

**Calendar No. 548**110TH CONGRESS  
1ST SESSION**S. 901**

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

---

**IN THE SENATE OF THE UNITED STATES**

MARCH 15, 2007

Mr. KENNEDY (for himself, Mr. HATCH, Mr. DODD, Mr. ROBERTS, Mr. HARKIN, Mr. BOND, Ms. MIKULSKI, Ms. SNOWE, Mr. BINGAMAN, Mr. DOMENICI, Mr. REED, Ms. MURKOWSKI, Mrs. CLINTON, Mr. BENNETT, Mr. OBAMA, Mr. GRASSLEY, Mr. BROWN, Mr. BURR, Mr. MENENDEZ, Mr. SCHUMER, Mr. LIEBERMAN, Mrs. MURRAY, Mr. COLEMAN, Mr. SMITH, Mr. CONRAD, Mr. TESTER, Mr. WHITEHOUSE, Mr. BAUCUS, Mr. AKAKA, Mr. INOUE, Mr. KERRY, Mr. DURBIN, Ms. CANTWELL, Mr. LAUTENBERG, Ms. COLLINS, Mr. ISAKSON, Mr. SUNUNU, Mr. SANDERS, Mr. KOHL, Mr. JOHNSON, Ms. LANDRIEU, Mr. LEVIN, Mr. THUNE, Mrs. FEINSTEIN, Mr. PRYOR, Mr. CRAIG, Mr. SALAZAR, Mr. LEAHY, Mrs. LINCOLN, Mr. BIDEN, Mr. COCHRAN, Mr. WARNER, Mr. CHAMBLISS, Ms. STABENOW, Mr. DORGAN, Mr. LUGAR, Mr. VOINOVICH, Mr. NELSON of Florida, Mrs. BOXER, Mr. CASEY, Mrs. DOLE, Ms. KLOBUCHAR, Mr. CARPER, Mr. CARDIN, Mrs. MCCASKILL, Mr. BAYH, Mr. WEBB, Mrs. HUTCHISON, and Mr. SPECTER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

DECEMBER 18, 2007

Reported by Mr. KENNEDY, with an amendment and an amendment to the title

[Strike out all after the enacting clause and insert the part printed in italic]

---

## A BILL

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

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

3 **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Health Centers Re-  
 5 newal Act of 2007”.

6 **SEC. 2. FINDINGS.**

7       Congress finds as follows:

8           (1) Community, migrant, public housing, and  
 9 homeless health centers are vital to thousands of  
 10 communities across the United States.

11          (2) There are more than 1,000 such health cen-  
 12 ters serving more than 16,000,000 people at more  
 13 than 5,000 health delivery sites, located in all 50  
 14 States of the United States, the District of Colum-  
 15 bia, and Puerto Rico, Guam, the Virgin Islands, and  
 16 other territories of the United States.

17          (3) Health centers provide cost-effective, quality  
 18 health care to poor and medically underserved people  
 19 in the States, the District of Columbia, and the ter-

1       ritories, including the working poor, the uninsured,  
2       and many high-risk and vulnerable populations, and  
3       have done so for over 40 years.

4               (4) Health centers provide care to 1 of every 8  
5       uninsured Americans, 1 of every 4 Americans in  
6       poverty, and 1 of every 9 rural Americans.

7               (5) Health centers provide primary and preven-  
8       tive care services to more than 700,000 homeless  
9       persons and more than 725,000 farm workers in the  
10       United States.

11              (6) Health centers are community-oriented and  
12       patient-focused and tailor their services to fit the  
13       special needs and priorities of local communities,  
14       working together with schools, businesses, churches,  
15       community organizations, foundations, and State  
16       and local governments.

17              (7) Health centers are built through community  
18       initiative.

19              (8) Health centers encourage citizen participa-  
20       tion and provide jobs for 50,000 community resi-  
21       dents.

22              (9) Congress established the program as a  
23       unique public-private partnership, and has continued  
24       to provide direct funding to community organiza-  
25       tions for the development and operation of health

1 centers systems that address pressing local health  
2 needs and meet national performance standards.

3 (10) Federal grants assist participating commu-  
4 nities in finding partners and recruiting doctors and  
5 other health professionals.

6 (11) Federal grants constitute, on average, 24  
7 percent of the annual budget of such health centers,  
8 with the remainder provided by State and local gov-  
9 ernments, Medicare, Medicaid, private contributions,  
10 private insurance, and patient fees.

11 (12) Health centers make health care respon-  
12 sive and cost-effective through aggressive outreach,  
13 patient education, translation, and other enabling  
14 support services.

15 (13) Health centers help reduce health dispari-  
16 ties, meet escalating health care needs, and provide  
17 a vital safety net in the health care delivery system  
18 of the United States.

