# AMENDMENT TO THE AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 3200 OFFERED BY MR. PALLONE OF NEW JERSEY

Page 879, line 7, strike clause (ii) and insert the following:

"(ii) high needs for health services, including services to address health disparities.

Page 880, line 20, strike "(d)" and all that follows through "the term 'primary health services' has the meaning" and insert the following:

"(d) DEFINITIONS.—In this subpart:

"(1) The term 'health disparities' has the meaning given to the term in section 3171.

"(2) The term 'primary health services' has the meaning

Page 943, line 16, redesignate paragraph (5) as paragraph (6) and insert the following:

(5) Review of prevention payment incentives, the prevention workforce, and prevention delivery system capacity.

Page 943, line 17, strike "4" and insert "5".

Page 944, after line 9, insert the following:

(5) The Task Force on Community Preventive Services and the Task Force on Clinical Preventive Services.

Page 945, line 13, strike "as appropriate,".

Page 952, line 7, strike "as appropriate,".

In section 3121(c)(1) of the Public Health Service Act, as added by section 2301(a) of the bill, strike "and the Office on Women's Health" and insert "the Office on Women's Health, and the Substance Abuse and Mental Health Services Administration".

Pallone UC to strike (no obj)

On page 968, beginning at line 19, strike "or other population or subpopulation determined appropriate by the Secretary" and insert "and other populations or subpopulations determined by the Secretary to experience significant gaps in disease, health outcomes, or access to health care".

At the end of title V of division C, add the following:

# Subtitle F—Health Centers Under Public Health Service Act; Liability Protections for Volunteer Practitioners

**SEC. 2551. HEALTH CENTERS UNDER PUBLIC HEALTH SERVICE ACT; LIABILITY PROTECTIONS FOR VOLUNTEER PRACTITIONERS.**

(a) IN GENERAL.—Section 224 (42 U.S.C. 233) is amended—

(1) in subsection (g)(1)(A)—

(A) in the first sentence, by striking "or employee" and inserting "employee, or (subject to subsection (k)(4)) volunteer practitioner"; and

(B) in the second sentence, by inserting "and subsection (k)(4)" after "subject to paragraph (5)"; and

(2) in each of subsections (g), (i), (j), (k), (l), and (m)—

(A) by striking the term "employee, or contractor" each place such term appears and inserting "employee, volunteer practitioner, or contractor";

(B) by striking the term "employee, and contractor" each place such term appears and

inserting "employee, volunteer practitioner, and contractor";

(C) by striking the term "employee, or any contractor" each place such term appears and inserting "employee, volunteer practitioner, or contractor"; and

(D) by striking the term "employees, or contractors" each place such term appears and inserting "employees, volunteer practitioners, or contractors".

(b) APPLICABILITY; DEFINITION.—Section 224(k) (42 U.S.C. 233(k)) is amended by adding at the end the following paragraph:

"(4)(A) Subsections (g) through (m) apply with respect to volunteer practitioners beginning with the first fiscal year for which an appropriations Act provides that amounts in the fund under paragraph (2) are available with respect to such practitioners.

"(B) For purposes of subsections (g) through (m), the term 'volunteer practitioner' means a practitioner who, with respect to an entity described in subsection (g)(4), meets the following conditions:

"(i) The practitioner is a licensed physician, a licensed clinical psychologist, or other licensed or certified health care practitioner.

"(ii) At the request of such entity, the practitioner provides services to patients of the entity, at a site at which the entity operates or at a site designated by the entity. The weekly number of hours of services provided to the patients by the practitioner is not a factor with respect to meeting conditions under this subparagraph.

"(iii) The practitioner does not for the provision of such services receive any compensation from such patients, from the entity, or from third-party payors (including reimbursement under any insurance policy or health plan, or under any Federal or State health benefits program).".

# Subtitle G—Nurse-Managed Health Centers

**SEC. 2561. NURSE-MANAGED HEALTH CENTERS.**

Title III (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

**"PART S—NURSE-MANAGED HEALTH CENTERS**

**"SEC. 399FF. NURSE-MANAGED HEALTH CENTERS.**

"(a) PROGRAM.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a nurse-managed health center program consisting of awarding grants to entities under subsection (b).

"(b) GRANT.—The Secretary shall award grants to entities—

"(1) to plan and develop a nurse-managed health center; or

"(2) to operate a nurse-managed health center.

"(c) USE OF FUNDS.—Amounts received as a grant under subsection (b) may be used for activities including the following:

"(1) Purchasing or leasing equipment.

"(2) Training and technical assistance related to the provision of comprehensive primary care services and wellness services.

"(3) Other activities for planning, developing, or operating, as applicable, a nurse-managed health center.

"(d) ASSURANCES APPLICABLE TO BOTH PLANNING AND OPERATION GRANTS.—

"(1) IN GENERAL.—The Secretary may award a grant under this section to an entity only if the entity demonstrates to the Secretary's satisfaction that—

"(A) nurses, in addition to managing the center, will be adequately represented as providers at the center; and

"(B) not later than 90 days after receiving the grant, the entity will establish a community advisory committee composed of individuals, a majority of whom are being served by the center, to provide input into the nurse-managed health center's operations.

"(2) MATCHING REQUIREMENT.—The Secretary may award a grant under this section to an entity only if the entity agrees to provide, from non-Federal sources, an amount equal to 20 percent of the amount of the grant (which may be provided in cash or in kind) to carry out the activities supported by the grant.

"(3) PAYOR OF LAST RESORT.—The Secretary may award a grant under this section to an entity only if the entity demonstrates to the satisfaction of the Secretary that funds received through the grant will not be expended for any activity to the extent that payment has been made, or can reasonably be expected to be made—

"(A) under any insurance policy;

"(B) under any Federal or State health benefits program (including titles XIX and XXI of the Social Security Act); or

"(C) by an entity which provides health services on a prepaid basis.

"(4) MAINTENANCE OF EFFORT.—The Secretary may award a grant under this section to an entity only if the entity demonstrates to the satisfaction of the Secretary that—

"(A) funds received through the grant will be expended only to supplement, and not supplant, non-Federal and Federal funds otherwise available to the entity for the activities to be funded through the grant; and

"(B) with respect to such activities, the entity will maintain expenditures of non-Federal amounts for such activities at a level not less than the lesser of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives the grant.

"(e) ADDITIONAL ASSURANCE FOR PLANNING GRANTS.—The Secretary may award a grant under subsection (b)(1) to an entity only if the entity agrees—

"(1) to assess the needs of the medically underserved populations proposed to be served by the nurse-managed health center; and

"(2) to design services and operations of the nurse-managed health center for such populations based on such assessment.

"(f) ADDITIONAL ASSURANCES FOR OPERATION GRANTS.—The Secretary may award a grant under subsection (b)(2) to an entity only if the entity assures that the nurse-managed health center will provide—

"(1) comprehensive primary care services, wellness services, and other health care services deemed appropriate by the Secretary;

"(2) care without respect to insurance status or income of the patient; and

"(3) direct access to client-centered services offered by advanced practice nurses, other nurses, physicians, physician assistants, or other qualified health care professionals.

"(g) TECHNICAL ASSISTANCE.—The Secretary shall provide (either directly or by grant or contract) technical and other assistance to nurse-managed health centers to assist such centers in meeting the requirements of this section. Such assistance may include fiscal and program management assistance, training in fiscal and program management, operational and administrative support, and the provision of information to nurse-managed health centers regarding the various resources available under this

section and how those resources can best be used to meet the health needs of the communities served by nurse-managed health centers.

"(h) REPORT.—The Secretary shall submit to the Congress an annual report on the program under this section.

"(i) DEFINITIONS.—

"(1) COMPREHENSIVE PRIMARY CARE SERVICES.—The term 'comprehensive primary care services' has the meaning given to the term 'required primary health services' in section 330(b)(1).

"(2) MEDICALLY UNDERSERVED POPULATION.—The term 'medically underserved population' has the meaning given to such term in section 330(b)(3).

