

Public Law 101-527
101st Congress

An Act

To amend the Public Health Service Act to improve the health of individuals who are members of minority groups and who are from disadvantaged backgrounds, and for other purposes.

Nov. 6, 1990
[H.R. 5702]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Disadvantaged
Minority Health
Improvement
Act of 1990.
42 USC 201 note.

SECTION 1. SHORT TITLE AND FINDINGS.

(a) **SHORT TITLE.**—This Act may be cited as the “Disadvantaged Minority Health Improvement Act of 1990”.

(b) **FINDINGS.**—The Congress finds that—

42 USC 300u-6
note.

(1) racial and ethnic minorities are disproportionately represented among individuals from disadvantaged backgrounds;

(2) the health status of individuals from disadvantaged backgrounds, including racial and ethnic minorities, in the United States is significantly lower than the health status of the general population of the United States;

(3) minorities suffer disproportionately high rates of cancer, stroke, heart diseases, diabetes, substance abuse, acquired immune deficiency syndrome, and other diseases and disorders;

(4) the incidence of infant mortality among minorities is almost double that for the general population;

(5) Blacks, Hispanics, and Native Americans constitute approximately 12 percent, 7.9 percent, and 0.01 percent, respectively, of the population of the United States;

(6) Blacks, Hispanics, and Native Americans in the United States constitute approximately 3 percent, 4 percent, and less than 0.01 percent, respectively, of physicians, 2.7 percent, 1.7 percent, and less than 0.01 percent, respectively, of dentists, and 4.5 percent, 1.6 percent, and less than 0.01 percent, respectively, of nurses;

(7) the number of individuals who are from disadvantaged backgrounds in health professions should be increased for the purpose of improving the access of other such individuals to health services;

(8) minority health professionals have historically tended to practice in low-income areas and to serve minorities;

(9) minority health professionals have historically tended to engage in the general practice of medicine and specialties providing primary care;

(10) reports published in leading medical journals indicate that access to health care among minorities can be substantially improved by increasing the number of minority health professionals;

(11) increasing the number of minorities serving on the faculties of health professions schools can be an important factor in attracting minorities to pursue a career in the health professions;

(12) diversity in the faculty and student body of health professions schools enhances the quality of education for all students attending the schools;

(13) the Report of the Secretary's Task Force on Black and Minority Health (prepared for the Secretary of Health and Human Services and issued in 1985) described the health status problems of minorities, and made recommendations concerning measures that should be implemented by the Secretary with respect to improving the health status of minorities through programs for providing health information and education; and

(14) the Office of Minority Health, created in 1985 by the Secretary of Health and Human Services, should be authorized pursuant to statute and should receive increased funding to support efforts to improve the health of individuals from disadvantaged backgrounds, including minorities, including the implementation of the recommendations made by the Secretary's Task Force on Black and Minority Health.

SEC. 2. ESTABLISHMENT OF OFFICE OF MINORITY HEALTH.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following new section:

"ESTABLISHMENT OF OFFICE OF MINORITY HEALTH

42 USC 300u-6.

"SEC. 1707. (a) IN GENERAL.—There is established an Office of Minority Health within the Office of the Assistant Secretary for Health. 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 matters 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;

Government contracts.

Public information.

“(5) coordinate efforts to promote minority health programs and policies in the voluntary and corporate sectors; Volunteers.

“(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; Education.

“(C) materials and programs for the continuing education of health professionals;

“(D) materials for public service use by the print and broadcast media; and Public information.

“(E) materials and programs to assist health care professionals in providing health education to their patients; and

“(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 assistance in the provision of services regarding maternal and child health, nutrition, mental health, and substance abuse).

“(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 developed as result of such projects.

“(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) REPORTS.—Not later than January 31 of fiscal year 1993 and of each second year thereafter, the Secretary shall submit to the Congress a report describing the activities carried out under this section during the preceding 2 fiscal years.

“(f) FUNDING.—

“(1) **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 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 carry out subsection (b)(7).”

SEC. 3. HEALTH SERVICES FOR RESIDENTS OF PUBLIC HOUSING.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following new subpart:

“Subpart VI—Health Services for Residents of Public Housing

“HEALTH SERVICES FOR RESIDENTS OF PUBLIC HOUSING

Grant programs.
42 USC 256a.

“SEC. 340A. (a) **ESTABLISHMENT.**—

“(1) The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants for the purpose of enabling grantees, directly or through contracts, to provide to residents of public housing, subject to subsections (e) and (f)—

“(A) primary health services, including health screenings; and

“(B) health counseling and education services.

“(2) The Secretary may not make a grant under paragraph (1) unless the applicant for the grant agrees to expend the grant to carry out each of subparagraphs (A) and (B) of such paragraph.

“(3) In carrying out the program established in paragraph (1), the Administrator shall consult with the Director of the Centers for Disease Control.