19 (14) Health centers increase the use of preven-  
20 tive health services, including immunizations, pap  
21 smears, mammograms, and HbA<sub>1c</sub> tests for diabetes  
22 screenings.

23 (15) Expert studies have demonstrated the im-  
24 pact that these community-owned and patient-con-  
25 trolled primary care delivery systems have achieved

1 both in the reduction of traditional access barriers  
 2 and the elimination of health disparities among their  
 3 patients.

4 **SEC. 3. ADDITIONAL AUTHORIZATIONS OF APPROPRIA-**  
 5 **TIONS FOR HEALTH CENTERS PROGRAM OF**  
 6 **PUBLIC HEALTH SERVICE ACT.**

7 Section 330(r) of the Public Health Service Act (42  
 8 U.S.C. 254b(r)) is amended by amending paragraph (1)  
 9 to read as follows:

10 “(1) IN GENERAL.—For the purpose of ear-  
 11 rying out this section, in addition to the amounts  
 12 authorized to be appropriated under subsection (d),  
 13 there are authorized to be appropriated—

14 “(A) \$2,188,745,000 for fiscal year 2008;

15 “(B) \$2,451,394,400 for fiscal year 2009;

16 “(C) \$2,757,818,700 for fiscal year 2010;

17 “(D) \$3,116,335,131 for fiscal year 2011;

18 and

19 “(E) \$3,537,040,374 for fiscal year

20 2012.”.

21 **SECTION 1. SHORT TITLE.**

22 *This Act may be cited as the “Health Care Safety Net*  
 23 *Act of 2007”.*

1 **SEC. 2. COMMUNITY HEALTH CENTERS PROGRAM OF THE**  
 2 **PUBLIC HEALTH SERVICE ACT.**

3 (a) *ADDITIONAL AUTHORIZATIONS OF APPROPRIA-*  
 4 *TIONS FOR THE HEALTH CENTERS PROGRAM OF PUBLIC*  
 5 *HEALTH SERVICE ACT.*—Section 330(r) of the Public  
 6 *Health Service Act (42 U.S.C. 254b(r)) is amended by*  
 7 *amending paragraph (1) to read as follows:*

8 “(1) *IN GENERAL.*—For the purpose of carrying  
 9 out this section, in addition to the amounts author-  
 10 ized to be appropriated under subsection (d), there  
 11 are authorized to be appropriated—

12 “(A) \$2,213,020,000 for fiscal year 2008;

13 “(B) \$2,451,394,400 for fiscal year 2009;

14 “(C) \$2,757,818,700 for fiscal year 2010;

15 “(D) \$3,116,335,131 for fiscal year 2011;

16 and

17 “(E) \$3,537,040,374 for fiscal year 2012.”.

18 (b) *STUDIES RELATING TO COMMUNITY HEALTH CEN-*  
 19 *TERS.*—

20 (1) *DEFINITIONS.*—For purposes of this sub-  
 21 section—

22 (A) the term “community health center”  
 23 means a health center receiving assistance under  
 24 section 330 of the Public Health Service Act (42  
 25 U.S.C. 254b); and

1           (B) the term “medically underserved popu-  
2           lation” has the meaning given that term in such  
3           section 330.

4           (2) *SCHOOL-BASED HEALTH CENTER STUDY.*—

5           (A) *IN GENERAL.*—Not later than 2 years  
6           after the date of enactment of this Act, the  
7           Comptroller General of the United States shall  
8           issue a study of the economic costs and benefits  
9           of school-based health centers and the impact on  
10          the health of students of these centers.

11          (B) *CONTENT.*—In conducting the study  
12          under subparagraph (A), the Comptroller Gen-  
13          eral of the United States shall analyze—

14               (i) the impact that Federal funding  
15               could have on the operation of school-based  
16               health centers;

17               (ii) any cost savings to other Federal  
18               programs derived from providing health  
19               services in school-based health centers;

20               (iii) the effect on the Federal Budget  
21               and the health of students of providing Fed-  
22               eral funds to school-based health centers and  
23               clinics, including the result of providing  
24               disease prevention and nutrition informa-  
25               tion;

1                   (iv) the impact of access to health care  
2                   from school-based health centers in rural or  
3                   underserved areas; and

4                   (v) other sources of Federal funding for  
5                   school-based health centers.

6           (3) *HEALTH CARE QUALITY STUDY.*—

7                   (A) *IN GENERAL.*—Not later than 1 year  
8                   after the date of enactment of this Act, the Sec-  
9                   retary of Health and Human Services (referred  
10                   to in this Act as the “Secretary”), acting through  
11                   the Administrator of the Health Resources and  
12                   Services Administration, and in collaboration  
13                   with the Agency for Healthcare Research and  
14                   Quality, shall prepare and submit to the Com-  
15                   mittee on Health, Education, Labor, and Pen-  
16                   sions of the Senate and the Committee on En-  
17                   ergy and Commerce of the House of Representa-  
18                   tives a report that describes agency efforts to ex-  
19                   pand and accelerate quality improvement activi-  
20                   ties in community health centers.

