

1 ***Subtitle E—Provisions Relating to***
2 ***Title V***

3 ***SEC. 10501. AMENDMENTS TO THE PUBLIC HEALTH SERV-***
4 ***ICE ACT, THE SOCIAL SECURITY ACT, AND***
5 ***TITLE V OF THIS ACT.***

6 *(a) Section 5101 of this Act is amended—*

7 *(1) in subsection (c)(2)(B)(i)(II), by inserting “,*
8 *including representatives of small business and self-*
9 *employed individuals” after “employers”;*

10 *(2) in subsection (d)(4)(A)—*

11 *(A) by redesignating clause (iv) as clause*
12 *(v); and*

13 *(B) by inserting after clause (iii) the fol-*
14 *lowing:*

15 *“(iv) An analysis of, and recommenda-*
16 *tions for, eliminating the barriers to enter-*
17 *ing and staying in primary care, including*
18 *provider compensation.”; and*

19 *(3) in subsection (i)(2)(B), by inserting “optom-*
20 *etrists, ophthalmologists,” after “occupational thera-*
21 *pists,”.*

22 *(b) Subtitle B of title V of this Act is amended by add-*
23 *ing at the end the following:*

1 **“SEC. 5104. INTERAGENCY TASK FORCE TO ASSESS AND IM-**
2 **PROVE ACCESS TO HEALTH CARE IN THE**
3 **STATE OF ALASKA.**

4 “(a) *ESTABLISHMENT.*—*There is established a task*
5 *force to be known as the ‘Interagency Access to Health Care*
6 *in Alaska Task Force’ (referred to in this section as the*
7 *‘Task Force’).*

8 “(b) *DUTIES.*—*The Task Force shall—*

9 “(1) *assess access to health care for beneficiaries*
10 *of Federal health care systems in Alaska; and*

11 “(2) *develop a strategy for the Federal Govern-*
12 *ment to improve delivery of health care to Federal*
13 *beneficiaries in the State of Alaska.*

14 “(c) *MEMBERSHIP.*—*The Task Force shall be com-*
15 *prised of Federal members who shall be appointed, not later*
16 *than 45 days after the date of enactment of this Act, as*
17 *follows:*

18 “(1) *The Secretary of Health and Human Serv-*
19 *ices shall appoint one representative of each of the fol-*
20 *lowing:*

21 “(A) *The Department of Health and*
22 *Human Services.*

23 “(B) *The Centers for Medicare and Med-*
24 *icaid Services.*

25 “(C) *The Indian Health Service.*

1 “(2) *The Secretary of Defense shall appoint one*
2 *representative of the TRICARE Management Activity.*

3 “(3) *The Secretary of the Army shall appoint*
4 *one representative of the Army Medical Department.*

5 “(4) *The Secretary of the Air Force shall appoint*
6 *one representative of the Air Force, from among offi-*
7 *cers at the Air Force performing medical service func-*
8 *tions.*

9 “(5) *The Secretary of Veterans Affairs shall ap-*
10 *point one representative of each of the following:*

11 “(A) *The Department of Veterans Affairs.*

12 “(B) *The Veterans Health Administration.*

13 “(6) *The Secretary of Homeland Security shall*
14 *appoint one representative of the United States Coast*
15 *Guard.*

16 “(d) *CHAIRPERSON.—One chairperson of the Task*
17 *Force shall be appointed by the Secretary at the time of*
18 *appointment of members under subsection (c), selected from*
19 *among the members appointed under paragraph (1).*

20 “(e) *MEETINGS.—The Task Force shall meet at the call*
21 *of the chairperson.*

22 “(f) *REPORT.—Not later than 180 days after the date*
23 *of enactment of this Act, the Task Force shall submit to*
24 *Congress a report detailing the activities of the Task Force*
25 *and containing the findings, strategies, recommendations,*

1 *policies, and initiatives developed pursuant to the duty de-*
2 *scribed in subsection (b)(2). In preparing such report, the*
3 *Task Force shall consider completed and ongoing efforts by*
4 *Federal agencies to improve access to health care in the*
5 *State of Alaska.*

6 “(g) *TERMINATION.*—*The Task Force shall be termi-*
7 *nated on the date of submission of the report described in*
8 *subsection (f).”.*

9 (c) *Section 399V of the Public Health Service Act, as*
10 *added by section 5313, is amended—*

11 (1) *in subsection (b)(4), by striking “identify,*
12 *educate, refer, and enroll” and inserting “identify*
13 *and refer”;* and

14 (2) *in subsection (k)(1), by striking “, as defined*
15 *by the Department of Labor as Standard Occupa-*
16 *tional Classification [21–1094]”.*

