or by geographic location have a demonstrated record of training or educating underrepresented minorities, within various health professions disciplines, on peer review councils.*

* * * * *

PART C—TRAINING IN [PRIMARY HEALTH CARE] FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PHYSICIAN ASSISTANTS, GENERAL DENTISTRY, AND PEDIATRIC DENTISTRY

[SEC. 746. [293j] AREA HEALTH EDUCATION CENTER PROGRAMS.

[(a) AUTHORITY FOR PROVISION OF FINANCIAL ASSISTANCE.—

[(1) ASSISTANCE FOR PLANNING, DEVELOPMENT, AND OPERATION OF PROGRAMS.—

[(A) The Secretary shall provide financial assistance to schools of medicine and osteopathic medicine for the planning, development, and operation of area health education center programs.

[(B)(i) Subject to clause (ii), the period during which payments are made from an award under subparagraph (A) may not exceed 12 years. The provision of the payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. The preceding sentence may not be construed as establishing a limitation on the number of awards under

such subparagraph that may be made to the school involved.

[(ii) In the case of an area health education center planned, developed, or operated with an award under subparagraph (A), the period during which the award is expended for the center may not exceed 6 years.

[(2) ASSISTANCE FOR CERTAIN PROJECTS OF EXISTING PROGRAMS.—

[(A) The Secretary shall provide financial assistance to schools of medicine and osteopathic medicine—

[(i) which have previously received Federal financial assistance for an area health education center program under section 802 of the Health Professions Educational Assistance Act of 1976 in fiscal year 1979 or under paragraph (1), or

[(ii) which are receiving assistance under paragraph (1).

to carry out projects described in subparagraph (B) through area health education centers for which Federal financial assistance was provided under paragraph (1) and which are no longer eligible to receive such assistance.

[(B) Projects for which assistance may be provided under subparagraph (A) are—

[(i) projects to improve the distribution, supply, quality, utilization, and efficiency of health personnel in the health services delivery system;

[(ii) projects to encourage the regionalization of educational responsibilities of the health professions schools; and

[(iii) projects designed to prepare, through preceptorships and other programs, individuals subject to a service obligation under the National Health Service Corps Scholarship Program to effectively provide health services in health professional shortage areas.

[(C) In the case of the requirement established in section 3804(e)(1) of part 57 of title 42, Code of Federal Regulations (42 CFR 57.3804(e)(1)) (relating to the location of area health education centers), the Secretary shall waive such requirement with respect to an area health education center having, at the time of initial application for financial assistance under this section or under a previous authorizing law, an operating program supported by both appropriations of a State legislature and local resources.

[(3) ASSISTANCE FOR OPERATION OF MODEL PROGRAMS.—

[(A) In the case of any school of medicine or osteopathic medicine that is operating an area health education center program and that is not receiving financial assistance under paragraph (1), the Secretary may provide financial assistance to the school for the costs of operating the program, and for carrying out activities described in subparagraph (E), if the school makes the agreements described in subparagraphs (B) through (D).

[(B)(i) For purposes of subparagraph (A), the agreement described in this subparagraph for a school is that, with

respect to the costs of operating the area health education center program of the school, the school will make available (directly or through donations from public or private entities) non-Federal contributions in cash toward such costs in an amount that is not less than 50 percent of such costs.

[(ii) Amounts provided by the Federal Government may not be included in determining the amount of non-Federal contributions in cash made for purposes of the requirement established in clause (i).

[(C) For purposes of subparagraph (A), the agreement described in this subparagraph for a school is that, in operating the area health education program of the school, the school will—

[(i) coordinate the activities of the program with the activities of any office of rural health established by the State or States in which the program is operating;

[(ii) conduct health professions education and training activities consistent with national and State priorities in the area served by the program in coordination with the National Health Service Corps, entities receiving funds under section 329 or 330, and public health departments; and

[(iii) cooperate with any entities that are in operation in the area served by the program and that receive Federal or State funds to carry out activities regarding the recruitment and retention of health care providers.

[(D) For purposes of subparagraph (A), the agreement described in this subparagraph for a school is that, with respect to the costs of operating the area health education center program of the school, the school will maintain expenditures of non-Federal amounts for such costs at a level that is not less than the level of such expenditures maintained by the school for the fiscal year preceding the first fiscal year for which the school receives an award under subparagraph (A).

[(E) A school may expend not more than 10 percent of an award under subparagraph (A) for demonstration projects for any or all of the following purposes:

[(i) The establishment of computer-based information programs of telecommunication networks that will link health science centers and service delivery sites.

[(ii) The provision of disease specific educational programs for health providers and students in areas of concern to the United States.

[(iii) The development of information dissemination models to make available new information and technologies emerging from biological research centers to the practicing medical community.

[(iv) The institution of new minority recruitment and retention programs, targeted to improved service delivery in areas the program determines to be medically underserved.

[(v) The establishment of programs to place physicians from health manpower shortage areas into similar areas to encourage retention of physicians and to provide flexibility to States in filling positions in health professional shortage areas.

[(vi) The establishment or improvement of education and training programs for State emergency medical systems.

[(vii) The establishment of programs to train health care providers in the identification and referral of cases of domestic violence.

[(F) The aggregate amount of awards provided under subparagraph (A) to schools in a State for a fiscal year may not exceed the lesser of—

[(i) \$2,000,000; and

[(ii) an amount equal to the product of \$250,000 and the aggregate number of area health education centers operated in the State by the schools.

[(b) STRUCTURE OF PROGRAMS.—

[(1) IN GENERAL. An area health education center program shall be a cooperative program of one or more medical (M.D. and D.O.) schools and one or more nonprofit private or public area health education centers.

[(2) CERTAIN REQUIREMENTS. With respect to an area health education center program, a school may not receive an award under paragraph (1) of subsection (a) for operational expenses, or an award under paragraph (2) or (3) of such subsection, unless the program—

[(A) maintains preceptorship educational experiences for health science students;

[(B) maintains community-based primary care residency programs or is affiliated with such programs;

[(C) maintains continuing education programs for health professionals or coordinates with such programs;

[(D) maintains learning resource and dissemination systems for information identification and retrieval;

[(E) has agreements with community-based organizations for the delivery of education and training in the health professions;

[(F) is involved in the training of health professionals (including nurses and allied health professionals), except to the extent inconsistent with the law of the State in which the training is conducted; and

[(G) carries out recruitment programs for the health science professions, or programs for health-career awareness, among minority and other elementary or secondary students from areas the program has determined to be medically underserved.

[(c) REQUIREMENTS FOR SCHOOLS.—Each medical (M.D. and D.O.) school participating in an area health education center program shall—

[(1) provide for the active participation in such program by individuals who are associated with the administration of the school and each of the departments (or specialties if the school

has no such departments) of internal medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry, and family medicine;

[(2) provide that no less than 10 percent of all undergraduate medical (M.D. and D.O.) clinical education of the school will be conducted in an area health education center and at locations under the sponsorship of such center;

[(3) be responsible for, or conduct, a program for the training of physician assistants (as defined in section 799) or nurse practitioners (as defined under section 822) which give special consideration to the enrollment of individuals from, or intending to practice in, the area served by the area health education center of the program; and

[(4) provide for the active participation of at least 2 schools or programs of other health professions (including a school of dentistry and a graduate program of mental health practice if there are ones affiliated with the university with which the school of medicine or osteopathic medicine is affiliated) in the educational program conducted in the area served by the area health education center.

The requirement of paragraph (3) shall not apply to a medical (M.D. and D.O.) school participating in an area health education center program in another such school participating in the same program meets the requirement of that paragraph.

[(d) REQUIREMENTS FOR CENTER.—

[(1) SERVICE AREA.—Each area health education center shall specifically designate a geographic area in which it will serve, or shall specifically designate a medically underserved population it will serve (such area or population with respect to such center in this section referred to as “the area served by the center”), which area or population is in a location remote from the main site of the teaching facilities of the school or schools which participate in the program with such center.

[(2) OTHER REQUIREMENTS.—Each area health education center shall—

[(A) provide for or conduct training in health education services, including education in nutrition evaluation and counseling, in the area served by the center;

[(B) assess the health manpower needs of the area served by the center and assist in the planning and development of training programs to meet such needs;

[(C) provide for or conduct a rotating osteopathic internship or a medical residency training program in family medicine, general internal medicine, or general pediatrics in which no fewer than four individuals are enrolled in first-year positions in such program;

[(D) provide opportunities for continuing medical education (including education in disease prevention) to all physicians and other health professionals (including allied health personnel) practicing within the area served by the center;

[(E) provide continuing medical education and other educational support services to the national Health Service

Corps members serving within the area served by the center;

[(F) conduct interdisciplinary training and practice involving physicians and other health personnel including, where practicable, physician assistants, nurse practitioners, and nurse midwives;

[(G) arrange and support educational opportunities for medical and other students at health facilities, ambulatory care centers, and health agencies throughout the area served by the center; and

[(H) have an advisory board of which at least 75 percent of the members shall be individuals, including both health service providers and consumers, from the area served by the center.

Any area health education center which is participating in an area health education center program in which another center has a medical residency training program described in subparagraph (C) need not provide for or conduct such a medical residency training program.

[(e) CERTAIN PROVISIONS REGARDING FUNDING.—

[(1) PROGRAMS.—Subject to paragraph (2), in providing financial assistance under this section to a school, the Secretary shall assure that—

[(A) at least 75 percent of the total funds provided to the school are expended by an area health education center program in the area health education centers, and that the school enters into an agreement with each of such centers for purposes of specifying the allocation of such 75 percent;

[(B) with respect to the operating costs of the area health education program of the school, non-Federal contributions for such costs are made in an amount that is not less than 25 percent of such costs; and

[(C) no award provides funds solely for the planning or development of such a program for a period exceeding two years.

[(The Secretary may vest in entities which have received financial assistance under section 802 of the Health Professions Educational Assistance Act of 1976, section 774 as in effect before October 1, 1997, or under subsection (a) of this section for area health education centers programs title to any property acquired on behalf of the United States by that entity (or furnished to that entity by the United States) under that award.

[(2) CENTERS.—With respect to the period during which an area health education center is planned, developed or operated pursuant to an award under subsection (a)(1), not more than 55 percent of the total amounts expended for the center in any fifth or sixth year of such period may be provided by the Secretary, subject to paragraph (3).

[(3) APPLICABILITY OF PROVISION REGARDING CENTERS.—Paragraph (2) shall apply only in the case of an area health education center program for which the initial award under subsection (a)(1) is provided on or after the date of the enactment of the Health Professions Education Extension Amendment of 1992.

[(f) HEALTH EDUCATION AND TRAINING CENTERS.—

[(1) IN GENERAL.—The Secretary shall provide financial assistance to schools of medicine and osteopathic medicine for the purpose of planning, developing, establishing, maintaining, and operating health education and training centers—

[(A) to improve the supply, distribution, quality, and efficiency of personnel providing health services in the State of Florida or (in the United States) along the border between the United States and Mexico;

[(B) to improve the supply, distribution, quality, and efficiency of personnel providing, in other urban and rural areas (including frontier areas) of the United States, health services to any population group, including Hispanic individuals, that has demonstrated serious unmet health care needs; and

[(C) to encourage health promotion and disease prevention through public education in the areas described.

[(2) ARRANGEMENT WITH OTHER ENTITIES.—The Secretary may not provide financial assistance under paragraph (1) unless the applicant for such assistance agrees, in carrying out the purpose described in such paragraph, to enter into arrangements with one or more public or nonprofit private entities in the State that have expertise in providing health education to the public.

[(3) SERVICE AREA.—The Secretary shall, after consultation with health education and training centers, designate the geographic area in which each such center will carry out the purpose described in paragraph (1). The service area of such a center shall be located entirely within the State in which the center is located. Each border health education and training center shall be located in a county (or other political subdivision) of the State in close proximity to the border between the United States and Mexico.

[(4) ADVISORY GROUP; OPERATIONAL PLAN.—The Secretary may not provide financial assistance under paragraph (1) unless the applicant for such assistance agrees—

[(A) to establish an advisory group comprised of health service providers, educator and consumers from the service area and of faculty from participating schools;

[(B) after consultation with such advisory group, to develop a plan for carrying out the purpose described in paragraph (1) in the service area;

[(C) to enter into contracts, as needed, with other institution or entities to carry out such plan; and

[(D) to be responsible for the evaluation of the program.

[(5) CERTAIN ACTIVITIES.—The Secretary may not provide financial assistance under paragraph (1) unless the applicant for such assistance agrees—

[(A) to evaluate the specific service needs for health care personnel in the service area;

[(B) to assist in the planning, development, and conduct of training programs to meet the needs identified pursuant to subparagraph (A);

[(C) to conduct or support not less than one training and education program for physicians and one program for nurses for at least a portion of the clinical training of such students;

[(D) to conduct or support training in health education services, including training to prepare community health workers to implement health education program in communities, health departments, health clinics, and public schools that are located in the service area;

[(E) to conduct or support continuing medical education programs for physicians and other health professionals (including allied health personnel) practicing in the service area;

[(F) to support health career educational opportunities designed to provide students residing in the service area with counseling, education, and training in the health professions;

[(G) with respect to border health education and training center, to assist in coordinating its activities and programs carried out pursuant to paragraph (1)(A) with any similar programs and activities carried out in Mexico along the border between the United States and Mexico;

[(H) to make available technical assistance in the service area in the aspects of health care organization, financial and delivery; and

[(I) in the case of any school of public health located in the service area of the health education and training centers operated with the assistance, to permit any such school to participate in the program of the center if the school makes a request to so participate.

[(6) ALLOCATION OF FUNDS BY CENTERS.—In carrying out this subsection, the Secretary shall ensure that—

[(A) not less than 75 percent of the total funds provided to a school or schools of medicine or osteopathic medicine will be expended in the development and operation of the health education and training center in the service area of such program;

[(B) to the maximum extent feasible, the school of medicine or osteopathic medicine will obtain from nongovernment sources the amount of the total operating funds for such programs which are not provided by the Secretary;

[(C) no award shall provide funds solely for the planning or development of a health education and training center program for a period in excess of two years;

[(D) not more than 10 percent of the annual budget of each program may be utilized for the renovation and equipping of clinical teaching sites; and

[(E) no award shall provide funds to be used outside the United States except as the Secretary may prescribe for travel and communications purposes related to the conduct of a border health education and training center.

[(7) DEFINITIONS.—For purpose of this subsection:

[(A) The term “border health education and training center” means an entity that is a recipient of an award

under paragraph (1) and that is carrying out (or will carry out) the purpose described in subparagraph (A) of such paragraph.

[(B) The term “health education and training center” means an entity that is a recipient of an award under paragraph (1).

[(C) The term “service area” means, with respect to a health education and training center, the geographic area designated for the center under paragraph (3).

[(8) ALLOCATION OF FUNDS BY SECRETARY.—

[(A) Of the amounts appropriate pursuant to subsection (i)(2) for a fiscal year, the Secretary shall make available 50 percent for allocations each fiscal year for applications approved by the Secretary for border health education and training centers. The amount of the allocation for each such center shall be determined in accordance with subparagraph (B).

[(B) The amount of an allocation under subparagraph (A) for a final year shall be determined in accordance with a formula prescribed by the Secretary, which formula shall be based—

[(i) with respect to the service area of the border health education and training center involved, on the low-income population, including Hispanic individuals in the State of Florida and along the border between the United States and Mexico, and the growth rate of such population;

[(ii) on the need of such population for additional personnel to provide health care services along such border; and

[(iii) on the most current information concerning mortality and morbidity and other indicators of health status for such population.

[(g) DEFINITIONS.—For purposes of this section;

[(1) The term “area health education center program” means a program which is organized as provided in subsection (b) and under which the participating medical (M.D. and D.O.) schools and the area health education centers meet the requirements of subsection (c) and (d).

[(2) The term “award” means an award of financial assistance.

[(3) The term “financial assistance” means a grant, cooperative agreement or contract

[(h) CRITERIA AND STANDARDS.—The Secretary shall establish standards and criteria be the requirements of this section.

[(i) AUTHORIZATION OF APPROPRIATIONS.—

[(1) AREA HEALTH EDUCATION CENTER PROGRAMS.—

[(A) For the purpose of carrying out this section other than subsection (f), there is authorized to be appropriated \$25,000,000 for each of the fiscal years 1993 through 1995.

[(B) Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may not obligate more than 20 percent for awards under subsection (a)(2).

[(C) Of the amounts appropriated under paragraph (1) for fiscal year 1993, the Secretary shall obligate for awards under subsection (a)(3) such amounts as are appropriated in excess of \$19,200,000. Of the amounts appropriated under paragraph (1) for each of the fiscal years 1994 and 1995, the Secretary shall obligate for such awards such amounts as are appropriated in excess of \$18,700,000,

[(2) HEALTH EDUCATION AND TRAINING CENTERS.—For the purpose of carrying out subsection (f) there is authorized to be appropriated \$5,000,000 for each of the fiscal years 1993 through 1995.]

* * * * *

[SEC. 747. [288k] FAMILY MEDICINE.] SEC. 747. FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, GENERAL DENTISTRY, PEDIATRIC DENTISTRY, AND PHYSICIAN ASSISTANCE.

(a) TRAINING GENERALLY.—* * *

* * * * *

(1) to plan, develop, and operate, or participate in, an approved professional training program (including an approved residency or internship program) in the field of family medicine, *internal medicine or pediatrics* for medical (M.D. and D.O.) students interns (including interns in internships in osteopathic medicine), residents, or practicing physicians *that emphasizes training for the practice of family medicine, general internal medicine or general pediatrics (as defined by the Secretary);*

(2) to provide financial assistance (in the form of traineeships and fellowships) to medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, practicing physicians, or other medical personnel, who are in need thereof, who are participants in any such program, and who plan to specialize or work in the practice of family medicine; *general internal medicine, or general pediatrics*”

(3) to plan, develop, and operate a program for the training of physicians who plan to teach in family medicine (*including geriatrics, general internal medicine or general pediatrics* training programs; **[and]**

(4) to provide financial assistance (in the form of traineeships and fellowships) to physicians who are participants in any such program and who plan to teach in a family medicine (*including geriatrics, general internal medicine or general pediatrics* training program**].**);

(5) *to meet the costs of projects to plan, develop, and operate or maintain programs for the training of physician assistants (as defined in section 799B), and for the training of individuals who will teach in programs to provide such training; and*

(6) *to meet the costs of planning, developing, or operating programs, and to provide financial assistance to residents in such programs, of general dentistry or pediatric dentistry.*

For purposes of paragraph (6), entities eligible for such grants or contracts shall include entities that have programs in dental

schools, approved residency programs in the general or pediatric practice of dentistry, or approved residency programs in pediatric dentistry.

(b) **ACADEMIC ADMINISTRATIVE UNITS.**—

(1) **IN GENERAL.**—The Secretary may make grants to or enter into contracts with schools of medicine or osteopathic medicine to meet the costs of projects to establish, maintain, or improve academic administrative units (which may be departments, divisions, or other units) to provide clinical instruction in family medicine, *general internal medicine, or general pediatrics.*

(2) **PREFERENCE IN MAKING AWARDS.**—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

(A) establishing an academic administrative unit for programs in family medicine, *general internal medicine, or general pediatrics*; **[or]**

(B) substantially expanding the programs of such a unit**[.]; or**

(3) **PRIORITY IN MAKING AWARDS.**—*In making awards of grants and contracts under paragraph (1), the Secretary shall give priority to any qualified applicant for such an award that proposes a collaborative project between departments of primary care.*

(c) **PRIORITY.**—

(1) **IN GENERAL.**—*With respect to programs for the training of interns or residents, the Secretary shall give priority in awarding grants under this section to qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, which enter and remain in primary care practice or general or pediatric dentistry.*

(2) **DISADVANTAGED INDIVIDUALS.**—*With respect to programs for the training of interns, residents, or physician assistants, the Secretary shall give priority in awarding grants under this section qualified applicants that have a record of training individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among primary care practice or general or pediatric dentistry).*

(3) **SPECIAL CONSIDERATION.**—*In awarding grants under this section the Secretary shall give special consideration to projects which prepare practitioners to care for underserved populations and other high risk groups such as the elderly, individuals with HIV-AIDS, substance abusers, homeless, and victims of domestic violence.*

[(c)](d) DURATION OF AWARD.—The period during which payments are made to an entity from an award of a grant or contract under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments.

