

HEALTH CARE SAFETY NET AMENDMENTS TECHNICAL
CORRECTIONS ACT OF 2003

SEPTEMBER 17, 2003.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. TAUZIN, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 3038]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred
the bill (H.R. 3038) to make certain technical and conforming
amendments to correct the Health Care Safety Net Amendments of
2002, having considered the same, report favorably thereon without
amendment and recommend that the bill do pass.

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PURPOSE AND SUMMARY

H.R. 3038 makes technical and conforming changes to the Health
Care Safety Net Amendments Act of 2002.

BACKGROUND AND NEED FOR LEGISLATION

On October 22, 2002, President Bush signed into law the Health Care Safety Net Amendments Act of 2002 (P.L. 107–251), legislation to strengthen several public health programs for low-income individuals and the underserved, including Community Health Centers and the National Health Service Corps. This lengthy act amended several sections of the Public Health Service Act, albeit incorrectly. H.R. 3038 aligns the U.S. Code and makes minor corrections to clarify the original intent of Congress in order for the Department of Health and Human Services to fully implement the law as designed.

HEARINGS

The Committee on Energy and Commerce has not held hearings on the legislation.

COMMITTEE CONSIDERATION

On September 10, 2003, the Full Committee met in open markup session and favorably ordered H.R. 3038 reported to the House by a voice vote, a quorum being present.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 3038 reported. A motion by Mr. Tauzin to order H.R. 3038 reported to the House, without amendment, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held oversight or legislative hearings on this legislation.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The goal of H.R. 3038 is to make technical and conforming changes to the Health Care Safety Net Amendments Act of 2002.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 3038, the Health Care Safety Net Amendments Technical Corrections Act of 2003, would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 16, 2003.

Hon. W.J. "BILLY" TAUZIN,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3038, the Health Care Safety Net Amendments Technical Corrections Act of 2003.

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

Sincerely,

DOUGLAS HOLTZ-EAKIN,
Director.

Enclosure.

H.R. 3038—Health Care Safety Net Amendments Technical Corrections Act of 2003

H.R. 3038 would make technical and conforming amendments to the Health Care Safety Net Amendments of 2002 (Public Law 107–251). That law reauthorized and expanded the Health Centers and National Health Service Corps programs, and established the Community Access Program in statute. CBO estimates that the bill's changes would have no impact on the Federal budget.

The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on State, local, or tribal governments.

The CBO staff contact is Margaret Nowak. This estimate was approved by Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for this legislation is provided in Article I, section 8, clause 3, which grants Congress the power to regulate commerce with foreign nations, among the several States, and with the Indian tribes.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates the short title as the “Health Care Safety Net Amendments Technical Corrections Act of 2003.”

Section 2. Technical amendments

Section 2 makes several technical changes to the Health Care Safety Net Amendments Act of 2002 (P.L. 107–251). It renumbers and aligns several sections of the Public Health Service Act, makes grammatical corrections, including period and comma placement, and corrects misnamed references to agencies within the Department of Health and Human Services. Section 2 makes stand-alone provisions in the Health Care Safety Net Amendments Act of 2002, including telemedicine incentive grants, part of the Public Health Service Act.

Section 2 also clarifies the original intent of the Health Care Safety Net Amendments Act of 2002. Section 2 replaces language inadvertently deleted by the Act to permit the Department of Health and Human Services to provide technical assistance either through the Department or by grant or contract. Further, the technical assistance activities outlined under the law are not intended to be an exhaustive list; for example, the Department of Health and Human Services could provide technical assistance through the planning and development of networks. Section 2 amends section 332 of the Public Health Service Act to clarify that Federally qualified community health centers may be designated as health professional shortage areas upon date of designation, not the date of the enactment of the law. It further clarifies section 333A(c)(4) to make priorities in assignment of National Health Service Corps personnel within 30 days “from such notification.” Section 2 clarifies section 338E of the Public Health Service Act with regard to loan repayments of National Health Service Corps personnel. Finally, section 2 clarifies that the Department of Health and Human Services is to conduct a study of the Department’s ability to provide for “guarantees” of solvency for managed care networks or plans involving health centers receiving funding under section 330 of the Public Health Service Act.