“(b) **MINIMUM QUALIFICATIONS OF GRANTEEES.**—

“(1) Subject to paragraph (2), the Secretary may not make a grant under subsection (a) to an applicant unless—

“(A) the applicant is a public or nonprofit private entity;

“(B) the applicant has the capacity to effectively administer a grant under subsection (a); and

“(C) in the case of any service under this section that is available pursuant to the State plan approved under title XIX of the Social Security Act for the State in which the service will be provided—

“(i) the applicant for the grant will provide the service directly, and the applicant has entered into a participation agreement under the State plan and is qualified to receive payments under such plan; or

“(ii) the applicant for the grant will enter into an agreement with a public or nonprofit private organization under which the organization will provide the service, and the organization has entered into such a participation agreement and is qualified to receive such payments.

“(2)(A) In the case of an organization making an agreement pursuant to paragraph (1)(C)(ii) regarding the provision of services under subsection (a), the requirement established in such paragraph regarding a participation agreement shall be waived by the Secretary if the organization does not, in providing services, impose a charge or accept reimbursement available

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contracts.

from any third-party payor, including reimbursement under any insurance policy or under any Federal or State health benefits program.

“(B) A determination by the Secretary of whether an organization referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the organization accepts voluntary donations regarding the provision of services to the public.

“(c) PREFERENCES IN MAKING GRANTS.—The Secretary shall, in making grants under subsection (a), give preference to qualified applicants that—

“(1) are resident management corporations under section 20 of the United States Housing Act of 1937; or

“(2) are receiving funds under section 330 or 340.

“(d) REQUIREMENT OF MATCHING FUNDS FROM PUBLIC GRANTEES.—

“(1) In the case of a public entity applying for a grant under subsection (a), the Secretary may not make such a grant unless the public entity agrees that, with respect to the costs to be incurred by such entity in carrying out the purpose described in such subsection, the entity will make available non-Federal contributions in cash toward such costs in an amount equal to not less than \$1 for each \$1 of Federal funds provided in the grant.

“(2) In determining the amount of non-Federal contributions in cash that a public entity has provided pursuant to paragraph (1), the Secretary may not include any amounts provided to the public entity by the Federal Government.

“(e) REQUIREMENTS REGARDING SERVICES.—The Secretary may not make a grant under subsection (a) to an applicant unless the applicant agrees that the applicant will, directly or through contract—

“(1) provide services under this section on the premises of public housing projects or at other locations immediately accessible to residents of public housing;

“(2) refer such residents, as appropriate, to qualified facilities and practitioners for necessary follow-up services;

“(3) provide outreach services to inform such residents of the availability of such services; and

“(4) aid such residents in establishing eligibility for assistance, and in obtaining services, under Federal, State, and local programs providing health services, mental health services, or social services.

“(f) OPTIONAL PROVISION OF CERTAIN SERVICES.—

“(1) A grantee under subsection (a) may expend the grant—

“(A) to train residents of public housing to provide health screenings and to provide educational services; and

“(B) to provide health services to individuals who are not residents of public housing.

“(2) The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that if, pursuant to paragraph (1)(B), the applicant provides health services to individuals who are not residents of public housing, the health services will be provided to such individuals under the same terms and conditions as such services are provided to residents of public housing (including all terms and conditions in effect pursuant to this section).

“(g) CONSULTATION WITH RESIDENTS.—The Secretary may not make a grant under subsection (a) unless, with respect to the residents of the public housing involved, the applicant for the grant—

“(1) has consulted with the residents in the preparation of the application for the grant; and

“(2) agrees to provide for ongoing consultation with the residents regarding the planning and administration of the program carried out with the grant.

“(h) RESTRICTIONS ON USE OF GRANT FUNDS.—

“(1) The Secretary may not, except as provided in paragraph (2), make a grant under subsection (a) to an applicant unless the applicant agrees that amounts received pursuant to such subsection will not, directly or through contract, be expended—

“(A) for any purpose other than the purposes authorized in this section;

“(B) to provide inpatient services;

“(C) to make cash payments to intended recipients of services under this section; or

“(D) to purchase or improve real property (other than minor remodeling of existing improvements to real property) or to purchase major medical equipment or motor vehicles.

“(2) If the Secretary finds that the purpose described in subsection (a) cannot otherwise be carried out, the Secretary may, with respect to an otherwise qualified applicant, waive the restriction established in paragraph (1)(D).

“(i) LIMITATION ON CHARGES FOR SERVICES.—The Secretary may not make a grant under subsection (a) to an applicant unless the applicant agrees that, whether the services are provided directly or through contract—

“(1) services under the grant will be provided without regard to ability to pay for the services; and

“(2) if a charge is imposed for the delivery of the services, such charge—

“(A) will be made according to a schedule of charges that is made available to the public;

“(B) will not be imposed on any resident of public housing with an income less than the official poverty level; and

“(C) will be adjusted to reflect the income and resources of the resident of public housing involved.

“(j) REQUIREMENTS REGARDING ADMINISTRATION.—The Secretary may not make a grant under subsection (a) to an applicant unless the applicant—

“(1) agrees to establish such procedures for fiscal control and fund accounting as may be necessary to ensure proper disbursement and accounting with respect to the grant;

“(2) agrees to establish an ongoing program of quality assurance with respect to the services provided under the grant;

“(3) agrees to ensure the confidentiality of records maintained on residents of public housing that are receiving such services;

“(4) with respect to providing services to any population of such residents a substantial portion of which has a limited ability to speak the English language—

“(A) has developed and has the ability to carry out a reasonable plan to provide services under the grant through individuals who are able to communicate with the

population involved in the language and cultural context that is most appropriate; and

“(B) has designated at least one individual, fluent in both English and the appropriate language, to assist in carrying out the plan; and

“(5) agrees to submit to the Secretary an annual report that describes the utilization and costs of services provided under the grant and that provides such other information as the Secretary determines to be appropriate.