[(d)](e) FUNDING.—

* * * * *

(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated **【\$54,000,000 for each of the fiscal years 1993 through 1995】** *\$78,300,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.*

【(2) ALLOCATION.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available not less than 20 percent for awards of grants and contracts under subsection (b).**】**

(2) ALLOCATION.—

(A) IN GENERAL.—*Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available—*

(i) not less than \$49,300,000 for awards of grants and contracts under subsection (a) to programs of family medicine, of which not less than \$8,600,000 shall be made available for awards of grants and contracts under subsection (b) for family medicine academic administrative units;

(ii) not less than \$17,700,000 for awards of grants and contracts under subsection (a) to programs of general internal medicine and general pediatrics;

(iii) not less than \$6,800,000 for awards of grants and contracts under subsection (a) to programs relating to physician assistants; and

(iv) not less than \$4,500,000 for awards of grants and contracts under subsection (a) to programs of general or pediatric dentistry.

(B) RATABLE REDUCTION.—*If amounts appropriated under paragraph (1) for any fiscal year are less than the amount required to comply with subparagraph (A), the Secretary shall ratably reduce the amount to be made available under each of clauses (i) through (iv) of such subparagraph accordingly.*

【SEC. 748. [2931] GENERAL INTERNAL MEDICINE AND GENERAL PEDIATRICS.

【(a) IN GENERAL.—The Secretary may make grants to and enter into contract with schools of medicine and osteopathic medicine, public or private nonprofit hospitals, or any of other public or private nonprofit entity to meet the costs of projects—

【(1) to plan, develop, and operate, or participate in, an approved professional training program (including an approved residency or internship program) in the field of internal medicine or pediatrics for medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, or practicing physicians, which training program emphasizes training for the practice of general internal medicine or general pediatrics (as defined by the Secretary in regulations);

【(2) to provide financial assistance (in the form of traineeships and fellowships) to medical (M.D. and D.O.) students, interns (including interns in internships in osteopathic medicine), residents, practicing physicians, or other medical personnel, who are in need thereof, who are participants in any

such training program, and who plan to specialize in or work in the practice of general internal medicine or general pediatrics;

[(3) to plan, develop, and operate a program for the training of physicians who will teach in a general internal medicine or general pediatrics training program; and

[(4) which provide financial assistance (in the form of traineeships and fellowships) to physicians who are participants in any such program and who plan to teach in a general internal medicine or general pediatrics training program.

[(b) DURATION OF AWARD.—The period during which payments are made to an entity from an award of a grant or contract under subsection (a) may not exceed 5 years. The provision of such payments shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments.

[(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$25,000,000 for each of the fiscal years 1993 through 1995.

[SEC. 749. [293m] GENERAL PRACTICE OF DENTISTRY.

[(a) IN GENERAL.—The Secretary may make grants to, and enter into contracts with, any public or nonprofit private school of dentistry or accredited postgraduate dental training institution—

[(1) to plan, develop, and operate an approved residency program in the general practice of dentistry or an approved advanced educational program in the general practice of dentistry.

[(2) to provide financial assistance (in the form of traineeships and fellowships) to participants in such a program who are in need of financial assistance and who plan to specialize in the practice of general dentistry; and

[(3) to fund innovative, nontraditional models for the provision of postdoctoral General Dentistry training.

[(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$6,000,000 for each of the fiscal years 1993 and 1995.

[SEC. 750. [293m] PHYSICIAN ASSISTANTS.

[(a) IN GENERAL.—The Secretary may make grants to and enter into contracts with public or nonprofit private schools of medicine and osteopathic medicine and other public or nonprofit private entities to meet the costs of projects to plan, develop, and operate or maintain programs—

[(1) for the training of physician assistants (as defined in section 799); and

[(2) for the training of individuals who will teach programs of such training.

[(b) REGULATIONS.—After consultation with appropriate organizations, the Secretary shall prescribe regulations for programs receiving assistance under subsection (a) for the training of physician assistants. Such regulations shall, as a minimum, require that such a program—

[(1) extend for at least one academic year and consist of—
[(A) supervised clinical practice; and

[(B) at least four months (in the aggregate) of classroom instruction, directed toward preparing students to deliver health care;

[(2) have an enrollment of not less than eight students; and

[(3) train students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.

[(c) PLACEMENT OF GRADUATES.—No grant or contract may be made under subsection (a) unless the school or other entity involved provides assurances satisfactory to the Secretary that the school or entity has appropriate mechanisms for placing graduates of the training program with respect to which the application is submitted in positions for which they have been trained.

[(d) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$9,000,000 for each of the fiscal years 1993 through 1995.

[(2) LIMITATIONS.—Not more than 10 percent of the amounts appropriated under paragraph (1) may be expended for carrying out subsection (a)(2).

[SEC. 751. [293o] PODIATRIC MEDICINE.

[(a) IN GENERAL.—The Secretary may make grants to, and enter into contracts with, public and nonprofit private hospitals and schools of podiatric medicine for the purpose of planning and implementing projects in primary care training for podiatric physicians in approved or provisionally approved residency programs which shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.

[(b) PREFERENCE IN MAKING GRANTS.—In making grants under subsection (a), the Secretary shall give preference to qualified applicants that provide clinical training in podiatric medicine in a variety of medically underserved communities.

[(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of the fiscal years 1993 through 1995.

[SEC. 752. [293p] GENERAL PROVISIONS.

[(a) TRAINEESHIPS AND FELLOWSHIP.—

[(1) TRAINEESHIPS.—Payments by recipients of grants or contracts under this part for traineeships shall be limited to such amounts as the Secretary finds necessary to cover the cost of tuition and fees of, and stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees.

[(2) FELLOWSHIPS.—Payments by recipients of grants or contracts under this part for fellowships shall be limited to such amounts as the Secretary finds necessary to cover the cost of advanced study by, and stipends and allowances (including travel and subsistence expenses and dependency allowances) for, the fellows.

[(b) AMOUNT OF GRANTS.—The amount of any grant or contract under this part shall be determined by the Secretary.]

SEC. 748. ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY.

(a) *ESTABLISHMENT.*—The Secretary shall establish an advisory committee to be known as the Advisory Committee on Training in Primary Care Medicine and Dentistry (in this section referred to as the “Advisory Committee”).

(b) *COMPOSITION.*—

(1) *IN GENERAL.*—The Secretary shall determine the appropriate number of individuals to serve on the Advisory Committee. Such individuals shall not be officers or employees of the Federal Government.

(2) *APPOINTMENT.*—Not later than 90 days after the date of enactment of this Act, the Secretary shall appoint the members of the Advisory Committee from among individuals who are health professionals. In making such appointments, the Secretary shall ensure a fair balance between the health professions, that at least 75 percent of the members of the Advisory Committee are health professionals, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved.

(3) *MINORITY REPRESENTATION.*—In appointing the members of the Advisory Committee under paragraph (2), the Secretary shall ensure the adequate representation of women and minorities.

(c) *TERMS.*—

(1) *IN GENERAL.*—A member of the Advisory Committee shall be appointed for a term of 3 years, except that of the members first appointed—

(A) $\frac{1}{3}$ of such members shall serve for a term of 1 year;

(B) $\frac{1}{3}$ of such members shall serve for a term of 2 years;

and

(C) $\frac{1}{3}$ of such members shall serve for a term of 3 years.

(2) *VACANCIES.*—

(A) *IN GENERAL.*—A vacancy on the Advisory Committee shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.

(B) *FILLING UNEXPIRED TERM.*—An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.

(d) *DUTIES.*—The Advisory Committee shall—

(1) provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities under section 747; and

(2) not later than 3 years after the date of enactment of this section, and annually thereafter, prepare and submit to the Secretary, and the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Committee, including findings and recommendations made by the Committee concerning the activities under section 747.

(e) *MEETINGS AND DOCUMENTS.*—

(1) *MEETINGS.*—The Advisory Committee shall meet not less than 2 times each year. Such meetings shall be held jointly with other related entities established under this title where appropriate.

(2) *DOCUMENTS.*—Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Committee shall prepare and make available an agenda of the matters to be considered by the Advisory Committee at such meeting. At any such meeting, the Advisory Council shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Committee shall prepare and make available a summary of the meeting and any actions taken by the Committee based upon the meeting.

(f) *COMPENSATION AND EXPENSES.*—

(1) *COMPENSATION.*—Each member of the Advisory Committee shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Committee.

(2) *EXPENSES.*—The members of the Advisory Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Committee.

(g) *FACA.*—The Federal Advisory Committee Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

PART D—INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES

SEC. 750. GENERAL PROVISIONS.

(a) *COLLABORATION.*—To be eligible to receive assistance under this part, an academic institution shall use such assistance in collaboration with 2 or more disciplines.

(b) *ACTIVITIES.*—An entity shall use assistance under this part to carry out innovative demonstration projects for strategic workforce supplementation activities as needed to meet national goals for interdisciplinary, community-based linkages. Such assistance may be used consistent with this part—

- (1) to develop and support training programs;
- (2) for faculty development;
- (3) for model demonstration programs;
- (4) for the provision of stipends for fellowship trainees;
- (5) to provide technical assistance; and
- (6) for other activities that will produce outcomes consistent with the purposes of this part.

SEC. 751. AREA HEALTH EDUCATION CENTERS.

(a) *AUTHORITY FOR PROVISION OF FINANCIAL ASSISTANCE.*—

(1) ASSISTANCE FOR PLANNING, DEVELOPMENT, AND OPERATION OF PROGRAMS.—

(A) IN GENERAL.—*The Secretary shall award grants to and enter into contracts with schools of medicine and osteopathic medicine, and incorporated consortia made up of such schools, or the parent institutions of such schools, for projects for the planning, development and operation of area health education center programs that—*

(i) *improve the recruitment, distribution, supply, quality and efficiency of personnel providing health services in underserved rural and urban areas and personnel providing health services to populations having demonstrated serious unmet health care needs;*

(ii) *increase the number of primary care physicians and other primary care providers who provide services in underserved areas through the offering of an educational continuum of health career recruitment through clinical education concerning underserved areas in a comprehensive health workforce strategy;*

(iii) *carry out recruitment and health career awareness programs to recruit individuals from underserved areas and under-represented populations, including minority and other elementary or secondary students, into the health professions;*

(iv) *prepare individuals to more effectively provide health services to underserved areas or underserved populations through field placements, preceptorships, the conduct of or support of community-based primary care residency programs, and agreements with community-based organizations such as community health centers, migrant health centers, Indian health centers, public health departments and others;*

(v) *conduct health professions education and training activities for students of health professions schools and medical residents;*

(vi) *conduct at least 10 percent of medical student required clinical education at sites remote to the primary teaching facility of the contracting institution; and*

(vii) *provide information dissemination and educational support to reduce professional isolation, increase retention, enhance the practice environment, and improve health care through the timely dissemination of research findings using relevant resources.*

(B) OTHER ELIGIBLE ENTITIES.—*With respect to a State in which no area health education center program is in operation, the Secretary may award a grant or contract under subparagraph (A) to a school of nursing.*

(C) PROJECT TERMS.—

(i) IN GENERAL.—*Except as provided in clause (ii), the period during which payments may be made under an award under subparagraph (A) may not exceed—*

(I) *in the case of a project, 12 years or*

(II) *in the case of a center within a project, 6 years.*

(ii) *EXCEPTION.*—The periods described in clause (i) shall not apply to projects that have completed the initial period of Federal funding under this section and that desire to compete for model awards under paragraph (2)(A).

(2) *ASSISTANCE FOR OPERATION OF MODEL PROGRAMS.*—

(A) *IN GENERAL.*—In the case of any entity described in paragraph (1)(A) that—

- (i) has previously received funds under this section;
- (ii) is operating an area health education center program; and
- (iii) is no longer receiving financial assistance under paragraph (1);

the Secretary may provide financial assistance to such entity to pay the costs of operating and carrying out the requirements of the program as described in paragraph (1).

(B) *MATCHING REQUIREMENT.*—With respect to the costs of operating a model program under subparagraph (A), an entity, to be eligible for financial assistance under subparagraph (A), shall make available (directly or through contributions from State, county or municipal governments, or the private sector) recurring non-Federal contributions in cash toward such costs in an amount that is equal to not less than 50 percent of such costs.

(C) *LIMITATION.*—The aggregate amount of awards provided under subparagraph (A) to entities in a State for a fiscal year may not exceed the lesser of—

- (i) \$2,000,000; or
- (ii) an amount equal to the product of \$250,000 and the aggregate number of area health education centers operated in the State by such entities.

(b) *REQUIREMENTS FOR CENTERS.*—

(1) *GENERAL REQUIREMENT.*—Each area health education center that receives funds under this section shall encourage the regionalization of health professions schools through the establishment of partnerships with community-based organizations.

(2) *SERVICE AREA.*—Each area health education center that receives funds under this section shall specifically designate a geographic area or medically underserved population to be served by the center. Such area or population shall be in a location removed from the main location of the teaching facilities of the schools participating in the program with such center.

(3) *OTHER REQUIREMENTS.*—Each area health education center that receives funds under this section shall—

(A) assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs;

(B) arrange and support rotations for students and residents in family medicine, general internal medicine or general pediatrics, with at least one center in each program being affiliated with or conducting a rotating osteopathic internship or medical residency training program in family medicine (including geriatrics), general internal medicine

(including geriatrics), or general pediatrics in which no fewer than 4 individuals are enrolled in first-year positions;

(C) conduct and participate in interdisciplinary training that involves physicians and other health personnel including, where practicable, public health professionals, physician assistants, nurse practitioners, nurse midwives, and behavioral and mental health providers; and

(D) have an advisory board, at least 75 percent of the members of which shall be individuals, including both health service providers and consumers, from the area served by the center.

(c) **CERTAIN PROVISIONS REGARDING FUNDING.—**

(1) **ALLOCATION TO CENTER.—**Not less than 75 percent of the total amount of Federal funds provided to an entity under this section shall be allocated by an area health education center program to the area health education center. Such entity shall enter into an agreement with each center for purposes of specifying the allocation of such 75 percent of funds.

(2) **OPERATING COSTS.—**With respect to the operating costs of the area health education center program of an entity receiving funds under this section, the entity shall make available (directly or through contributions from State, county or municipal governments, or the private sector) non-Federal contributions in cash toward such costs in an amount that is equal to not less than 50 percent of such costs, except that the Secretary may grant a waiver for up to 75 percent of the amount of the required non-Federal match in the first 3 years in which an entity receives funds under this section.

SEC. 752. HEALTH EDUCATION AND TRAINING CENTERS.

(a) **IN GENERAL.—**To be eligible for funds under this section, a health education training center shall be an entity otherwise eligible for funds under section 751 that—

(1) addresses the persistent and severe unmet health care needs in States along the border between the United States and Mexico and in the State of Florida, and in other urban and rural areas with populations with serious unmet health care needs;

(2) establishes an advisory board comprised of health service providers, educators and consumers from the service area;

(3) conducts training and education programs for health professions students in these areas;

(4) conducts training in health education services, including training to prepare community health workers; and

(5) supports health professionals (including nursing) practicing in the area through educational and other services.

(b) **ALLOCATION OF FUNDS.—**The Secretary shall make available 50 percent of the amounts appropriated for each fiscal year under section 752 for the establishment or operation of health education training centers through projects in States along the border between the United States and Mexico and in the State of Florida.

SEC. 753. EDUCATION AND TRAINING RELATING TO GERIATRICS.

(a) **GERIATRIC EDUCATION CENTERS.—**

(1) *IN GENERAL.*—The Secretary shall award grants or contracts under this section to entities described in paragraphs (1), (3), or (4) of section 799B, and section 853(2), for the establishment or operation of geriatric education centers.

(2) *REQUIREMENTS.*—A geriatric education center is a program that—

(A) improves the training of health professionals in geriatrics, including geriatric residencies, traineeships, or fellowships;

(B) develops and disseminates curricula relating to the treatment of the health problems of elderly individuals;

(C) supports the training and retraining of faculty to provide instruction in geriatrics;

(D) supports continuing education of health professionals who provide geriatric care; and

(E) provides students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

(b) *GERIATRIC TRAINING REGARDING PHYSICIANS AND DENTISTS.*—

(1) *IN GENERAL.*—The Secretary may make grants to, and enter into contracts with, schools of medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs, for the purpose of providing support (including residencies, traineeships, and fellowships) for geriatric training projects to train physicians, dentists and behavioral and mental health professionals who plan to teach geriatric medicine, geriatric behavioral or mental health, or geriatric dentistry.

(2) *REQUIREMENTS.*—Each project for which a grant or contract is made under this subsection shall—

(A) be staffed by full-time teaching physicians who have experience or training in geriatric medicine or geriatric behavioral or mental health;

(B) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching dentists who have experience or training in geriatric dentistry;

(C) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching behavioral mental health professionals who have experience or training in geriatric behavioral or mental health;

(D) be based in a graduate medical education program in internal medicine or family medicine or in a department of geriatrics or behavioral or mental health;

(E) provide training in geriatrics and exposure to the physical and mental disabilities of elderly individuals through a variety of service rotations, such as geriatric consultation services, acute care services, dental services, geriatric behavioral or mental health units, day and home care programs, rehabilitation services, extended care facilities, geriatric ambulatory care and comprehensive evaluation units, and community care programs for elderly mentally retarded individuals; and

(F) provide training in geriatrics through one or both of the training options described in subparagraphs (A) and (B) of paragraph (3).

(3) TRAINING OPTIONS.—The training options referred to in subparagraph (F) of paragraph (2) shall be as follows:

(A) A 1-year retraining program in geriatrics for—

(i) physicians who are faculty members in departments of internal medicine, family medicine, gynecology, geriatrics, and behavioral or mental health at schools of medicine and osteopathic medicine;

(ii) dentists who are faculty members at schools of dentistry or at hospital departments of dentistry; and

(iii) behavioral or mental health professionals who are faculty members in departments of behavioral or mental health; and

(B) A 2-year internal medicine or family medicine fellowship program providing emphasis in geriatrics, which shall be designed to provide training in clinical geriatrics and geriatrics research for—

(i) physicians who have completed graduate medical education programs in internal medicine, family medicine, behavioral or mental health, neurology, gynecology, or rehabilitation medicine;

(ii) dentists who have demonstrated a commitment to an academic career and who have completed postdoctoral dental training, including postdoctoral dental education programs or who have relevant advanced training or experience; and

(iii) behavioral or mental health professionals who have completed graduate medical education programs in behavioral or mental health.

(4) DEFINITIONS.—For purposes of this subsection:

(A) The term “graduate medical education program” means a program sponsored by a school of medicine, a school of osteopathic medicine, a hospital, or a public or private institution that—

(i) offers postgraduate medical training in the specialties and subspecialties of medicine; and

(ii) has been accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association through its Committee on Postdoctoral Training.

(B) The term “post-doctoral dental education program” means a program sponsored by a school of dentistry, a hospital, or a public or private institution that—

(i) offers post-doctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency; and

(ii) has been accredited by the Commission on Dental Accreditation.

(c) GERIATRIC FACULTY FELLOWSHIPS.—

(1) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program to provide Geriatric Academic Career Awards to

eligible individuals to promote the career development of such individuals as academic geriatricians.

(2) *ELIGIBLE INDIVIDUALS.—To be eligible to receive an Award under paragraph (1), an individual shall—*

(A) be board certified or board eligible in internal medicine, family practice, or psychiatry;

(B) have completed an approved fellowship program in geriatrics; and

(C) have a junior faculty appointment at an accredited (as determined by the Secretary) school of medicine or osteopathic medicine.