Section 3. Effective date

Section 3 sets the effective date immediately after the enactment of Public Law 107–251.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omit-

ted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE II—ADMINISTRATION AND MISCELLANEOUS PROVISIONS

PART A—ADMINISTRATION

* * * * *

DEFENSE OF CERTAIN MALPRACTICE AND NEGLIGENCE SUITS

SEC. 224. (a) * * *

* * * * *

(g)(1)(A) * * *

* * * * *

(G) In the case of an entity described in paragraph (4) that has not submitted an application under subparagraph (D):

(i) * * *

(ii) This section does not affect any authority of the entity to purchase medical malpractice liability insurance coverage with Federal funds provided to the entity under section 329, **330, 330(h)** *330*, or 340A.

* * * * *

(k)(1) * * *

(2) Subject to appropriations, for each fiscal year, the Secretary shall establish a fund of an amount equal to the amount estimated under paragraph (1) that is attributable to entities receiving funds under each of the grant programs described in paragraph (4) of subsection (g), but not to exceed a total of \$10,000,000 for each such fiscal year. Appropriations for purposes of this paragraph shall be made separate from appropriations made for purposes of sections 329, **330, 330(h)** *330* and 340A.

* * * * *

(n)(1) Not later than one year after the date of the enactment of the Federally Supported Health Centers Assistance Act of 1995, the Comptroller General of the United States shall submit to the Congress a report on the following:

(A) * * *

* * * * *

(C) The value of private sector risk-management services, and the value of risk-management services and procedures required as a condition of receiving a grant under section 329, **330, 330(h)** *330*, or 340A.

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART B—FEDERAL-STATE COOPERATION

* * * * *

SCREENINGS, REFERRALS, AND EDUCATION REGARDING LEAD
POISONING

SEC. 317A. (a) AUTHORITY FOR GRANTS.—

(1) * * *

(2) AUTHORITY REGARDING CERTAIN ENTITIES.—With respect to a geographic area with a need for activities authorized in paragraph (1), in any case in which neither the State nor the political subdivision in which such area is located has applied for a grant under paragraph (1), the Secretary may make a grant under such paragraph to any grantee under section 329, [330, 330(h)] 330, or 340A for carrying out such activities in the area.

* * * * *

PREVENTIVE HEALTH SERVICES REGARDING TUBERCULOSIS

SEC. 317E. (a) * * *

* * * * *

(c) COOPERATION WITH PROVIDERS OF PRIMARY HEALTH SERVICES.—The Secretary may make a grant under subsection (a) or (b) only if the applicant for the grant agrees that, in carrying out activities under the grant, the applicant will cooperate with public and nonprofit private providers of primary health services or substance abuse services, including entities receiving assistance under section 329, [330, 330(h)] 330, or 340A or under title V or XIX.

* * * * *

INFERTILITY AND SEXUALLY TRANSMITTED DISEASES

SEC. 318A. (a) * * *

* * * * *

(e) REQUIRED PROVIDERS REGARDING CERTAIN SERVICES.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that, in expending the grant to carry out activities authorized in subsection (c), the services described in paragraphs (1) through (7) of such subsection will be provided only through entities that are State or local health departments, grantees under section 329, [330, 330(h)] 330, 340A, or 1001, or are other public or nonprofit private entities that provide health services to a significant number of low-income women.

* * * * *

PART D—PRIMARY HEALTH CARE

Subpart I—Health Centers

SEC. 330. HEALTH CENTERS.

(a) * * *

* * * * *

(c) PLANNING GRANTS.—

(1) IN GENERAL.—

(A) * * *

(B) COMPREHENSIVE SERVICE DELIVERY NETWORKS AND PLANS.—The Secretary may make grants to health centers that receive assistance under this section to enable the centers to plan and develop a managed care network or **[plan..]** *plan*. Such a grant may only be made for such a center if—

(i) * * *

* * * * *

(d) MANAGED CARE LOAN GUARANTEE PROGRAM.—

(1) ESTABLISHMENT.—

(A) * * *

(B) USE OF FUNDS.—Loan funds guaranteed under this subsection may be used—

(i) * * *

* * * * *

(iii) to refinance an existing loan (as of the date of refinancing) to the center or centers, if the Secretary determines—

(I) that such refinancing will be beneficial to the health center and the Federal Government; *or*

* * * * *

(e) OPERATING GRANTS.—

(1) * * *

* * * * *

[(3)] (4) LIMITATION.—Not more than two grants may be made under subparagraph (B) of paragraph (1) for the same entity.