"(3) NURSE-MANAGED HEALTH CENTER.—The term 'nurse-managed health center' has the meaning given to such term in section 801.

"(4) WELLNESS SERVICES.—The term 'wellness services' means any health-related service or intervention, not including primary care, which is designed to reduce identifiable health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic conditions by teaching more effective man-

agement techniques that focus on individual self-care and patient-driven decisionmaking.".

# Subtitle H—Federally Qualified Behavioral Health Centers

**SEC. 2571. FEDERALLY QUALIFIED BEHAVIORAL HEALTH CENTERS.**

(a) BLOCK GRANTS REGARDING MENTAL HEALTH AND SUBSTANCE ABUSE.—Section 1913 (42 U.S.C. 300x–3) is amended—

(1) in subsection (a)(2)(A), by striking "community mental health services" and inserting "behavioral health services";

(2) in subsection (b)—

(A) by striking paragraph (1) and inserting the following:

"(1) services under the plan will be provided only through appropriate, qualified community programs (which may include federally qualified behavioral health centers, child mental health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental health primary consumer-directed programs); and"; and

(B) in paragraph (2), by striking "community mental health centers" and inserting "federally qualified behavioral health centers"; and

(3) by striking subsection (c) and inserting the following:

"(c) CRITERIA FOR FEDERALLY QUALIFIED BEHAVIORAL HEALTH CENTERS.—

"(1) IN GENERAL.—The Administrator shall certify, and recertify at least every 5 years, federally qualified behavioral health centers as meeting the criteria specified in this subsection.

"(2) REGULATIONS.—Not later than 18 months after the date of the enactment of the America's Affordable Health Choices Act of 2009, the Administrator shall issue final regulations for certifying centers under paragraph (1).

"(3) CRITERIA.—The criteria referred to in subsection (b)(2) are that the center performs each of the following:

"(A) Provide services in locations that ensure services will be available and accessible promptly and in a manner which preserves human dignity and assures continuity of care.

"(B) Provide services in a mode of service delivery appropriate for the target population.

"(C) Provide individuals with a choice of service options where there is more than one efficacious treatment.

"(D) Employ a core staff of clinical staff that is multi-disciplinary and culturally and linguistically competent.

"(E) Provide services, within the limits of the capacities of the center, to any individual residing or employed in the service area of the center.

"(F) Provide, directly or through contract, to the extent covered for adults in the State Medicaid plan and for children in accordance with section 1905(r) of the Social Security Act regarding early and periodic screening, diagnosis, and treatment, each of the following services:

"(i) Screening, assessment, and diagnosis, including risk assessment.

"(ii) Person-centered treatment planning or similar processes, including risk assessment and crisis planning.

"(iii) Outpatient clinic mental health services, including screening, assessment, diagnosis, psychotherapy, substance abuse counseling, medication management, and integrated treatment for mental illness and substance abuse which shall be evidence-

based (including cognitive behavioral therapy, dialectical behavioral therapy, motivational interviewing, and other such therapies which are evidence-based).

"(iv) Outpatient clinic primary care services, including screening and monitoring of key health indicators and health risk (including screening for diabetes, hypertension, and cardiovascular disease and monitoring of weight, height, body mass index (BMI), blood pressure, blood glucose or HbA1C, and lipid profile).

"(v) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.

"(vi) Targeted case management (services to assist individuals gaining access to needed medical, social, educational, and other services and applying for income security and other benefits to which they may be entitled).

"(vii) Psychiatric rehabilitation services including skills training, assertive community treatment, family psychoeducation,

disability self-management, supported employment, supported housing services, therapeutic foster care services, multi-systemic therapy, and such other evidence-based practices as the Secretary may require.

"(viii) Peer support and counselor services and family supports.

"(G) Maintain linkages, and where possible enter into formal contracts with, inpatient psychiatric facilities and substance abuse detoxification and residential programs.

"(H) Make available to individuals served by the center, directly, through contract, or though linkages with other programs, each of the following:

"(i) Adult and youth peer support and counselor services.

"(ii) Family support services for families of children with serious mental disorders.

"(iii) Other community or regional services, supports, and providers, including schools, child welfare agencies, juvenile and criminal justice agencies and facilities,

housing agencies and programs, employers, and other social services.

"(iv) On- or off-site access to primary care services.

"(v) Enabling services, including outreach, transportation, and translation.

"(vi) Health and wellness services, including services for tobacco cessation.".

(b) CONFORMING AMENDMENTS.—

(1) BLOCK GRANTS FOR BEHAVIORAL HEALTH SERVICES.—Subpart I of part B of title XIX (42 U.S.C. 300x–1 et seq.) is amended—

(A) in the subpart heading, by striking "**Community Mental Health Services**" and inserting "**Behavioral Mental Health Services**";

(B) in the heading of section 1912, by striking "**COMMUNITY MENTAL HEALTH SERVICES**" and inserting "**BEHAVIORAL MENTAL HEALTH SERVICES**"; and

(C) in sections 1912(a)(1), 1912(b),1915(b)(1), and 1918(a)(8), by striking the term "community mental health services" each place it appears and inserting "behavioral mental health services".

(2) CENTER FOR MENTAL HEALTH SERVICES.—Paragraph (13) of section 520(b) (42U.S.C. 290bb–31) is amended by striking "community mental health centers" and inserting "federally qualified behavioral health centers".

(3) GRANTS FOR EMERGENCY MENTAL HEALTH CENTERS.—Subsection (b) of section 520F (42 U.S.C. 290bb–37) is amended by striking "community mental health centers" and inserting "federally qualified behavioral health centers".

# Subtitle I—Reauthorization of Telehealth and Telemedicine Grant Programs

**SEC. 2581. TELEHEALTH NETWORK AND TELEHEALTH RESOURCE CENTERS GRANT PROGRAMS.**

Section 330I (42 U.S.C. 254c–14) is amended—

(1) in subsection (a)—

(A) by striking paragraph (3) (relating to frontier communities); and

(B) by inserting after paragraph (2) the following:

"(3) HEALTH DISPARITIES.—The term 'health disparities' has the meaning given such term in section 3171.";

(2) in subsection (d)(1)—

(A) in subparagraph (B), by striking "and" at the end;

(B) in subparagraph (C), by striking the period at the end and inserting "; and"; and

(C) by adding at the end the following:

"(D) reduce health disparities.";

(3) in subsection (f)(1)(B)(iii)—

(A) in subclause (VII), by inserting ", including skilled nursing facilities" before the period at the end;

(B) in subclause (IX), by inserting ", including county mental health and public mental facilities" before the period at the end; and

(C) by adding at the end the following:

"(XIII) Renal dialysis facilities.";

(4) by amending subsection (i) to read as follows:

"(i) PREFERENCES.—

"(1) TELEHEALTH NETWORKS.—In awarding grants under subsection (d)(1) for projects involving telehealth networks, the Secretary shall give preference to eligible entities meeting the following:

"(A) NETWORK.—The eligible entity is a health care provider in, or proposing to form, a health care network that furnishes services in a

medically underserved area or a health professional shortage area.

"(B) BROAD GEOGRAPHIC COVERAGE.—The eligible entity demonstrates broad geographic coverage in the rural or medically underserved areas of the State or States in which the entity is located.

"(C) HEALTH DISPARITIES.—The eligible entity demonstrates how the project to be funded through the grant will address health disparities.

"(D) LINKAGES.—The eligible entity agrees to use the grant to establish or develop plans for telehealth systems that will link rural hospitals and rural health care providers to other hospitals, health care providers, and patients.

"(E) EFFICIENCY.—The eligible entity agrees to use the grant to promote greater efficiency in the use of health care resources.

"(F) VIABILITY.—The eligible entity demonstrates the long-term viability of projects through—

"(i) availability of non-Federal funding sources; or

"(ii) institutional and community support for the telehealth network.

"(G) SERVICES.—The eligible entity provides a plan for coordinating system use by eligible entities and prioritizes use of grant funds for health care services over non-clinical uses.