(3) *LIMITATIONS.—No Award under paragraph (1) may be made to an eligible individual unless the individual—*

(A) has submitted to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary has approved such application; and

(B) provides, in such form and manner as the Secretary may require, assurances that the individual will meet the service requirement described in subsection (e).

(4) *AMOUNT AND TERM.—*

(A) AMOUNT.—The amount of an Award under this section shall equal \$50,000 for fiscal year 1998, adjusted for subsequent fiscal years to reflect the increase in the Consumer Price Index.

(B) TERM.—The term of any Award made under this subsection shall not exceed 5 years.

(5) *SERVICE REQUIREMENT.—An individual who receives an Award under this subsection shall provide training in clinical geriatrics, including the training of interdisciplinary teams of health care professionals. The provision of such training shall constitute at least 75 percent of the obligations of such individual under the Award.*

SEC. 754. RURAL INTERDISCIPLINARY TRAINING GRANTS.

(a) *GRANTS.—The Secretary may make grants or contracts under this section to help entities fund authorized activities under an application approved under subsection (c).*

(b) *USE OF AMOUNTS.—*

(1) *IN GENERAL.—Amounts provided under subsection (a) shall be used by the recipients to fund interdisciplinary training projects designed to—*

(A) use new and innovative methods to train health care practitioners to provide services in rural areas;

(B) demonstrate and evaluate innovative interdisciplinary methods and models designed to provide access to cost-effective comprehensive health care;

(C) deliver health care services to individuals residing in rural areas;

(D) enhance the amount of relevant research conducted concerning health care issues in rural areas; and

(E) increase the recruitment and retention of health care practitioners from rural areas and make rural practice a more attractive career choice for health care practitioners.

(2) *METHODS.*—A recipient of funds under subsection (a) may use various methods in carrying out the projects described in paragraph (1), including—

(A) the distribution of stipends to students of eligible applicants;

(B) the establishment of a post-doctoral fellowship program;

(C) the training of faculty in the economic and logistical problems confronting rural health care delivery systems; or

(D) the purchase or rental of transportation and telecommunication equipment where the need for such equipment due to unique characteristics of the rural area is demonstrated by the recipient.

(3) *ADMINISTRATION.*—

(A) *IN GENERAL.*—An applicant shall not use more than 10 percent of the funds made available to such applicant under subsection (a) for administrative expenses.

(B) *TRAINING.*—Not more than 10 percent of the individuals receiving training with funds made available to an applicant under subsection (a) shall be trained as doctors of medicine or doctors of osteopathy.

(C) *LIMITATION.*—An institution that receives a grant under this section shall use amounts received under such grant to supplement, not supplant, amounts made available by such institution for activities of the type described in subsection (b)(1) in the fiscal year preceding the year for which the grant is received.

(c) *APPLICATIONS.*—Applications submitted for assistance under this section shall—

(1) be jointly submitted by at least two eligible applicants with the express purpose of assisting individuals in academic institutions in establishing long-term collaborative relationships with health care providers in rural areas; and

(2) designate a rural health care agency or agencies for clinical treatment or training, including hospitals, community health centers, migrant health centers, rural health clinics, community behavioral and mental health centers, long-term care facilities, Native Hawaiian health centers, or facilities operated by the Indian Health Service or an Indian tribe or tribal organization under a contract with the Indian Health Service under the Indian Self-Determination Act.

(d) *DEFINITIONS.*—For the purposes of this section, the term “rural” means geographic areas that are located outside of standard metropolitan statistical areas.

SEC. 755. ALLIED HEALTH AND OTHER DISCIPLINES.

(a) *IN GENERAL.*—The Secretary may make grants or contracts under this section to help entities fund activities of the type described in subsection (b).

(b) *ACTIVITIES.*—Activities of the type described in this subsection include the following:

(1) Assisting entities in meeting the costs associated with expanding or establishing programs that will increase the number of individuals trained in allied health professions. Programs and activities funded under this paragraph may include—

(A) those that expand enrollments in allied health professions with the greatest shortages or whose services are most needed by the elderly;

(B) those that provide rapid transition training programs in allied health fields to individuals who have baccalaureate degrees in health-related sciences;

(C) those that establish community-based allied health training programs that link academic centers to rural clinical settings;

(D) those that provide career advancement training for practicing allied health professionals;

(E) those that expand or establish clinical training sites for allied health professionals in medically underserved or rural communities in order to increase the number of individuals trained;

(F) those that develop curriculum that will emphasize knowledge and practice in the areas of prevention and health promotion, geriatrics, long-term care, home health and hospice care, and ethics;

(G) those that expand or establish interdisciplinary training programs that promote the effectiveness of allied health practitioners in geriatric assessment and the rehabilitation of the elderly;

(H) those that expand or establish demonstration centers to emphasize innovative models to link allied health clinical practice, education, and research;

(I) those that provide financial assistance (in the form of traineeships) to students who are participants in any such program; and

(i) who plan to pursue a career in an allied health field that has a demonstrated personnel shortage; and

(ii) who agree upon completion of the training program to practice in a medically underserved community;

that shall be utilized to assist in the payment of all or part of the costs associated with tuition, fees and such other stipends as the Secretary may consider necessary; and

(J) those to meet the costs of projects to plan, develop, and operate or maintain graduate programs in behavioral and mental health practice.

(2) Planning and implementing projects in preventive and primary care training for podiatric physicians in approved or provisionally approved residency programs that shall provide financial assistance in the form of traineeships to residents who participate in such projects and who plan to specialize in primary care.

(3) Carrying out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment for spinal and lower-back conditions.

SEC. 756. ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES.

(a) **ESTABLISHMENT.**—The Secretary shall establish an advisory committee to be known as the Advisory Committee on Interdiscipli-

nary, *Community-Based Linkages* (in this section referred to as the "Advisory Committee").

(b) *COMPOSITION.*—

(1) *IN GENERAL.*—The Secretary shall determine the appropriate number of individuals to serve on the Advisory Committee. Such individuals shall not be officers or employees of the Federal Government.

(2) *APPOINTMENT.*—Not later than 90 days after the date of enactment of this Act, the Secretary shall appoint the members of the Advisory Committee from among individuals who are health professionals from schools of the types described in sections 751(a)(1)(A), 751(a)(1)(B), 753(b), 754(3)(A), and 755(b). In making such appointments, the Secretary shall ensure a fair balance between the health professions, that at least 75 percent of the members of the Advisory Committee are health professionals, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved.

(3) *MINORITY REPRESENTATION.*—In appointing the members of the Advisory Committee under paragraph (2), the Secretary shall ensure the adequate representation of women and minorities.

(c) *TERMS.*—

(1) *IN GENERAL.*—A member of the Advisory Committee shall be appointed for a term of 3 years, except that of the members first appointed—

(A) $\frac{1}{3}$ of the members shall serve for a term of 1 year;

(B) $\frac{1}{3}$ of the members shall serve for a term of 2 years;

and

(C) $\frac{1}{3}$ of the members shall serve for a term of 3 years.

(2) *VACANCIES.*—

(A) *IN GENERAL.*—A vacancy on the Advisory Committee shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.

(B) *FILLING UNEXPIRED TERM.*—An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.

(d) *DUTIES.*—The Advisory Committee shall—

(1) provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities under this part; and

(2) not later than 3 years after the date of enactment of this section, and annually thereafter, prepare and submit to the Secretary, and the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Committee, including findings and recommendations made by the Committee concerning the activities under this part.

(e) *MEETINGS AND DOCUMENTS.*—

(1) *MEETINGS.*—The Advisory Committee shall meet not less than 3 times each year. Such meetings shall be held jointly

with other related entities established under this title where appropriate.

(2) *DOCUMENTS.*—Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Committee shall prepare and make available an agenda of the matters to be considered by the Advisory Committee at such meeting. At any such meeting, the Advisory Council shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Committee shall prepare and make available a summary of the meeting and any actions taken by the Committee based upon the meeting.

(f) *COMPENSATION AND EXPENSES.*—

(1) *COMPENSATION.*—Each member of the Advisory Committee shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Committee.

(2) *EXPENSES.*—The members of the Advisory Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Committee.

(g) *FACA.*—The Federal Advisory Committee Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

SEC. 757. AUTHORIZATION OF APPROPRIATIONS.

(a) *IN GENERAL.*—There are authorized to be appropriated to carry out this part, \$55,600,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(b) *ALLOCATION.*—

(1) *IN GENERAL.*—Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall make available—

(A) not less than \$28,587,000 for awards of grants and contracts under section 751;

(B) not less than \$3,765,000 for awards of grants and contracts under section 752, of which not less than 50 percent of such amount shall be made available for centers described in subsection (a)(1) of such section; and

(C) not less than \$22,631,000 for awards of grants and contracts under sections 753, 754, and 755.

(2) *RATABLE REDUCTION.*—If amounts appropriated under subsection (a) for any fiscal year are less than the amount required to comply with paragraph (1), the Secretary shall ratably reduce the amount to be made available under each of subparagraphs (A) through (C) of such paragraph accordingly.

(c) *OBLIGATION OF CERTAIN AMOUNTS.*—

(1) *AREA HEALTH EDUCATION CENTER PROGRAMS.*—Of the amounts made available under subsection (b)(1)(A) for each fis-

cal year, the Secretary may obligate for awards under section 751(a)(2)—

(A) not less than 23 percent of such amounts in fiscal year 1998;

(B) not less than 30 percent of such amounts in fiscal year 1999;

(C) not less than 35 percent of such amounts in fiscal year 2000;

(D) not less than 40 percent of such amounts in fiscal year 2001; and

(E) not less than 45 percent of such amounts in fiscal year 2002.

(2) SENSE OF CONGRESS.—It is the sense of the Congress that—

(A) every State have an area health education center program in effect under this section; and

(B) the ratio of Federal funding for the model program under section 751(a)(2) should increase over time and that Federal funding for other awards under this section shall decrease so that the national program will become entirely comprised of programs that are funded at least 50 percent by State and local partners.

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[PART D—TRAINING IN CERTAIN HEALTH PROFESSIONS

[Subpart I—Public Health and Preventive Medicine

[SEC. 761. [294] PUBLIC HEALTH TRAINEESHIPS.

[(a) IN GENERAL.—The Secretary may make grants to accredited schools of public health, and to other public or nonprofit private institutions accredited for the provision of graduate or specialized training in public health, for the purpose of assisting such schools and institutions in providing traineeships to individuals described in subsection (b)(3).

[(b) CERTAIN REQUIREMENTS.—

[(1) APPLICATION FOR GRANT.—No grant for traineeships may be made under subsection (a) unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, be submitted in such manner, and contain such information, as the Secretary by regulation may prescribe. Traineeships under such a grant shall be awarded in accordance with such regulations as the Secretary shall prescribe. The amount of any such grant shall be determined by the Secretary.

[(2) USE OF GRANT.—Traineeships awarded under grants made under subsection (a) shall provide for tuition and fees and such stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees as the Secretary may deem necessary.

[(3) ELIGIBLE INDIVIDUALS.—The individuals referred to in subsection (a) are individuals who are pursuing a course of study in a health professionals field in which there is a severe

shortage of health professions (which fields include the fields of epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal and child health).】

PART E—HEALTH PROFESSIONS AND PUBLIC HEALTH WORKFORCE

Subpart 1—Health Professions Workforce Information and Analysis

SEC. 761. HEALTH PROFESSIONS WORKFORCE INFORMATION AND ANALYSIS.

(a) *PURPOSE.*—It is the purpose of this section to—

(1) provide for the development of information describing the health professions workforce and the analysis of workforce related issues; and

(2) provide necessary information for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs.

(b) *GRANTS OR CONTRACTS.*—The Secretary may award grants or contracts to State or local governments, health professions schools, schools of nursing, academic health centers, community-based health facilities, and other appropriate public or private nonprofit entities to provide for—

(1) targeted information collection and analysis activities related to the purposes described in subsection (a);

(2) research on high priority workforce questions;

(3) the development of a non-Federal analytic and research infrastructure related to the purposes described in subsection (a); and

(4) the conduct of program evaluation and assessment.

(c) *AUTHORIZATION OF APPROPRIATIONS.*—

(1) *IN GENERAL.*—There are authorized to be appropriated to carry out this section, \$750,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(2) *RESERVATION.*—Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall reserve not less than \$600,000 for conducting health professions research and for carrying out data collection and analysis in accordance with section 792.

(3) *AVAILABILITY OF ADDITIONAL FUNDS.*—Amounts otherwise appropriated for programs or activities under this title may be used for activities under subsection (b) with respect to the programs or activities from which such amounts were made available.

* * * * *

[SEC. 762. [294a] PUBLIC HEALTH SPECIAL PROJECTS.

【(a) *IN GENERAL.*—The Secretary may make grants to and enter into contracts with accredited schools of public health for the costs of planning, developing, demonstrating, operating, and evaluating projects that are in furtherance of the goals established by the Secretary for the year 2000 in the area of—

【(1) preventive medicine;

- [(2) health promotion and disease prevention;
- [(3) improving access to and quality of health services in medically underserved communities; or
- [(4) reducing the incidence of domestic violence.

[(b) PREFERENCE IN MAKING AWARDS.—In making awards of grants and contracts under subsection (a), the Secretary shall give preference to qualified schools agreeing that the project for which the award is made—

[(1) will establish or strengthen field placements for students in public or nonprofit private health agencies or organizations; and

[(2) will involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities.

[(c) PARTICIPATION AND TRAINING OF STUDENTS.—The Secretary may make an award of a grant or contract under subsection (a) only if the school involved agrees that the students of the school will, through participation in the project for which the award is made, receive training in the activities carried out by the project.

[(d) APPLICATION FOR AWARD.—The Secretary may make an award of a grant or contract under subsection (a) only if an application for the award is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

[(e) ESTABLISHMENT OF GOALS; RELATED REPORTS.—

[(1) GOALS.—

[(A) The Secretary shall establish goals for projects under subsection (a) (including goals regarding the training of students), and shall require that, as a condition of the receipt of grants and contracts under such subsection, schools carry out activities in furtherance of meeting the goals.

[(B) The Secretary shall establish and implement a methodology for measuring the extent of progress that has been made toward the goals established under subparagraph (A) by schools receiving grants or contracts under subsection (a).

[(2) REPORTS.—Not later than February 1, 1994, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and the Committee on Labor and Human Resources of the Senate, a report describing the progress made by projects under subsection (a) during the preceding fiscal years toward the goals established under paragraph (1). For purposes of the report, the extent of such progress shall be measured through the methodology established under subparagraph (B) of such paragraph.]

SEC. [301] 762. ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION.

(a) ESTABLISHMENT; DUTIES.—There is established the Council on Graduate Medical Education (in this section referred to as the “Council”). The Council shall—

- (1) make recommendations to the Secretary of Health and Human Services (in this section referred to as the “Secretary”),

and to the Committee on Labor and Human Resources of the Senate, and the Committee on Energy and Commerce of the House of Representatives, with respect to—

- (A) the supply and distribution of physicians in the United States;
- (B) current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties;
- (C) issues relating to foreign medical school graduates;
- (D) appropriate Federal policies with respect to the matters specified in subparagraph (A), (B), and (C), including policies concerning changes in the financing of undergraduate and graduate medical education programs and changes in the types of medical education training in graduate medical education programs;
- (E) appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathic medicine, and accrediting bodies with respect to the matters specified in subparagraphs (A), (B), and (C), including efforts for changes in undergraduate and graduate medical education programs; and
- (F) deficiencies in, and needs for improvements in existing data bases concerning the supply and distribution of, and postgraduate training programs for, physicians in the United States and steps that should be taken to eliminate those deficiencies; and

(2) encourage entities providing graduate medical education to conduct activities to voluntarily achieve the recommendations of the Council under paragraph (1)(E).

(b) COMPOSITION.—The Council shall be composed of—

- (1) the Assistant Secretary for Health or the designee of the Assistant Secretary;
- (2) the Administrator of the Health Care Financing Administration;
- (3) the Chief Medical Director of the Department of Veterans Affairs;
- (4) 6 members appointed by the Secretary to include representatives of practicing primary care physicians, national and specialty physician organizations, foreign medical graduates, and medical student and house staff associations;
- (5) 4 members appointed by the Secretary to include representatives of schools of medicine and osteopathic medicine and public and private teaching hospitals; and
- (6) 4 members appointed by the Secretary to include representatives of health insurers, business, and labor.

(c) TERMS OF APPOINTED MEMBERS.—

IN GENERAL; STAGGERED ROTATION.—Members of the Council appointed under paragraphs (4), (5), and (6) of subsection (b) shall be appointed for a term of 4 years, except that the term of office of the members first appointed shall expire, as designated by the Secretary at the time of appointment, 4 at the end of 1 year, 4 at the end of 2 years, 3 at the end of 3 years, and 3 at the end of 4 years.

【(2) DATE CERTAIN FOR APPOINTMENT.—The Secretary shall appoint the first members to the Council under paragraphs (4), (5), and (6) of subsection (b) within 60 days after the date of enactment of this section.

(d) CHAIR.—The Council shall elect one of its members as Chairman of the Council.

(e) QUORUM.—Nine members of the Council shall constitute a quorum, but a lesser number may hold hearings.

(f) VACANCIES.—Any vacancy in the Council shall not affect its power to function.

(g) COMPENSATION.—Each member of the Council who is not otherwise employed by the United States Government shall receive compensation at a rate equal to the daily rate prescribed for GS-18 under the General Schedule under section 5332 of title 5, United States Code, for each day, including traveltime, such member is engaged in the actual performance of duties as a member of the Council. A member of the Council who is an officer or employee of the United States Government shall serve without additional compensation. All members of the Council shall be reimbursed for travel subsistence and other necessary expenses incurred by them in the performance of their duties.

(h) CERTAIN AUTHORITIES AND DUTIES.—

(1) Authorities.—In order to carry out the provisions of this section, the Council is authorized to—

(A) collect such information, hold such hearings, and sit and act at such times and places, either as a whole or by subcommittee, and request the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents as the Council or such subcommittee may consider available; and

(B) request the cooperation and assistance of Federal departments, agencies, and instrumentalities, and such departments, agencies, and instrumentalities are authorized to provide such cooperation and assistance.

(2) COORDINATION OF ACTIVITIES.—The Council shall coordinate its activities with the activities of the Secretary under section 792 of the Public Health Service Act. The Secretary shall, in cooperation with the Council and pursuant to the recommendations of the Council, take such steps as are practicable to eliminate deficiencies in the data base established under such section 792 and shall make available in its reports such comprehensive data sets as are developed pursuant to this section.

(i) REQUIREMENT REGARDING REPORTS.—In the reports required under subsection (a), the Council shall specify its activities during the period for which the report is made.

(j) FINAL REPORT.—Not later than April 1, [1995] 2002], the Council shall submit a final report under subsection (a).

(k) TERMINATION.—The Council shall terminate September 30, [1995 2002].

(l) FUNDING.—Amounts otherwise appropriated under this title may be utilized by the Secretary to support the activities of the Council.

[SEC. 765. [294c] AUTHORIZATION OF APPROPRIATIONS.

[(a) IN GENERAL.—For the purpose of carrying out this subpart, there is authorized to be appropriated \$15,500,000 for each of the fiscal years 1993 through 1995.

[(b) LIMITATION REGARDING CERTAIN PROGRAM.—In obligating amounts appropriated under subsection (a), the Secretary may not obligate more than 40 percent for carrying out section 762.

Subpart II—Allied Health Professions**[SEC. 766. [294d] ADVANCED TRAINING.**

[(a) IN GENERAL.—The Secretary may award grants to and enter into contracts with eligible entities to assist such entities in meeting the costs associated with projects designed to—

[(1) plan, develop, establish or expand postbaccalaureate programs for the advanced training of allied health professionals; and

[(2) provide financial assistance, in the form of traineeships or fellowships, to postbaccalaureate students who are participants in any such program and who commit to teaching in the allied health profession involved.