17 (d) *Section 738(a)(3) of the Public Health Service Act*
18 *(42 U.S.C. 293b(a)(3)) is amended by inserting “schools of-*
19 *fering physician assistant education programs,” after “pub-*
20 *lic health,”.*

21 (e) *Subtitle D of title V of this Act is amended by add-*
22 *ing at the end the following:*

1 **“SEC. 5316. DEMONSTRATION GRANTS FOR FAMILY NURSE**
2 **PRACTITIONER TRAINING PROGRAMS.**

3 “(a) *ESTABLISHMENT OF PROGRAM.*—*The Secretary*
4 *of Health and Human Services (referred to in this section*
5 *as the ‘Secretary’) shall establish a training demonstration*
6 *program for family nurse practitioners (referred to in this*
7 *section as the ‘program’) to employ and provide 1-year*
8 *training for nurse practitioners who have graduated from*
9 *a nurse practitioner program for careers as primary care*
10 *providers in Federally qualified health centers (referred to*
11 *in this section as ‘FQHCs’) and nurse-managed health clin-*
12 *ics (referred to in this section as ‘NMHCs’).*

13 “(b) *PURPOSE.*—*The purpose of the program is to en-*
14 *able each grant recipient to—*

15 “(1) *provide new nurse practitioners with clin-*
16 *ical training to enable them to serve as primary care*
17 *providers in FQHCs and NMHCs;*

18 “(2) *train new nurse practitioners to work under*
19 *a model of primary care that is consistent with the*
20 *principles set forth by the Institute of Medicine and*
21 *the needs of vulnerable populations; and*

22 “(3) *create a model of FQHC and NMHC train-*
23 *ing for nurse practitioners that may be replicated na-*
24 *tionwide.*

25 “(c) *GRANTS.*—*The Secretary shall award 3-year*
26 *grants to eligible entities that meet the requirements estab-*

1 lished by the Secretary, for the purpose of operating the
2 nurse practitioner primary care programs described in sub-
3 section (a) in such entities.

4 “(d) *ELIGIBLE ENTITIES.*—To be eligible to receive a
5 grant under this section, an entity shall—

6 “(1)(A) be a FQHC as defined in section
7 1861(aa) of the Social Security Act (42 U.S.C.
8 1395x(aa)); or

9 “(B) be a nurse-managed health clinic, as de-
10 fined in section 330A–1 of the Public Health Service
11 Act (as added by section 5208 of this Act); and

12 “(2) submit to the Secretary an application at
13 such time, in such manner, and containing such in-
14 formation as the Secretary may require.

15 “(e) *PRIORITY IN AWARDING GRANTS.*—In awarding
16 grants under this section, the Secretary shall give priority
17 to eligible entities that—

18 “(1) demonstrate sufficient infrastructure in size,
19 scope, and capacity to undertake the requisite train-
20 ing of a minimum of 3 nurse practitioners per year,
21 and to provide to each awardee 12 full months of full-
22 time, paid employment and benefits consistent with
23 the benefits offered to other full-time employees of such
24 entity;

1 “(2) will assign not less than 1 staff nurse prac-
2 titioner or physician to each of 4 precepted clinics;

3 “(3) will provide to each awardee specialty rota-
4 tions, including specialty training in prenatal care
5 and women’s health, adult and child psychiatry, or-
6 thopedics, geriatrics, and at least 3 other high-volume,
7 high-burden specialty areas;

8 “(4) provide sessions on high-volume, high-risk
9 health problems and have a record of training health
10 care professionals in the care of children, older adults,
11 and underserved populations; and

12 “(5) collaborate with other safety net providers,
13 schools, colleges, and universities that provide health
14 professions training.

15 “(f) *ELIGIBILITY OF NURSE PRACTITIONERS.*—

16 “(1) *IN GENERAL.*—To be eligible for acceptance
17 to a program funded through a grant awarded under
18 this section, an individual shall—

19 “(A) be licensed or eligible for licensure in
20 the State in which the program is located as an
21 advanced practice registered nurse or advanced
22 practice nurse and be eligible or board-certified
23 as a family nurse practitioner; and

1 “(B) *demonstrate commitment to a career*
2 *as a primary care provider in a FQHC or in a*
3 *NMHC.*

4 “(2) *PREFERENCE.—In selecting awardees under*
5 *the program, each grant recipient shall give pref-*
6 *erence to bilingual candidates that meet the require-*
7 *ments described in paragraph (1).*

8 “(3) *DEFERRAL OF CERTAIN SERVICE.—The*
9 *starting date of required service of individuals in the*
10 *National Health Service Corps Service program*
11 *under title II of the Public Health Service Act (42*
12 *U.S.C. 202 et seq.) who receive training under this*
13 *section shall be deferred until the date that is 22 days*
14 *after the date of completion of the program.*