"(2) TELEHEALTH RESOURCE CENTERS.—In awarding grants under subsection (d)(2) for projects involving telehealth resource centers, the Secretary shall give preference to eligible entities meeting the following:

"(A) PROVISION OF A BROAD RANGE OF SERVICES.—The eligible entity has a record of success in the provision of a broad range of telehealth services to medically underserved areas or populations.

"(B) PROVISION OF TELEHEALTH TECHNICAL ASSISTANCE.—The eligible entity has a record of success in the provision of technical assistance to providers serving medically underserved communities or populations in the establishment and implementation of telehealth services.

"(C) COLLABORATION AND SHARING OF EXPERTISE.—The eligible entity has a dem-

onstrated record of collaborating and sharing expertise with providers of telehealth services at the national, regional, State, and local levels.";

(5) in subsection (j)(2)(B), by striking "such projects for fiscal year 2001" and all that follows through the period and inserting "such project for fiscal year 2009.";

(6) in subsection (k)(1)—

(A) in subparagraph (E)(i), by striking "transmission of medical data" and inserting "transmission and electronic archival of medical data"; and

(B) by amending subparagraph (F) to read as follows:

"(F) developing projects to use telehealth technology—

"(i) to facilitate collaboration between health care providers;

"(ii) to promote telenursing services; or

"(iii) to promote patient understanding and adherence to national guidelines for chronic disease and self-management of such conditions;";

(7) in subsection (q), by striking "Not later than September 30, 2005" and inserting "Not later than 1 year after the date of the enactment of the America's Affordable Health Choices Act of 2009, and annually thereafter";

(8) by striking subsection (r);

(9) by redesignating subsection (s) as subsection (r); and

(10) in subsection (r) (as so redesignated)—

(A) in paragraph (1)—

(i) by striking "and" before "such sums"; and

(ii) by inserting "$10,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014" before the semicolon; and

(B) in paragraph (2)—

(i) by striking "and" before "such sums"; and

(ii) by inserting "$10,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014" before the semicolon.

**SEC. 2582. TELEMEDICINE; INCENTIVE GRANTS REGARDING COORDINATION AMONG STATES.**

Subsection (b) of section 330L (42 U.S.C. 254c–18) is amended by inserting ", $10,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014" before the period at the end.

# Subtitle J—Trauma Care Centers

**SEC. 2591. TRAUMA CARE CENTERS.**

(a) GRANTS FOR TRAUMA CARE CENTERS.—Section 1241 (42 U.S.C. 300d–41) is amended to read as follows:

**"SEC. 1241. GRANTS FOR CERTAIN TRAUMA CENTERS.**

"(a) IN GENERAL.—The Secretary shall establish a trauma center program consisting of awarding grants under section (b).

"(b) GRANTS.—The Secretary shall award grants as follows:

"(1) EXISTING CENTERS.—Grants to public, private nonprofit, Indian Health Service, Indian tribal, and urban Indian trauma centers—

"(A) to further the core missions of such centers; or

"(B) to provide emergency relief to ensure the continued and future availability of trauma services by trauma centers—

"(i) at risk of closing or operating in an area where a closing has occurred within their primary service area; or

"(ii) in need of financial assistance following a natural disaster or other catastrophic event, such as a terrorist attack.

"(2) NEW CENTERS.—Grants to local governments and public or private nonprofit entities to establish new trauma centers in urban areas with a substantial degree of trauma resulting from violent crimes.

"(c) MINIMUM QUALIFICATIONS OF TRAUMA CENTERS.—

"(1) PARTICIPATION IN TRAUMA CARE SYSTEM OPERATING UNDER CERTAIN PROFESSIONAL GUIDELINES.—

"(A) LIMITATION.—Subject to subparagraph (B), the Secretary may not award a grant to an existing trauma center under this section unless the center is a participant in a trauma care system that substantially complies with section 1213.

"(B) EXEMPTION.—Subparagraph (A) shall not apply to trauma centers that are lo-

cated in States with no existing trauma care system.

"(2) DESIGNATION.—The Secretary may not award a grant under this section to an existing trauma center unless the center is—

"(A) verified as a trauma center by the American College of Surgeons; or

"(B) designated as a trauma center by the applicable State health or emergency medical services authority.".

(b) CONSIDERATIONS IN MAKING GRANTS.—Section 1242 (42 U.S.C. 300d–42) is amended to read as follows:

**"SEC. 1242. CONSIDERATIONS IN MAKING GRANTS.**

"(a) CORE MISSION AWARDS.—

"(1) IN GENERAL.—In awarding grants under section 1241(a)(1)(A), the Secretary shall—

"(A) reserve a minimum of 25 percent of the amount allocated for such grants for level III and level IV trauma centers in rural or underserved areas;

"(B) reserve a minimum of 25 percent of the amount allocated for such grants for level I and level II trauma centers in urban areas; and

"(C) give preference to any application made by a trauma center—

"(i) in a geographic area where growth in demand for trauma services exceeds capacity;

"(ii) that demonstrates the financial support of the State or political subdivision involved;

"(iii) that has at least 1 graduate medical education fellowship in trauma or trauma related specialties, including neurological surgery, surgical critical care, vascular surgery, and spinal cord injury, for which demand is exceeding supply; or

"(iv) that demonstrates a substantial commitment to serving vulnerable populations.

"(2) FINANCIAL SUPPORT.—For purposes of paragraph (1)(C)(ii), financial support may be demonstrated by State or political subdivision funding for the trauma center's capital or operating expenses (including through State trauma regional advisory coordination activities, Medicaid funding designated for trauma services, or other governmental funding). State funding derived from Federal support shall

not constitute State or local financial support for purposes of preferential treatment under this subsection.

"(3) USE OF FUNDS.—The recipient of a grant under section 1241(a)(1)(A) shall carry out, consistent with furthering the core missions of the center, one or more of the following activities:

"(A) Providing 24-hour-a-day, 7-day-a-week trauma care availability.

"(B) Reducing overcrowding related to throughput of trauma patients.

"(C) Enhancing trauma surge capacity.

"(D) Ensuring physician and essential personnel availability.

"(E) Trauma education and outreach.

"(F) Coordination with local and regional trauma care systems.

"(G) Such other activities as the Secretary may deem appropriate.

"(b) EMERGENCY AWARDS; NEW CENTERS.—In awarding grants under paragraphs (1)(B) and (2) of section 1241(a), the Secretary shall—

"(1) give preference to any application submitted by an applicant that demonstrates the financial support (in accordance with subsection (a)(2))

of the State or political subdivision involved for the activities to be funded through the grant for each fiscal year during which payments are made to the center under the grant; and

"(2) give preference to any application submitted for a trauma center that—

"(A) is providing or will provide trauma care in a geographic area in which the availability of trauma care has either significantly decreased as a result of a trauma center in the area permanently ceasing participation in a system described in section 1241(c)(1) as of a date occurring during the 2-year period preceding the fiscal year for which the trauma center is applying to receive a grant, or in geographic areas where growth in demand for trauma services exceeds capacity;

"(B) will, in providing trauma care during the 1-year period beginning on the date on which the application for the grant is submitted, incur substantial uncompensated care costs in an amount that renders the center unable to continue participation in such system and results in a significant decrease in the

availability of trauma care in the geographic area; or

"(C) operates or will operate in rural areas where trauma care availability will significantly decrease if the center is forced to close or downgrade service and substantial costs are contributing to a likelihood of such closure or downgradation;

"(D) is in a geographic location substantially affected by a natural disaster or other catastrophic event such as a terrorist attack; or

"(E) will establish a new trauma service in an urban area with a substantial degree of trauma resulting from violent crimes.

"(c) DESIGNATIONS OF LEVELS OF TRAUMA CENTERS IN CERTAIN STATES.—In the case of a State which has not designated 4 levels of trauma centers, any reference in this section to—

"(1) a level I or level II trauma center is deemed to be a reference to a trauma center within the highest 2 levels of trauma centers designated under State guidelines; and

"(2) a level III or IV trauma center is deemed to be a reference to a trauma center not within such highest 2 levels.".