[(b) PREFERENCE.—In awarding grants under subsection (a), the Secretary shall give preference to qualified projects demonstrating that not less than 50 percent of the graduates of such schools or programs during the preceding 2-year period are engaged as full-time teaching faculty in an allied health shortage specialty.

[(c) LIMITATION.—The Secretary shall limit grants and contracts awarded or entered into under subsection (a) to those allied health fields or specialties as the Secretary shall, from time to time, determine to have—

[(1) the most significant national or regional shortages of practitioners;

[(2) insufficient numbers of qualified faculty in entry level or advanced educational programs; or

[(3) a significant role in the care and rehabilitation of patients who are elderly or disabled including physical therapists and occupational therapists.

[(d) ELIGIBLE ENTITIES.—For purposes of this section, the term “eligible entities” means entities that are—

[(1) public or private nonprofit schools, universities, or other educational entities that provide for education and training in the allied health professions and that meet such standards as the Secretary may by regulation prescribe; or

[(2) public or nonprofit private entities capable, as determined by the Secretary, of carrying out projects described in subsection (a).

[(e) AUTHORIZATION OF APPROPRIATION.—For the purpose of carrying out this section, there is authorized to be appropriated \$5,000,000 for each of the fiscal years 1993 through 1995.

[SEC. 767. [294e] PROJECT GRANTS AND CONTRACTS.

[(a) PROJECTS RELATED TO STRENGTHENING TRAINING AND INCREASING ENROLLMENT IN THE ALLIED HEALTH PROFESSIONS.—The Secretary may make grants to and enter into contracts with eligible entities to assist such entities in meeting the costs associated

with expanding or establishing programs that will increase the number of individuals trained in allied health professions. Programs and activities funded under this section may include—

[(1) those that expand enrollments in allied health professions with the greatest shortages or whose services are most needed by the elderly;

[(2) those that provide rapid transition training programs in allied health fields to individuals who have baccalaureate degrees in health-related sciences;

[(3) those that establish community-based allied health training programs that link academic centers to rural clinical settings;

[(4) those that provide career advancement training for practicing allied health professionals;

[(5) those that expand or establish clinical training sites for allied health professionals in medically underserved or rural communities in order to increase the number of individuals trained;

[(6) those that develop curriculum that will emphasize knowledge and practice in the areas of prevention and health promotion, geriatrics, long-term care, home health and hospice care, and ethics;

[(7) those that expand or establish interdisciplinary training programs that promote the effectiveness of allied health practitioners in geriatric assessment and the rehabilitation of the elderly;

[(8) those that expand or establish demonstration centers to emphasize innovative models to link allied health clinical practice, education, and research; and

[(A) who plan to pursue a career in an allied health field that has a demonstrated personnel shortage; and

[(B) who agree upon completion of the training program to practice in a medically underserved community; that shall be utilized to assist in the payment of all or part of the costs associated with tuition, fees and such other stipends as the Secretary may consider necessary.

[(b) APPLICATION.—

[(1) REQUIREMENT.—No grant may be awarded or contract entered into under this section unless an application therefore¹ has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe.

[(2) PREFERENCE.—In considering an application submitted for a grant under this section, the Secretary shall give preference to qualified applicants that—

[(A) expand and maintain first-year enrollment by not less than 20 percent over enrollments in base year 1992; or

[(B) demonstrate that not less than 20 percent of the graduates of such training programs during the preceding 2-year period are working in medically underserved communities.

[(c) ELIGIBLE ENTITIES.—For purposes of this section, the term “eligible entities” has the meaning given such term in section 766.

[(d) AUTHORIZATION OF APPROPRIATION.—For purposes of carrying out this section, there is authorized to be appropriated \$5,000,000 for each of the fiscal years 1993 through 1995.]

Subpart 2—Public Health Workforce

SEC. 765. GENERAL PROVISIONS.

(a) *IN GENERAL.*—The Secretary may award grants or contracts to eligible entities to increase the number of individuals in the public health workforce, to enhance the quality of such workforce, and to enhance the ability of the workforce to meet national, State, and local health care needs.

(b) *ELIGIBILITY.*—To be eligible to receive a grant or contract under subsection (a) an entity shall—

(1) be—

(A) a health professions school, including an accredited school or program of public health, health administration, preventive medicine, or dental public health or a school providing health management programs;

(B) an academic health center;

(C) a State or local government; or

(D) any other appropriate public or private nonprofit entity; and

(2) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(c) *PREFERENCE.*—In awarding grants or contracts under this section the Secretary may grant a preference to entities—

(1) serving individuals who are from disadvantaged backgrounds (including underrepresented racial and ethnic minorities); and

(2) graduating large proportions of individuals who serve in underserved communities.

(d) *ACTIVITIES.*—Amounts provided under a grant or contract awarded under this section may be used for—

(1) the costs of planning, developing, or operating demonstration training programs;

(2) faculty development;

(3) trainee support;

(4) technical assistance;

(5) to meet the costs of projects—

(A) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine and dental public health, that have available full-time faculty members with training and experience in the fields of preventive medicine and dental public health; and

(B) to provide financial assistance to residency trainees enrolled in such programs;

(6) the retraining of existing public health workers as well as for increasing the supply of new practitioners to address priority public health, preventive medicine, public health dentistry, and health administration needs;

(7) preparing public health professionals for employment at the State and community levels; or

(8) other activities that may produce outcomes that are consistent with the purposes of this section

(e) **TRAINEESHIPS.**—

(1) **IN GENERAL.**—With respect to amounts used under this section for the training of health professionals, such training programs shall be designed to—

(A) make public health education more accessible to the public and private health workforce;

(B) increase the relevance of public health academic preparation to public health practice in the future;

(C) provide education or training for students from traditional on-campus programs in practice-based sites; or

(D) develop educational methods and distance-based approaches or technology that address adult learning requirements and increase knowledge and skills related to community-based cultural diversity in public health education.

(2) **SEVERE SHORTAGE DISCIPLINES.**—Amounts provided under grants or contracts under this section may be used for the operation of programs designed to award traineeships to students in accredited schools of public health who enter educational programs in fields where there is a severe shortage of public health professionals, including epidemiology, biostatistics, environmental health, toxicology, public health nursing, nutrition, preventive medicine, maternal and child health, and behavioral and mental health professions.

SEC. 766. PUBLIC HEALTH TRAINING CENTERS.

(a) **IN GENERAL.**—The Secretary may make grants or contracts for the operation of public health training centers.

(b) **ELIGIBLE ENTITIES.**—

(1) **IN GENERAL.**—A public health training center shall be an accredited school of public health, or another public or non-profit private institution accredited for the provision of graduate or specialized training in public health, that plans, develops, operates, and evaluates projects that are in furtherance of the goals established by the Secretary for the year 2000 in the areas of preventive medicine, health promotion and disease prevention, or improving access to and quality of health services in medically underserved communities.

(2) **PREFERENCE.**—In awarding grants or contracts under this section the Secretary shall give preference to accredited schools of public health.

(c) **CERTAIN REQUIREMENTS.**—With respect to a public health training center, an award may not be made under subsection (a) unless the program agrees that it—

(1) will establish or strengthen field placements for students in public or nonprofit private health agencies or organizations;

(2) will involve faculty members and students in collaborative projects to enhance public health services to medically underserved communities;

(3) will specifically designate a geographic area or medically underserved population to be served by the center that shall be in a location removed from the main location of the teaching fa-

cility of the school that is participating in the program with such center; and

(4) will assess the health personnel needs of the area to be served by the center and assist in the planning and development of training programs to meet such needs.

SEC. 767. PUBLIC HEALTH TRAINEESHIPS.

(a) IN GENERAL.—The Secretary may make grants to accredited schools of public health, and to other public or nonprofit private institutions accredited for the provision of graduate or specialized training in public health, for the purpose of assisting such schools and institutions in providing traineeships to individuals described in subsection (b)(3).

(b) CERTAIN REQUIREMENTS.—

(1) AMOUNT.—The amount of any grant under this section shall be determined by the Secretary.

(2) USE OF GRANT.—Traineeships awarded under grants made under subsection (a) shall provide for tuition and fees and such stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees as the Secretary may deem necessary.

(3) ELIGIBLE INDIVIDUALS.—The individuals referred to in subsection (a) are individuals who are pursuing a course of study in a health professions field in which there is a severe shortage of health professionals (which fields include the fields of epidemiology, environmental health, biostatistics, toxicology, nutrition, and maternal and child health).

SEC. 768. PREVENTIVE MEDICINE; DENTAL PUBLIC HEALTH.

(a) IN GENERAL.—The Secretary may make grants to and enter into contracts with schools of medicine, osteopathic medicine, public health, and dentistry to meet the costs of projects—

(1) to plan and develop new residency training programs and to maintain or improve existing residency training programs in preventive medicine and dental public health; and

(2) to provide financial assistance to residency trainees enrolled in such programs.

(b) ADMINISTRATION.—

(1) AMOUNT.—The amount of any grant under subsection (a) shall be determined by the Secretary.

(2) ELIGIBILITY.—To be eligible for a grant under subsection (a), the applicant must demonstrate to the Secretary that it has or will have available full-time faculty members with training and experience in the fields of preventive medicine or dental public health and support from other faculty members trained in public health and other relevant specialties and disciplines.

(3) OTHER FUNDS.—Schools of medicine, osteopathic medicine, dentistry, and public health may use funds committed by State, local, or county public health officers as matching amounts for Federal grant funds for residency training programs in preventive medicine.

SEC. 769. HEALTH ADMINISTRATION TRAINEESHIPS AND SPECIAL PROJECTS.

(a) IN GENERAL.—The Secretary may make grants to State or local governments (that have in effect preventive medical and dental

public health residency programs) or public or nonprofit private educational entities (including graduate schools of social work and business schools that have health management programs) that offer a program described in subsection (b)—

(1) to provide traineeships for students enrolled in such a program; and

(2) to assist accredited programs health administration in the development or improvement of programs to prepare students for employment with public or nonprofit private entities.

(b) **RELEVANT PROGRAMS.**—The program referred to in subsection (a) is an accredited program in health administration, hospital administration, or health policy analysis and planning, which program is accredited by a body or bodies approved for such purpose by the Secretary of Education and which meets such other quality standards as the Secretary of Health and Human Services by regulation may prescribe.

(c) **PREFERENCE IN MAKING GRANTS.**—In making grants under subsection (a), the Secretary shall give preference to qualified applicants that meet the following conditions:

(1) Not less than 25 percent of the graduates of the applicant are engaged in full-time practice settings in medically underserved communities.

(2) The applicant recruits and admits students from medically underserved communities.

(3) For the purpose of training students, the applicant has established relationships with public and nonprofit providers of health care in the community involved.

(4) In training students, the applicant emphasizes employment with public or nonprofit private entities.

(d) **CERTAIN PROVISIONS REGARDING TRAINEESHIPS.**—

(1) **USE OF GRANT.**—Traineeships awarded under grants made under subsection (a) shall provide for tuition and fees and such stipends and allowances (including travel and subsistence expenses and dependency allowances) for the trainees as the Secretary may deem necessary.

(2) **PREFERENCE FOR CERTAIN STUDENTS.**—Each entity applying for a grant under subsection (a) for traineeships shall assure to the satisfaction of the Secretary that the entity will give priority to awarding the traineeships to students who demonstrate a commitment to employment with public or nonprofit private entities in the fields with respect to which the traineeships are awarded.

SEC. 770. AUTHORIZATION OF APPROPRIATIONS.

(a) **IN GENERAL.**—For the purpose of carrying out this subpart, there is authorized to be appropriated \$9,100,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2002.

(b) **LIMITATION REGARDING CERTAIN PROGRAM.**—In obligating amounts appropriated under subsection (a), the Secretary may not obligate more than 30 percent for carrying out section 767.

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[PART F—MISCELLANEOUS PROGRAMS**[SEC. 781. [295] RESEARCH ON CERTAIN HEALTH PROFESSIONS ISSUES.****[(a) EDUCATIONAL INDEBTEDNESS.—**

[(1) IN GENERAL.—Subject to paragraph (2), the Secretary may make grants to and enter into contracts with public and nonprofit private entities for the purpose of conducting research on the extent to which the debt incurred by medical students for attendance at educational institutions has had a detrimental effect on the decisions made by the students on entering primary care specialties.

[(2) EVALUATION OF RATE OF INCREASE.—In carrying out paragraph (1), the Secretary shall provide for a determination of the reasons underlying the rate of increase occurring since January 1, 1981, in tuition and fees for attending health professions schools. The Secretary shall ensure that the determination includes the justifications of such schools for such rate.

[(b) EFFECT OF PROGRAMS FOR MINORITY AND DISADVANTAGED INDIVIDUALS.—

[(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities for the purpose of conducting research on the effects that federally-funded educational programs or policies for minority or disadvantaged individuals have on—

[(A) the number of such individuals attending health professions school;

[(B) the number of such individuals completing the programs of education involved; and

[(C) the decisions made by such individuals on which of the health professions specialties to enter.

[(2) SEPARATE SPECIFICATIONS FOR CERTAIN CATEGORIES OF SCHOOLS.—The Secretary may provide a grant or contract under paragraph (1) only if the applicant involved agrees that in conducting research under such paragraph the applicant will make findings specific to the following categories of health professions schools;

[(A) Health professions schools of historically black colleges and universities.

[(B) Other health professions schools attended by a substantial number of minority individuals.

[(C) Health professions schools generally.

[(c) EXTENT OF INVESTIGATIONS AND DISCIPLINARY ACTIONS BY STATE LICENSING AUTHORITIES.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities for the purpose of conducting research on the effectiveness of the States in protecting the public health through—

[(1) identifying health care providers with respect to whom investigations of professional qualifications are warranted;

[(2) conducting such investigations; and

[(3) taking disciplinary actions against health care providers determined through such investigations to have engaged in conduct inconsistent with protecting the public health.

[(d) PRIMARY HEALTH CARE.—

[(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities for the purpose of conducting research—

[(A) to determine the extent to which Federal programs and related financial incentives influence the percentage of medical school graduates selecting a primary care career;

[(B) to determine the extent to which Federal programs and related financial incentives adequately support the training of mid-level primary care providers relative to other health professions education receiving Federal assistance;

[(C) to assess the impact that direct and indirect payments for graduate medical education (including the appropriateness of payments for independent, ambulatory training sites) have on increasing the percentage of physicians graduating from medical school who enter primary care careers;

[(D) to assess the impact of medical school admission policies on specialty selection and recommend ways admission policies can better facilitate and promote the selection of primary care as a medical career;

[(E) to assess the impact that Federal funding for biomedical research influences the design of medical school curriculum and the availability of primary care educational opportunities;

[(F) to assess the impact of medical school curriculum, including the availability of clinical training in ambulatory care settings, influences the percentage of physicians selecting primary care residencies and selecting primary care as a medical career; and

[(G) to assess the extent to which current physician payment policies under resource based relative value scale are sufficient to encourage physicians graduating from medical school to enter and remain in primary care careers.

[(2) DEFINITIONS.—For purposes of this subsection:

[(A) the term “primary care careers”, with respect to medicine, means family practice, general internal medicine and general pediatrics.

[(B) The term “mid-level primary care health professions” means physician assistants, nurse practitioners, and nurse midwives.

[(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$4,000,000 for each of the fiscal years 1993 through 1995.

[SEC. 782. [295A] CHIROPRACTIC DEMONSTRATION PROJECTS.

[(a) IN GENERAL.—The Secretary may make grants to and enter into contracts with schools, colleges, and universities of chiropractic for the purpose of carrying out demonstration projects in which chiropractors and physicians collaborate to identify and provide effective treatment for spinal and lower-back conditions.

[(b) PARTICIPATION OF MEDICAL SCHOOLS.—The Secretary may make an award of a grant or contract under subsection (a) only if the applicant involved has entered into such agreements as may be necessary to ensure that in the project under such subsection a

school of medicine or osteopathic medicine will participate in the project.

[(c) PEER REVIEW.—Each peer review group under section 798(a) reviewing proposals for grants or contracts under subsection (a) shall include no fewer than two, and no more than three, chiropractors.

[(d) REPORT TO CONGRESS.—

[(1) IN GENERAL.—The Secretary shall prepare a report that

[(A) summarizes the applications submitted to the Secretary for grants or contracts under subsection (a);

[(B) specifies the identity of entities receiving the grants or contracts; and

[(C) evaluates the effectiveness of the programs operated with the grants and contracts.

[(2) DATE CERTAIN FOR SUBMISSION.—Not later than February 10, 1995, the Secretary shall complete the report required in paragraph (1) and submit the report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

[(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of the fiscal years 1993 through 1995.]

[PART G] PART F—GENERAL PROVISIONS

SEC. 791. [295j] PREFERENCES AND REQUIRED INFORMATION IN CERTAIN PROGRAMS.

(a) PREFERENCES IN MAKING AWARDS.—

(1) IN GENERAL.—Subject to paragraph (2), in making awards of grants or contracts under any of [sections 747 through 751, under section 763, or under section 766 or 767] *sections 747 and 750*, the Secretary shall give preference to any qualified applicant that—

* * * * *

(2) LIMITATION REGARDING PEER REVIEW.—For purposes of paragraph (1), the Secretary may not give an applicant preference if the proposal of the applicant is ranked at or below the 20th percentile of proposals that have been recommended for approval by peer review groups [under section 798(a)].

[(b) REQUIRED SUBMISSION OF INFORMATION.—The Secretary may make an award of a grant or contract under any of sections 747 through 751 or under section 763, 766, or 767 only if the applicant for the award submits to the Secretary (through the application required in section 798(f)(2)) the following information regarding the programs of the applicant:

[(1) A description of rotations or preceptorships for students, or clinical training programs for residents, that have the principal focus of providing health care to medically underserved communities.

[(2) The number of faculty on admissions committees who have a clinical practice in community-based ambulatory settings in medically underserved communities.

[(3) With respect to individuals who are from disadvantaged backgrounds or from medically underserved communities, the number of such individuals who are recruited for academic programs of the applicant, the number of such individuals who are admitted to such programs, and the number of such individuals who graduate from such programs.

[(4) If applicable, the number of recent graduates who have chosen careers in primary health care.

[(5) The number of recent graduates whose practices are serving medically underserved communities.

[(6) A description of whether and to what extent the applicant is able to operate without Federal assistance under this title.]

[(c)] (b) DEFINITION.—Purposes of this section, the term “graduate” means, unless otherwise specified, an individual who has successfully completed all training and residency requirements necessary for full certification in the health profession selected by the individual.

(c) EXCEPTIONS FOR NEW PROGRAMS.—

(1) IN GENERAL.—To permit new programs to compete equitably for funding under this section, those new programs that meet at least 4 of the criteria described in paragraph (3) shall qualify for a funding preference under this section.

(2) DEFINITION.—As used in this subsection, the term ‘new program’ means any program that has graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

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

(A) The mission statement of the program identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.

(B) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.

(C) Substantial clinical training experience is required under the program in medically underserved communities.

(D) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities.

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

(F) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

(G) The program provides a placement mechanism for deploying graduates to medically underserved communities.

SEC. 792. HEALTH PROFESSIONS DATA.

(a) IN GENERAL.—The Secretary shall establish a program, including a uniform health professions data reporting system, to collect, compile, and analyze data on health professions personnel

which program shall initially include data respecting all physicians and dentist in the States. The Secretary is authorized to expand the program to include, whenever he determines it necessary, the collection, compilation, and analysis of data respecting pharmacists, optometrists, podiatrists, veterinarians, public health personnel, audiologists, speech pathologists, health care administration personnel, nurses, allied health personnel, medical technologists, chiropractors, clinical psychologists, professional counselors, and any other health personnel in States designated by the Secretary to be included in the program. Such data shall include data respecting the training, licensure status (including permanent, temporary, partial, limited, or institutional), place or places of practice, professional specialty, practice characteristics, place and date of birth, sex, and socio-economic background of health professions personnel and such other demographic information regarding health professions personnel as the Secretary may require.

* * * * *

[SEC. 793. [2951] STATISTICS; ANNUAL REPORT.