15 “(g) *GRANT AMOUNT.—Each grant awarded under*
16 *this section shall be in an amount not to exceed \$600,000*
17 *per year. A grant recipient may carry over funds from 1*
18 *fiscal year to another without obtaining approval from the*
19 *Secretary.*

20 “(h) *TECHNICAL ASSISTANCE GRANTS.—The Sec-*
21 *retary may award technical assistance grants to 1 or more*
22 *FQHCs or NMHCs that have demonstrated expertise in es-*
23 *tablishing a nurse practitioner residency training program.*
24 *Such technical assistance grants shall be for the purpose*

1 *of providing technical assistance to other recipients of*
2 *grants under subsection (c).*

3 “(i) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
4 *out this section, there is authorized to be appropriated such*
5 *sums as may be necessary for each of fiscal years 2011*
6 *through 2014.”.*

7 (f)(1) *Section 399W of the Public Health Service Act,*
8 *as added by section 5405, is redesignated as section 399V–*
9 *1.*

10 (2) *Section 399V–1 of the Public Health Service Act,*
11 *as so redesignated, is amended in subsection (b)(2)(A) by*
12 *striking “and the departments of 1 or more health profes-*
13 *sions schools in the State that train providers in primary*
14 *care” and inserting “and the departments that train pro-*
15 *viders in primary care in 1 or more health professions*
16 *schools in the State”.*

17 (3) *Section 934 of the Public Health Service Act, as*
18 *added by section 3501, is amended by striking “399W” each*
19 *place such term appears and inserting “399V–1”.*

20 (4) *Section 935(b) of the Public Health Service Act,*
21 *as added by section 3503, is amended by striking “399W”*
22 *and inserting “399V–1”.*

23 (g) *Part P of title III of the Public Health Service*
24 *Act 42 U.S.C. 280g et seq.), as amended by section 10411,*
25 *is amended by adding at the end the following:*

1 **“SEC. 399V-3. NATIONAL DIABETES PREVENTION PROGRAM.**

2 “(a) *IN GENERAL.*—*The Secretary, acting through the*
3 *Director of the Centers for Disease Control and Prevention,*
4 *shall establish a national diabetes prevention program (re-*
5 *ferred to in this section as the ‘program’) targeted at adults*
6 *at high risk for diabetes in order to eliminate the prevent-*
7 *able burden of diabetes.*

8 “(b) *PROGRAM ACTIVITIES.*—*The program described*
9 *in subsection (a) shall include—*

10 “(1) *a grant program for community-based dia-*
11 *betes prevention program model sites;*

12 “(2) *a program within the Centers for Disease*
13 *Control and Prevention to determine eligibility of en-*
14 *tities to deliver community-based diabetes prevention*
15 *services;*

16 “(3) *a training and outreach program for life-*
17 *style intervention instructors; and*

18 “(4) *evaluation, monitoring and technical assist-*
19 *ance, and applied research carried out by the Centers*
20 *for Disease Control and Prevention.*

21 “(c) *ELIGIBLE ENTITIES.*—*To be eligible for a grant*
22 *under subsection (b)(1), an entity shall be a State or local*
23 *health department, a tribal organization, a national net-*
24 *work of community-based non-profits focused on health and*
25 *wellbeing, an academic institution, or other entity, as the*
26 *Secretary determines.*

1 “(d) *AUTHORIZATION OF APPROPRIATIONS.*—For the
2 purpose of carrying out this section, there are authorized
3 to be appropriated such sums as may be necessary for each
4 of fiscal years 2010 through 2014.”

5 (h) The provisions of, and amendment made by, sec-
6 tion 5501(c) of this Act are repealed.

7 (i)(1) The provisions of, and amendments made by,
8 section 5502 of this Act are repealed.

9 (2)(A) Section 1861(aa)(3)(A) of the Social Security
10 Act (42 U.S.C. 1395w(aa)(3)(A)) is amended to read as fol-
11 lows:

12 “(A) services of the type described in subpara-
13 graphs (A) through (C) of paragraph (1) and preven-
14 tive services (as defined in section 1861(ddd)(3));
15 and”.

16 (B) The amendment made by subparagraph (A) shall
17 apply to services furnished on or after January 1, 2011.