(c) CERTAIN AGREEMENTS.—Section 1243 (42 U.S.C. 300d–43) is amended to read as follows:

**"SEC. 1243. CERTAIN AGREEMENTS.**

"(a) COMMITMENT REGARDING CONTINUED PARTICIPATION IN TRAUMA CARE SYSTEM.—The Secretary may not award a grant to an applicant under section 1241(a) unless the applicant agrees that—

"(1) the trauma center involved will continue participation, or in the case of a new center will participate, in the system described in section 1241(c)(1), except as provided in section 1241(c)(1)(B), throughout the grant period beginning on the date that the center first receives payments under the grant; and

"(2) if the agreement made pursuant to paragraph (1) is violated by the center, the center will be liable to the United States for an amount equal to the sum of—

"(A) the amount of assistance provided to the center under section 1241; and

"(B) an amount representing interest on the amount specified in subparagraph (A).

"(b) MAINTENANCE OF FINANCIAL SUPPORT.—With respect to activities for which funds awarded through a grant under section 1241 are authorized to be expended,

the Secretary may not award such a grant unless the applicant agrees that, during the period in which the trauma center involved is receiving payments under the grant, the center will maintain access to trauma services at levels not less than the levels for the prior year, taking into account—

"(1) reasonable volume fluctuation that is not caused by intentional trauma boundary reduction;

"(2) downgrading of the level of services; and

"(3) whether such center diverts its incoming patients away from such center 5 percent or more of the time during which the center is in operation over the course of the year.

"(c) TRAUMA CARE REGISTRY.—The Secretary may not award a grant to a trauma center under section 1241(a)(1) unless the center agrees that—

"(1) not later than 6 months after the date on which the center submits a grant application to the Secretary, the center will establish and operate a registry of trauma cases in accordance with guidelines developed by the American College of Surgeons; and

"(2) in carrying out paragraph (1), the center will maintain information on the number of trauma cases treated by the center and, for each such case,

the extent to which the center incurs uncompensated costs in providing trauma care.".

(d) GENERAL PROVISIONS.—Section 1244 (42 U.S.C. 300d–44) is amended to read as follows:

**"SEC. 1244. GENERAL PROVISIONS.**

"(a) LIMITATION ON DURATION OF SUPPORT.—The period during which a trauma center receives payments under a grant under section 1241(a)(1) shall be for 3 fiscal years, except that the Secretary may waive such requirement for the center and authorize the center to receive such payments for 1 additional fiscal year.

"(b) ELIGIBILITY.—The acquisition of, or eligibility for, a grant under section 1241(a) shall not preclude a trauma center's eligibility for another grant described in such section.

"(c) FUNDING DISTRIBUTION.—Of the total amount appropriated for a fiscal year under section 1245—

"(1) 90 percent shall be used for grants under paragraph (1)(A) of section 1241(a); and

"(2) 10 percent shall be used for grants under paragraphs (1)(B) and (2) of section 1241(a).

"(d) REPORT.—Beginning 2 years after the date of enactment of the America's Affordable Health Choices Act of 2009, and every 2 years thereafter, the Secretary shall biennially—

"(1) report to Congress on the status of the grants made pursuant to section 1241;

"(2) evaluate and report to Congress on the overall financial stability of trauma centers in the United States;

"(3) report on the populations using trauma care centers and include aggregate patient data on income, race, ethnicity, and geography; and

"(4) evaluate the effectiveness and efficiency of trauma care center activities using standard public health measures and evaluation methodologies.".

(e) AUTHORIZATION OF APPROPRIATIONS.—Section 1245 (42 U.S.C. 300d–45) is amended to read as follows:

**"SEC. 1245. AUTHORIZATION OF APPROPRIATIONS.**

"(a) IN GENERAL.—For the purpose of carrying out this part, there are authorized to be appropriated $100,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2015. Such authorization of appropriations is in addition to any other authorization of appropriations or amounts that are available for such purpose.

"(b) REALLOCATION.—The Secretary shall reallocate for grants under section 1241(a)(1)(A) any funds appropriated for grants under paragraph (1)(B) or (2) of sec-

tion 1241, but not obligated due to insufficient applications eligible for funding.".

# Subtitle K—Emergency Care

**SEC. 2601. EMERGENCY CARE COORDINATION.**

(a) IN GENERAL.—Subtitle B of title XXVIII (42 U.S.C. 300hh–10 et seq.) is amended by adding at the end the following:

**"SEC. 2816. EMERGENCY CARE COORDINATION.**

"(a) EMERGENCY CARE COORDINATION CENTER.—

"(1) ESTABLISHMENT.—The Secretary shall establish, within the Office of the Assistant Secretary for Preparedness and Response, an Emergency Care Coordination Center (in this section referred to as the 'Center'), to be headed by a director.

"(2) DUTIES.—The Secretary, acting through the Director of the Center, in coordination with the Federal Interagency Committee on Emergency Medical Services, shall—

"(C) promote and fund research in emergency medicine and trauma health care;

"(D) promote regional partnerships and more effective emergency medical systems in order to enhance appropriate triage, distribution, and care of routine community patients; and

"(E) promote local, regional, and State emergency medical systems' preparedness for and response to public health events.

"(b) COUNCIL OF EMERGENCY CARE.—

"(1) ESTABLISHMENT.—The Secretary, acting through the Director of the Center, shall establish a Council of Emergency Care to provide advice and recommendations to the Director on carrying out this section.

"(2) COMPOSITION.—The Council shall be comprised of employees of the departments and agencies of the Federal Government who are experts in emergency care and management.

"(c) REPORT.—

"(1) SUBMISSION.—Not later than 12 months after the date of the enactment of the America's Affordable Health Choices Act of 2009, the Secretary shall submit to the Congress an annual report on the activities carried out under this section.

"(2) CONSIDERATIONS.—In preparing a report under paragraph (1), the Secretary shall consider factors including—

"(A) emergency department crowding and boarding; and

"(B) delays in care following presentation.

"(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2014.".

(b) FUNCTIONS, PERSONNEL, ASSETS, LIABILITIES, AND ADMINISTRATIVE ACTIONS.—All functions, personnel, assets, and liabilities of, and administrative actions applicable to, the Emergency Care Coordination Center, as in existence on the day before the date of the enactment of this Act, shall be transferred to the Emergency Care Coordination Center established under section 2816(a) of the Public Health Service Act, as added by subsection (a).

**SEC. 2602. PILOT PROGRAMS TO IMPROVE EMERGENCY MEDICAL CARE.**

Part B of title III (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:

**"SEC. 315. REGIONALIZED COMMUNICATION SYSTEMS FOR EMERGENCY CARE RESPONSE.**

"(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall award not fewer than 4 multiyear contracts or competitive grants to eligible entities to support demonstration programs that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care systems.

"(b) ELIGIBLE ENTITY; REGION.—

"(1) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' means a State or a partnership of 1 or more States and 1 or more local governments.

"(2) REGION.—In this section, the term 'region' means an area within a State, an area that lies within multiple States, or a similar area (such as a multicounty area), as determined by the Secretary.

"(c) DEMONSTRATION PROGRAM.—The Secretary shall award a contract or grant under subsection (a) to an eligible entity that proposes a demonstration program to design, implement, and evaluate an emergency medical system that—

"(1) coordinates with public safety services, public health services, emergency medical services, medical facilities, and other entities within a region;

"(2) coordinates an approach to emergency medical system access throughout the region, including 9-1-1 public safety answering points and emergency medical dispatch;

"(3) includes a mechanism, such as a regional medical direction or transport communications system, that operates throughout the region to ensure that the correct patient is taken to the medically ap-

propriate facility (whether an initial facility or a higher-level facility) in a timely fashion;

"(4) allows for the tracking of prehospital and hospital resources, including inpatient bed capacity, emergency department capacity, on-call specialist coverage, ambulance diversion status, and the coordination of such tracking with regional communications and hospital destination decisions; and

"(5) includes a consistent region-wide prehospital, hospital, and interfacility data management system that—

"(A) complies with the National EMS Information System, the National Trauma Data Bank, and others;

"(B) reports data to appropriate Federal and State databanks and registries; and

"(C) contains information sufficient to evaluate key elements of prehospital care, hospital destination decisions, including initial hospital and interfacility decisions, and relevant outcomes of hospital care.