“(k) **LIMITATION ON ADMINISTRATIVE EXPENSES OF GRANTEE.**—The Secretary may not make a grant under subsection (a) to an applicant unless the applicant agrees that the applicant will not expend more than 10 percent of amounts received pursuant to such subsection for the purpose of administering the grant.

“(l) **REQUIREMENT OF APPLICATION.**—The Secretary may not provide financial assistance under subsection (a) unless—

“(1) an application for the assistance is submitted to the Secretary;

“(2) with respect to carrying out the purpose for which the assistance is to be provided, the application provides assurances of compliance satisfactory to the Secretary; and

“(3) the application otherwise 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.

“(m) **TECHNICAL ASSISTANCE.**—

“(1) The Secretary may provide technical assistance to applicants and grantees under subsection (a) regarding the planning, development, and operation of programs to carry out the purpose described in such subsection. The Secretary may provide such technical assistance directly, through contracts, or through grants.

“(2) Any technical assistance provided by the Secretary under paragraph (1) shall be provided without charge to applicants and grantees under subsection (a).

“(3) Of the amounts appropriated pursuant to subsection (p)(1) for a fiscal year, the Secretary may expend not more than \$2,000,000 for the purpose of carrying out paragraph (1).

“(n) **ANNUAL REPORTS BY SECRETARY.**—Not later than January 10 of each year, the Secretary shall submit to the Congress a report describing the utilization and costs of services provided under this section during the immediately preceding fiscal year.

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

“(1) The term ‘official poverty level’ means the nonfarm income official poverty line defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

“(2) The term ‘organization’ includes individuals, corporations, partnerships, companies, and associations.

“(3) The term ‘primary health services’ has the meaning given such term in section 330(b)(1).

“(4) The term ‘public housing’ has the meaning given such term in section 3(b)(1) of the United States Housing Act of 1937.

“(p) **FUNDING.**—

“(1) For the purpose of carrying out this section, there are authorized to be appropriated \$35,000,000 for fiscal year 1991,

and such sums as may be necessary for each of the fiscal years 1992 and 1993.

“(2) Amounts received by a grantee pursuant to subsection (a) remaining unobligated at the end of the fiscal year in which the amounts were received shall remain available to the grantee during the succeeding fiscal year for the purpose described in such subsection.”.

SEC. 4. REVISIONS IN PROGRAM FOR CENTERS OF EXCELLENCE IN HEALTH PROFESSIONS EDUCATION.

(a) **IN GENERAL.**—Section 782 of the Public Health Service Act (42 U.S.C. 295g-2) is amended to read as follows:

“PROGRAMS OF EXCELLENCE IN HEALTH PROFESSIONS EDUCATION FOR MINORITIES

Grant programs.

“SEC. 782. (a) **IN GENERAL.**—The Secretary shall make grants to health profession 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).

“(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 701(4); 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 subparagraph are that—

“(A) with respect to Hispanic individuals, each of clauses (i) through (iv) of paragraph (1)(B) apply 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.—The conditions specified in this paragraph are that—

“(A) with respect to Native Americans, each of clauses (i) through (iv) of paragraph (1)(B) apply 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 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 subparagraph (A), 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.

“(e) DURATION OF GRANT.—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.

“(f) MAINTENANCE OF EFFORT.—

“(1) NON-FEDERAL FUNDS OF PUBLIC SCHOOLS.—With respect to activities for which a grant under subsection (a) is authorized to be expended, the Secretary may not, in the case of a public health professions school, make such a grant to the school for any fiscal year unless the school agrees to maintain expenditures of non-Federal amounts for such activities at a level equal to 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 applies after fiscal year 1990 to receive such a grant.

“(2) NON-FEDERAL FUNDS OF PRIVATE SCHOOLS.—

“(A) With respect to any non-Federal amounts received by a nonprofit private 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, subject to subparagraph (B), the school agrees to maintain expenditures of such non-Federal amounts for such activities at a level equal to 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 applies after fiscal year 1990 to receive such a grant.

“(B) The Secretary may require a nonprofit private health professions school to comply with an agreement made under subparagraph (A) by the school only to the extent of the level of non-Federal amounts available to the school for the activities to which the agreement applies.

“(3) 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.

“(g) 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 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, Aleuts, and Native Hawaiians.

“(h) 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 each of the fiscal years 1991 through 1993.

“(2) ALLOCATIONS BY SECRETARY.—

“(A) Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary shall make available the first \$12,000,000 for grants under subsection (a) to health professions schools meeting the conditions specified in paragraph (2)(A) of subsection (c) (in addition to the conditions specified in paragraph (1)(B) of such subsection); and

“(B) Of the amounts appropriated under paragraph (1) for a fiscal year in excess of \$12,000,000, the Secretary shall make available the first \$2,500,000 for grants under subsection (a) to health professions schools meeting the conditions specified in paragraph (3) or (4) of subsection (c) (in addition to the conditions specified in paragraph (1)(B) of such subsection).

