

110TH CONGRESS
2^D SESSION

S. 901

AN ACT

To amend the Public Health Service Act to reauthorize the Community Health Centers program, the National Health Service Corps, and rural health care programs.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Health Care Safety
3 Net Act of 2008”.

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

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

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

15 “(A) \$2,065,000,000 for fiscal year 2008;

16 “(B) \$2,313,000,000 for fiscal year 2009;

17 “(C) \$2,602,000,000 for fiscal year 2010;

18 “(D) \$2,940,000,000 for fiscal year 2011;

19 and

20 “(E) \$3,337,000,000 for fiscal year
21 2012.”.

22 (b) STUDIES RELATING TO COMMUNITY HEALTH
23 CENTERS.—

24 (1) DEFINITIONS.—For purposes of this sub-
25 section—

1 (A) the term “community health center”
2 means a health center receiving assistance
3 under section 330 of the Public Health Service
4 Act (42 U.S.C. 254b); and

5 (B) the term “medically underserved popu-
6 lation” has the meaning given that term in such
7 section 330.

8 (2) SCHOOL-BASED HEALTH CENTER STUDY.—

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

15 (B) CONTENT.—In conducting the study
16 under subparagraph (A), the Comptroller Gen-
17 eral of the United States shall analyze—

18 (i) the impact that Federal funding
19 could have on the operation of school-based
20 health centers;

21 (ii) any cost savings to other Federal
22 programs derived from providing health
23 services in school-based health centers;

24 (iii) the effect on the Federal Budget
25 and the health of students of providing

1 Federal funds to school-based health cen-
2 ters and clinics, including the result of pro-
3 viding disease prevention and nutrition in-
4 formation;

5 (iv) the impact of access to health
6 care from school-based health centers in
7 rural or underserved areas; and

8 (v) other sources of Federal funding
9 for school-based health centers.

10 (3) HEALTH CARE QUALITY STUDY.—

11 (A) IN GENERAL.—Not later than 1 year
12 after the date of enactment of this Act, the Sec-
13 retary of Health and Human Services (referred
14 to in this Act as the “Secretary”), acting
15 through the Administrator of the Health Re-
16 sources and Services Administration, and in col-
17 laboration with the Agency for Healthcare Re-
18 search and Quality, shall prepare and submit to
19 the Committee on Health, Education, Labor,
20 and Pensions of the Senate and the Committee
21 on Energy and Commerce of the House of Rep-
22 resentatives a report that describes agency ef-
23 forts to expand and accelerate quality improve-
24 ment activities in community health centers.

1 (B) CONTENT.—The report under sub-
2 paragraph (A) shall focus on—

3 (i) Federal efforts, as of the date of
4 enactment of this Act, regarding health
5 care quality in community health centers,
6 including quality data collection, analysis,
7 and reporting requirements;

8 (ii) identification of effective models
9 for quality improvement in community
10 health centers, which may include models
11 that—

12 (I) incorporate care coordination,
13 disease management, and other serv-
14 ices demonstrated to improve care;

15 (II) are designed to address mul-
16 tiple, co-occurring diseases and condi-
17 tions;

18 (III) improve access to providers
19 through non-traditional means, such
20 as the use of remote monitoring
21 equipment;

22 (IV) target various medically un-
23 derserved populations, including unin-
24 sured patient populations;

1 (V) increase access to specialty
2 care, including referrals and diag-
3 nostic testing; and

4 (VI) enhance the use of electronic
5 health records to improve quality;

6 (iii) efforts to determine how effective
7 quality improvement models may be adapt-
8 ed for implementation by community
9 health centers that vary by size, budget,
10 staffing, services offered, populations
11 served, and other characteristics deter-
12 mined appropriate by the Secretary;

13 (iv) types of technical assistance and
14 resources provided to community health
15 centers that may facilitate the implementa-
16 tion of quality improvement interventions;

17 (v) proposed or adopted methodologies
18 for community health center evaluations of
19 quality improvement interventions, includ-
20 ing any development of new measures that
21 are tailored to safety-net, community-based
22 providers;

23 (vi) successful strategies for sus-
24 taining quality improvement interventions
25 in the long-term; and

1 (vii) partnerships with other Federal
2 agencies and private organizations or net-
3 works as appropriate, to enhance health
4 care quality in community health centers.

5 (C) DISSEMINATION.—The Administrator
6 of the Health Resources and Services Adminis-
7 tration shall establish a formal mechanism or
8 mechanisms for the ongoing dissemination of
9 agency initiatives, best practices, and other in-
10 formation that may assist health care quality
11 improvement efforts in community health cen-
12 ters.