[(4)] (5) AMOUNT.—

(A) IN GENERAL.—The amount of any grant made in any fiscal year under paragraph (1) to a health center shall be determined by the Secretary, but may not exceed the amount by which the costs of operation of the center in such fiscal year exceed the total of—

(i) * * *

* * * * *

[(n)] (k) APPLICATIONS.—

(1) * * *

* * * * *

(3) REQUIREMENTS.—Except as provided in subsection (e)(1)(B), the Secretary may not approve an application for a grant under subparagraph (A) or (B) of subsection (e)(1) unless the Secretary determines that the entity for which the application is submitted is a health center (within the meaning of subsection (a)) and that—

(A) * * *

* * * * *

(H) the center has established a governing board which except in the case of an entity operated by an Indian tribe or tribal or Indian organization under the Indian Self-De-

termination Act or an urban Indian organization under the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.)—

(i) * * *

* * * * *

except that, upon a showing of good cause the Secretary shall waive, for the length of the project period, all or part of the requirements of this subparagraph in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), **or (q)** or (p);

* * * * *

[(m) TECHNICAL ASSISTANCE.—The Secretary shall establish a program through which the Secretary shall provide technical and other assistance to eligible entities to assist such entities to meet the requirements of subsection (1)(3). Services provided through the program may include necessary technical and nonfinancial assistance, including fiscal and program management assistance, training in fiscal and program management, operational and administrative support, and the provision of information to the entities of the variety of resources available under this title and how those resources can be best used to meet the health needs of the communities served by the entities.】

(l) TECHNICAL ASSISTANCE.—The Secretary shall establish a program through which the Secretary shall provide (either through the Department of Health and Human Services or by grant or contract) technical and other assistance to eligible entities to assist such entities to meet the requirements of subsection (k)(3). Services provided through the program may include necessary technical and nonfinancial assistance, including fiscal and program management assistance, training in fiscal and program management, operational and administrative support, and the provision of information to the entities of the variety of resources available under this title and how those resources can be best used to meet the health needs of the communities served by the entities.

[(p) (m) MEMORANDUM OF AGREEMENT.—In carrying out this section, the Secretary may enter into a memorandum of agreement with a State. Such memorandum may include, where appropriate, provisions permitting such State to—

(1) * * *

* * * * *

[(q) (n) RECORDS.—

(1) * * *

* * * * *

[(r) (o) DELEGATION OF AUTHORITY.—The Secretary may delegate the authority to administer the programs authorized by this section to any office, except that the authority to enter into, modify, or issue approvals with respect to grants or contracts may be delegated only within the central office of the Health Resources and Services Administration.

[(s) (p) SPECIAL CONSIDERATION.—In making grants under this section, the Secretary shall give special consideration to the unique needs of sparsely populated rural areas, including giving priority in the awarding of grants for new health centers under subsections (c)

and (e), and the granting of waivers as appropriate and permitted under subsections (b)(1)(B)(i) and [(j)(3)(G)] (k)(3)(G).

* * * * *

[(s)] (r) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated [\$802,124,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 through 2001.] \$1,340,000,000 for fiscal year 2002 and such sums as may be necessary for each of the fiscal years 2003 through 2006.

(2) SPECIAL PROVISIONS.—

(A) PUBLIC CENTERS.—The Secretary may not expend in any fiscal year, for grants under this section to public centers (as defined in the second sentence of subsection [(j)(3)] (k)(3)) the governing boards of which (as described in subsection [(j)(3)(G)(ii)] (k)(3)(H)) do not establish general policies for such centers, an amount which exceeds 5 percent of the amounts appropriated under this section for that fiscal year. For purposes of applying the preceding sentence, the term “public centers” shall not include health centers that receive grants pursuant to subsection (h) or (i).

[(B)] DISTRIBUTION OF GRANTS.—

[(i)] FISCAL YEAR 1997.—For fiscal year 1997, the Secretary, in awarding grants under this section shall ensure that the amounts made available under each of subsections (g), (h), and (i) in such fiscal year bears the same relationship to the total amount appropriated for such fiscal year under paragraph (1) as the amounts appropriated for fiscal year 1996 under each of sections 329, 340, and 340A (as such sections existed one day prior to the date of enactment of this section) bears to the total amount appropriated under sections 329, 330, 340, and 340A (as such sections existed one day prior to the date of enactment of this section) for such fiscal year.