18 (3)(A) Section 1834 of the Social Security Act (42
19 U.S.C. 1395m), as amended by section 4105, is amended
20 by adding at the end the following new subsection:

21 “(o) *DEVELOPMENT AND IMPLEMENTATION OF PRO-*
22 *SPECTIVE PAYMENT SYSTEM.*—

23 “(1) *DEVELOPMENT.*—

24 “(A) *IN GENERAL.*—The Secretary shall de-
25 velop a prospective payment system for payment

1 *for Federally qualified health center services fur-*
2 *nished by Federally qualified health centers*
3 *under this title. Such system shall include a*
4 *process for appropriately describing the services*
5 *furnished by Federally qualified health centers*
6 *and shall establish payment rates for specific*
7 *payment codes based on such appropriate de-*
8 *scriptions of services. Such system shall be estab-*
9 *lished to take into account the type, intensity,*
10 *and duration of services furnished by Federally*
11 *qualified health centers. Such system may in-*
12 *clude adjustments, including geographic adjust-*
13 *ments, determined appropriate by the Secretary.*

14 “(B) *COLLECTION OF DATA AND EVALUA-*
15 *TION.—By not later than January 1, 2011, the*
16 *Secretary shall require Federally qualified health*
17 *centers to submit to the Secretary such informa-*
18 *tion as the Secretary may require in order to de-*
19 *velop and implement the prospective payment*
20 *system under this subsection, including the re-*
21 *porting of services using HCPCS codes.*

22 “(2) *IMPLEMENTATION.—*

23 “(A) *IN GENERAL.—Notwithstanding sec-*
24 *tion 1833(a)(3)(A), the Secretary shall provide,*
25 *for cost reporting periods beginning on or after*

1 *October 1, 2014, for payments of prospective*
2 *payment rates for Federally qualified health cen-*
3 *ter services furnished by Federally qualified*
4 *health centers under this title in accordance with*
5 *the prospective payment system developed by the*
6 *Secretary under paragraph (1).*

7 “(B) *PAYMENTS.*—

8 “(i) *INITIAL PAYMENTS.*—*The Sec-*
9 *retary shall implement such prospective*
10 *payment system so that the estimated aggre-*
11 *gate amount of prospective payment rates*
12 *(determined prior to the application of sec-*
13 *tion 1833(a)(1)(Z)) under this title for Fed-*
14 *erally qualified health center services in the*
15 *first year that such system is implemented*
16 *is equal to 100 percent of the estimated*
17 *amount of reasonable costs (determined*
18 *without the application of a per visit pay-*
19 *ment limit or productivity screen and prior*
20 *to the application of section*
21 *1866(a)(2)(A)(ii) that would have occurred*
22 *for such services under this title in such*
23 *year if the system had not been imple-*
24 *mented.*

1 “(i) *PAYMENTS IN SUBSEQUENT*
2 *YEARS.—Payment rates in years after the*
3 *year of implementation of such system shall*
4 *be the payment rates in the previous year*
5 *increased—*

6 “(I) *in the first year after imple-*
7 *mentation of such system, by the per-*
8 *centage increase in the MEI (as de-*
9 *fined in section 1842(i)(3)) for the*
10 *year involved; and*

11 “(II) *in subsequent years, by the*
12 *percentage increase in a market basket*
13 *of Federally qualified health center*
14 *goods and services as promulgated*
15 *through regulations, or if such an*
16 *index is not available, by the percent-*
17 *age increase in the MEI (as defined in*
18 *section 1842(i)(3)) for the year in-*
19 *volved.*

20 “(C) *PREPARATION FOR PPS IMPLEMENTA-*
21 *TION.—Notwithstanding any other provision of*
22 *law, the Secretary may establish and implement*
23 *by program instruction or otherwise the payment*
24 *codes to be used under the prospective payment*
25 *system under this section.”.*

1 (B) Section 1833(a)(1) of the Social Security Act (42
2 U.S.C. 1395l(a)(1)), as amended by section 4104, is amend-
3 ed—

4 (i) by striking “and” before “(Y)”; and

5 (ii) by inserting before the semicolon at the end
6 the following: “, and (Z) with respect to Federally
7 qualified health center services for which payment is
8 made under section 1834(o), the amounts paid shall
9 be 80 percent of the lesser of the actual charge or the
10 amount determined under such section”.

11 (C) Section 1833(a) of the Social Security Act (42
12 U.S.C. 1395l(a)) is amended—

13 (i) in paragraph (3)(B)(i)—

14 (I) by inserting “(I)” after “otherwise been
15 provided”; and

16 (II) by inserting “, or (II) in the case of
17 such services furnished on or after the implemen-
18 tation date of the prospective payment system
19 under section 1834(o), under such section (cal-
20 culated as if ‘100 percent’ were substituted for
21 ‘80 percent’ in such section) for such services if
22 the individual had not been so enrolled” after
23 “been so enrolled”; and

24 (ii) by adding at the end the following flush sen-
25 tence:

1 “Paragraph (3)(A) shall not apply to Federally
2 qualified health center services furnished on or after
3 the implementation date of the prospective payment
4 system under section 1834(0).”.