[(a) STATISTICS AND OTHER INFORMATION.—The Secretary shall, in coordination with the National Center for Health Statistics (established under section 306), continuously develop, publish, and disseminate on a nationwide basis statistics and other information respecting public and community health personnel, including—

[(1) detailed descriptions of the various types of activities in which public and community health personnel are engaged,

[(2) the current and anticipated needs for the various types of public and community health personnel, and

[(3) the number, employment, geographic locations, salaries, and surpluses and shortages of public and community health personnel, the educational and licensure requirements for the various types of such personnel and the cost of training such personnel.

[(b) REQUIREMENTS REGARDING PERSONAL DATA.—

[(1) IN GENERAL.—The Secretary and each program entity shall in securing and maintaining any record of individually identifiable personal data (in this subsection referred to as “personal data”) for purposes of this section—

[(A) inform any individual who is asked to supply personal data whether he is legally required, or may refuse, to supply such data and inform him of any specific consequences, known to the Secretary or program entity as the case may be, of providing or not providing such data;

[(B) upon request, inform any individual if he is the subject of personal data secured or maintained by the Secretary or program entity, as the case may be, and make the data available to him in a form comprehensible to him;

[(C) assure that no use is made of personal data which is not within the purposes of this section unless an informed consent has been obtained from the individual who is the subject of such data; and

[(D) upon request, inform any individual of the use being made of personal data respecting such individual and of the identity of the individuals and entities which

will use the data and their relationship to the activities conducted under this section.

[(2) CONSENT AS PRECONDITION TO TRANSFER OF INFORMATION.—Any entity which maintains a record of personal data and which receives a request from the Secretary or a program entity to use such data for purposes of this section shall not transfer any such data to the Secretary or to a program entity unless the individual whose personal data is to be so transferred gives an informed consent for such transfer.

[(3) DISCLOSURE BY SECRETARY.—

[(A) Notwithstanding any other provision of law, personal data collected by the Secretary or any program entity for purposes of this section may not be made available or disclosed by the Secretary or any program entity to any person other than the individual who is the subject of such data unless (i) such person requires such data for purposes of this section, or (ii) in response to a demand for such data made by means of compulsory legal process. Any individual who is the subject of personal data made available or disclosed under clause (ii) shall be notified of the demand for such data.

[(B) Subject to all applicable laws regarding confidentiality, only the data collected by the Secretary under this section which is not personal data shall be made available to bona fide researchers and policy analysts (including the Congress) for the purposes of assisting in the conduct of studies respecting health professions personnel.

[(4) DEFINITIONS.—For purposes of this subsection, the term “program entity” means any public or private entity which collects, compiles, or analyzes health professions data under an arrangement with the Secretary for purposes of this section.

[(c) REPORT.—The Secretary shall submit biennially to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Labor and Human Resources of the Senate a report on—

[(1) the statistics and other information developed pursuant to subsection (a); and

[(2) the activities conducted under this title, including an evaluation of such activities.

Such report shall contain such recommendations for legislation as the Secretary determines are needed to improve the programs authorized under such subparts. The Office of Management and Budget may review such report before its submission to such Committees, but the Office may not revise the report or delay its submission beyond the date prescribed for its submission and may submit to such Committees its comments respecting such report.

[(d) DEFINITIONS.—For purposes of this section, the term “public and community health personnel” means individuals who are engaged in—

[(1) the planning, development, monitoring, or management of health care or health care institutions, organizations, or systems,

[(2) research on health care development and the collection and analysis of health statistics, data on the health of population groups, and any other health data,

[(3) the development and improvement of individual and community knowledge of health (including environmental health and preventive medicine) and the health care system, or

[(4) the planning and development of a healthful environment and control of environmental health hazards.]

* * * * *

[SEC. 795. [295n] OBLIGATED SERVICE REGARDING CERTAIN PROGRAMS.

[(a) IN GENERAL.—In the case of any program under this title under which a scholarship, stipend, or other financial assistance is provided to an individual with respect to education as a health professional (including a program that provides for the repayment of loans), if the program provides that the provision of the financial assistance involved is subject to this section, then the assistance may be provided only if the individual makes agreements as follows:

[(1) The individual will complete the program of education with respect to which such assistance is provided (in the case of assistance provided for purposes other than the repayment of loans).

[(2) In the case of an individual who receives such assistance with respect to attendance at a school of medicine or osteopathic medicine, the individual will—

[(A) enter and complete a residency training program in a specialty in primary health care not later than 4 years after completing the program of education described in paragraph (1); and

[(B) practice in the specialty for 5 years after completing the residency training program.

[(3) In the case of an individual who receives such assistance with respect to attendance at a school of dentistry, the individual will practice in general dentistry for 5 years (exclusive of any period during which the individual is attending a residency training program in general dentistry).

[(4) Subsection (b) applies with respect to the breach of agreements made under any of paragraphs (1) through (3).

[(b) BREACH OF AGREEMENTS.—

[(1) IN GENERAL.—For purposes of subsection (a)(4), the following applies:

[(A) In the case of a program under this title that provides financial assistance for attendance at a program of education in a health profession, the individual is liable to the Federal Government for the amount of the award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

[(i) fails to maintain an acceptable level of academic standing in the program of education (as indicated by such program in accordance with requirements established by the Secretary);

[(ii) is dismissed from the program for disciplinary reasons; or

[(iii) voluntarily terminates the program.

[(B) The individual is liable to the Federal Government for the amount of the award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to comply with the agreement made under subsection (a)(2).

[(2) WAIVER OR SUSPENSION OF LIABILITY.—In the case of an individual making agreements under subsection (a), the Secretary shall provide for the waiver or suspension of liability under paragraph (1) if compliance by the individual with the agreements involved is impossible, or would involve extreme hardship to the individual, and if enforcement of the agreements with respect to the individual would be unconscionable.

[(3) DATE CERTAIN FOR RECOVERY.—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the three-year period beginning on the date the United States becomes so entitled.]

* * * * *

SEC. 796. APPLICATION.

(a) *IN GENERAL.*—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.

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

(c) *PERFORMANCE OUTCOME STANDARDS.*—An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant health workforce needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

(d) *LINKAGES.*—An application submitted under this section shall contain a description of the linkages with relevant educational and health care entities, including training programs for other health professionals as appropriate, that the project to be funded under the grant or contract will establish. To the extent practicable, grantees under this section shall establish linkages with health care providers who provide care for underserved communities and populations.

SEC. 797. USE OF FUNDS.

(a) *IN GENERAL.*—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reason-

able living expenses during the period of training, technical assistance, workforce analysis, dissemination of information, and exploring new policy directions, as appropriate to meet recognized health workforce objectives, in accordance with this title.

(b) *MAINTENANCE OF EFFORT.*—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

[SEC. 798. [295c] CERTAIN GENERAL PROVISIONS

[(a) *PEER REVIEW.*—Each application for a grant or contract under this title shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

[(b) *DELEGATION OF AUTHORITY OF SECRETARY.*—The Secretary may delegate the authority to administer any program authorized by this title to the administrator of a central or regional office or offices of the Department, except that the authority to make such a grant, enter into such a contract, continue such a grant or contract, or modify such a contract, shall not be delegated to any administrator of, or officer in, a regional office or offices of the Department.

[(c) *DIFFERENTIAL TUITION AND FEES.*—The Secretary may not enter into a contract with, or make a grant, loan guarantee, or interest subsidy payment under this title or title VIII, to or for the benefit of, any school, program, or training center if the tuition levels or educational fees at such school, program, or training center are higher for certain students solely on the basis that such students are the recipients of traineeships, loans, loan guarantees, service scholarships, or interest subsidies from the Federal Government.

[(d) *APPLICABILITY OF CERTAIN PROVISIONS ON CONTRACTS.*—Contracts authorized by this title may be entered into without regard to section 3324 of title 31, United States Code, or section 3709 of the Revised Statutes of the United States (41 U.S.C. 5).

[(e) *RECORDS AND AUDITS.*—

[(1) *MAINTENANCE OF RECORDS.*—

[(A) Each entity which receives a grant, loan, loan guarantee, or interest subsidy or which enters into a contract with the Secretary under this title, shall establish and maintain such records as the Secretary shall by regulation or order require.

[(B) The Secretary may specify, by regulation, the form and manner in which such records, required by subparagraph (A), shall be established and maintained.

[(2) *BIENNIAL AUDITS.*—Each entity which received a grant or entered into a contract under this title shall provide for a

biennial financial audit of any books, accounts, financial records, files, and other papers and property which relate to the disposition or use of the funds received under such grant or contract and such other funds received by or allocated to the project or undertaking for which such grant or contract was made. For purposes of assuring accurate, current, and complete disclosure of the disposition or use of the funds received, each such audit shall be conducted in accordance with such requirements concerning the individual or agency which conducts the audit, and such standards applicable to the performance of the audit, as the Secretary may by regulation provide. A report of each such audit shall be filed with the Secretary at such time and in such manner as he may require.

[(3) APPLICABILITY TO STUDENTS.—A student recipient of a scholarship, traineeship, loan, or loan guarantee under this title shall not be required to establish or maintain the records required in paragraph (1) or provide for an audit required in paragraph (2).

[(4) AVAILABILITY OF DOCUMENTS, ETC.—

[(A) Each entity which is required to establish and maintain records or to provide for an audit under this subsection shall make such books, documents, papers, and records available to the Secretary or the Comptroller General of the United States, or any of their duly authorized representatives, for examination, copying, or mechanical reproduction on or off the premises of such entity upon a reasonable request therefor.

[(B) The Secretary and the Comptroller General of the United States, or any of their duly authorized representatives, shall have the authority to carry out the purposes of this paragraph.

[(f) MISCELLANEOUS PROVISIONS.—

[(1) PAYMENTS UNDER GRANTS.—Grants made under this title may be paid (A) in advance or by way of reimbursement, (B) at such intervals and on such conditions as the Secretary may find necessary, and (C) with appropriate adjustments on account of overpayments or underpayments previously made.

[(2) APPLICATIONS FOR GRANTS AND CONTRACTS.—No grant may be made or contract entered into under this title unless an application therefor has been submitted to and approved by the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe.

[(3) ASSURANCES.—Whenever in this title an applicant is required to provide assurances to the Secretary, or an application is required to contain assurances or be supported by assurances, the Secretary shall determine before approving the application that the assurances provided are made in good faith.

[(4) TECHNICAL ASSISTANCE.—Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.

[(5) GRADUATES OF FOREIGN MEDICAL SCHOOLS.—The Secretary may make an award of a grant, cooperative agreement, or contract under this title to an entity (including a school)

that provides graduate training in the health professions only if the entity agrees that, in considering applications for admissions to a program of such training the entity will not refuse to consider an application solely on the basis that the application is submitted by a graduate of a foreign medical school. This paragraph may not be construed as establishing any private right of action.】

SEC. 798. MATCHING REQUIREMENT.

The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. As determined by the Secretary, such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

SEC. 799. GENERALLY APPLICABLE PROVISIONS.

(a) **AWARDING OF GRANTS AND CONTRACTS.**—*The Secretary shall ensure that grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet health workforce goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as may be necessary.*

(b) **ELIGIBLE ENTITIES.**—*Unless specifically required otherwise in this title, the Secretary shall accept applications for grants or contracts under this title from health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities for funding and participation in health professions and nursing training activities. The Secretary may accept applications from for-profit private entities if determined appropriate by the Secretary.*

(c) **INFORMATION REQUIREMENTS.**—

(1) **IN GENERAL.**—*Recipients of grants and contracts under this title shall meet information requirements as specified by the Secretary.*

(2) **DATA COLLECTION.**—*The Secretary shall establish procedures to ensure that, with respect to any data collection required under this title, such data is collected in a manner that takes into account age, sex, race, and ethnicity.*

(3) **USE OF FUNDS.**—*The Secretary shall establish procedures to permit the use of amounts appropriated under this title to be used for data collection purposes.*

(4) **EVALUATIONS.**—*The Secretary shall establish procedures to ensure the annual evaluation of programs and projects operated by recipients of grants or contracts under this title. Such procedures shall ensure that continued funding for such programs and projects will be conditioned upon a demonstration that satisfactory progress has been made by the program or project in meeting the objectives of the program or project.*

(d) **TRAINING PROGRAMS.**—*Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.*

(e) *DURATION OF ASSISTANCE.*—

(1) *IN GENERAL.*—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

(2) *LIMITATION.*—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.

(f) *PEER REVIEW REGARDING CERTAIN PROGRAMS.*—

(1) *IN GENERAL.*—Each application for a grant under this title, except any scholarship or loan program, including those under sections 701, 721, or 723, shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval.

(2) *COMPOSITION.*—Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. In providing for the establishment of peer review groups and procedures, the Secretary shall ensure sex, racial, ethnic, and geographic balance among the membership of such groups.

(3) *ADMINISTRATION.*—This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

(g) *PREFERENCE OR PRIORITY CONSIDERATIONS.*—In considering a preference or priority for funding which is based on outcome measures for an eligible entity under this title, the Secretary may also consider the future ability of the eligible entity to meet the outcome preference or priority through improvements in the eligible entity's program design.

(h) *ANALYTIC ACTIVITIES.*—The Secretary shall ensure that—

(1) cross-cutting workforce analytical activities are carried out as part of the workforce information and analysis activities under section 761; and

(2) discipline-specific workforce information and analytical activities are carried out as part of—

(A) the community-based linkage program under part D; and

(B) the health workforce development program under subpart 2 of part E.

(i) *OSTEOPATHIC SCHOOLS.*—For purposes of this title, any reference to—

(1) medical schools shall include osteopathic medical schools; and

(2) *medical students shall include osteopathic medical students.*

SEC. 799a. TECHNICAL ASSISTANCE.

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

SEC. [799.] 799B. DEFINITIONS.

For purposes of this title:

(1)(A) * * *

* * * * *

(C) The terms “graduate program in clinical social work” and “graduate program in marriage and family therapy” and “graduate program in professional counseling” mean an accredited graduate program in a public or nonprofit private institution in a State that provides training, respectively, in a concentration in health or mental health care leading to a graduate degree in social work and a concentration leading to a graduate degree in marriage and family therapy and a concentration leading to a graduate degree in counseling.

(D) The term “graduate program in mental health practice” means a graduate program in clinical psychology, clinical social work, *professional counseling*, or marriage and family therapy.

(E) The term “accredited”, when applied to a school of medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, or chiropractic, or a graduate program in health administration, clinical psychology, clinical social work, *professional counseling*, or marriage and family therapy, means a school or program that is accredited by a recognized body or bodies approved for such purpose by the Secretary of Education, except that a new school or program that, by reason of an insufficient period of operation, is not, at the time of application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies, shall be deemed accredited for purposes of this title, if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school or program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of the first entering class in such school or program.

* * * * *

[(3) The term “program for the training of physician assistants” means an educational program that—

[(A) has as its objective the education of individuals who will, upon completion of their studies in the program, be qualified to provide primary health care under the supervision of a physician; and

[(B) meets regulations prescribed by the Secretary in accordance with section 750(b).]

(3) The term “program for the training of physician assistants” means an educational program that—

(A) has as its objective the education of individuals who will, upon completion of their studies in the program, be qualified to provide primary care under the supervision of a physician;

(B) extends for at least one academic year and consists of—

(i) supervised clinical practice; and

(ii) at least four months (in the aggregate) of classroom instruction, directed toward preparing students to deliver health care;

(C) has an enrollment of not less than eight students; and

(D) trains students in primary care, disease prevention, health promotion, geriatric medicine, and home health care.

* * * * *

(5) The term “allied health professionals” means a health professional (other than a registered nurse or physician assistant)—

(A) * * *

* * * * *

(C) who has not received a degree of doctor of medicine, a degree of doctor of osteopathy, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of bachelor of science in pharmacy or an equivalent degree, a degree of doctor of pharmacy or an equivalent degree, a graduate degree in public health or an equivalent degree, a degree of doctor of chiropractic or an equivalent degree, a graduate degree in health administration or an equivalent degree, a doctoral degree in clinical psychology or an equivalent degree, or a degree in social work or an equivalent degree *or a degree in counseling or an equivalent degree.*

(6) The term “medically underserved community” means an urban or rural area or population that—

(A) is eligible for designation under section 332 as a health professional shortage area;

(B) is eligible to be served by a migrant health center under section 329, a community health center under section 330, a grantee under section 340 (relating to homeless individuals), or a grantee under section 340A (relating to residents of public housing); **[or]**

(C) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa)(2) of the Social Security Act (relating to rural health clinics)**[.]; or**

(D) is designated by a State governor (in consultation with the medical community) as a shortage area or medically underserved community.

* * * * *

PART A—GENERAL PROVISIONS

SEC. 801. DEFINITIONS.

As used in this title:

(1) *ELIGIBLE ENTITIES.*—The term “eligible entities” means schools of nursing, nursing centers, academic health centers, State or local governments, and other public or private non-profit entities determined appropriate by the Secretary that submit to the Secretary an application in accordance with section 802.

(2) *SCHOOL OF NURSING.*—The term “school of nursing” means a collegiate, associate degree, or diploma school of nursing in a State.

(3) *COLLEGIATE SCHOOL OF NURSING.*—The term “collegiate school of nursing” means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, or to an equivalent degree, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

(4) *ASSOCIATE DEGREE SCHOOL OF NURSING.*—The term “associate degree school of nursing” means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, or such unit, college, or university is accredited.

(5) *DIPLOMA SCHOOL OF NURSING.*—The term “diploma school of nursing” means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited.

(6) *ACCREDITED.*—

(A) *IN GENERAL.*—Except as provided in subparagraph (B), the term “accredited” when applied to any program of nurse education means a program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by

the Secretary of Education. For the purpose of this paragraph, the Secretary of Education shall publish a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be reliable authority as to the quality of education offered.

(B) NEW PROGRAMS.—A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of this title if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program.

(7) NONPROFIT.—The term “nonprofit” as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

(8) STATE.—The term “State” means a State, the Commonwealth of Puerto Rico, the District of Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, or the Trust Territory of the Pacific Islands.

SEC. 802. APPLICATION.

(a) IN GENERAL.—To be eligible to receive a grant or contract under this title, an eligible entity shall prepare and submit to the Secretary an application that meets the requirements of this section, at such time, in such manner, and containing such information as the Secretary may require.

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

(c) PERFORMANCE OUTCOME STANDARDS.—An application submitted under this section shall contain a specification by the applicant entity of performance outcome standards that the project to be funded under the grant or contract will be measured against. Such standards shall address relevant national nursing needs that the project will meet. The recipient of a grant or contract under this section shall meet the standards set forth in the grant or contract application.

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

SEC. 803. USE OF FUNDS.

(a) *IN GENERAL.*—Amounts provided under a grant or contract awarded under this title may be used for training program development and support, faculty development, model demonstrations, trainee support including tuition, books, program fees and reasonable living expenses during the period of training, technical assistance, workforce analysis, and dissemination of information, as appropriate to meet recognized nursing objectives, in accordance with this title.

(b) *MAINTENANCE OF EFFORT.*—With respect to activities for which a grant awarded under this title is to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives such a grant.

SEC. 804. MATCHING REQUIREMENT.

The Secretary may require that an entity that applies for a grant or contract under this title provide non-Federal matching funds, as appropriate, to ensure the institutional commitment of the entity to the projects funded under the grant. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

SEC. 805. PREFERENCE.

In awarding grants or contracts under this title, the Secretary shall give preference to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

SEC. 806. GENERALLY APPLICABLE PROVISIONS.

(a) *AWARDING OF GRANTS AND CONTRACTS.*—The Secretary shall ensure that grants and contracts under this title are awarded on a competitive basis, as appropriate, to carry out innovative demonstration projects or provide for strategic workforce supplementation activities as needed to meet national nursing service goals and in accordance with this title. Contracts may be entered into under this title with public or private entities as determined necessary by the Secretary.

(b) INFORMATION REQUIREMENTS.—

(1) *IN GENERAL.*—Recipients of grants and contracts under this title shall meet information requirements as specified by the Secretary.