“(3) **ADDITIONAL PRIORITIES.**—In making grants under subsection (a) for a fiscal year from such amounts as are available for the grants after compliance with paragraph (2), the Secretary shall give priority to making grants to health professions schools meeting the conditions specified in any of paragraphs (3) through (5) of subsection (c) (in addition to the conditions specified in paragraph (1)(B) of such subsection).”

SEC. 5. FEDERAL CAPITAL CONTRIBUTIONS TO CERTAIN STUDENT LOAN FUNDS FOR PURPOSES REGARDING DISADVANTAGED INDIVIDUALS.

(a) **IN GENERAL.**—Section 740 of the Public Health Service Act (42 U.S.C. 294m) is amended—

(1) by redesignating subsection (c) as subsection (d); and

(2) by inserting after subsection (b) the following new subsection:

“(c)(1) With respect to amounts appropriated under subsection (c)(1) of section 742, each agreement entered into under this section with a school shall provide (in addition to the provisions required in subsection (b)) that—

“(A) any Federal capital contribution made to the student loan fund of the school from such amounts, together with the school contribution appropriate under subsection (b)(2)(B) to the amount of the Federal capital contribution, will be utilized only for the purpose of—

“(i) making loans to individuals who are individuals from disadvantaged backgrounds; and

“(ii) the costs of the collection of the loans and interest on the loans; and

“(B) collections of principal and interest on loans made pursuant to subparagraph (A), and any other earnings of the student loan fund attributable to amounts that are in the fund pursuant to such subparagraph, will be utilized only for the purpose described in such paragraph.

“(2) The Secretary may not make a Federal capital contribution for purposes of paragraph (1) for a fiscal year unless the health professions school involved—

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

“(B) is carrying out a program for recruiting and retaining minority faculty.

“(3) The Secretary may not make a Federal capital contribution for purposes of paragraph (1) for a fiscal year 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 private 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 individuals 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 each of the activities specified in any of subparagraphs (A) through (D) by not later than 1 year after the date on which the first Federal capital contribution is made to the school for purposes of paragraph (1); and

“(F) to continue carrying out such activities, and the activities specified in subparagraphs (A) and (B) of paragraph (2), throughout the period during which the student loan fund established pursuant to subsection (b) is in operation.

“(4) With respect to amounts appropriated under subsection (a) of section 742, Federal capital contributions made pursuant to an agreement under subsection (b) of this subsection to the student loan fund of a school from such amounts, together with the school contributions appropriate under subsection (b)(2)(B) to the amount of the Federal capital contributions, may be utilized for the purpose of making loans to individuals from disadvantaged backgrounds.”

(b) DEFINITION WITH RESPECT TO INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS.—Section 740 of the Public Health Service Act, as amended by subsection (a) of this section, is amended by adding at the end the following new subsection:

“(e) For purposes of this section, the term ‘disadvantaged’, with respect to an individual, shall be defined by the Secretary.”

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 742 of the Public Health Service Act (42 U.S.C. 294a) is amended by adding at the end the following new subsection:

“(c)(1) With respect to making Federal capital contributions to student loan funds for purposes of section 740(c), there is authorized to be appropriated for such contributions \$15,000,000 for each of the fiscal years 1991 through 1993.

“(2) In making Federal capital contributions to student loan funds for purposes of section 740(c), the Secretary shall give special consideration to health professions schools that have enrollments of underrepresented minorities above the national average for health professions schools.”

SEC. 6. ASSISTANCE PROGRAMS FOR HEALTH PROFESSIONS STUDENTS FROM DISADVANTAGED BACKGROUNDS.

Part C of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by adding at the end thereof the following new subpart:

“Subpart VI—Assistance for Students From Disadvantaged Backgrounds

“SEC. 760. GRANTS FOR SCHOLARSHIPS AND OTHER PURPOSES.

42 USC 294bb.

“(a) ESTABLISHMENT OF PROGRAM.—

“(1) IN GENERAL.—The Secretary may make grants to health professions schools for the purpose of assisting such schools, subject to subsection (e), in providing scholarships to individuals who—

“(A) are individuals from disadvantaged backgrounds; and

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

“(2) 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; or

“(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) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—To carry out subsection (a), there are authorized to be appropriated \$17,000,000 for fiscal year 1991, and such sums as may be necessary for each of the fiscal years 1992 and 1993.

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

“(A) shall make available 30 percent for grants under subsection (a) to health professions schools agreeing to expend the grants only for scholarships under such subsection for nurses; 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. 761. LOAN REPAYMENT PROGRAM REGARDING SERVICE ON FACULTIES OF CERTAIN HEALTH PROFESSIONS SCHOOLS.

42 USC 294cc.

“(a) 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 subsection (c) 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.

Government contracts.

“(b) **ELIGIBLE INDIVIDUALS.**—The individuals referred to in subsection (a) are individuals from disadvantaged backgrounds who—

“(1) have a degree in medicine, osteopathic medicine, dentistry, or another health profession;

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

“(3) are enrolled as a full-time student—

“(A) in an accredited (as determined by the Secretary) school described in subsection (c); and

“(B) 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.