5 (j) Section 5505 is amended by adding at the end the
6 following new subsection:

7 “(d) APPLICATION.—The amendments made by this
8 section shall not be applied in a manner that requires re-
9 opening of any settled cost reports as to which there is not
10 a jurisdictionally proper appeal pending as of the date of
11 the enactment of this Act on the issue of payment for indi-
12 rect costs of medical education under section 1886(d)(5)(B)
13 of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) or
14 for direct graduate medical education costs under section
15 1886(h) of such Act (42 U.S.C. 1395ww(h)).”.

16 (k) Subtitle G of title V of this Act is amended by add-
17 ing at the end the following:

18 “**SEC. 5606. STATE GRANTS TO HEALTH CARE PROVIDERS**
19 **WHO PROVIDE SERVICES TO A HIGH PER-**
20 **CENTAGE OF MEDICALLY UNDERSERVED**
21 **POPULATIONS OR OTHER SPECIAL POPU-**
22 **LATIONS.**”

23 “(a) IN GENERAL.—A State may award grants to
24 health care providers who treat a high percentage, as deter-

1 *mined by such State, of medically underserved populations*
2 *or other special populations in such State.*

3 “(b) *SOURCE OF FUNDS.*—A grant program estab-
4 *lished by a State under subsection (a) may not be estab-*
5 *lished within a department, agency, or other entity of such*
6 *State that administers the Medicaid program under title*
7 *XIX of the Social Security Act (42 U.S.C. 1396 et seq.),*
8 *and no Federal or State funds allocated to such Medicaid*
9 *program, the Medicare program under title XVIII of the*
10 *Social Security Act (42 U.S.C. 1395 et seq.), or the*
11 *TRICARE program under chapter 55 of title 10, United*
12 *States Code, may be used to award grants or to pay admin-*
13 *istrative costs associated with a grant program established*
14 *under subsection (a).”.*

15 *(l) Part C of title VII of the Public Health Service*
16 *Act (42 U.S.C. 293k et seq.) is amended—*

17 *(1) after the part heading, by inserting the fol-*
18 *lowing:*

19 **“Subpart I—Medical Training Generally”;**

20 *and*

21 *(2) by inserting at the end the following:*

22 **“Subpart II—Training in Underserved Communities**

23 **“SEC. 749B. RURAL PHYSICIAN TRAINING GRANTS.**

24 “(a) *IN GENERAL.*—The Secretary, acting through the
25 *Administrator of the Health Resources and Services Admin-*

1 *stration, shall establish a grant program for the purposes*
2 *of assisting eligible entities in recruiting students most like-*
3 *ly to practice medicine in underserved rural communities,*
4 *providing rural-focused training and experience, and in-*
5 *creasing the number of recent allopathic and osteopathic*
6 *medical school graduates who practice in underserved rural*
7 *communities.*

8 “(b) *ELIGIBLE ENTITIES.*—*In order to be eligible to*
9 *receive a grant under this section, an entity shall—*

10 “(1) *be a school of allopathic or osteopathic med-*
11 *icine accredited by a nationally recognized accred-*
12 *iting agency or association approved by the Secretary*
13 *for this purpose, or any combination or consortium of*
14 *such schools; and*

15 “(2) *submit an application to the Secretary that*
16 *includes a certification that such entity will use*
17 *amounts provided to the institution as described in*
18 *subsection (d)(1).*

19 “(c) *PRIORITY.*—*In awarding grant funds under this*
20 *section, the Secretary shall give priority to eligible entities*
21 *that—*

22 “(1) *demonstrate a record of successfully train-*
23 *ing students, as determined by the Secretary, who*
24 *practice medicine in underserved rural communities;*

1 “(2) demonstrate that an existing academic pro-
2 gram of the eligible entity produces a high percentage,
3 as determined by the Secretary, of graduates from
4 such program who practice medicine in underserved
5 rural communities;

6 “(3) demonstrate rural community institutional
7 partnerships, through such mechanisms as matching
8 or contributory funding, documented in-kind services
9 for implementation, or existence of training partners
10 with interprofessional expertise in community health
11 center training locations or other similar facilities; or

12 “(4) submit, as part of the application of the en-
13 tity under subsection (b), a plan for the long-term
14 tracking of where the graduates of such entity practice
15 medicine.