[(ii)] FISCAL YEARS 1998 AND 1999.—For each of the fiscal years 1998 and 1999, the Secretary, in awarding grants under this section shall ensure that the proportion of the amounts made available under each of subsections (g), (h), and (i) is equal to the proportion of amounts made available under each such subsection for the previous fiscal year, as such amounts relate to the total amounts appropriated for the previous fiscal year involved, increased or decreased by not more than 10 percent.]

(B) DISTRIBUTION OF GRANTS.—For fiscal year 2002 and each of the following fiscal years, the Secretary, in awarding grants under this section, shall ensure that the proportion of the amount made available under each of subsections (g), (h), and (i), relative to the total amount appropriated to carry out this section for that fiscal year, is equal to the proportion of the amount made available under that

subsection for fiscal year 2001, relative to the total amount appropriated to carry out this section for fiscal year 2001.

* * * * *

SEC. 330A. RURAL HEALTH CARE SERVICES OUTREACH, RURAL HEALTH NETWORK DEVELOPMENT, AND SMALL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANT PROGRAMS.

(a) * * *

(b) DEFINITIONS.—

(1) * * *

* * * * *

(4) **MEDICALLY UNDERSERVED COMMUNITY.**—The term “medically underserved community” has the meaning given the term in section **[799B] 799B(6)**.

* * * * *

SEC. 330I. TELEHEALTH NETWORK AND TELEHEALTH RESOURCE CENTERS GRANT PROGRAMS.

(a) DEFINITIONS.—In this section:

(1) * * *

* * * * *

(4) **MEDICALLY UNDERSERVED AREA.**—The term “medically underserved area” has the meaning given the term “medically underserved community” in section **[799B] 799B(6)**.

* * * * *

(c) ADMINISTRATION.—

(1) **ESTABLISHMENT.**—There is established in the **[Health and Resources and Services Administration]** *Health Resources and Services Administration* an Office for the Advancement of Telehealth. The Office shall be headed by a Director.

* * * * *

SEC. 330K. MENTAL HEALTH SERVICES DELIVERED VIA TELEHEALTH.

(a) * * *

(b) PROGRAM AUTHORIZED.—

(1) * * *

(2) **POPULATIONS SERVED.**—The Secretary shall award the grants under paragraph (1) in a manner that distributes the grants so as to serve equitably the populations described in subparagraphs (A) and (B) of subsection **[(a)(4)] (a)(3)**.

(c) USE OF FUNDS.—

(1) **IN GENERAL.**—An eligible entity that receives a grant under this section shall use the grant funds—

(A) for the populations described in subsection **[(a)(4)(A)] (a)(3)(A)**—

(i) * * *

* * * * *

(B) for the populations described in subsection **[(a)(4)(B)] (a)(3)(B)**—

(i) * * *

* * * * *

SEC. 330L. TELEMEDICINE; INCENTIVE GRANTS REGARDING COORDINATION AMONG STATES.

(a) *IN GENERAL.*—The Secretary may make grants to State professional licensing boards to carry out programs under which such licensing boards of various States cooperate to develop and implement State policies that will reduce statutory and regulatory barriers to telemedicine.

(b) *AUTHORIZATION OF APPROPRIATIONS.*—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006.

Subpart II—National Health Service Corps Program

* * * * *

DESIGNATION OF HEALTH PROFESSIONAL SHORTAGE AREAS

SEC. 332. (a)(1) For purposes of this subpart the term “health professional shortage area” means (A) an area in an urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services) which the Secretary determines has a health manpower shortage, (B) a population group which the Secretary determines has such a shortage, or (C) a public or nonprofit private medical facility or other public facility which the Secretary determines has such a shortage. All Federally qualified health centers and rural health clinics, as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)), that meet the requirements of section 334 shall be automatically designated as having such a shortage. Not earlier than 6 years after [such date of enactment] *such date of designation*, and every 6 years thereafter, each such center or clinic shall demonstrate that the center or clinic meets the applicable requirements of the Federal regulations[, issued after the date of enactment of this Act, that revise] *regarding* the definition of a health professional shortage area for purposes of this section. The Secretary shall not remove an area from the areas determined to be health professional shortage areas under subparagraph (A) of the preceding sentence until the Secretary has afforded interested persons and groups in such area an opportunity to provide data and information in support of the designation as a health professional shortage area or a population group described in subparagraph (B) of such sentence or a facility described in subparagraph (C) of such sentence, and has made a determination on the basis of the data and information submitted by such persons and groups and other data and information available to the Secretary.