“(c) **ELIGIBLE HEALTH PROFESSIONS SCHOOL.**—The schools described in this subsection 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.

“(d) **ADDITIONAL LIMITATION ON AMOUNT OF REPAYMENTS.**—Payments made by the Secretary under subsection (a) regarding the educational loans of an individual may not, for any year for which the payments are made, exceed an amount equal to 50 percent of the principal and interest due on such loans for such year.

“(e) **REQUIREMENTS REGARDING FACULTY POSITIONS.**—The Secretary may not enter into a contract under subsection (a) unless—

“(1) the individual involved has entered into a contract with a school described in subsection (c) to serve as a member of the faculty of the school for not less than 2 years; and

“(2) the contract referred to in paragraph (1) provides that—

“(A) 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

“(B) the payments made by the school pursuant to subparagraph (A) 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.

“(f) **WAIVER REGARDING SCHOOL CONTRIBUTIONS.**—The Secretary may waive the requirement established in subsection (e)(2) if the Secretary determines that the requirement will impose an undue financial hardship on the school involved. If the Secretary grants such a waiver, subsection (d) shall not apply with respect to the individual involved.

“(g) **APPLICABILITY OF CERTAIN PROVISIONS.**—The provisions of sections 338B, 338C, and 338E shall apply to the program established in subsection (a) 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.

“(h) **AUTHORIZATION OF APPROPRIATIONS.**—To carry out this section, there are authorized to be appropriated \$4,000,000 for each of the fiscal years 1991 through 1993.”

SEC. 7. REVISION AND EXTENSION OF PROGRAM FOR NATIONAL CENTER FOR HEALTH STATISTICS.**(a) ANNUAL COLLECTION OF DATA.—**

(1) **DATA FROM RECORDS OF BIRTHS, DEATHS, ET CETERA, AMONG CERTAIN POPULATIONS.**—Section 306(h) of the Public Health Service Act (42 U.S.C. 242k(h)) is amended by inserting after the second sentence the following new sentence: “The Secretary shall encourage States and registration areas to obtain detailed data on ethnic and racial populations, including subpopulations of Hispanics, Asian Americans, and Pacific Islanders with significant representation in the State or registration area.”

(2) **DATA FROM SAMPLE REGARDING HEALTH, ILLNESS, AND DISABILITY STATUS.**—Section 306(h) of the Public Health Service Act (42 U.S.C. 242k(h)), as amended by paragraph (1), is amended—

(A) by inserting “(1)” after the subsection designation; and

(B) by adding at the end the following new paragraph:

“(2) There shall be an annual collection of data from a statistically valid sample concerning the general health, illness, and disability status of the civilian noninstitutionalized population. Specific topics to be addressed under this paragraph, on an annual or periodic basis, shall include the incidence of illness and accidental injuries, prevalence of chronic diseases and impairments, disability, physician visits, hospitalizations, and the relationship between demographic and socioeconomic characteristics and health characteristics.”

(b) COLLECTION OF DATA SPECIFIC TO PARTICULAR POPULATIONS.—

(1) **IN GENERAL.**—Section 306 of the Public Health Service Act (42 U.S.C. 242k) is amended—

(A) by redesignating subsection (m) as subsection (o); and

(B) by inserting after subsection (l) the following new subsections:

“(m) In carrying out this section, the Secretary, acting through the Center, shall collect and analyze adequate health data that is specific to particular ethnic and racial populations, including data collected under national health surveys. Activities carried out under this subsection shall be in addition to any activities carried out under subsection (n).

“(n)(1) The Secretary, acting through the Center, may make grants to public and nonprofit private entities for—

“(A) the conduct of special surveys or studies on the health of ethnic and racial populations or subpopulations;

“(B) analysis of data on ethnic and racial populations and subpopulations; and

“(C) research on improving methods for developing statistics on ethnic and racial populations and subpopulations.

“(2) The Secretary, acting through the Center, may provide technical assistance, standards, and methodologies to grantees supported by this subsection in order to maximize the data quality and comparability with other studies.

“(3) Provisions of section 308(d) do not apply to surveys or studies conducted by grantees under this subsection unless the Secretary, in accordance with regulations the Secretary may issue, determines that such provisions are necessary for the conduct of the survey or

study and receives adequate assurance that the grantee will enforce such provisions.”

(2) **APPLICATION AND PEER REVIEW.**—Section 308(b)(2) of the Public Health Service Act (42 U.S.C. 242m(b)(2)) is amended—

(A) in subparagraph (A), in the first sentence, by inserting after “demonstration project,” the following: “or for a grant under section 306(n),”; and

(B) in subparagraph (C), by inserting before the period at the end the following: “, except that peer review groups regarding grants under section 306(n) may include appropriately qualified such officers and employees”.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—Section 306(o), as redesignated by subsection (b) of this section, is amended to read as follows:

“(o)(1) For health statistical and epidemiological activities undertaken or supported under subsections (a) through (m), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1991 through 1993.

“(2) For activities authorized in subsection (n), there are authorized to be appropriated \$5,000,000 for fiscal year 1991, \$7,500,000 for fiscal year 1992, and \$10,000,000 for fiscal year 1993. Of such amounts, the Secretary shall use not more than 10 percent for administration and for activities described in subsection (n)(2).”.