(2) *EVALUATIONS.*—The Secretary shall establish procedures to ensure the annual evaluation of programs and projects operated by recipients of grants under this title. Such procedures shall ensure that continued funding for such programs and projects will be conditioned upon a demonstration that satisfactory progress has been made by the program or project in meeting the objectives of the program or project.

(c) *TRAINING PROGRAMS.*—Training programs conducted with amounts received under this title shall meet applicable accreditation and quality standards.

(d) DURATION OF ASSISTANCE.—

(1) *IN GENERAL.*—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

(2) *LIMITATION.*—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.

(e) *PEER REVIEW REGARDING CERTAIN PROGRAMS.*—

(1) *IN GENERAL.*—Each application for a grant under this title, except advanced nurse traineeship grants under section 811(a)(2), shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval.

(2) *COMPOSITION.*—Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. In providing for the establishment of peer review groups and procedures, the Secretary shall, except as otherwise provided, ensure sex, racial, ethnic, and geographic representation among the membership of such groups.

(3) *ADMINISTRATION.*—This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

(f) *ANALYTIC ACTIVITIES.*—The Secretary shall ensure that—

(1) cross-cutting workforce analytical activities are carried out as part of the workforce information and analysis activities under this title; and

(2) discipline-specific workforce information is developed and analytical activities are carried out as part of—

(A) the advanced practice nursing activities under part B;

(B) the workforce diversity activities under part C; and

(C) basic nursing education and practice activities under part D.

(g) *STATE AND REGIONAL PRIORITIES.*—Activities under grants or contracts under this title shall, to extent practicable, be consistent with related Federal, State, or regional nursing professions program plans and priorities.

(h) *FILING OF APPLICATIONS.*—

(1) *IN GENERAL.*—Applications for grants or contracts under this title may be submitted by health professions schools, schools of nursing, academic health centers, State or local governments, or other appropriate public or private nonprofit entities as determined appropriate by the Secretary in accordance with this title.

(2) *FOR PROFIT ENTITIES.*—Notwithstanding paragraph (1), a for-profit entity may be eligible for a grant or contract under this title as determined appropriated by the Secretary.

SEC. 807. TECHNICAL ASSISTANCE.

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

* * * * *

PROHIBITION AGAINST DISCRIMINATION BY SCHOOLS ON THE BASIS OF
SEX

SEC. [855.] 810. The Secretary may not make a grant, loan guarantee, or interest subsidy payment under this title to, or for the benefit of, any school of nursing unless the application for the grant, loan guarantee, or interest subsidy payment contains assurances satisfactory to the Secretary that the school will not discriminate on the basis of sex in the admission of individuals to its training programs. The Secretary may not enter into a contract under this title with any school unless the school furnishes assurances satisfactory to the Secretary that it will not discriminate on the basis of sex in the admission of individuals to its training programs.

**PART B—NURSE PRACTITIONERS, NURSE MIDWIVES,
NURSE ANESTHETISTS, AND OTHER ADVANCED PRACTICE NURSES**

SEC. 811. ADVANCED PRACTICE NURSING GRANTS.

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

- (1) *projects that support the enhancement of advanced practice nursing education and practice; and*
- (2) *traineeships for individuals in advanced practice nursing programs.*

(b) *DEFINITION OF ADVANCED PRACTICE NURSES.*—For purposes of this section, the term “advanced practice nurses” means individuals trained in advanced degree programs including individuals in combined R.N./Master’s degree programs, post-nursing master’s certificate programs, or, in the case of nurse midwives, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education.

(c) *AUTHORIZED NURSE PRACTITIONER AND NURSE-MIDWIFERY PROGRAMS.*—Nurse practitioner and nurse midwifery programs eligible for support under this section are educational programs for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) that—

- (1) *meet guidelines prescribed by the Secretary; and*
- (2) *have as their objective the education of nurses who will upon completion of their studies in such programs, be qualified*

to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities, acute care, and other health care settings.

(d) **AUTHORIZED NURSE ANESTHESIA PROGRAMS.**—Nurse anesthesia programs eligible for support under this section are education programs that—

(1) provide registered nurses with full-time anesthetist education; and

(2) are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.

(e) **OTHER AUTHORIZED EDUCATIONAL PROGRAMS.**—The Secretary shall prescribe guidelines as appropriate for other advanced practice nurse education programs eligible for support under this section.

(f) **TRAINEESHIPS.**—

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

(A) the tuition, books, and fees of the program of advanced nursing practice with respect to which the traineeship is provided; and

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

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

(3) **SPECIAL CONSIDERATION.**—In making awards of grants and contracts under subsection (a)(2), the Secretary shall give special consideration to an eligible entity that agrees to expend the award to train advanced practice nurses who will practice in health professional shortage areas designated under section 332.

PART C—INCREASING NURSING WORKFORCE DIVERSITY

SEC. 821. WORKFORCE DIVERSITY GRANTS.

(a) **IN GENERAL.**—The Secretary may award grants to and enter into contracts with eligible entities to meet the costs of special projects to increase nursing education opportunities for individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities.

(b) **GUIDANCE.**—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of the First, Second and Third Invitational Congresses for Minority Nurse Leaders on “Caring for the Emerging Majority,” in 1992, 1993 and 1997, and consult with nursing associations including the American Nurses Association, the National League for Nursing, the American Association of Colleges of Nursing, the National Black Nurses Association, the National Association of Hispanic Nurses, the Association of Asian American and Pacific Islander Nurses, the Native American Indian and Alaskan Nurses Association, and the National Council of State Boards of Nursing.

(c) *REQUIRED INFORMATION AND CONDITIONS FOR AWARD RECIPIENTS.*—

(1) *IN GENERAL.*—*Recipients of awards under this section may be required, where requested, to report to the Secretary concerning the annual admission, retention, and graduation rates for individuals from disadvantaged backgrounds and ethnic and racial minorities in the school or schools involved in the projects.*

(2) *FALLING RATES.*—*If any of the rates reported under paragraph (1) fall below the average of the two previous years, the grant or contract recipient shall provide the Secretary with plans for immediately improving such rates.*

(3) *INELIGIBILITY.*—*A recipient described in paragraph (2) shall be ineligible for continued funding under this section if the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.*

PART D—STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE

SEC. 831. BASIC NURSE EDUCATION AND PRACTICE GRANTS.

(a) *IN GENERAL.*—*The Secretary may award grants to and enter into contracts with eligible entities for projects to strengthen capacity for basic nurse education and practice.*

(b) *PRIORITY AREAS.*—*In awarding grants or contracts under this section the Secretary shall give priority to entities that will use amounts provided under such a grant or contract to enhance the educational mix and utilization of the basic nursing workforce by strengthening programs that provide basic nurse education, such as through—*

(1) *establishing or expanding nursing practice arrangements in noninstitutional settings to demonstrate methods to improve access to primary health care in medically underserved communities;*

(2) *providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV-AIDS, substance abusers, the homeless, and victims of domestic violence;*

(3) *providing managed care, quality improvement, and other skills needed to practice in existing and emerging organized health care systems;*

(4) *developing cultural competencies among nurses;*

(5) *expanding the enrollment in baccalaureate nursing programs;*

(6) *promoting career mobility for nursing personnel in a variety of training settings and cross training or specialty training among diverse population groups;*

(7) *providing education in informatics, including distance learning methodologies; or*

(8) *other priority areas as determined by the Secretary.*

* * * * *

[TITLE VIII—NURSE EDUCATION]

***TITLE VIII—NURSING WORKFORCE
DEVELOPMENT***

[PART A—SPECIAL PROJECTS

[Subpart I—Special Projects in General]

[SPECIAL PROJECT GRANTS AND CONTRACTS

[SEC. 820. (a) Expansion of Enrollment in Professional Nursing Programs.—

[(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private schools of nursing with programs of education in professional nursing for the purpose of assisting the schools in increasing the number of students enrolled in such programs. Such a grant or contract may be made only with respect to such programs. Such a grant or contract may be made only with respect to such programs that are in operation on the date of the enactment of the Health Professions Education Extension Amendments of 1992.

[(2) PREFERENCE.—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified school that provides students of the school with clinical training in the provision of primary health care in publicly-funded—

[(A) urban or rural outpatient facilities, home health agencies, or public health agencies; or

[(B) rural hospitals.

[(3) MATCHING FUNDS.—

[(A) With respect to the costs of the program to be carried out by a school pursuant to paragraph (1), the Secretary may provide an award of a grant or contract under such paragraph only if the school agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that—

[(i) for the first fiscal year for which the school receives such an award, is not less than \$1 for each \$9 of Federal funds provided through the award (10 percent of such costs);

[(ii) for any second such fiscal year, is not less than \$1 for each \$3 of Federal funds provided through the award (25 percent of such costs);

[(iii) for any third such fiscal year, is not less than \$1 for each \$1 Federal funds provided through the award (50 percent of such costs); and

[(iv) for any fourth or fifth such fiscal year, is not less than \$3 for each \$1 of Federal funds provided through the award (75 percent of such costs).

[(B) Non-Federal contributions required in subparagraph (A) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided

by the Federal Government, or services assisted of subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

[(b) Primary Health Care in Noninstitutional Settings.—

[(1) In General.— The Secretary may make grants to and enter into contracts with public and nonprofit private schools of nursing for the establishment or expansion of nursing practice arrangements in noninstitutional settings to demonstrate methods to improve access to primary health care in medically underserved communities.

[(2) Operation and Staffing of Programs.—The Secretary may make an award of a grant or contract under paragraph (1) only if the school involved agrees that the program carried out with the award will be operated and staffed by the faculty and students of the school.

[(3) Design.—The Secretary may make an award of a grant or contract under paragraph (1) only if the program to be carried out under such paragraph by the school involved is designed to provide at least 25 percent of the students of the school with a structured clinical experience in primary health care.

[(c) Continuing Education for Nurses in Medically Underserved Communities.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities for the purpose of providing continuing education for nurses serving in medically underserved communities.

[(d) Long-Term Care Fellowships for Certain Paraprofessionals.—

[(1) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private entities that operate accredited programs of education in professional nursing, or State-board approved programs of practical or vocational nursing, for the purpose of providing fellowships to individuals described in paragraph (2) for attendance in such programs.

[(2) ELIGIBLE INDIVIDUALS.—The individuals referred to in paragraph (1) individuals who are employed by nursing facilities or home health agencies as nursing paraprofessionals.

[(3) PREFERENCES FOR SCHOOLS WITH RAPID TRANSITION PROGRAMS.—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant operating an accredited program of education in professional nursing that provides for the rapid transition to status as a professional nurse from status as a nursing paraprofessional

[(4) PREFERENCE IN AWARD OF FELLOWSHIPS.—The Secretary may make an award of a grant or contract under paragraph (1) only if the applicant involved agrees that, in providing fellowships under the award, the applicant will give preference to individuals described in paragraph (2) who—

[(A) are economically disadvantaged individuals, particularly such individuals who are members of a minority

group that is underrepresented among registered nurses;
or

[(B) are employed by a nursing facility that will assist in paying the costs or expenses described in paragraph (5)(A) with respect to the individuals.

[(5) USE OF AWARD.—The Secretary may make an award of a grant or contract under paragraph (1) only if the applicant involved agrees that fellowships provided with the award will pay all or part of the costs of—

[(A) the tuition, books, and fees of the program of nursing with respect to which the fellowship is provided; and

[(B) reasonable living expenses of the individual during the period for which the fellowship is provided.

[(6) DEFINITION.—For purposes of this section:

[(A) The term “home health agency” has the meaning given such term in section 1861 of the Social Security Act.

[(B) The term “nursing facility” has the meaning given such term in section 1919 of the Social Security Act.

[(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$10,500,000 for each of the fiscal years 1993 and 1994.

ADVANCED NURSE EDUCATION

[SEC. 821. [2961] (a) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private collegiate schools of nursing to meet the costs of projects that, in the case of programs described in subsection (b)—

[(1) plan, develop, and operate new such programs; or

[(2) significantly expand existing such programs.

[(b) AUTHORIZED PROGRAMS.—The programs referred to in subsection (a) are programs leading to advanced degrees that prepare nurses to serve as nurse educators or public health nurses, or in other clinical nurse specialties determined by the Secretary to require advanced education.

[(c) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$12,000,000 for each of the fiscal years 1993 and 1994.

[(2) LIMITATION.—Of the amounts appropriated under paragraph (1), the Secretary may not obligate more than 10 percent for providing grants or contracts under subsection (a) for programs leading to doctoral degrees.

[NURSE PRACTITIONER AND NURSE MIDWIFE PROGRAMS

[SEC. 822. [296m] (a) IN GENERAL.—The Secretary may make grants to and enter into contracts with public and nonprofit private schools of nursing or other public and nonprofit private entities to meet the costs of projects that, with respect to programs described in subsection (b)—

[(1) plan, develop, and operate new such programs; or

[(2) maintain or significantly expand existing such programs.

[(b) AUTHORIZED PROGRAMS.—

[(1) IN GENERAL.—The programs referred to in subsection (a) are educational programs for registered nurses (irrespective of the type of school of nursing in which the nurses received their training) that—

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

[(B) have as their objective the education of nurses who will, upon completion of their studies in such programs, be qualified to effectively provide primary health care, including primary health care in homes and in ambulatory care facilities, long-term care facilities and other health care institutions.

[(2) GUIDELINES.—After consultation with appropriate educational organizations and professional nursing and medical organizations, the Secretary shall prescribe guidelines for programs described in paragraph (1). Such guidelines shall, as a minimum, require that such a program—

[(A) extend for at least one academic year and consist of—

[(i) supervised clinical practice directed toward preparing nurses to deliver primary health care; and

[(ii) at least four months (in the aggregate) of classroom instruction that is so directed; and

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

[(c) CERTAIN CONSIDERATIONS IN MAKING AWARDS.—

[(1) PREFERENCE.—In making awards of grants and contracts under subsection (a), the Secretary shall give preference to any qualified applicant that, with respect to programs described in subsection (b), agrees to expend the award to plan, develop, and operate new such programs or to significantly expand existing such programs.

[(2) SPECIAL CONSIDERATION.—In making awards of grants and contracts under subsection (a), the Secretary shall give special consideration to qualified applicants that agree to expend the award to train individuals as nurse practitioners and nurse midwives who will practice in health professional shortage areas designated under section 332.

[(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$20,000,000 for each of the fiscal years 1993 and 1994.

[Subpart II—Nursing Education Opportunities for Individuals From Disadvantaged Backgrounds

[SPECIAL PROJECTS

[SEC. 827. [296r] (a) The Secretary may make grants to public and nonprofit private schools of nursing and other public or nonprofit private entities, and enter into contracts with any public or private entity, to meet the costs of special projects to increase nursing education opportunities for individuals from disadvantaged backgrounds, as determined in accordance with criteria prescribed by the Secretary—

[(1) by identifying, recruiting, and selecting such individuals,

[(2) by facilitating the entry of such individuals into schools of nursing,

[(3) by providing counseling or other services designed to assist such individuals to complete successfully their nursing education,

[(4) by providing, for a period prior to the entry of such individuals into the regular course of education at a school of nursing, preliminary education designed to assist them to complete successfully such regular course of education,

[(5) by paying such stipends (including allowances for travel and dependents) as the Secretary may determine for such individuals for any period of nursing education,

[(6) by publicizing, especially to licensed vocational or practical nurses, existing sources of financial aid available to persons enrolled in schools of nursing or who are undertaking training necessary to qualify them to enroll in such schools, and

[(7) by providing training, information, or advice to the faculty of such schools with respect to encouraging such individuals to complete the programs of nursing education in which the individuals are enrolled.

[(b) No grant or contract may be made under this section unless an application therefor has been submitted to and approved by the Secretary. The Secretary may not approve or disapprove such an application except after consultation with the National Advisory Council on Nurse Education. Such an application shall provide for such fiscal control and accounting procedures and reports, and access to the records of the applicant, as the Secretary may require to assure proper disbursement of and accounting for Federal funds paid to the applicant under this section.

[(c) For payments under grants and contracts under subsection (a), there are authorized to be appropriated \$3,000,000 for fiscal year 1989, \$4,000,000 for fiscal year 1990, \$5,000,000 for fiscal year 1991, \$5,000,000 for fiscal year 1993, and \$6,000,000 for fiscal year 1994.

[PART B—ASSISTANCE TO NURSING STUDENTS

Subpart I—Traineeships

[TRAINEESHIPS FOR ADVANCED EDUCATION OF PROFESSIONAL NURSES

[SEC. 830. [297] (a) IN GENERAL.—The Secretary may make grants to public and nonprofit private entities to meet the costs of—

[(1) traineeships for individuals in advanced-degree programs in order to educate the individuals to serve in and prepare for practice as nurse practitioners, nurse midwives, nurse educators, public health nurses, or in other clinical nursing specialties determined by the Secretary to require advanced education; and

[(2) traineeships for participation in certificate nurse midwifery programs that conform to guidelines established by the Secretary under section 822(b).

[(b) SPECIAL CONSIDERATION IN MAKING GRANTS.—In making grants for traineeships under subsection (a), the Secretary shall give special consideration to applications for traineeship programs that conform to guidelines established by the Secretary under section 822(b)(2).

[(c) PREFERENCE IN PROVISION OF TRAINEESHIPS.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that, in providing traineeships under such subsection, the applicant will give preference to individuals who are residents of health professional shortage areas designated under section 332.

[(d) ELIGIBILITY OF INDIVIDUALS IN MASTER'S DEGREE PROGRAMS.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that the applicant will not provide a traineeship under such subsection to an individual enrolled in a masters of nursing program unless the individual has completed basic nursing preparation, as determined by the applicant.

[(e) USE OF GRANT.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that traineeships provided with the grant will pay all or part of the costs of—

[(A) the tuition, books, and fees of the program of nursing with respect to which the traineeship is provided; and

[(B) reasonable living expenses of the individual during the period for which the traineeship is provided.

[(f) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$20,000,000 for each of the fiscal years 1993 and 1994.

[(2) LIMITATION REGARDING CERTAIN TRAINEESHIPS.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may not obligate more than 10 percent for providing traineeships under subsection (a) for individuals in doctoral degree programs.

NURSE ANESTHETISTS

[SEC. 831. [297–1] (a)(1) The Secretary may make grants to public or private nonprofit institutions to cover the costs of traineeships for licensed registered nurses to become nurse anesthetists and to cover the costs of projects to develop and operate programs for the education of nurse anesthetists. In order to be eligible for such a grant, the program of an institution must be accredited by an entity or entities designated by the Secretary of Education and must meet such requirements as the Secretary shall by regulation prescribe.

[(2)(A) In making grants under paragraph (1), the Secretary shall give preference to qualified applicants carrying out traineeship programs whose participants gain significant experience in providing health services at rural health facilities.

* * * * *

LOAN PROVISIONS

SEC. 836. (a) * * *

* * * * *

(b) * * *

(1) such a loan may be made only to a student who (A) is in need of the amount of the loan to pursue a full-time or half-time course of study at the school leading to a baccalaureate or associate degree in nursing or an equivalent degree, or a diploma in nursing, or a graduate degree in nursing, (B) is capable, in the opinion of the school, of maintaining good standing in such course of study, and (C) with respect to any student enrolling in the school after June 30, 1986, is of financial need (as defined in regulations issued by the Secretary) [.]

(2) such a loan shall be repayable in equal or graduated periodic installments (with the right of the borrower to accelerate repayment) over the ten-year period which begins nine months after the student ceases to pursue a full-time or half-time course of study at a school of nursing, excluding from such 10-year period all (A) periods (up to three years) of (i) active duty performed by the borrower as a member of a uniformed service, or (ii) service as a volunteer under the Peace Corps Act, [and] (B) periods (up to ten years) during which the borrower is pursuing a full-time or half-time course of study at a collegiate school of nursing leading to a baccalaureate degree in nursing or an equivalent degree, or to graduate degree in nursing, or is otherwise pursuing advanced professional training in nursing (or training to be a nurse anesthetist); and (C) such additional periods under the terms of paragraph (8) of this subsection

* * * * *

(7) no note or other evidence of any such loan may be transferred or assigned by the school making the loan except that if the borrower transfers to another school participating in the program under this subpart, such note or other evidence of a loan may be transferred to such other school [.] and

(8) pursuant to uniform criteria established by the Secretary, the repayment period established under paragraph (2) for any student borrower who during the repayment period failed to make consecutive payments and who, during the last 12 months of the repayment period, has made at least 12 consecutive payments may be extended for a period not to exceed 10 years.