* * * * *

(3) Homeless individuals (as defined in section [330(h)(4)] 330(h)(5)), seasonal agricultural workers (as defined in section 330(g)(3)) and migratory agricultural workers (as so defined), and residents of public housing (as defined in section 3(b)(1) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(1))) may be population groups under paragraph (1).

(b) The Secretary shall establish by regulation criteria for the designation of areas, population groups, medical facilities, and

other public facilities, in the States, as health professional shortage areas. In establishing such criteria, the Secretary shall take into consideration the following:

(1) * * *

(2) Indicators of a need, notwithstanding the supply of health manpower, for health services for the individuals in an area or population group or served by a medical facility or other public facility under consideration for [designation,.] *designation*.

* * * * *

(j)(1) *The Secretary shall submit the report described in paragraph (2) if the Secretary, acting through the Administrator of the Health Resources and Services Administration, issues—*

(A) *a regulation that revises the definition of a health professional shortage area for purposes of this section; or*

(B) *a regulation that revises the standards concerning priority of such an area under section 333A.*

(2) *On issuing a regulation described in paragraph (1), the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that describes the regulation.*

(3) *Each regulation described in paragraph (1) shall take effect 180 days after the committees described in paragraph (2) receive a report referred to in such paragraph describing the regulation.*

ASSIGNMENT OF CORPS PERSONNEL

SEC. 333. (a)(1) The Secretary may assign members of the Corps to provide, under regulations promulgated by the Secretary, health services in or to a health professional shortage area during the assignment period only if—

(A) * * *

* * * * *

(C) the entity agrees to comply with the requirements of section 334; and

* * * * *

SEC. 333A. PRIORITIES IN ASSIGNMENT OF CORPS PERSONNEL.

(a) * * *

* * * * *

(c) NOTIFICATIONS REGARDING PRIORITIES.—

(1) * * *

* * * * *

(4) REVISIONS.—If the Secretary proposes to make a revision in the list under paragraph (2), and the revision would adversely alter the status of an entity with respect to the list, the Secretary shall notify the entity of the revision. Any entity adversely affected by such a revision shall be notified in writing by the Secretary of the reasons for the revision and shall have [30 days] *30 days from such notification* to file a written appeal of the determination involved which shall be reasonably considered by the Secretary before the revision to the list becomes final. The revision to the list shall be effective with re-

spect to assignment of Corps members beginning on the date that the revision becomes final.

* * * * *

SEC. 334. CHARGES FOR SERVICES BY ENTITIES USING CORPS MEMBERS.

(a) * * *

(b) CHARGES FOR SERVICES.—The following rules shall apply to charges for health care services provided by an entity to which a Corps member is assigned:

(1) IN GENERAL.—

(A) * * *

(B) SCHEDULE OF DISCOUNTS.—Except as provided in paragraph (2), the entity shall prepare a corresponding schedule of discounts (including, in appropriate cases, waivers) to be applied to *the payment of* such fees or payments. In preparing the schedule, the entity shall adjust the discounts on the basis of a patient's ability to pay.

* * * * *

Subpart III—Scholarship Program and Loan Repayment Program

* * * * *

NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM

SEC. 338A. (a) * * *

* * * * *

(d)(1) Subject to section 333A, in providing contracts under the Scholarship Program—

(A) * * *

(B) the Secretary, in considering applications from individuals accepted for enrollment or enrolled in dental school, shall consider applications from all individuals accepted for enrollment or enrolled in any accredited dental school in a State; and

* * * * *

SEC. 338B. NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM.

(a) * * *

* * * * *

(e) APPROVAL REQUIRED FOR [PARTICIPATION.—

[An individual]

PARTICIPATION.—*An individual* becomes a participant in the Loan Repayment Program only upon the Secretary and the individual entering into a written contract described in subsection (f).

* * * * *

BREACH OF SCHOLARSHIP CONTRACT OR LOAN REPAYMENT CONTRACT

SEC. 338E. (a) * * *

* * * * *

(c)(1) If (for any reason not specified in subsection (a) or section 338G(d)) an individual breaches the written contract of the individual under section 338B by failing either to begin such individual's service obligation in accordance with section 338C or 338D or to complete such service obligation, the United States shall be entitled to recover from the individual an amount equal to the sum of—

(A) the total of the amounts paid by the United States under section 338B(g) on behalf of the individual for any period of obligated service not served;

(B) an amount equal to the product of the number of months of obligated service that were not completed by the individual, multiplied by \$7,500; and

(C) the interest on the amounts described in subparagraphs (A) and (B), at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach;

except that the amount the United States is entitled to recover under this paragraph shall not be less than \$31,000.