16 “(d) *USE OF FUNDS.*—

17 “(1) *ESTABLISHMENT.*—An eligible entity receiv-
18 ing a grant under this section shall use the funds
19 made available under such grant to establish, im-
20 prove, or expand a rural-focused training program
21 (referred to in this section as the ‘Program’) meeting
22 the requirements described in this subsection and to
23 carry out such program.

24 “(2) *STRUCTURE OF PROGRAM.*—An eligible en-
25 tity shall—

1 “(A) enroll no fewer than 10 students per
2 class year into the Program; and

3 “(B) develop criteria for admission to the
4 Program that gives priority to students—

5 “(i) who have originated from or lived
6 for a period of 2 or more years in an un-
7 derserved rural community; and

8 “(ii) who express a commitment to
9 practice medicine in an underserved rural
10 community.

11 “(3) CURRICULA.—The Program shall require
12 students to enroll in didactic coursework and clinical
13 experience particularly applicable to medical practice
14 in underserved rural communities, including—

15 “(A) clinical rotations in underserved rural
16 communities, and in applicable specialties, or
17 other coursework or clinical experience deemed
18 appropriate by the Secretary; and

19 “(B) in addition to core school curricula,
20 additional coursework or training experiences fo-
21 cused on medical issues prevalent in underserved
22 rural communities.

23 “(4) RESIDENCY PLACEMENT ASSISTANCE.—
24 Where available, the Program shall assist all students
25 of the Program in obtaining clinical training experi-

1 *ences in locations with postgraduate programs offer-*
2 *ing residency training opportunities in underserved*
3 *rural communities, or in local residency training pro-*
4 *grams that support and train physicians to practice*
5 *in underserved rural communities.*

6 “(5) *PROGRAM STUDENT COHORT SUPPORT.*—
7 *The Program shall provide and require all students of*
8 *the Program to participate in group activities de-*
9 *signed to further develop, maintain, and reinforce the*
10 *original commitment of such students to practice in*
11 *an underserved rural community.*

12 “(e) *ANNUAL REPORTING.*—*An eligible entity receiv-*
13 *ing a grant under this section shall submit an annual re-*
14 *port to the Secretary on the success of the Program, based*
15 *on criteria the Secretary determines appropriate, including*
16 *the residency program selection of graduating students who*
17 *participated in the Program.*

18 “(f) *REGULATIONS.*—*Not later than 60 days after the*
19 *date of enactment of this section, the Secretary shall by reg-*
20 *ulation define ‘underserved rural community’ for purposes*
21 *of this section.*

22 “(g) *SUPPLEMENT NOT SUPPLANT.*—*Any eligible enti-*
23 *ty receiving funds under this section shall use such funds*
24 *to supplement, not supplant, any other Federal, State, and*

1 *local funds that would otherwise be expended by such entity*
2 *to carry out the activities described in this section.*

3 “(h) *MAINTENANCE OF EFFORT.*—*With respect to ac-*
4 *tivities for which funds awarded under this section are to*
5 *be expended, the entity shall agree to maintain expenditures*
6 *of non-Federal amounts for such activities at a level that*
7 *is not less than the level of such expenditures maintained*
8 *by the entity for the fiscal year preceding the fiscal year*
9 *for which the entity receives a grant under this section.*

10 “(i) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*
11 *authorized to be appropriated \$4,000,000 for each of the*
12 *fiscal years 2010 through 2013.”.*

13 (m)(1) *Section 768 of the Public Health Service Act*
14 *(42 U.S.C. 295c) is amended to read as follows:*

15 **“SEC. 768. PREVENTIVE MEDICINE AND PUBLIC HEALTH**
16 **TRAINING GRANT PROGRAM.**

17 “(a) *GRANTS.*—*The Secretary, acting through the Ad-*
18 *ministrator of the Health Resources and Services Adminis-*
19 *tration and in consultation with the Director of the Centers*
20 *for Disease Control and Prevention, shall award grants to,*
21 *or enter into contracts with, eligible entities to provide*
22 *training to graduate medical residents in preventive medi-*
23 *cine specialties.*

24 “(b) *ELIGIBILITY.*—*To be eligible for a grant or con-*
25 *tract under subsection (a), an entity shall be—*

1 “(1) an accredited school of public health or
2 school of medicine or osteopathic medicine;

3 “(2) an accredited public or private nonprofit
4 hospital;

5 “(3) a State, local, or tribal health department;
6 or

7 “(4) a consortium of 2 or more entities described
8 in paragraphs (1) through (3).