21                   (B) *CONTENT.*—The report under subpara-  
22                   graph (A) shall focus on—

23                   (i) Federal efforts, as of the date of en-  
24                   actment of this Act, regarding health care  
25                   quality in community health centers, in-

1                    *cluding quality data collection, analysis,*  
2                    *and reporting requirements;*

3                    *(ii) identification of effective models*  
4                    *for quality improvement in community*  
5                    *health centers, which may include models*  
6                    *that—*

7                    *(I) incorporate care coordination,*  
8                    *disease management, and other services*  
9                    *demonstrated to improve care;*

10                   *(II) are designed to address mul-*  
11                   *tiiple, co-occurring diseases and condi-*  
12                   *tions;*

13                   *(III) improve access to providers*  
14                   *through non-traditional means, such as*  
15                   *the use of remote monitoring equip-*  
16                   *ment;*

17                   *(IV) target various medically un-*  
18                   *derserved populations, including unin-*  
19                   *insured patient populations;*

20                   *(V) increase access to specialty*  
21                   *care, including referrals and diagnostic*  
22                   *testing; and*

23                   *(VI) enhance the use of electronic*  
24                   *health records to improve quality;*

1           (iii) efforts to determine how effective  
2           quality improvement models may be adapt-  
3           ed for implementation by community health  
4           centers that vary by size, budget, staffing,  
5           services offered, populations served, and  
6           other characteristics determined appropriate  
7           by the Secretary;

8           (iv) types of technical assistance and  
9           resources provided to community health cen-  
10          ters that may facilitate the implementation  
11          of quality improvement interventions;

12          (v) proposed or adopted methodologies  
13          for community health center evaluations of  
14          quality improvement interventions, includ-  
15          ing any development of new measures that  
16          are tailored to safety-net, community-based  
17          providers;

18          (vi) successful strategies for sustaining  
19          quality improvement interventions in the  
20          long-term; and

21          (vii) partnerships with other Federal  
22          agencies and private organizations or net-  
23          works as appropriate, to enhance health  
24          care quality in community health centers.

1           (C) *DISSEMINATION.*—*The Administrator of*  
 2           *the Health Resources and Services Administra-*  
 3           *tion shall establish a formal mechanism or mech-*  
 4           *anisms for the ongoing dissemination of agency*  
 5           *initiatives, best practices, and other information*  
 6           *that may assist health care quality improvement*  
 7           *efforts in community health centers.*

8           (4) *GAO STUDY ON INTEGRATED HEALTH SYS-*  
 9           *TEMS MODEL FOR THE DELIVERY OF HEALTH CARE*  
 10           *SERVICES TO MEDICALLY UNDERSERVED POPU-*  
 11           *LATIONS.*—

12           (A) *STUDY.*—*The Comptroller General of*  
 13           *the United States shall conduct a study on inte-*  
 14           *grated health system models at not more than 10*  
 15           *sites for the delivery of health care services to*  
 16           *medically underserved populations. The study*  
 17           *shall include an examination of—*

18                   (i) *health care delivery models spon-*  
 19                   *sored by public or private non-profit enti-*  
 20                   *ties that—*

21                           (I) *integrate primary, specialty,*  
 22                           *and acute care; and*

23                           (II) *serve medically underserved*  
 24                           *populations; and*

1                   (ii) such models in rural and urban  
2                   areas.

3                   (B) *REPORT.*—Not later than 1 year after  
4                   the date of the enactment of this Act, the Comp-  
5                   troller General of the United States shall submit  
6                   to Congress a report on the study conducted  
7                   under subparagraph (A). The report shall in-  
8                   clude—

9                   (i) an evaluation of the models, as de-  
10                  scribed in subparagraph (A), in—

11                   (I) expanding access to primary  
12                   and preventive services for medically  
13                   underserved populations; and

14                   (II) improving care coordination  
15                   and health outcomes; and

16                   (ii) an assessment of—

17                   (I) challenges encountered by such  
18                   entities in providing care to medically  
19                   underserved populations; and

20                   (II) advantages and disadvan-  
21                   tages of such models compared to other  
22                   models of care delivery for medically  
23                   underserved populations.

24 **SEC. 3. NATIONAL HEALTH SERVICE CORPS.**

25                   (a) *FUNDING.*—

1           (1) *NATIONAL HEALTH SERVICE CORPS PRO-*  
 2           *GRAM.*—Section 338(a) of the Public Health Service  
 3           Act (42 U.S.C. 254k(a)) is amended by striking  
 4           “2002 through 2006” and inserting “2008 through  
 5           2012”.