* * * * *

(g) A school may provide in accordance with regulations of the Secretary, that during the repayment period of a loan from a loan fund established pursuant to an agreement under this subpart payments of principal and interest by the borrower with respect to all the outstanding loans made to him from loan funds so established shall be at a rate equal to not less than [\$15] \$40 per month.

* * * * *

(l) ELIMINATION OF STATUTE OF LIMITATION FOR LOAN COLLECTIONS.—

(1) *PURPOSE.*—It is the purpose of this subsection to ensure that obligations to repay loans under this section are enforced without regard to any Federal or State statutory, regulatory, or administrative limitation on the period within which debts may be enforced.

(2) *PROHIBITION.*—Notwithstanding any other provision of Federal or State law, no limitation shall terminate the period within which suit may be filed, a judgment may be enforced, or an offset, garnishment, or other action may be initiated or taken by a school of nursing that has an agreement with the Secretary pursuant to section 835 that is seeking the repayment of the amount due from a borrower on a loan made under this subpart after the default of the borrower on such loan.

* * * * *

DISTRIBUTION OF ASSETS FROM LOAN FUNDS

SEC. 839. [(a) After September 30, 1996, and not later than December 31, 1999, there shall be a capital distribution of the balance of the loan fund established under an agreement pursuant to section 835(b) by each school as follows:]

(a) *If a school terminates a loan fund established under an agreement pursuant to section 835(b), or if the Secretary for good cause terminates the agreement with the school, there shall be a capital distribution as follows:*

(1) The Secretary shall first be paid an amount which bears the same ratio to such balance in such fund [at the close of September 30, 1999,] *on the date of termination of the fund* as the total amount of the Federal capital contributions to such fund by the Secretary pursuant to section 835(b)(2)(A) bears to the total amount in such fund derived from such Federal capital contributions and from funds deposited therein pursuant to section 835(b)(2)(B).

(2) The remainder of such balance shall be paid to the school.

* * * * *

[(b) After December 31, 1999, each school with which the Secretary has made an agreement under this subpart shall pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school after September 30, 1999, in payment of principal or interest on loans made from the loan fund established pursuant to such agreement as was determined for the Secretary under subsection (a).]

(b) *If a capital distribution is made under subsection (a), the school involved shall, after such capital distribution, pay to the Secretary, not less often than quarterly, the same proportionate share of amounts received by the school in payment of principal or interest of loans made from the loan fund established under section 835(b) as determined by the Secretary under subsection (a).*

* * * * *

PART F—AUTHORIZATION OF APPROPRIATIONS

SEC. 841. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to carry out sections 811, 821, and 831, \$65,000,000 for fiscal year 1998, and such sums as may be necessary in each of the fiscal years 1999 through 2002.

**PART G—NATIONAL ADVISORY COUNCIL ON NURSE
EDUCATION AND PRACTICE**

SEC. 845. NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE.

(A) *ESTABLISHMENT.* *The Secretary shall establish an advisory council to be known as the National Advisory Council on Nurse Education and Practice (in this section referred to as the “Advisory Council”).*

(b) *COMPOSITION.*—

(1) *IN GENERAL.*—*The Advisory Council shall be composed of*

(A) *not less than 21, nor more than 23 individuals, who are not officers or employees of the Federal Government, appointed by the Secretary without regard to the Federal civil service laws, of which—*

(i) *2 shall be selected from full-time students enrolled in schools of nursing;*

(ii) *2 shall be selected from the general public;*

(iii) *2 shall be selected from practicing professional nurses; and*

(iv) *9 shall be selected from among the leading authorities in the various fields of nursing, higher, and secondary education, and from representatives of advanced practice nursing groups (such as nurse practitioners, nurse midwives, and nurse anesthetists), hospitals, and other institutions and organizations which provide nursing services; and*

(B) *the Secretary (or the delegate of the Secretary (who shall be an ex officio member and shall serve as the Chairperson)).*

(2) *APPOINTMENT.*—*Not later than 90 days after the date of enactment of this Act, the Secretary shall appoint the members of the Advisory Council and each such member shall serve a 4 year term. In making such appointments, the Secretary shall ensure a fair balance between the nursing professions, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved. A majority of the members shall be nurses.*

(3) *MINORITY REPRESENTATION.*—*In appointing the members of the Advisory Council under paragraph (1), the Secretary shall ensure the adequate representation of minorities.*

(c) *VACANCIES.*—

(1) *IN GENERAL.*—*A vacancy on the Advisory Council shall be filled in the manner in which the original appointment was made and shall be subject to any conditions which applied with respect to the original appointment.*

(2) *FILLING UNEXPIRED TERM.*—An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.

(d) *DUTIES.*—The Advisory Council shall—

(1) provide advice and recommendations to the Secretary and Congress concerning policy matters arising in the administration of this title, including the range of issues relating to the nurse workforce, education, and practice improvement;

(2) provide advice to the Secretary and Congress in the preparation of general regulations and with respect to policy matters arising in the administration of this title, including the range of issues relating to nurse supply, education and practice improvement; and

(3) not later than 3 years after the date of enactment of this section, and annually thereafter prepare and submit to the Secretary, the Committee on Labor and Human Resources of the Senate, and the Committee on Commerce of the House of Representatives, a report describing the activities of the Council, including findings and recommendations made by the Council concerning the activities under this title.

(e) *MEETINGS AND DOCUMENTS.*—

(1) *MEETINGS.*—The Advisory Council shall meet not less than 2 times each year. Such meetings shall be held jointly with other related entities established under this title where appropriate.

(2) *DOCUMENTS.*—Not later than 14 days prior to the convening of a meeting under paragraph (1), the Advisory Council shall prepare and make available an agenda of the matters to be considered by the Advisory Council at such meeting. At any such meeting, the Advisory Council shall distribute materials with respect to the issues to be addressed at the meeting. Not later than 30 days after the adjourning of such a meeting, the Advisory Council shall prepare and make available a summary of the meeting and any actions taken by the Council based upon the meeting.

(f) *COMPENSATION AND EXPENSES.*—

(1) *COMPENSATION.*—Each member of the Advisory Council shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Council. All members of the Council who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(2) *EXPENSES.*—The members of the Advisory Council shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Council.

(g) *FUNDING.*—Amounts appropriated under this title may be utilized by the Secretary to support the nurse education and practice activities of the Council.

(h) *FACA.*—The Federal Advisory Council Act shall apply to the Advisory Committee under this section only to the extent that the provisions of such Act do not conflict with the requirements of this section.

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Subpart III—Loan Repayment Program

LOAN REPAYMENT PROGRAM

SEC. 846. (a) * * *

* * * * *

(h) *BREACH OF AGREEMENT.*—

(1) *IN GENERAL.*—In the case of any program under this section under which an individual makes an agreement to provide health services for a period of time in accordance with such program in consideration of receiving an award of Federal funds regarding education as a nurse (including an award for the repayment of loans), the following applies if the agreement provides that this subsection is applicable:

(A) In the case of a program under this section that makes an award of Federal funds for attending an accredited program of nursing (in this section referred to as a “nursing program”), the individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

- (i) fails to maintain an acceptable level of academic standing in the nursing program (as indicated by the program in accordance with requirements established by the Secretary);
- (ii) is dismissed from the nursing program for disciplinary reasons; or
- (iii) voluntarily terminates the nursing program.

(B) The individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to provide health services in accordance with the program under this section for the period of time applicable under the program.

(2) *WAIVER OR SUSPENSION OF LIABILITY.*—In the case of an individual or health facility making an agreement for purposes of paragraph (1), the Secretary shall provide for the waiver or suspension of liability under such subsection if compliance by the individual or the health facility, as the case may be, with the agreements involved is impossible, or would involve extreme hardship to the individual or facility, and if enforcement of the agreements with respect to the individual or facility would be unconscionable.

(3) *DATE CERTAIN FOR RECOVERY.*—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the 3-year period beginning on the date the United States becomes so entitled.

(4) *AVAILABILITY.*—Amounts recovered under paragraph (1) with respect to a program under this section shall be available for the purposes of such program, and shall remain available for such purposes until expended.

【PART C—GENERAL

【ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE; REVIEW COMMITTEE

【Sec. 851. 【298】 (a) There is hereby established a National Advisory Council on Nurse Education and Practice (in this section referred to as the “Council”), consisting of the Secretary of his delegate, who shall be Chairman, and an ex officio member, and twenty-one members appointed by the Secretary without regard to the civil service laws. Three of the appointed members shall be selected from full-time students enrolled in schools of nursing, four of the appointed members shall be selected from the general public, one of the appointed members shall be selected from the general public, one of the appointed members shall be selected from practicing professional nurses, one of the appointed members shall be selected from among representatives of associate degree schools of nursing, and twelve shall be selected from among leading authorities in the various fields of nursing, higher, and secondary education, and from representatives of hospitals and other institutions and organizations which provide nursing services. The student-members of the Council shall be appointed for terms of one year and shall be eligible for reappointment to the Council.

【(b) The Council shall advise the Secretary or his delegate in the preparation of general regulations and with respect to policy matters arising in the administration of this title.

【NONINTERFERENCE WITH ADMINISTRATION OF INSTITUTIONS

【Sec. 852. 【298a】 Nothing contained in this title shall be construed as authorizing any department, agency, officer, or employee of the United States to exercise any direction, supervision, or control over, or impose any requirement or condition with respect to the personnel, curriculum, methods of instruction, or administration of any institution.

【DEFINITIONS

【Sec. 853. 【298b】 For purposes of this title—

【(1) The term “State” means a State, the Commonwealth of Puerto Rico, the District Columbia, the Commonwealth of the Northern Mariana Islands, Guam, American Samoa, the Virgin Islands, or the Trust Territory of the Pacific Islands.

【(2) The term “school of nursing” means a collegiate, associate degree, or diploma school of nursing in a State.

【(3) The term “collegiate school of nursing” means a department, division, or other administrative unit in a college or uni-

versity which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to the degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, or to a graduate degree in nursing, and including advanced training related to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

【(4) The term “associate degree school of nursing” means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, or such unit, college, or university is accredited.

【(5) The term “diploma school of nursing” means a school affiliated with a hospital or university, or an independent school, which provides primary or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited.

【(6) The term “accredited” when applied to any program of nurse education means a program accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education and when applied to a hospital, school, college, or university (or a unit thereof) means a hospital, school, college, or university (or a unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education, except that a school of nursing seeking an agreement under subpart II of part B for the establishment of a student loan fund, which is not, at the time of the application under such subpart, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for purposes of such subpart if the Secretary of Education finds, after consultation with the appropriate accreditation body or bodies, that there is reasonable assurance that the school will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students who are in their first year of instruction of such school during the fiscal year in which the agreement with such school is made under such subpart; except that the provisions of this clause shall not apply for purposes of section 836. For the purpose of this paragraph, the Secretary of Education shall publish a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be reliable authority as to the quality of education offered.

【(7) The term “nonprofit” as applied to any school, agency, organization, or institution means one which is a corporation or association, or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.

[(8) The term “secondary school” means a school which provides secondary education, as determined under State law except that it does not include any education provided beyond grade 12.

[(9) The terms “construction” and “cost of construction” include (A) the construction of new buildings, and the acquisition, expansion, remodeling, replacement, and alteration of existing buildings, including architects’ fees but not including the cost of acquisition of land (except in the case of acquisition of an existing building), off-site improvements, living quarters, or patient-care facilities, and (B) equipping new buildings and existing buildings, whether or not acquired, expanded, remodeled, or altered. For purposes of this paragraph, the term “building” includes interim facilities.

[(10) The term “interim facilities” means teaching facilities designed to provide teaching space on a short-term (less than ten years) basis while facilities of a more permanent nature are being planned and constructed.

[(11) The term “medically underserved community” has the meaning given such term in section 799.

[ADVANCE FUNDING

[SEC. 854. [298b-1] Any appropriation Act which appropriates funds for any fiscal year for grants, contracts, or other payments under the title may also appropriate for the next fiscal year the funds that are authorized to be appropriated for such payments for such next fiscal year; but no funds may be made available therefrom for obligation for such payments before the fiscal year for which such funds are authorized to be appropriated.

* * * * *

[DELEGATION

[SEC. 856. [298b-3] The Secretary may delegate the authority to administer any program authorized by this title to the administrator of a central or regional office or offices in the Department of Health and Human Services, except that the authority—

[(1) to review, and prepare comments on the merit of, any application for a grant or contract under any program authorized by this title for purposes of presenting such application to the Advisory Council on Nurses Education, or

[(2) to make such a grant or enter into such a contract, shall not be further delegated to any administrator of, or officer in, any regional office or offices in the Department.

[TECHNICAL ASSISTANCE

[SEC. 857. [298b-4] Funds appropriated under this title may be used by the Secretary to provide technical assistance in relation to any of the authorities under this title.

[RECOVERY FOR CONSTRUCTION ASSISTANCE

[SEC. 858. [298b-5] (a) If at any time within 20 years (or within such shorter period as the Secretary may prescribe by regulation for an interim facility) after the completion of construction of a fa-

cility with respect to which funds have been paid under subpart I of part A (as such subpart was in effect on September 30, 1995)—

[(1) the owner of the facility ceases to be a public or non-profit school.

[(2) the facility ceases to be used for the training purposes for which it was constructed, or

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

the United States will be entitled to recover from the owner of the facility the base amount prescribed by subsection (c)(1) plus the interest (if any) prescribed by subsection (c)(2).

[(b) The owner of a facility which ceases to be a public or non-profit school as described in paragraph (1) of subsection (a), or the owner of a facility the use of which changes as described in paragraph (2) or (3) of such subsection shall provide the Secretary written notice of such cessation or change of use within 10 days after the date on which such cessation or change of use occurs or within 30 days after the date of enactment of the Health Professions Training Assistance Act of 1985, whichever is later.

[(c)(1) The base amount that the United States is entitled to recover under subsection (a) is the amount bearing the same ratio to the then value (as determined by the agreement of the parties or in an action brought in the district court of the United States for the district in which the facility is situated) of the facility as the amount of the Federal participation bore to the cost of the construction.

[(2)(A) The interest that the United States is entitled to recover under subsection (a) is the interest for the period (if any) described in subparagraph (B) at a rate (determined by the Secretary) based on the average of the bond equivalent rates of 91-day Treasury bills auctioned during such period.

[(B) The period referred to in subparagraph (A) is the period beginning—

[(i) if notice is provided as prescribed by subsection (b), 191 days after the date on which the owner of the facility ceases to be a public or nonprofit school as described in paragraph (1) of subsection (a), or 191 days after the date on which the use of the facility changes as described in paragraph (2) or (3) of such subsection, or

[(ii) if notice is not provided as prescribed by subsection (b), 11 days after the date on which such cessation or change of use occurs,

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

[(d) The Secretary may waive the recovery rights of the United States under subsection (a)(2) with respect to a facility (under such conditions as the Secretary may establish by regulation) if the Secretary determines that there is good cause for waiving such rights.

[(e) The right of recovery of the United States under subsection (a) shall not, prior to judgment, constitute a lien on any facility.

[CERTAIN GENERALLY APPLICABLE PROVISIONS

[SEC. 860. [298b-7] (a) APPLICATION FOR GRANTS, COOPERATIVE AGREEMENTS, OR CONTRACTS.—The Secretary may make an award

of a grant, cooperative agreement, or contract under this title only if an application for the award is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements assurances, and information as the Secretary determines to be necessary to carry out the programs authorizing the award.

[(b) DURATION OF ASSISTANCE.—

[(1) IN GENERAL.—Subject to paragraph (2), in the case of an award to an entity of a grant, cooperative agreement, or contract under this title, the period during which payments are made to the entity under the award may not exceed 5 years. The provision of payments under the award shall be subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This paragraph may not be construed as limiting the number of awards under the program involved that may be made to the entity.

[(2) LIMITATION.—In the case of an award to an entity of a grant, cooperative agreement, or contract under this title, paragraph (1) shall apply only to the extent not inconsistent with any other provision of this title that relates to the period during which payments may be made under the award.

[(c) BREACH OF AGREEMENTS FOR OBLIGATED SERVICE.—

[(1) IN GENERAL.—In the case of any program under this title under which an individual makes an agreement to provide health services for a period of time in accordance with such program in consideration of receiving an award of Federal funds regarding education as a nurse (including an award for the repayment of loans), the following applies if the agreement provides that this subsection is applicable:

[(A) In the case of a program under this title that makes an award of Federal funds for attending an accredited program of nursing (in this subsection referred to as “nursing program”), the individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual—

[(i) fails to maintain an acceptable level of academic standing in the nursing program (as indicated by the program in accordance with requirements established by the Secretary);

[(ii) is dismissed from the nursing program for disciplinary reasons; or

[(iii) voluntarily terminates the nursing program.

[(B) The individual is liable to the Federal Government for the amount of such award (including amounts provided for expenses related to such attendance), and for interest on such amount at the maximum legal prevailing rate, if the individual fails to provide health services in accordance with the program under this title for the period of time applicable under the program.

[(2) WAIVER OR SUSPENSION OF LIABILITY.—In the case of an individual or health facility making an agreement for purposes

of paragraph (1), the Secretary shall provide for the waiver or suspension of liability under such paragraph if compliance by the individual or the health facility, as the case may be, with the agreements involved is impossible, or would involve extreme hardship to the individual or facility, and if enforcement of the agreements with respect to the individual or facility would be unconscionable.

[(3) DATE CERTAIN FOR RECOVERY.—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the three-year period beginning on the date the United States becomes so entitled.

[(4) AVAILABILITY.—Amounts recovered under paragraph (1) with respect to a program under this title shall be available for the purposes of such program, and shall remain available for such purposes until expended.

[(d) PEER REVIEW REGARDING CERTAIN PROGRAMS.—Each application for a grant or contract under any of sections 821, 822, 827, 830, and 831 shall be submitted to a peer review group for an evaluation of the merits of the proposals made in the application. The Secretary may not approve such an application unless a peer review group has recommended the application for approval. Each peer review group under this subsection shall be composed principally of individuals who are not officers or employees of the Federal Government. This subsection shall be carried out by the Secretary acting through the Administrator of the Health Resources and Services Administration.

[(e) PREFERENCES AND REQUIRED INFORMATION IN CERTAIN PROGRAMS.—

[(1) PREFERENCES IN MAKING AWARDS.—

[(A) Subject to subparagraph (B), in awarding grants or contracts under any of sections 821, 822, 830, and 831, the Secretary shall give preference to any qualified applicant that—

[(i) has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or

[(ii) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings.

[(B) For purposes of subparagraph (A), the Secretary may not give an applicant preference if the proposal of the applicant is ranked at or below the 20th percentile of proposals that have been recommended for approval by peer review groups under subsection (d).

[(2) REQUIRED SUBMISSION OF INFORMATION.—The Secretary may make an award of a grant or contract under any of sections 821, 822, 830, and 831 only if the applicant for the award submits to the Secretary (through the application for the award) the following information regarding the programs of the applicant:

[(A) A description of rotations or preceptorships for students that have the principal focus of providing health care to medically underserved communities.

[(B) The number of faculty on admissions committees who have a clinical practice in community-based ambulatory settings in medically underserved or rural communities.

[(C) With respect to individuals who are from disadvantaged backgrounds or from medically underserved communities, the number of such individuals who are recruited for academic programs of the applicant, the number of such individuals who are admitted to such programs, and the number of such individuals who graduate from such programs.

[(D) If applicable to the applicant, the number of recent graduates who have chosen careers in primary health care.