9 “(c) *USE OF FUNDS.*—Amounts received under a grant
10 or contract under this section shall be used to—

11 “(1) plan, develop (including the development of
12 curricula), operate, or participate in an accredited
13 residency or internship program in preventive medi-
14 cine or public health;

15 “(2) defray the costs of practicum experiences, as
16 required in such a program; and

17 “(3) establish, maintain, or improve—

18 “(A) academic administrative units (in-
19 cluding departments, divisions, or other appro-
20 priate units) in preventive medicine and public
21 health; or

22 “(B) programs that improve clinical teach-
23 ing in preventive medicine and public health.

1 “(d) *REPORT.*—*The Secretary shall submit to the Con-*
2 *gress an annual report on the program carried out under*
3 *this section.*”.

4 (2) *Section 770(a) of the Public Health Service*
5 *Act (42 U.S.C. 295e(a)) is amended to read as fol-*
6 *lows:*

7 “(a) *IN GENERAL.*—*For the purpose of carrying out*
8 *this subpart, there is authorized to be appropriated*
9 *\$43,000,000 for fiscal year 2011, and such sums as may*
10 *be necessary for each of the fiscal years 2012 through*
11 *2015.*”.

12 (n)(1) *Subsection (i) of section 331 of the Public*
13 *Health Service Act (42 U.S.C. 254d) of the Public Health*
14 *Service Act is amended—*

15 (A) *in paragraph (1), by striking “In carrying*
16 *out subpart III” and all that follows through the pe-*
17 *riod and inserting “In carrying out subpart III, the*
18 *Secretary may, in accordance with this subsection,*
19 *issue waivers to individuals who have entered into a*
20 *contract for obligated service under the Scholarship*
21 *Program or the Loan Repayment Program under*
22 *which the individuals are authorized to satisfy the re-*
23 *quirement of obligated service through providing clin-*
24 *ical practice that is half time.”;*

25 (B) *in paragraph (2)—*

1 (i) in subparagraphs (A)(ii) and (B), by
2 striking “less than full time” each place it ap-
3 pears and inserting “half time”;

4 (ii) in subparagraphs (C) and (F), by strik-
5 ing “less than full-time service” each place it ap-
6 pears and inserting “half-time service”; and

7 (iii) by amending subparagraphs (D) and
8 (E) to read as follows:

9 “(D) the entity and the Corps member agree in
10 writing that the Corps member will perform half-time
11 clinical practice;

12 “(E) the Corps member agrees in writing to ful-
13 fill all of the service obligations under section 338C
14 through half-time clinical practice and either—

15 “(i) double the period of obligated service
16 that would otherwise be required; or

17 “(ii) in the case of contracts entered into
18 under section 338B, accept a minimum service
19 obligation of 2 years with an award amount
20 equal to 50 percent of the amount that would
21 otherwise be payable for full-time service; and”;
22 and

23 (C) in paragraph (3), by striking “In evaluating
24 a demonstration project described in paragraph (1)”

1 and inserting “In evaluating waivers issued under
2 paragraph (1)”.

3 (2) Subsection (j) of section 331 of the Public Health
4 Service Act (42 U.S.C. 254d) is amended by adding at the
5 end the following:

6 “(5) The terms ‘full time’ and ‘full-time’ mean a
7 minimum of 40 hours per week in a clinical practice,
8 for a minimum of 45 weeks per year.

9 “(6) The terms ‘half time’ and ‘half-time’ mean
10 a minimum of 20 hours per week (not to exceed 39
11 hours per week) in a clinical practice, for a min-
12 imum of 45 weeks per year.”.

13 (3) Section 337(b)(1) of the Public Health Service Act
14 (42 U.S.C. 254j(b)(1)) is amended by striking “Members
15 may not be reappointed to the Council.”.

16 (4) Section 338B(g)(2)(A) of the Public Health Service
17 Act (42 U.S.C. 254l–1(g)(2)(A)) is amended by striking
18 “\$35,000” and inserting “\$50,000, plus, beginning with fis-
19 cal year 2012, an amount determined by the Secretary on
20 an annual basis to reflect inflation,”.

21 (5) Subsection (a) of section 338C of the Public Health
22 Service Act (42 U.S.C. 254m), as amended by section 5508,
23 is amended—

24 (A) by striking the second sentence and inserting
25 the following: “The Secretary may treat teaching as

1 *clinical practice for up to 20 percent of such period*
2 *of obligated service.”; and*

3 *(B) by adding at the end the following: “Not-*
4 *withstanding the preceding sentence, with respect to a*
5 *member of the Corps participating in the teaching*
6 *health centers graduate medical education program*
7 *under section 340H, for the purpose of calculating*
8 *time spent in full-time clinical practice under this*
9 *section, up to 50 percent of time spent teaching by*
10 *such member may be counted toward his or her serv-*
11 *ice obligation.”.*