(d) **REPEAL OF CERTAIN RESTRICTION ON FUNDING.**—Section 308(b)(3) of the Public Health Service Act (42 U.S.C. 242m(3)) is repealed.

SEC. 8. DEMONSTRATION GRANTS TO STATES FOR COMMUNITY SCHOLARSHIP PROGRAMS.

Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting before subpart IV of such part the following new section:

42 USC 254u.

“SEC. 338L. DEMONSTRATION GRANTS TO STATES FOR COMMUNITY SCHOLARSHIP PROGRAMS.

“(a) **IN GENERAL.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for the purpose of carrying out demonstration programs to increase the availability of primary health care in urban and rural health manpower shortage areas through assisting community organizations of such areas in educating individuals to serve as health professionals in such areas.

“(b) **CERTAIN REQUIREMENTS FOR STATES.**—

“(1) **MINIMUM QUALIFICATIONS.**—The Secretary may not make a grant under subsection (a) unless the State involved will, under any provision of this Act other than subsection (a), receive 1 or more grants, cooperative agreements, or contracts for the fiscal year for which the State is applying pursuant to subsection (h) to receive a grant under subsection (a).

“(2) **ADMINISTRATION OF PROGRAM.**—The Secretary may not make a grant under subsection (a) unless the State involved agrees that the program carried out by the State with the grant will be administered directly by a single State agency.

“(c) **GRANTS BY STATES TO COMMUNITY ORGANIZATIONS FOR PROVISION OF SCHOLARSHIP CONTRACTS.**—The Secretary may not make a grant under subsection (a) unless the State involved agrees, subject to subsections (d) and (e), to carry out the purpose described in subsection (a) only through operating a program in which the State

makes grants to community organizations located in health manpower shortage areas in order to assist the organizations with the costs of entering into contracts under which—

“(1) the community organizations agree to provide scholarships to individuals for attendance at health professions schools; and

“(2) the individuals agree to provide, in the health manpower shortage areas in which the community organizations are located, primary health care for—

“(A) a number of years equal to the number of years for which the scholarships are provided, or for a period of 2 years, whichever period is greater; or

“(B) such greater period of time as the individuals and the community organizations may agree.

“(d) REQUIREMENT OF STATE AND LOCAL MATCHING FUNDS.—

“(1) IN GENERAL.—With respect to the costs of providing any scholarship pursuant to subsection (c), the Secretary may not make a grant under subsection (a) unless the State involved agrees that—

“(A) 40 percent of the costs of the scholarship will be paid from the grant made under subsection (a) to the State; and

“(B) 60 percent of such costs will be paid from non-Federal contributions made in cash by both the State and the community organization through which the scholarship is provided, subject to—

“(i) the State making available through such contributions not less than 15 percent, nor more than 25 percent, of such costs; and

“(ii) the community organization making available through such contributions not less than 35 percent, nor more than 45 percent, of such costs.

“(2) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTIONS.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that, in determining the amount of non-Federal contributions that have been provided in cash for purposes of paragraph (1), the State will not include any amounts provided by the Federal Government to the State or community organization involved, or to any other entity.

“(3) USE OF DONATIONS.—Non-Federal contributions required in paragraph (1) may be provided directly by the State and community organization involved, and may be provided through donations from public and private entities.

“(e) SPECIFICATIONS REGARDING SCHOLARSHIP CONTRACT.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that the State will make a grant to a community organization for a contract described in subsection (c) only if—

“(1) the individual who is to receive the scholarship under the contract is a resident of the health manpower shortage area in which the community organization is located;

“(2) the individual is enrolled or accepted for enrollment as a full-time student in a health professions school that is approved by the Secretary for purposes of this section;

“(3) the individual agrees to maintain an acceptable level of academic standing at the school (as determined by the school in accordance with regulations issued by the Secretary for purposes of section 338A(f)(1)(B)(iii));

“(4) the individual and the community organization agree that the scholarship provided pursuant to the contract—

“(A) will be expended only for—

“(i) tuition expenses, other reasonable educational expenses, and reasonable living expenses incurred in attendance at the school; and

“(ii) payment to the individual of a monthly stipend of not more than the amount authorized for purposes of section 338A(g)(1)(B); and

“(B) will not, for any year of such attendance for which the scholarship is provided, be in an amount exceeding the total amount required for the year for the purposes authorized in subparagraph (A);

“(5) the individual agrees to meet the educational and licensure requirements necessary to be a physician, certified nurse practitioner, certified nurse midwife, or physician assistant; and

“(6) the individual agrees that, in providing primary health care pursuant to the scholarship, the individual—

“(A) will not, in the case of an individual seeking such care, discriminate against the individual on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to the program established in title XVIII of the Social Security Act or pursuant to the program established in title XIX of such Act; and

“(B) will accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act for all services for which payment may be made under part B of title XVIII of such Act, and will enter into an appropriate agreement with the State agency that administers the State plan for medical assistance under title XIX of such Act to provide service to individuals entitled to medical assistance under the plan.