"(d) APPLICATION.—

"(1) IN GENERAL.—An eligible entity that seeks a contract or grant described in subsection (a) shall submit to the Secretary an application at such

time and in such manner as the Secretary may require.

"(2) APPLICATION INFORMATION.—Each application shall include—

"(A) an assurance from the eligible entity that the proposed system—

"(i) has been coordinated with the applicable State Office of Emergency Medical Services (or equivalent State office);

"(ii) is compatible with the applicable State emergency medical services system;

"(iii) includes consistent indirect and direct medical oversight of prehospital, hospital, and interfacility transport throughout the region;

"(iv) coordinates prehospital treatment and triage, hospital destination, and interfacility transport throughout the region;

"(v) includes a categorization or designation system for special medical facilities throughout the region that is—

"(I) consistent with State laws and regulations; and

"(II) integrated with the protocols for transport and destination throughout the region; and

"(vi) includes a regional medical direction system, a patient tracking system, and a resource allocation system that—

"(I) support day-to-day emergency care system operation;

"(II) can manage surge capacity during a major event or disaster; and

"(III) are integrated with other components of the national and State emergency preparedness system;

"(B) an agreement to make available non-Federal contributions in accordance with subsection (f); and

"(C) such other information as the Secretary may require.

"(e) MATCHING FUNDS.—

"(1) IN GENERAL.—With respect to the costs of the activities to be carried out each year with a contract or grant under subsection (a), a condition for the receipt of the contract or grant is that the eligible entity involved agrees to make available (directly or through donations from public or private entities)

non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs.

"(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

"(f) PRIORITY.—The Secretary shall give priority for the award of the contracts or grants described subsection (a) to any eligible entity that serves a medically underserved population (as defined in section 330(b)(3)).

"(g) REPORT.—Not later than 90 days after the completion of a demonstration program under subsection (a), the recipient of such contract or grant described in such subsection shall submit to the Secretary a report containing the results of an evaluation of the program, including an identification of—

"(1) the impact of the regional, accountable emergency care system on patient outcomes for var-

ious critical care categories, such as trauma, stroke, cardiac emergencies, and pediatric emergencies;

"(2) the system characteristics that contribute to the effectiveness and efficiency of the program (or lack thereof);

"(3) methods of assuring the long-term financial sustainability of the emergency care system;

"(4) the State and local legislation necessary to implement and to maintain the system; and

"(5) the barriers to developing regionalized, accountable emergency care systems, as well as the methods to overcome such barriers.

"(h) EVALUATION.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall enter into a contract with an academic institution or other entity to conduct an independent evaluation of the demonstration programs funded under subsection (a), including an evaluation of—

"(1) the performance of the eligible entities receiving the funds; and

"(2) the impact of the demonstration programs.

"(i) DISSEMINATION OF FINDINGS.—The Secretary shall, as appropriate, disseminate to the public and to the appropriate Committees of the Congress, the information contained in a report made under subsection (h).

"(j) AUTHORIZATION OF APPROPRIATIONS.—

"(1) IN GENERAL.—There is authorized to be appropriated to carry out this section $12,000,000 for each of fiscal years 2010 through 2015.

"(2) RESERVATION.—Of the amount appropriated to carry out this section for a fiscal year, the Secretary shall reserve 3 percent of such amount to carry out subsection (h) (relating to an independent evaluation).".

# Subtitle L—Dental Emergency Responder

**SEC. 2611. PUBLIC HEALTH AND MEDICAL RESPONSE.**

(a) NATIONAL HEALTH SECURITY STRATEGY.—Section 2802(b)(3) (42 U.S.C. 300hh-1(b)(3)) is amended—

(1) in the matter preceding subparagraph (A), by inserting "dental and" before "mental health facilities"; and

(2) in subparagraph (D), by inserting "and dental" after "medical".

(b) ALL-HAZARDS PUBLIC HEALTH AND MEDICAL RESPONSE CURRICULA AND TRAINING.—Section 319F(a)(5)(B) (42 U.S.C. 247d-6(a)(5)(B)) is amended by striking "public health or medical" and inserting "public health, medical, or dental".

**SEC. 2612. HOMELAND SECURITY.**

(a) NATIONAL RESPONSE FRAMEWORK.—Paragraph (6) of section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101) is amended by inserting "and dental" after "emergency medical".

(b) NATIONAL PREPAREDNESS SYSTEM.—Subparagraph (B) of section 653(b)(4) of the Post-Katrina Emergency Management Reform Act of 2006 (6 U.S.C. 753(b)(4)) is amended by striking "public health and medical" and inserting "public health, medical, and dental".

(c) CHIEF MEDICAL OFFICER.—Paragraph (5) of section 516(c) of the Homeland Security Act of 2002 (6 U.S.C. 321e(c)) is amended by striking "medical community" and inserting "medical and dental communities".

# Subtitle M—Pain Care and Management

**SEC. 2621. INSTITUTE OF MEDICINE CONFERENCE ON PAIN.**

(a) CONVENING.—Not later than June 30, 2010, the Secretary of Health and Human Services shall seek to enter into an agreement with the Institute of Medicine of the National Academies to convene a Conference on Pain (in this section referred to as "the Conference").

(b) PURPOSES.—The purposes of the Conference shall be to—

(1) increase the recognition of pain as a significant public health problem in the United States;

(2) evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain;

(3) identify barriers to appropriate pain care, including—

(A) lack of understanding and education among employers, patients, health care providers, regulators, and third-party payors;

(B) barriers to access to care at the primary, specialty, and tertiary care levels, including barriers—

(i) specific to those populations that are disproportionately undertreated for pain;

(ii) related to physician concerns over regulatory and law enforcement policies applicable to some pain therapies; and

(iii) attributable to benefit, coverage, and payment policies in both the public and private sectors; and

(C) gaps in basic and clinical research on the symptoms and causes of pain, and potential assessment methods and new treatments to improve pain care; and

(4) establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the United States.

(c) OTHER APPROPRIATE ENTITY.—If the Institute of Medicine declines to enter into an agreement under subsection (a), the Secretary of Health and Human Services may enter into such agreement with another appropriate entity.

(d) REPORT.—A report summarizing the Conference's findings and recommendations shall be submitted to the Congress not later than June 30, 2011.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $500,000 for each of fiscal years 2010 and 2011.

**SEC. 2622. PAIN RESEARCH AT NATIONAL INSTITUTES OF HEALTH.**

Part B of title IV (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

**"SEC. 409J. PAIN RESEARCH.**

"(a) RESEARCH INITIATIVES.—

"(1) IN GENERAL.—The Director of NIH is encouraged to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain.

"(2) ANNUAL RECOMMENDATIONS.—Not less than annually, the Pain Consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, shall develop and submit to the Director of NIH recommendations on appropriate pain research initiatives that could be undertaken with funds reserved under section 402A(c)(1) for the Common Fund or otherwise available for such initiatives.

"(3) DEFINITION.—In this subsection, the term 'Pain Consortium' means the Pain Consortium of the National Institutes of Health or a similar trans-National Institutes of Health coordinating entity designated by the Secretary for purposes of this subsection.

"(b) INTERAGENCY PAIN RESEARCH COORDINATING COMMITTEE.—

"(1) ESTABLISHMENT.—The Secretary shall establish not later than 1 year after the date of the

enactment of this section and as necessary maintain a committee, to be known as the Interagency Pain Research Coordinating Committee (in this section referred to as the 'Committee'), to coordinate all efforts within the Department of Health and Human Services and other Federal agencies that relate to pain research.