12 **SEC. 10502. INFRASTRUCTURE TO EXPAND ACCESS TO**
13 **CARE.**

14 *(a) APPROPRIATION.—There are authorized to be ap-*
15 *propriated, and there are appropriated to the Department*
16 *of Health and Human Services, \$100,000,000 for fiscal year*
17 *2010, to remain available for obligation until September*
18 *30, 2011, to be used for debt service on, or direct construc-*
19 *tion or renovation of, a health care facility that provides*
20 *research, inpatient tertiary care, or outpatient clinical serv-*
21 *ices. Such facility shall be affiliated with an academic*
22 *health center at a public research university in the United*
23 *States that contains a State’s sole public academic medical*
24 *and dental school.*

1 **(b) REQUIREMENT.**—Amount appropriated under sub-
2 section (a) may only be made available by the Secretary
3 of Health and Human Services upon the receipt of an ap-
4 plication from the Governor of a State that certifies that—

5 (1) the new health care facility is critical for the
6 provision of greater access to health care within the
7 State;

8 (2) such facility is essential for the continued fi-
9 nancial viability of the State’s sole public medical
10 and dental school and its academic health center;

11 (3) the request for Federal support represents not
12 more than 40 percent of the total cost of the proposed
13 new facility; and

14 (4) the State has established a dedicated funding
15 mechanism to provide all remaining funds necessary
16 to complete the construction or renovation of the pro-
17 posed facility.

18 **SEC. 10503. COMMUNITY HEALTH CENTERS AND THE NA-**
19 **TIONAL HEALTH SERVICE CORPS FUND.**

20 **(a) PURPOSE.**—It is the purpose of this section to es-
21 tablish a Community Health Center Fund (referred to in
22 this section as the “CHC Fund”), to be administered
23 through the Office of the Secretary of the Department of
24 Health and Human Services to provide for expanded and
25 sustained national investment in community health centers

1 *under section 330 of the Public Health Service Act and the*
2 *National Health Service Corps.*

3 *(b) FUNDING.—There is authorized to be appropriated,*
4 *and there is appropriated, out of any monies in the Treas-*
5 *ury not otherwise appropriated, to the CHC Fund—*

6 *(1) to be transferred to the Secretary of Health*
7 *and Human Services to provide enhanced funding for*
8 *the community health center program under section*
9 *330 of the Public Health Service Act—*

10 *(A) \$700,000,000 for fiscal year 2011;*

11 *(B) \$800,000,000 for fiscal year 2012;*

12 *(C) \$1,000,000,000 for fiscal year 2013;*

13 *(D) \$1,600,000,000 for fiscal year 2014;*

14 *and*

15 *(E) \$2,900,000,000 for fiscal year 2015;*

16 *and*

17 *(2) to be transferred to the Secretary of Health*
18 *and Human Services to provide enhanced funding for*
19 *the National Health Service Corps—*

20 *(A) \$290,000,000 for fiscal year 2011;*

21 *(B) \$295,000,000 for fiscal year 2012;*

22 *(C) \$300,000,000 for fiscal year 2013;*

23 *(D) \$305,000,000 for fiscal year 2014; and*

24 *(E) \$310,000,000 for fiscal year 2015.*

1 (c) *CONSTRUCTION.*—*There is authorized to be appro-*
2 *priated, and there is appropriated, out of any monies in*
3 *the Treasury not otherwise appropriated, \$1,500,000,000 to*
4 *be available for fiscal years 2011 through 2015 to be used*
5 *by the Secretary of Health and Human Services for the con-*
6 *struction and renovation of community health centers.*

7 (d) *USE OF FUND.*—*The Secretary of Health and*
8 *Human Services shall transfer amounts in the CHC Fund*
9 *to accounts within the Department of Health and Human*
10 *Services to increase funding, over the fiscal year 2008 level,*
11 *for community health centers and the National Health*
12 *Service Corps.*

13 (e) *AVAILABILITY.*—*Amounts appropriated under sub-*
14 *sections (b) and (c) shall remain available until expended.*

15 **SEC. 10504. DEMONSTRATION PROJECT TO PROVIDE AC-**
16 **CESS TO AFFORDABLE CARE.**

17 (a) *IN GENERAL.*—*Not later than 6 months after the*
18 *date of enactment of this Act, the Secretary of Health and*
19 *Human Services (referred to in this section as the “Sec-*
20 *retary”), acting through the Health Resources and Services*
21 *Administration, shall establish a 3 year demonstration*
22 *project in up to 10 States to provide access to comprehensive*
23 *health care services to the uninsured at reduced fees. The*
24 *Secretary shall evaluate the feasibility of expanding the*
25 *project to additional States.*