“(f) **REPORTS TO SECRETARY.**—The Secretary may not make a grant under subsection (a) unless the State involved agrees—

“(1) for each fiscal year for which such a grant is received by the State, to submit to the Secretary a report—

“(A) identifying the community organizations providing scholarships pursuant to subsection (c) and the health manpower shortage areas in which the organizations are located;

“(B) providing the names of individuals receiving the scholarships, the health professions in which the individuals will engage pursuant to the scholarships, the number of years of service the individuals are obligated to provide pursuant to the scholarships, and the extent of compliance with the contracts under subsection (c) on the part of the individuals and the community organizations; and

“(C) providing such information as the Secretary may determine to be necessary for carrying out this section; and

“(2) to submit each such report not later than January 10 of the fiscal year immediately following the fiscal year for which the report is prepared.

“(g) **ESTIMATES REGARDING ALLOCATIONS BETWEEN URBAN AND RURAL AREAS.**—The Secretary may not make a grant under subsection (a) unless the State involved submits to the Secretary, as part of the application required in subsection (h), an estimate of the amount of the grant that will be expended regarding the provision of

primary health care in urban health manpower shortage areas of the State, and an estimate of the amount of the grant that will be expended regarding the provision of such care in rural health manpower shortage areas of the State.

“(h) 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.

“(i) NONCOMPLIANCE.—

“(1) IN GENERAL.—The Secretary may not make payments under subsection (a) to a State for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the State has complied with each of the agreements made by the State under this section.

“(2) REDUCTION IN GRANT RELATIVE TO NUMBER OF BREACHED CONTRACTS.—

“(A) Before making a grant under subsection (a) to a State for a fiscal year, the Secretary shall determine the number of contracts provided under subsection (c) with respect to which there has been an initial breach by the community organizations or individuals involved during the fiscal year preceding the fiscal year for which the State is applying to receive the grant.

“(B) In the case of a State with 1 or more initial breaches for purposes of subparagraph (A), the Secretary shall reduce the amount of a grant under subsection (a) to the State for the fiscal year involved by an amount equal to the sum of—

“(i) an amount equal to the expenditures of Federal funds made regarding the contracts involved; and

“(ii) an amount representing interest on the amount of such expenditures, determined with respect to each contract on the basis of the maximum legal rate prevailing for loans made during the time amounts were paid under the contract, as determined by the Treasurer of the United States.

“(C) If a State is not receiving a grant under subsection (a) for a fiscal year for which a reduction under subparagraph (B) would have been made in the event that the State had received such a grant, the Secretary shall reduce the amount of payments due to the State under other grants, cooperative agreements, or contracts under this Act by the amount specified in such subparagraph.

“(D) With respect to contracts provided under subsection (c), the Secretary may carry out this paragraph on the basis of information submitted by the States involved, or on the basis of information collected through such other means as the Secretary determines to be appropriate.

“(j) REPORTS TO CONGRESS.—

“(1) IN GENERAL.—Each fiscal year 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 summarizing information

received by the Secretary under subsection (f) for the preceding fiscal year.

“(2) DATE FOR SUBMISSION.—With respect to a fiscal year, the report required in paragraph (1) shall be submitted for purposes of such paragraph by not later than the date on which the report required in section 338A(i) is required to be submitted for purposes of such section.

“(k) DEFINITIONS.—For purposes of this section:

“(1) COMMUNITY ORGANIZATION.—The term ‘community organization’ means a public or nonprofit private entity.

“(2) PRIMARY HEALTH CARE.—The term ‘primary health care’ means health services regarding family medicine, internal medicine, pediatrics, or obstetrics and gynecology, that are provided by physicians, certified nurse practitioners, certified nurse midwives, or physician assistants.

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

“(l) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there are authorized to be appropriated \$5,000,000 for fiscal year 1991, \$10,000,000 for fiscal year 1992, and such sums as may be necessary for fiscal year 1993.

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

“(3) ALLOCATIONS FOR RURAL AREAS.—

“(A) In carrying out subsection (a), the Secretary shall, to the extent practicable, ensure that not less than 50 percent of the amounts appropriated under paragraph (1) are, in the aggregate, expended for making grants pursuant to subsection (c) to community organizations that are located in rural health manpower shortage areas.

“(B) Subparagraph (A) may not be construed to prohibit the Secretary from making grants under subsection (a) to States in which no rural health manpower shortage areas are located.

“(C) With respect to any fiscal year for which the Secretary is unable to comply with subparagraph (A), the Secretary shall, not later than April 1 of the subsequent fiscal year, 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 stating the fact of such noncompliance and an explanation of the reasons underlying such noncompliance.”.

SEC. 9. COMMUNITY AND MIGRANT HEALTH CENTERS.

(a) COMMUNITY HEALTH CENTERS.—

(1) PARALLEL STATUS WITH MIGRANT HEALTH CENTERS REGARDING CERTAIN SERVICES.—Section 330 of the Public Health Service Act (42 U.S.C. 254c) is amended—

(A) in subsection (a)(5), by amending such section to read as follows:

“(5) information on the availability and proper use of health services and services which promote and facilitate optimal use of health services, including, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel

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fluent in the language spoken by a predominant number of such individuals, and"; and

(B) in subsection (b)(2)—

(i) in subparagraph (L), by adding "and" after the semicolon at the end; and

(ii) by striking subparagraph (M) and redesignating subparagraph (N) as subparagraph (M).