13 (4) GAO STUDY ON INTEGRATED HEALTH SYS-
14 TEMS MODEL FOR THE DELIVERY OF HEALTH CARE
15 SERVICES TO MEDICALLY UNDERSERVED POPU-
16 LATIONS.—

17 (A) STUDY.—The Comptroller General of
18 the United States shall conduct a study on inte-
19 grated health system models at not more than
20 10 sites for the delivery of health care services
21 to medically underserved populations. The study
22 shall include an examination of—

23 (i) health care delivery models spon-
24 sored by public or private non-profit enti-
25 ties that—

1 (I) integrate primary, specialty,
2 and acute care; and

3 (II) serve medically underserved
4 populations; and

5 (ii) such models in rural and urban
6 areas.

7 (B) REPORT.—Not later than 1 year after
8 the date of the enactment of this Act, the
9 Comptroller General of the United States shall
10 submit to Congress a report on the study con-
11 ducted under subparagraph (A). The report
12 shall include—

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

15 (I) expanding access to primary
16 and preventive services for medically
17 underserved populations; and

18 (II) improving care coordination
19 and health outcomes; and

20 (ii) an assessment of—

21 (I) challenges encountered by
22 such entities in providing care to
23 medically underserved populations;
24 and

1 (II) advantages and disadvan-
2 tages of such models compared to
3 other models of care delivery for medi-
4 cally underserved populations.

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

6 (a) FUNDING.—

7 (1) NATIONAL HEALTH SERVICE CORPS PRO-
8 GRAM.—Section 338(a) of the Public Health Service
9 Act (42 U.S.C. 254k(a)) is amended by striking
10 “2002 through 2006” and inserting “2008 through
11 2012”.

12 (2) SCHOLARSHIP AND LOAN REPAYMENT PRO-
13 GRAMS.—Section 338H(a) of the Public Health
14 Service Act (42 U.S.C. 254q(a)) is amended by
15 striking “appropriated \$146,250,000” and all that
16 follows through the period and inserting the fol-
17 lowing: “appropriated—

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

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

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

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

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

23 (b) ELIMINATION OF 6-YEAR DEMONSTRATION RE-
24 QUIREMENT.—Section 332(a)(1) of the Public Health
25 Service Act (42 U.S.C. 254e(a)(1)) is amended by striking

1 “Not earlier than 6 years” and all that follows through
2 “purposes of this section.”.

3 (c) ASSIGNMENT TO SHORTAGE AREA.—Section
4 333(a)(1)(D)(ii) of the Public Health Service Act (42
5 U.S.C. 254f(a)(1)(D)(ii)) is amended—

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

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

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

10 “(VI) the entity demonstrates willingness
11 to support or facilitate mentorship, professional
12 development, and training opportunities for
13 Corps members.”.

14 (d) PROFESSIONAL DEVELOPMENT AND TRAIN-
15 ING.—Subsection (d) of section 336 of the Public Health
16 Service Act (42 U.S.C. 254h–1) is amended to read as
17 follows:

18 “(d) PROFESSIONAL DEVELOPMENT AND TRAIN-
19 ING.—

20 “(1) IN GENERAL.—The Secretary shall assist
21 Corps members in establishing and maintaining pro-
22 fessional relationships and development opportuni-
23 ties, including by—

24 “(A) establishing appropriate professional
25 relationships between the Corps member in-

1 volved and the health professions community of
2 the geographic area with respect to which the
3 member is assigned;

4 “(B) establishing professional development,
5 training, and mentorship linkages between the
6 Corps member involved and the larger health
7 professions community, including through dis-
8 tance learning, direct mentorship, and develop-
9 ment and implementation of training modules
10 designed to meet the educational needs of off-
11 site Corps members;

12 “(C) establishing professional networks
13 among Corps members; or

14 “(D) engaging in other professional devel-
15 opment, mentorship, and training activities for
16 Corps members, at the discretion of the Sec-
17 retary.

18 “(2) ASSISTANCE IN ESTABLISHING PROFES-
19 SIONAL RELATIONSHIPS.—In providing such assist-
20 ance under paragraph (1), the Secretary shall focus
21 on establishing relationships with hospitals, with
22 academic medical centers and health professions
23 schools, with area health education centers under
24 section 751, with health education and training cen-
25 ters under section 752, and with border health edu-

1 cation and training centers under such section 752.
2 Such assistance shall include assistance in obtaining
3 faculty appointments at health professions schools.

4 “(3) SUPPLEMENT NOT SUPPLANT.—Such ef-
5 ferts under this subsection shall supplement, not
6 supplant, non-government efforts by professional
7 health provider societies to establish and maintain
8 professional relationships and development opportu-
9 nities.”.

10 **SEC. 4. REAUTHORIZATION OF RURAL HEALTH CARE PRO-**
11 **GRAMS.**

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

Passed the Senate July 21 (legislative day, July 17),
2008.

Attest:

Secretary.

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