"(2) MEMBERSHIP.—

"(A) IN GENERAL.—The Committee shall be composed of the following voting members:

"(i) Not more than 7 voting Federal representatives as follows:

"(I) The Director of the Centers for Disease Control and Prevention.

"(II) The Director of the National Institutes of Health and the directors of such national research institutes and national centers as the Secretary determines appropriate.

"(III) The heads of such other agencies of the Department of Health and Human Services as the Secretary determines appropriate.

"(IV) Representatives of other Federal agencies that conduct or sup-

port pain care research and treatment, including the Department of Defense and the Department of Veterans Affairs.

"(ii) 12 additional voting members appointed under subparagraph (B).

"(B) ADDITIONAL MEMBERS.—The Committee shall include additional voting members appointed by the Secretary as follows:

"(i) Six members shall be appointed from among scientists, physicians, and other health professionals, who—

"(I) are not officers or employees of the United States;

"(II) represent multiple disciplines, including clinical, basic, and public health sciences;

"(III) represent different geographical regions of the United States; and

"(IV) are from practice settings, academia, manufacturers or other research settings; and

"(ii) six members shall be appointed from members of the general public, who

are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions.

"(C) NONVOTING MEMBERS.—The Committee shall include such nonvoting members as the Secretary determines to be appropriate.

"(3) CHAIRPERSON.—The voting members of the Committee shall select a chairperson from among such members. The selection of a chairperson shall be subject to the approval of the Director of NIH.

"(4) MEETINGS.—The Committee shall meet at the call of the chairperson of the Committee or upon the request of the Director of NIH, but in no case less often than once each year.

"(5) DUTIES.—The Committee shall—

"(A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain;

"(B) identify critical gaps in basic and clinical research on the symptoms and causes of pain;

"(C) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies, including the Department of Defense and the Department of Veteran Affairs, are free of unnecessary duplication of effort;

"(D) make recommendations on how best to disseminate information on pain care; and

"(E) make recommendations on how to expand partnerships between public entities, including Federal agencies, and private entities to expand collaborative, cross-cutting research.

"(6) REVIEW.—The Secretary shall review the necessity of the Committee at least once every 2 years.".

**SEC. 2623. PUBLIC AWARENESS CAMPAIGN ON PAIN MANAGEMENT.**

Part B of title II (42 U.S.C. 238 et seq.) is amended by adding at the end the following:

**"SEC. 249. NATIONAL EDUCATION OUTREACH AND AWARENESS CAMPAIGN ON PAIN MANAGEMENT.**

"(a) ESTABLISHMENT.—Not later than June 30, 2010, the Secretary shall establish and implement a national pain care education outreach and awareness campaign described in subsection (b).

"(b) REQUIREMENTS.—The Secretary shall design the public awareness campaign under this section to educate consumers, patients, their families, and other caregivers with respect to—

"(1) the incidence and importance of pain as a national public health problem;

"(2) the adverse physical, psychological, emotional, societal, and financial consequences that can result if pain is not appropriately assessed, diagnosed, treated, or managed;

"(3) the availability, benefits, and risks of all pain treatment and management options;

"(4) having pain promptly assessed, appropriately diagnosed, treated, and managed, and regularly reassessed with treatment adjusted as needed;

"(5) the role of credentialed pain management specialists and subspecialists, and of comprehensive interdisciplinary centers of treatment expertise;

"(6) the availability in the public, nonprofit, and private sectors of pain management-related information, services, and resources for consumers, employers, third-party payors, patients, their families, and caregivers, including information on—

"(A) appropriate assessment, diagnosis, treatment, and management options for all types of pain and pain-related symptoms; and

"(B) conditions for which no treatment options are yet recognized; and

"(7) other issues the Secretary deems appropriate.

"(c) CONSULTATION.—In designing and implementing the public awareness campaign required by this section, the Secretary shall consult with organizations representing patients in pain and other consumers, employers, physicians including physicians specializing in pain care, other pain management professionals, medical device manufacturers, and pharmaceutical companies.

"(d) COORDINATION.—

"(1) LEAD OFFICIAL.—The Secretary shall designate one official in the Department of Health and Human Services to oversee the campaign established under this section.

"(2) AGENCY COORDINATION.—The Secretary shall ensure the involvement in the public awareness campaign under this section of the Surgeon General of the Public Health Service, the Director of the Centers for Disease Control and Prevention, and such other representatives of offices and agencies of

the Department of Health and Human Services as the Secretary determines appropriate.

"(e) UNDERSERVED AREAS AND POPULATIONS.—In designing the public awareness campaign under this section, the Secretary shall—

"(1) take into account the special needs of geographic areas and racial, ethnic, gender, age, and other demographic groups that are currently underserved; and

"(2) provide resources that will reduce disparities in access to appropriate diagnosis, assessment, and treatment.

"(f) GRANTS AND CONTRACTS.—The Secretary may make awards of grants, cooperative agreements, and contracts to public agencies and private nonprofit organizations to assist with the development and implementation of the public awareness campaign under this section.

"(g) EVALUATION AND REPORT.—Not later than the end of fiscal year 2012, the Secretary shall prepare and submit to the Congress a report evaluating the effectiveness of the public awareness campaign under this section in educating the general public with respect to the matters described in subsection (b).

"(h) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized

to be appropriated $2,000,000 for fiscal year 2010 and $4,000,000 for each of fiscal years 2011 and 2012.".

# Subtitle N—Postpartum Depression

**SEC. 2631. EXPANSION AND INTENSIFICATION OF ACTIVITIES.**

(a) CONTINUATION OF ACTIVITIES.—The Secretary is encouraged to expand and intensify activities on postpartum conditions.

(b) PROGRAMS FOR POSTPARTUM CONDITIONS.—In carrying out subsection (a), the Secretary is encouraged to continue research to expand the understanding of the causes of, and treatments for, postpartum conditions, including conducting and supporting the following:

(1) Basic research concerning the etiology and causes of the conditions.

(2) Epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions.

(3) The development of improved screening and diagnostic techniques.

(4) Clinical research for the development and evaluation of new treatments.

(5) Information and education programs for health care professionals and the public, which may include a coordinated national campaign that—

(A) is designed to increase the awareness and knowledge of postpartum conditions;

(B) may include public service announcements through television, radio, and other means; and

(C) may focus on—

(i) raising awareness about screening;

(ii) educating new mothers and their families about postpartum conditions to promote earlier diagnosis and treatment; and

(iii) ensuring that such education includes complete information concerning postpartum conditions, including its symptoms, methods of coping with the illness, and treatment resources.

**SEC. 2632. REPORT BY THE SECRETARY.**

(a) STUDY.—The Secretary shall conduct a study on the benefits of screening for postpartum conditions.

(b) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall complete

the study required by subsection (a) and submit a report to the Congress on the results of such study.

**SEC. 2633. SENSE OF CONGRESS REGARDING LONGITUDINAL STUDY OF RELATIVE MENTAL HEALTH CONSEQUENCES FOR WOMEN OF RESOLVING A PREGNANCY.**

(a) SENSE OF CONGRESS.—It is the sense of the Congress that the Director of the National Institute of Mental Health may conduct a nationally representative longitudinal study (during the period of fiscal years 2009 through 2018) on the relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, including carrying the pregnancy to term and parenting the child, carrying the pregnancy to term and placing the child for adoption, miscarriage, and having an abortion. This study may assess the incidence, timing, magnitude, and duration of the immediate and long-term mental health consequences (positive or negative) of these pregnancy outcomes.

(b) REPORT.—Beginning not later than 3 years after the date of the enactment of this Act, and periodically thereafter for the duration of the study, such Director may prepare and submit to the Congress reports on the findings of the study.

**SEC. 2634. DEFINITIONS.**

In this subtitle:

(1) The term "postpartum condition" means postpartum depression or postpartum psychosis.

(2) The term "Secretary" means the Secretary of Health and Human Services.