* * * * *

(f) The amendment made by section 313(a)(4) of the Health Care Safety Net Amendments of 2002 (Public Law 107-251) shall apply to any obligation for which a discharge in bankruptcy has not been granted before the date that is 31 days after the date of enactment of such Act.

* * * * *

TITLE XIII—HEALTH MAINTENANCE ORGANIZATIONS

* * * * *

LIMITATION ON SOURCE OF FUNDING FOR HEALTH MAINTENANCE ORGANIZATIONS

SEC. 1313. No funds appropriated under any provision of this Act (except as provided in sections [329, 330, and 330(h)] *329 and 330*) other than this title may be used—

(1) * * *

* * * * *

TITLE XXVI—HIV HEALTH CARE SERVICES PROGRAM

* * * * *

PART C—EARLY INTERVENTION SERVICES

Subpart I—Categorical Grants

* * * * *

SEC. 2652. MINIMUM QUALIFICATIONS OF GRANTEEES.

(a) IN GENERAL.—The entities referred to in section 2651(a) are public entities and nonprofit private entities that are—

(1) * * *

(2) grantees under section **[340]** 330(h) (regarding health services for the homeless);

* * * * *

HEALTH CARE SAFETY NET AMENDMENTS ACT OF 2002

* * * * *

TITLE I—CONSOLIDATED HEALTH CENTER PROGRAM AMENDMENTS

* * * * *

[SEC. 102. TELEMEDICINE; INCENTIVE GRANTS REGARDING COORDINATION AMONG STATES.

[(a) IN GENERAL.—The Secretary of Health and Human Services may make grants to State professional licensing boards to carry out programs under which such licensing boards of various States cooperate to develop and implement State policies that will reduce statutory and regulatory barriers to telemedicine.

[(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2006.]

* * * * *

TITLE III—NATIONAL HEALTH SERVICE CORPS PROGRAM

* * * * *

SEC. 302. DESIGNATION OF HEALTH PROFESSIONAL SHORTAGE AREAS.

(a) * * *

[(b) REGULATIONS.—

[(1) REPORT.—

[(A) IN GENERAL.—The Secretary shall submit the report described in subparagraph (B) if the Secretary, acting through the Administrator of the Health Resources and Services Administration, issues—

[(i) a regulation that revises the definition of a health professional shortage area for purposes of section 332 of the Public Health Service Act (42 U.S.C. 254e); or

[(ii) a regulation that revises the standards concerning priority of such an area under section 333A of that Act (42 U.S.C. 254f–1).

[(B) REPORT.—On issuing a regulation described in subparagraph (A), the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that describes the regulation.

[(2) EFFECTIVE DATE.—Each regulation described in paragraph (1)(A) shall take effect 180 days after the committees described in paragraph (1)(B) receive a report referred to in paragraph (1)(B) describing the regulation.]

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SEC. 313. BREACH OF SCHOLARSHIP CONTRACT OR LOAN REPAYMENT CONTRACT.

(a) * * *

[(b) EFFECTIVE DATE.—The amendment made by subsection (a)(4) shall apply to any obligation for which a discharge in bankruptcy has not been granted before the date that is 31 days after the date of enactment of this Act.]

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TITLE IV—HEALTHY COMMUNITIES ACCESS PROGRAM

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SEC. 404. STUDY REGARDING BARRIERS TO PARTICIPATION OF FARMWORKERS IN HEALTH PROGRAMS.

(a) * * *

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(c) CONSULTATIONS.—In conducting the study, the Secretary shall consult with the following:

(1) * * *

* * * * *

(5) Representatives of Federal agencies which are involved in the provision or financing of health care to farmworkers, including the [Health Care Financing Administration and the Health Research] *Centers for Medicare & Medicaid Services and the Health Resources and Services Administration.*

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TITLE V—STUDY AND MISCELLANEOUS PROVISIONS

SEC. 501. GUARANTEE STUDY.

The Secretary of Health and Human Services shall conduct a study regarding the ability of the Department of Health and Human Services to provide for [solvency for managed care networks] *guarantees of solvency for managed care networks or plans* involving health centers receiving funding under section 330 of the Public Health Service Act. The Secretary shall prepare and submit a report to the appropriate Committees of Congress regarding such ability not later than 2 years after the date of enactment of the Health Care Safety Net Amendments of 2002.

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