6           (2) *SCHOLARSHIP AND LOAN REPAYMENT PRO-*  
 7           *GRAMS.*—Section 338H(a) of the Public Health Serv-  
 8           ice Act (42 U.S.C. 254q(a)) is amended by striking  
 9           “appropriated \$146,250,000” and all that follows  
 10          through the period and inserting the following: “ap-  
 11          propriated—

12                   “(1) for fiscal year 2008, \$131,500,000;

13                   “(2) for fiscal year 2009, \$143,335,000;

14                   “(3) for fiscal year 2010, \$156,235,150;

15                   “(4) for fiscal year 2011, \$170,296,310; and

16                   “(5) for fiscal year 2012, \$185,622,980.”.

17          (b) *ELIMINATION OF 6-YEAR DEMONSTRATION RE-*  
 18          *QUIREMENT.*—Section 332(a)(1) of the Public Health Serv-  
 19          ice Act (42 U.S.C. 254e(a)(1)) is amended by striking “Not  
 20          earlier than 6 years” and all that follows through “purposes  
 21          of this section.”.

22          (c) *ASSIGNMENT TO SHORTAGE AREA.*—Section  
 23          333(a)(1)(D)(i) of the Public Health Service Act (42  
 24          U.S.C. 254f(a)(1)(D)(i)) is amended—

25                   (1) in subclause (IV), by striking “and”;

1           (2) *in subclause (V), by striking the period at the*  
2           *end and inserting “; and”; and*

3           (3) *by adding at the end the following:*

4                   “(VI) *the entity demonstrates willingness to*  
5                   *support or facilitate mentorship, professional de-*  
6                   *velopment, and training opportunities for Corps*  
7                   *members.”.*

8           (d) *PROFESSIONAL DEVELOPMENT AND TRAINING.—*

9           *Subsection (d) of section 336 of the Public Health Service*  
10           *Act (42 U.S.C. 254h–1) is amended to read as follows:*

11           “(d) *PROFESSIONAL DEVELOPMENT AND TRAINING.—*

12                   “(1) *IN GENERAL.—The Secretary shall assist*  
13                   *Corps members in establishing and maintaining pro-*  
14                   *fessional relationships and development opportunities,*  
15                   *including by—*

16                           “(A) *establishing appropriate professional*  
17                           *relationships between the Corps member involved*  
18                           *and the health professions community of the geo-*  
19                           *graphic area with respect to which the member*  
20                           *is assigned;*

21                           “(B) *establishing professional development,*  
22                           *training, and mentorship linkages between the*  
23                           *Corps member involved and the larger health*  
24                           *professions community, including through dis-*  
25                           *tance learning, direct mentorship, and develop-*

1           *ment and implementation of training modules*  
2           *designed to meet the educational needs of offsite*  
3           *Corps members;*

4           “(C) *establishing professional networks*  
5           *among Corps members; or*

6           “(D) *engaging in other professional develop-*  
7           *ment, mentorship, and training activities for*  
8           *Corps members, at the discretion of the Sec-*  
9           *retary.*

10          “(2) *ASSISTANCE IN ESTABLISHING PROFES-*  
11          *SIONAL RELATIONSHIPS.—In providing such assist-*  
12          *ance under paragraph (1), the Secretary shall focus*  
13          *on establishing relationships with hospitals, with aca-*  
14          *ademic medical centers and health professions schools,*  
15          *with area health education centers under section 751,*  
16          *with health education and training centers under sec-*  
17          *tion 752, and with border health education and train-*  
18          *ing centers under such section 752. Such assistance*  
19          *shall include assistance in obtaining faculty appoint-*  
20          *ments at health professions schools.*

21          “(3) *SUPPLEMENT NOT SUPPLANT.—Such efforts*  
22          *under this subsection shall supplement, not supplant,*  
23          *non-government efforts by professional health provider*  
24          *societies to establish and maintain professional rela-*  
25          *tionships and development opportunities.”.*

1 **SEC. 4. REAUTHORIZATION OF RURAL HEALTH CARE PRO-**  
2 **GRAMS.**

3 *Section 330A(j) of the Public Health Service Act (42*  
4 *U.S.C. 254c(j)) is amended by striking “\$40,000,000” and*  
5 *all that follows and inserting “\$45,000,000 for each of fiscal*  
6 *years 2008 through 2012.”.*

Amend the title so as to read: “A bill to amend the Public Health Service Act to reauthorize the Community Health Centers program, the National Health Service Corps, and rural health care programs.”.



**Calendar No. 548**

110<sup>TH</sup> CONGRESS  
1<sup>ST</sup> Session

**S. 901**

---

---

**A BILL**

To amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

---

---

DECEMBER 18, 2007

Reported with an amendment and an amendment to the title