**SEC. 2635. AUTHORIZATION OF APPROPRIATIONS.**

For the purpose of carrying out this subtitle, in addition to any other amounts authorized to be appropriated for such purpose, there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2012.

# Subtitle O—No Child Left Unimmunized Against Influenza

**SEC. 2641. DEMONSTRATION PROGRAM USING ELEMENTARY AND SECONDARY SCHOOLS AS INFLUENZA VACCINATION CENTERS.**

(a) PURPOSE.—The Secretary of Health and Human Services, in consultation with the Secretary of Education and the Secretary of Labor, shall award grants to eligible partnerships to carry out demonstration programs designed to test the feasibility of using the Nation's elementary schools and secondary schools as influenza vaccination centers.

(b) IN GENERAL.—The Secretary shall coordinate with the Secretary of Labor, the Secretary of Education,

State Medicaid agencies, State insurance agencies, and private insurers to carry out a program consisting of awarding grants under subsection (c) to ensure that children have coverage for all reasonable and customary expenses related to influenza vaccinations, including the costs of purchasing and administering the vaccine incurred when influenza vaccine is administered outside of the physician's office in a school or other related setting.

(c) PROGRAM DESCRIPTION.—

(1) GRANTS.—From amounts appropriated pursuant to subsection (k), the Secretary shall award grants to eligible partnerships to be used to provide influenza vaccinations to children in elementary and secondary schools, in coordination with school nurses, school health care programs, community health care providers, State insurance agencies, or private insurers.

(2) ACIP RECOMMENDATIONS.—The program under this section shall be designed to administer vaccines consistent with the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) for the annual vaccination of all children aged 5 years through 19 years.

(3) PARTICIPATION VOLUNTARY.—Participation by a school or an individual shall be voluntary.

(d) USE OF FUNDS.—Eligible partnerships receiving a grant under this section shall ensure the maximum number of children access influenza vaccinations as follows:

(1) COVERED CHILDREN.—To the extent to which payment of the costs of purchasing and administering the influenza vaccine for children is not covered through other federally funded programs or through private insurance, eligible partnerships receiving a grant shall use funds to purchase and administer influenza vaccinations.

(2) CHILDREN COVERED BY OTHER FEDERAL PROGRAMS.—For children who are eligible under other federally funded programs for payment of the costs of purchasing and administering the influenza vaccine, eligible partnerships receiving a grant shall not use funds provided under this section for such costs.

(3) CHILDREN COVERED BY PRIVATE HEALTH INSURANCE.—For children who have private insurance, eligible partnerships receiving a grant shall offer assistance in accessing coverage for vaccinations administered through the program under this section.

(e) PRIVACY.—The Secretary shall ensure that the program under this section adheres to confidentiality and privacy requirements of section 264 of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note) and section 444 of the General Education Provisions Act (42 U.S.C. 1232g; commonly referred to as the "Family Educational Rights and Privacy Act of 1974").

(f) APPLICATION.—An eligible partnership desiring a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(g) DURATION.—Eligible partnerships receiving a grant shall administer a demonstration program funded through this section over a period of 2 consecutive school years.

(h) CHOICE OF VACCINE.—The program under this section shall not restrict the discretion of a health care provider to administer any influenza vaccine approved by the Food and Drug Administration for use in pediatric populations.

(i) AWARDS.—The Secretary shall award—

(1) a minimum of 10 grants in 10 different States to eligible partnerships that each include one

or more public schools serving primarily low-income students; and

(2) a minimum of 5 grants in 5 different States to eligible partnerships that each include one or more public schools located in a rural local education agency.

(j) REPORT.—Not later than 90 days following the completion of the program under this section, the Secretary shall submit to the Committees on Education and Labor, Energy and Commerce, and Appropriations of the House of Representatives and to the Committees on Health, Education, Labor, and Pensions and Appropriations of the Senate a report on the results of the program. The report shall include—

(1) an assessment of the influenza vaccination rates of school-aged children in localities where the program is implemented, compared to the national average influenza vaccination rates for school-aged children, including whether school-based vaccination assists in achieving the recommendations of the Advisory Committee on Immunization Practices for annual influenza vaccination of all children aged 6 months to 18 years;

(2) an assessment of the utility of employing elementary schools and secondary schools as a part of

a multi-state, community-based pandemic response program that is consistent with existing Federal and State pandemic response plans;

(3) an assessment of the feasibility of using existing Federal and private insurance funding in establishing a multi-state, school-based vaccination program for seasonal influenza vaccination;

(4) an assessment of the number of education days gained by students as a result of seasonal vaccinations based on absenteeism rates; and

(5) a determination of whether the program under this section—

(A) increased vaccination rates in the participating localities;

(B) was implemented for sufficient time for gathering enough valid data; and

(C) a recommendation on whether the program should be continued, expanded, or terminated.

(k) DEFINITIONS.—In this section:

(1) ELIGIBLE PARTNERSHIP.—The term ''eligible partnership'' means a local public health department, or another health organization defined by the Secretary as eligible to submit an application, and one or more elementary and secondary schools.

(2) ELEMENTARY SCHOOL.—The terms "elementary school'" and "secondary school" have the meanings given such terms in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(3) LOW-INCOME.—The term "low-income" means a student, age 5 through 19 eligible for free or reduced-price lunch under the National School Lunch Act (42 U.S.C. 1751 et seq.).

(4) RURAL LOCAL EDUCATIONAL AGENCY.—The term "rural local educational agency" means an eligible local educational agency described in section 6211(b)(1) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7345(b)(1))

(5) SECRETARY.—Except as otherwise specified, the term "Secretary" means the Secretary of Health and Human Services.

(l) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary.

# AMENDMENT TO THE AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 3200 OFFERED BY MS. MATSUI OF CALIFORNIA

**(AINS-EC_001)**

In section 3121(b) of the Public Health Service Act, added by section 2301(a), in paragraph (5), strike "(4)" and insert "(5)", redesignate such paragraph as paragraph (6), and insert after paragraph (4) the following new paragraph:

"(5) Review of prevention payment incentives, the prevention workforce, and prevention delivery system capacity.".

At the end of section 3121(c) of the Public Health Service Act, added by section 2301(a), insert the following:

"(5) The Task Force on Community Preventive Services and the Task Force on Clinical Preventive Services.".

In sections 3131(b)(6) and 3132(b)(6) of the Public Health Service Act, added by section 2301(a), strike "as appropriate,".

# AMENDMENT TO THE AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 3200 OFFERED BY MRS. CHRISTENSEN OF VIRGIN ISLANDS

Page 879, line 7, strike clause (ii) and insert the following:

"(ii) high needs for health services, including services to address health disparities.

Page 880, line 20, strike "(d)" and all that follows through "the term 'primary health services' has the meaning" and insert the following:

"(d) DEFINITIONS.—In this subpart:

"(1) The term 'health disparities' has the meaning given to the term in section 3171.

"(2) The term 'primary health services' has the meaning

☒

7/20/09

UC by Mr. Dingell to Pallone amend. no obj.

Dingell/Hall 001

Amendment regarding School-based Clinics

Page 1003, after line 17, insert the following new paragraph:

"(4) no funds may be used to provide abortions."

Page 1008, after line 6, insert the following new subparagraph:

"(E) does not provide abortion services."

And make appropriate conforming punctuation and formatting changes.

1:30 pm Mon
C

**AMENDMENT TO THE AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 3200**

**OFFERED BY MR.** Matheson of Utah & Mr Upton of Michigan

At the end of title V of division C, add the following:

# Subtitle ____—Menu Labeling

**SEC. ___. NUTRITION LABELING OF STANDARD MENU ITEMS AT CHAIN RESTAURANTS AND OF ARTICLES OF FOOD SOLD FROM VENDING MACHINES.**

(a) TECHNICAL AMENDMENTS.—Section 403(q)(5)(A) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343(q)(5)(A)) is amended—

(1) in subclause (i), by inserting at the beginning "except as provided in clause (H)(ii)(III),"; and

(2) in subclause (ii), by inserting at the beginning "except as provided in clause (H)(ii)(III),".