(2) AUTHORIZATION OF APPROPRIATIONS.—Section 330(g) of the Public Health Service Act (42 U.S.C. 254c(g)) is amended—

(1) in paragraph (1)(A)—

(A) by striking "1989 and" and inserting "1989,"; and

(B) by inserting before the period the following: ", and such sums as may be necessary for each of the fiscal years 1992 through 1994"; and

(2) in paragraph (2)(A)—

(A) by striking "and" after "1990,"; and

(B) by inserting before the period the following: ", and such sums as may be necessary for each of the fiscal years 1992 through 1994".

(b) AUTHORIZATION OF APPROPRIATIONS FOR MIGRANT HEALTH CENTERS.—Section 329(h) of the Public Health Service Act (42 U.S.C. 254b(h)) is amended—

(1) in paragraph (1)(A)—

(A) by striking "1989 and" and inserting "1989,"; and

(B) by inserting before the period the following: ", and such sums as may be necessary for each of the fiscal years 1992 through 1994"; and

(2) in paragraph (2)(A)—

(A) by striking "and" after "1990,"; and

(B) by inserting before the period the following: ", and such sums as may be necessary for each of the fiscal years 1992 through 1994".

SEC. 10. GRANTS FOR HEALTH SERVICES FOR PACIFIC ISLANDERS.

42 USC 254c-1.

(a) GRANTS.—The Secretary of Health and Human Services (hereafter in this section referred to as the "Secretary") shall provide grants to, or enter into contracts with, public or private nonprofit agencies that have demonstrated experience in serving the health needs of Pacific Islanders living in the Territory of American Samoa, the Commonwealth of Northern Mariana Islands, the Territory of Guam, the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia.

(b) USE OF GRANTS OR CONTRACTS.—Grants or contracts made or entered into under subsection (a) shall be used, among other items—

(1) to continue, as a priority, the medical officer training program in Pohnpei, Federated States of Micronesia;

(2) to improve the quality and availability of health and mental health services and systems, with an emphasis therein on preventive health services and health promotion programs and projects, including improved health data systems;

(3) to improve the quality and availability of health manpower, including programs and projects to train new and upgrade the skills of existing health professionals by—

(A) establishing dental officer, dental assistant, nurse practitioner, or nurse clinical specialist training programs;

(B) providing technical training of new auxiliary health workers;

(C) upgrading the training of currently employed health personnel in special areas of need;

(D) developing long-term plans for meeting health profession needs;

(E) developing or improving programs for faculty enhancement or post-doctoral training; and

(F) providing innovative health professions training initiatives (including scholarships) targeted toward ensuring that residents of the Pacific Basin attend and graduate from recognized health professional programs;

(4) to improve the quality of health services, including laboratory, x-ray, and pharmacy, provided in ambulatory and inpatient settings through quality assurance, standard setting, and other culturally appropriate means;

(5) to improve facility and equipment repair and maintenance systems;

(6) to improve alcohol, drug abuse, and mental health prevention and treatment services and systems;

(7) to improve local and regional health planning systems; and

(8) to improve basic local public health systems, with particular attention to primary care and services to those most in need.

No funds under subsection (b) shall be used for capital construction.

(c) **ADVISORY COUNCIL.**—The Secretary of Health and Human Services shall establish a "Pacific Health Advisory Council" which shall consist of 12 members and shall include—

(1) the Directors of the Health Departments for the entities identified in subsection (a); and

(2) 6 members, including a representative of the Rehabilitation Hospital of the Pacific, representing organizations in the State of Hawaii actively involved in the provision of health services or technical assistance to the entities identified in subsection (a). The Secretary shall solicit the advice of the Governor of the State of Hawaii in appointing the 5 Council members in addition to the representative of the Rehabilitation Hospital of the Pacific from the State of Hawaii.

The Secretary shall be responsible for providing sufficient staff support to the Council.

(d) **ADVISORY COUNCIL FUNCTIONS.**—The Council shall meet at least annually to—

(1) recommend priority areas of need for funding by the Public Health Service under this section; and

(2) review progress in addressing priority areas and make recommendations to the Secretary for needed program modifications.

(e) **REPORT.**—The Secretary, in consultation with the Council, shall annually prepare and submit to the appropriate committees of Congress a report describing the expenditure of the funds authorized to be appropriated under this section and any recommendations that the Secretary may have.

(f) **AUTHORIZATION OF APPROPRIATION.**—There is authorized to be appropriated to carry out this section \$10,000,000 for each of the fiscal years 1991 through 1993.

SEC. 11. MISCELLANEOUS PROVISIONS.

Section 639 of Public Law 100-607 (42 U.S.C. 292h note) is repealed.

SEC. 12. EFFECTIVE DATE.42 USC 242k
note.

This Act and the amendments made by this Act shall take effect October 1, 1990, or upon the date of the enactment of this Act, whichever occurs later.

Approved November 6, 1990.

LEGISLATIVE HISTORY—H.R. 5702:**HOUSE REPORTS:** No. 101-804 (Comm. on Education and Labor).**CONGRESSIONAL RECORD, Vol. 136 (1990):**

Oct. 10, considered and passed House.

Oct. 16, considered and passed Senate.

WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS, Vol. 26 (1990):

Nov. 6, Presidential statement.