[(E) The number of recent graduates whose practices are serving medically underserved communities.

[(F) A description of whether and to what extent the applicant is able to operate without Federal assistance under this title.

[(3) DEFINITION.—For purposes of this subsection, the term “graduate” means, unless otherwise specified, an individual who has successfully completed all training requirements necessary for full certification in the health profession selected by the individual.]

[(B) The Secretary may make a grant under paragraph (1) only if the institution involved agrees that, in providing traineeships under such paragraph, the institution will give preference to individuals who are residents of health professional shortage areas designated under section 332.

[(3) The Secretary may make a grant under paragraph (1) only if the applicant involved agrees that traineeships provided with the grant will pay all or part of the costs of—

[(A) the tuition, books, and fees of the program of nursing with respect to which the traineeship is provided; and

[(B) reasonable living expenses of the individual during the period for which the traineeship is provided.

[(b) The Secretary may make grants to public or private non-profit institutions to cover the cost of projects to improve existing programs for the education of nurse anesthetists which are accredited by an entity or entities designated by the Secretary of Education. Such grants shall include grants to such institutions for the purpose of providing financial assistance and support to certified registered nurse anesthetists who are faculty members of accredited programs to enable such nurse anesthetists to obtain advanced education relevant to their teaching functions.

[(c) For the purposes of making grants under this section, there is authorized to be appropriated \$1,800,000 for each of the fiscal years 1989 through 1991, \$3,000,000 for fiscal year 1993, and \$4,000,000 for fiscal year 1994. Not more than 20 percent of the amount appropriated under this section for any fiscal year shall be obligated for grants under the second sentence of subsection (b).

[Subpart II—Student Loans]

PART E—STUDENT LOANS

* * * * *

[SEC. 837. [297c] There are authorized to be appropriated for allotments under section 838 to schools of nursing for Federal capital contributions to their student loan funds established under section 835, \$25,000,000 for fiscal year 1967, \$30,000,000 for fiscal year 1997, \$35,000,000 for fiscal year 1978, \$13,500,000 for the fiscal year ending September 30, 1980, \$14,000,000 for the fiscal year ending September 30, 1982, \$16,000,000 for the fiscal year ending September 30, 1983, and \$18,000,000 for the fiscal year ending September 30, 1984. For the fiscal year ending September 30, 1985, and for each of the next two succeeding fiscal years there are authorized to be appropriated such sums as may be necessary to enable students who have received a loan for any academic year ending before October 1, 1984, to continue or complete their education. Of the amount appropriated under the first sentence for the fiscal year ending September 30, 1982, and the two succeeding fiscal years, not less than \$1,000,000 shall be obligated in each such fiscal year for loans from student loan funds established under section 835 to individuals who are qualified to receive such loans and who, on the date they receive the loan, have not been employed on a full-time basis or been enrolled in any educational institution on a full-time basis for at least seven years. A loan to such an individual may not exceed \$500 for any academic year.]

* * * * *

[Subpart III—Loan Repayment Program

[LOAN REPAYMENT PROGRAM

* * * * *

SEC. 1213. REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSE OF ALLOTMENTS.

(a) **TRAUMA CARE MODIFICATIONS TO STATE PLAN FOR EMERGENCY MEDICAL SERVICES.—**

(1) * * *

* * * * *

(8) **[provides for for]** *provides for* the use of procedures by paramedics and emergency medical technicians to assess the severity of the injuries incurred by trauma patients;

* * * * *

SEC. 1232. FUNDING.

(a) **AUTHORIZATION OF APPROPRIATIONS.—**For the purpose of carrying out parts A and B, there are authorized to be appropriated \$6,000,0000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 **[and 1996]** *through 2002*.

* * * * *

TITLE XV—PREVENTIVE HEALTH MEASURES WITH RESPECT TO BREAST AND CERVICAL CANCERS

SEC. 1501. ESTABLISHMENT OF PROGRAM OF GRANTS TO STATES.

(a) IN GENERAL.—* * *

* * * * *

(c) SPECIAL CONSIDERATION FOR CERTAIN STATES.—In making grants under subsection (a) to States whose initial grants under such subsection are made for fiscal year 1995 or any subsequent fiscal year, the Secretary shall give special consideration to any State whose proposal for carrying out programs under such subsection—

- (1) has been approved through a process of peer review; and
- (2) is made with respect to geographic areas in which there is—

(A) a substantial rate of mortality from breast or cervical cancer; or

(B) a substantial incidence of either of such cancers.

[(c)] (d) COOPERATING COMMITTEE REGARDING YEAR 2000 HEALTH OBJECTIVES.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a committee to coordinate the activities of the agencies of the Public Health Service (and other appropriate Federal agencies) that are carried out toward achieving the objectives established by the Secretary for reductions in the rate of mortality from breast and cervical cancer in the United States by the year 2000. Such committee shall be comprised of Federal officers or employees designated by the heads of the agencies involved to serve on the committee as representatives of the agencies, and such representatives from other public or private or private entities as the Secretary determines to be appropriate.

* * * * *

SEC. 1505. DESCRIPTION OF INTENDED USES OF GRANT.

The Secretary may not make a grant under section 1501 unless—

(1) * * *

* * * * *

(3) the description provides information relating to the services and activities to be provided, including a description of the manner in which the services and activities will be coordinated with any similar services or activities of public and [nonprofit] private entities; and

* * * * *

TITLE XVII—HEALTH INFORMATION AND HEALTH PROMOTION

GENERAL AUTHORITY

SEC. 1701. (a) THE SECRETARY SHALL—

* * * * *

(b) For the purpose of carrying out this section and sections 1702 through 1705, there are authorized to be appropriated \$10,000,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 [through 1996 through 2002].

* * * * *

[ESTABLISHMENT OF] OFFICE OF MINORITY HEALTH

SEC. 1707. (a) IN GENERAL.—There is established an Office of Minority Health within the [Office of the Assistant Secretary for Health] *Office of Public Health and Science*. There shall be in the Department of Health and Human Services a Deputy Assistant Secretary for Minority Health, who shall be the head of the Office of Minority Health. The Secretary, acting through such Deputy Assistant Secretary, shall carry out this section.

[(b) DUTIES.—The Secretary shall, with respect to the health concerns of individuals from disadvantaged backgrounds, including racial and ethnic minorities—

[(1) establish short-range and long-range goals and objectives and coordinate all other activities within the Department of Health and Human Services that relate to disease prevention, health promotion, service delivery, and research concerning such individuals;

[(2) enter into interagency agreements with other agencies of the Service to increase the participation of such individuals in health service and promotion programs;

[(3) establish a national minority health resource center to facilitate the exchange of information regarding matter relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, to assist in the analysis of issues and problems relating to such matters, and to provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance);

[(4) support research, demonstrations and evaluations to test new and innovative models, to increase knowledge and understanding of health risk factors, and to develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including racial and ethnic minorities;

[(5) coordinate efforts to promote minority health programs and policies in the voluntary and corporate sectors;

[(6) develop health information and health promotion materials and teaching programs, including—

[(A) models for the training of health professionals;

[(B) model curriculums to be used in primary and secondary schools and institutions of higher learning;

[(C) materials and programs for the continuing education of health professionals;

[(D) materials for public service use by the print and broadcast media; and

[(E) materials and programs to assist health care professionals in providing health education to their parents;

[(7) assist providers of primary health care and preventive health services in obtaining, with respect to the provision of such care and services, the assistance of bilingual health professionals and other bilingual individuals (including such as assistance in the provision of services regarding maternal and child health, nutrition, mental health, and substance abuse); and

[(8) support expansion and enhancement of tertiary perinatal facilities in rural States with infant mortality rates among individuals from disadvantaged backgrounds including minorities, that are significantly above the national average for such rates

[(c) CERTAIN REQUIREMENTS REGARDING DUTIES.—

[(1) EQUITABLE ALLOCATION OF SERVICES.—In carrying out subsection (b), the Secretary shall ensure that services provided under such subsection are equitably allocated among all groups served under this section by the Secretary.

[(2) APPROPRIATE CONTEXT OF SERVICES.—In carrying out subsection (b), the Secretary shall ensure that information and services provided under such subsection are provided in the language and cultural context that is most appropriate for the individuals for whom the information and services are intended.

[(3) BILINGUAL ASSISTANCE REGARDING HEALTH CARE.—In carrying out subsection (b)(7), the Secretary shall give special consideration to the unique linguistic needs of health care providers serving Asians, and American Samoans and other Pacific Islanders, including such needs regarding particular subpopulations of such groups.

[(d) GRANTS AND CONTRACTS REGARDING DUTIES.—

[(1) AUTHORITY.—In carrying out subsection (b), the Secretary may make grants to, and enter into cooperative agreements and contracts with, public and nonprofit private entities.

[(2) EVALUATION AND DISSEMINATION.—

[(A) The Secretary shall, directly or through contracts with public and private entities, provide for evaluations of projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information development as result of such project.

[(B) Not later than January 20 of fiscal year 1993 and of each second year thereafter, the Secretary shall prepare a report summarizing evaluations carried out under subparagraph (A) during the preceding 2 fiscal years. The report shall be included in the report required in subsection (e) for the fiscal year involved.

[(e) REPORT.—Not later than January 31 of fiscal year 1993 and of each second year describing to activities carried out under this section during the preceding 2 fiscal years.

[(f) FUNDUNG.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriate \$25,000,000 for each of the fiscal year 1991 through 1993.

[(2) ALLOCATION OF FUNDS BY SECRETARY.—Of the amounts appropriated under paragraph (1) in excess of \$15,000,000, the Secretary shall make available not less than \$3,000,000 to carrying out subsection (b)(7).]

(b) DUTIES.—*With respect to improving the health of racial and ethnic minority groups, the Secretary, acting through the Deputy Assistant Secretary for Minority Health (in this section referred to as the “Deputy Assistant Secretary”), shall carry out the following:*

(1) *Establish short-range and long-range goals and objectives and coordinate all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning such individuals. The heads of each of the agencies of the Service shall consult with the Deputy Assistant Secretary to ensure the coordination of such activities.*

(2) *Enter into interagency agreements with other agencies of the Public Health Service.*

(3) *Support research, demonstrations and evaluations to test new and innovative models.*

(4) *Increase knowledge and understanding of health risk factors.*

(5) *Develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including individuals who are members of racial or ethnic minority groups.*

(6) *Ensure that the National Center for Health Statistics collects data on the health status of each minority group.*

(7) *With respect to individuals who lack proficiency in speaking the English language, enter into contracts with public and nonprofit private providers of primary health services for the purpose of increasing the access of the individuals to such services by developing and carrying out programs to provide bilingual or interpretive services.*

(8) *Support a national minority health resource center to carry out the following:*

(A) *Facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care.*

(B) *Facilitate access to such information.*

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

(D) *Provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance).*

(9) *Carry out programs to improve access to health care services for individuals with limited proficiency in speaking the*

English language. Activities under the preceding sentence shall include developing and evaluating model projects.

(c) **ADVISORY COMMITTEE.**—

(1) **IN GENERAL.**—*The Secretary shall establish an advisory committee to be known as the Advisory Committee on Minority Health (in this subsection referred to as the ‘Committee’).*

(2) **DUTIES.**—*The Committee shall provide advice to the Deputy Assistant Secretary carrying out this section, including advice on the development of goals and specific program activities under paragraphs (1) through (9) of subsection (b) for each racial and ethnic minority group.*

(3) **CHAIR.**—*The chairperson of the Committee shall be selected by the Secretary from among the members of the voting members of the Committee. The term of office of the chairperson shall be 2 years.*

(4) **COMPOSITION.**—

(A) *The Committee shall be composed of 12 voting members appointed in accordance with subparagraph (B), and nonvoting, ex officio members designated in subparagraph (C).*

(B) *The voting members of the Committee shall be appointed by the Secretary from among individuals who are not officers or employees of the Federal Government and who have expertise regarding issues of minority health. The racial and ethnic minority groups shall be equally represented among such members.*

(C) *The nonvoting, ex officio members of the Committee shall be such officials of the Department of Health and Human Services as the Secretary determines to be appropriate.*

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

(6) **VACANCIES.**—*If a vacancy occurs on the Committee, a new member shall be appointed by the Secretary within 90 days from the date that the vacancy occurs, and serve for the remainder of the term for which the predecessor of such member was appointed. The vacancy shall not affect the power of the remaining members to execute the duties of the Committee.*

(7) **COMPENSATION.**—*Members of the Committee who are officers or employees of the United States shall serve without compensation. Members of the Committee who are not officers or employees of the United States shall receive compensation, for each day (including travel time) they are engaged in the performance of the functions of the Committee. Such compensation may not be in an amount in excess of the daily equivalent of the annual maximum rate of basic pay payable under the General Schedule (under title 5, United States Code) for positions above GS-15.*

(d) **CERTAIN REQUIREMENTS REGARDING DUTIES.**—

(1) **RECOMMENDATIONS REGARDING LANGUAGE AS IMPEDIMENT TO HEALTH CARE.**—*The Deputy Assistant Secretary for Minority Health shall consult with the Director of the Office of Inter-*

national and Refugee Health, the Director of the Office of Civil Rights, and the Directors of other appropriate Departmental entities regarding recommendations for carrying out activities under subsection (b)(9).

(2) *EQUITABLE ALLOCATION REGARDING ACTIVITIES.—In carrying out subsection (b), the Secretary shall ensure that services provided under such subsection are equitably allocated among all groups served under this section by the Secretary.*

(3) *CULTURAL COMPETENCY OF SERVICES.—The Secretary shall ensure that information and services provided pursuant to subsection (b) are provided in the language, educational, and cultural context that is most appropriate for the individuals for whom the information and services are intended.*

(e) *GRANTS AND CONTRACTS REGARDING DUTIES.—*

(1) *IN GENERAL.—In carrying out subsection (b), the Secretary acting through the Deputy Assistant Secretary may make awards of grants, cooperative agreements, and contracts to public and nonprofit private entities.*

(2) *PROCESS FOR MAKING AWARDS.—The Deputy Assistant Secretary shall ensure that awards under paragraph (1) are made, to the extent practical, only on a competitive basis, and that a grant is awarded for a proposal only if the proposal has been recommended for such an award through a process of peer review.*

(3) *EVALUATION AND DISSEMINATION.—The Deputy Assistant Secretary, directly or through contracts with public and private entities, shall provide for evaluations of projects carried out with awards made under paragraph (1) during the preceding 2 fiscal years. The report shall be included in the report required under subsection (f) for the fiscal year involved.*

(f) *REPORTS.—*

(1) *IN GENERAL.—Not later than February 1 of fiscal year 1999 and of each second year thereafter, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the activities carried out under this section during the preceding 2 fiscal years and evaluating the extent to which such activities have been effective in improving the health of racial and ethnic minority groups. Each such report shall include the biennial reports submitted under sections 201(e)(3) and 201(f)(2) for such years by the heads of the Public Health Service agencies.*

(2) *AGENCY REPORTS.—Not later than February 1, 1999, and biennially thereafter, the heads of the Public Health Service agencies shall submit to the Deputy Assistant Secretary a report summarizing the minority health activities of each of the respective agencies.*

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

(1) *The term “racial and ethnic minority group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans and Pacific Islanders; Blacks; and Hispanics.*

(2) *The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country.*

(h) *FUNDING.*—

(1) *AUTHORIZATION OF APPROPRIATIONS.*—*For the purpose of carrying out this section, there are authorized to be appropriated \$30,000,000 for fiscal year 1998, such sums as may be necessary for each of the fiscal years 1999 through 2002.*

* * * * *

EMERGENCY MEDICAL SERVICES FOR CHILDREN

SEC. 1910. (a) For activities in addition to the activities which may be carried out by States under section 1904(a)(1)(F), the Secretary may make grants to States or accredited schools of medicine in States to support a program of demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care. Any grant made under this subsection shall be for not more than a [two-year period] 3-year period (with an optional 4th year based on performance), subject to annual evaluation by the Secretary. Only [one grant] (3 grants under this subsection may be made in a State (to a State or to a school of medicine in such State) in any fiscal year.

* * * * *

(d) To carry out this section, there are authorized to be appropriated \$2,000,000 for fiscal year 1985 and for each of the two succeeding fiscal years, \$3,000,000 for fiscal year 1989, \$4,000,000 for fiscal year 1990, \$5,000,000 for each of the fiscal years 1991 and 1992, and such sums as may be necessary for each of the fiscal years 1993 through [1997] 2005.

* * * * *

SEC. 2004. BUY-AMERICAN PROVISIONS.

[(a) COMPLIANCE WITH BUY AMERICAN ACT.—No funds appropriated pursuant to this Act for any of the fiscal years 1994 through 1996 may be expended by an entity unless the entity agrees that in expending the assistance the entity will comply with sections 2 through 4 of the Act of March 3, 1933 (41 U.S.C. 10a-10c, popularly known as the “Buy American Act”).

[(b) SENSE OF CONGRESS; REQUIREMENT REGARDING NOTICE.—

[(1) PURCHASE OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.—In the case] (a) *SENSE OF CONGRESS REGARDING PURCHASE OF AMERICAN-MADE EQUIPMENT AND PRODUCTS.*—In the case of any equipment or product that may be authorized to be purchased with financial assistance provided pursuant to this Act for any of the fiscal years 1994 through 1996, it is the sense of the Congress that entities receiving such assistance should, in expending the assistance, purchase only American-made equipment and products.

[(2) NOTICE TO RECIPIENTS OF ASSISTANCE]. (b) Notice to Recipients of Assistance.—In providing financial assistance pursuant to this Act, the Secretary of Health and Human Services shall provide to each recipient of the assistance a notice describing the statement made in [paragraph (1)] subsection (a) by the Congress.

* * * * *

SEC. 2618 DISTRIBUTION OF FUNDS.

(b) AMOUNT OF GRANT TO STATE.—

(1) MINIMUM ALLOTMENT.—* * *

* * * * *

(3) DEFINITIONS.—As used in this subsection—

(A) the term “State” means each of the 50 States, the District of Columbia [and the Commonwealth of Puerto Rico], *the Commonwealth of Puerto Rico, the Virgin Islands, and Guam.*

(B) the term “territory of the United States” means [the Virgin Islands, Guam] American Samoa, the Commonwealth of the Northern Marina Islands, and the Republic of the Marshall Islands.

(k) GENERAL PROVISION.—

(1) FOUNDATION INTEGRITY.—* * *

* * * * *

(10) TRANSFER OF FUNDS.—The Foundation may [not] transfer funds to the National Institutes of Health. *Any funds transferred under this paragraph shall be subject to all Federal limitations relating to Federally-funded research.*

* * * * *

(m) FUNDING.—

[(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this part, there is authorized to be appropriated an aggregate [\$200,000 for the fiscal years 1994 and 1995] \$500,000 for each fiscal year.

* * * * *

FAMILY VIOLENCE PREVENTION AND SERVICE ACT

* * * * *

SEC. 10418. DEMONSTRATION GRANTS FOR COMMUNITY INITIATIVES

(a) IN GENERAL.—

* * * * *

(h) Authorization of appropriations

There are authorized to be appropriated to carry out this section—

(1) \$4,000,000 for fiscal year 1996; and

(2) \$6,000,000 for [fiscal year 1997] *for each of the fiscal years 1997 through 2002*

* * * * *

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* * * * *

SEC. 706. ALIGNMENT OF CURRENT CENTERS FOR DISEASE CONTROL AND PREVENTION REAUTHORIZATION SCHEDULE.

(a) SCREENINGS, EDUCATION, AND REFERRALS REGARDING LEAD POISONING.—Section 317(A)(1)(1) of the Public Health Service Act (42 U.S.C. 247b–1(1)(1)) is amended by striking “through 1997” and inserting “through 1998”.

(b) PROSTATE CANCER PREVENTION.—Section **【317D(1)(1)】** *317D(l)(1)* of the Public Health Service Act (42 U.S.C. 247b–5(1)(1) is amended by striking “through 1996” and inserting “through 1998”.

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