(b) LABELING REQUIREMENTS.—Section 403(q)(5) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343(q)(5)) is amended by adding at the end the following:

"(H) RESTAURANTS, RETAIL FOOD ESTABLISHMENTS, AND VENDING MACHINES.—

"(i) GENERAL REQUIREMENTS FOR RESTAURANTS AND SIMILAR RETAIL FOOD ESTABLISH-



Included in Pallone omnibus amend by UC of Mr Markey 7/22/09 #060

MENTS.—Except for food described in subclause (vii), in the case of food that is a standard menu item that is offered for sale in a restaurant or similar retail food establishment that is part of a chain with 20 or more locations doing business under the same name (regardless of the type of ownership of the locations) and offering for sale substantially the same menu items, the restaurant or similar retail food establishment shall disclose the information described in subclauses (ii) and (iii).

"(ii) INFORMATION REQUIRED TO BE DISCLOSED BY RESTAURANTS AND RETAIL FOOD ESTABLISHMENTS.—Except as provided in subclause (vii), the restaurant or similar retail food establishment shall disclose in a clear and conspicuous manner—

"(I)(aa) in a nutrient content disclosure statement adjacent to the name of the standard menu item, so as to be clearly associated with the standard menu item, on the menu listing the item for sale, the number of calories contained in the standard menu item, as usually prepared and offered for sale; and

"(bb) a succinct statement concerning suggested daily caloric intake, as specified by the

Secretary by regulation and posted prominently on the menu and designed to enable the public to understand, in the context of a total daily diet, the significance of the caloric information that is provided on the menu;

"(II)(aa) in a nutrient content disclosure statement adjacent to the name of the standard menu item, so as to be clearly associated with the standard menu item, on the menu board, including a drive-through menu board, the number of calories contained in the standard menu item, as usually prepared and offered for sale; and

"(bb) a succinct statement concerning suggested daily caloric intake, as specified by the Secretary by regulation and posted prominently on the menu board, designed to enable the public to understand, in the context of a total daily diet, the significance of the nutrition information that is provided on the menu board;

"(III) in a written form, available on the premises of the restaurant or similar retail establishment and to the consumer upon request, the nutrition information required under clauses (C) and (D) of subparagraph (1); and

"(IV) on the menu or menu board, a prominent, clear, and conspicuous statement regarding the availability of the information described in item (III).

"(iii) SELF-SERVICE FOOD AND FOOD ON DISPLAY.—Except as provided in subclause (vii), in the case of food sold at a salad bar, buffet line, cafeteria line, or similar self-service facility, and for self-service beverages or food that is on display and that is visible to customers, a restaurant or similar retail food establishment shall place adjacent to each food offered a sign that lists calories per displayed food item or per serving.

"(iv) REASONABLE BASIS.—For the purposes of this clause, a restaurant or similar retail food establishment shall have a reasonable basis for its nutrient content disclosures, including nutrient databases, cookbooks, laboratory analyses, and other reasonable means, as described in section 101.10 of title 21, Code of Federal Regulations (or any successor regulation) or in a related guidance of the Food and Drug Administration.

"(v) MENU VARIABILITY AND COMBINATION MEALS.—The Secretary shall establish by regulation standards for determining and disclosing the nutri-

ent content for standard menu items that come in different flavors, varieties, or combinations, but which are listed as a single menu item, such as soft drinks, ice cream, pizza, doughnuts, or children's combination meals, through means determined by the Secretary, including ranges, averages, or other methods.

"(vi) ADDITIONAL INFORMATION.—If the Secretary determines that a nutrient, other than a nutrient required under subclause (ii)(III), should be disclosed for the purpose of providing information to assist consumers in maintaining healthy dietary practices, the Secretary may require, by regulation, disclosure of such nutrient in the written form required under subclause (ii)(III).

"(vii) NONAPPLICABILITY TO CERTAIN FOOD.—

"(I) IN GENERAL.—Subclauses (i) through (vi) do not apply to—

"(aa) items that are not listed on a menu or menu board (such as condiments and other items placed on the table or counter for general use);

"(bb) daily specials, temporary menu items appearing on the menu for less than

60 days per calendar year, or custom orders; or

"(cc) such other food that is part of a customary market test appearing on the menu for less than 90 days, under terms and conditions established by the Secretary.

"(II) WRITTEN FORMS.—Clause (C) shall apply to any regulations promulgated under subclauses (ii)(III) and (vi).

"(viii) VENDING MACHINES.—

"(I) IN GENERAL.—In the case of an article of food sold from a vending machine that—

"(aa) does not permit a prospective purchaser to examine the Nutrition Facts Panel before purchasing the article or does not otherwise provide visible nutrition information at the point of purchase; and

"(bb) is operated by a person who is engaged in the business of owning or operating 20 or more vending machines,

the vending machine operator shall provide a sign in close proximity to each article of food or the selection button that includes a clear and

conspicuous statement disclosing the number of calories contained in the article.

"(ix) VOLUNTARY PROVISION OF NUTRITION INFORMATION.—

"(I) IN GENERAL.—An authorized official of any restaurant or similar retail food establishment or vending machine operator not subject to the requirements of this clause may elect to be subject to the requirements of such clause, by registering biannually the name and address of such restaurant or similar retail food establishment or vending machine operator with the Secretary, as specified by the Secretary by regulation.

"(II) REGISTRATION.—Within 120 days of enactment of this clause, the Secretary shall publish a notice in the Federal Register specifying the terms and conditions for implementation of item (I), pending promulgation of regulations.

"(III) RULE OF CONSTRUCTION.—Nothing in this subclause shall be construed to authorize the Secretary to require an application, review, or licensing process for any entity to register with the Secretary, as described in such item.

"(x) REGULATIONS.—

"(I) PROPOSED REGULATION.—Not later than 1 year after the date of enactment of this clause, the Secretary shall promulgate proposed regulations to carry out this clause.

"(II) CONTENTS.—In promulgating regulations, the Secretary shall—

"(aa) consider standardization of recipes and methods of preparation, reasonable variation in serving size and formulation of menu items, space on menus and menu boards, inadvertent human error, training of food service workers, variations in ingredients, and other factors, as the Secretary determines; and

"(bb) specify the format and manner of the nutrient content disclosure requirements under this subclause.

"(III) REPORTING.—The Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a quarterly report that describes the Secretary's progress toward

promulgating final regulations under this subparagraph.

"(xi) DEFINITION.—In this clause, the term 'menu' or 'menu board' means the primary writing of the restaurant or other similar retail food establishment from which a consumer makes an order selection."

(c) NATIONAL UNIFORMITY.—Section 403A(a)(4) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343-1(a)(4)) is amended by striking "except a requirement for nutrition labeling of food which is exempt under subclause (i) or (ii) of section 403(q)(5)(A)" and inserting "except that this paragraph does not apply to food that is offered for sale in a restaurant or similar retail food establishment that is not part of a chain with 20 or more locations doing business under the same name (regardless of the type of ownership of the locations) and offering for sale substantially the same menu items unless such restaurant or similar retail food establishment complies with the voluntary provision of nutrition information requirements under section 403(q)(5)(H)(ix)".

(d) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed—

(1) to preempt any provision of State or local law, unless such provision establishes or continues

into effect nutrient content disclosures of the type required under section 403(q)(5)(H) of the Federal Food, Drug, and Cosmetic Act (as added by subsection (b)) and is expressly preempted under section 403A(a)(4) of such Act;

(2) to apply to any State or local requirement respecting a statement in the labeling of food that provides for a warning concerning the safety of the food or component of the food; or

(3) except as provided in section 403(q)(5)(H)(ix) of the Federal Food, Drug, and Cosmetic Act (as added by subsection (b)), to apply to any restaurant or similar retail food establishment other than a restaurant or similar retail food establishment described in section 403(q)(5)(H)(i) of such Act.

☒