

110TH CONGRESS  
1ST SESSION

# S. 2112

To amend the Public Health Service Act to establish the Nurse-Managed Health Clinic Investment program, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 27, 2007

Mr. INOUE (for himself, Mr. ALEXANDER, and Mr. AKAKA) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to establish the Nurse-Managed Health Clinic Investment program, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Nurse-Managed  
5 Health Clinic Investment Act of 2007”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress makes the following find-  
8 ings:

1           (1) Nurse-managed health clinics (referred to in  
2 this section as “NMHCs”) offer their patients pri-  
3 mary care based on the nursing model, which em-  
4 phasizes the protection, promotion, and optimization  
5 of health along with the prevention of illness, and  
6 the alleviation of suffering in conjunction with diag-  
7 nosis and treatment. Nurses are advocates and edu-  
8 cators providing care for individuals, families, com-  
9 munities, and populations.

10           (2) More than 200 NMHCs are currently in op-  
11 eration across the United States. These clinics  
12 record over 2,000,000 client encounters annually.

13           (3) NMHCs meet the Institute of Medicine’s  
14 definition of safety-net provider by providing care re-  
15 gardless of their patient’s ability to pay. A substan-  
16 tial share of their patient mix is made up of unin-  
17 sured individuals, Medicaid recipients, and other vul-  
18 nerable populations. A recent study funded by the  
19 Centers for Medicare & Medicaid Services reported  
20 that more than 45 percent of the payor mix for  
21 NMHCs is uninsured, and 37 percent are Medicaid  
22 recipients.

23           (4) NMHCs provide a medical home for the un-  
24 derserved, and are viable partners with the Federal  
25 Government to reduce health disparities. They pro-

1       vide a full range of health care services, including  
2       primary care, health promotion, disease prevention,  
3       and behavioral health care to the residents of rural  
4       and urban underserved communities. Because  
5       NMHCs are often located in public housing develop-  
6       ments, senior living arrangements, schools, and com-  
7       munity centers, they help remove barriers preventing  
8       access to care and are instrumental in addressing  
9       and eliminating the factors contributing to health  
10      disparities.

11           (5) Nurse-managed clinics are playing an ever-  
12      increasing role in the Nation's health care safety-  
13      net, and are currently being under-utilized and  
14      under-funded by both Federal and State govern-  
15      ments.

16           (6) Lack of adequate funding has caused 39  
17      percent of the NMHCs established between 1993  
18      and 2001 to close. These clinics are frequently the  
19      only source of health care for their patients. These  
20      closures have had a negative impact on the ability of  
21      the underserved to access primary care.

22           (7) The goal of this Act is to provide NMHCs  
23      with access to a stable source of funding that will  
24      enable them to continue expanding primary care  
25      services in underserved communities, while reducing

1 the level of health disparities suffered by vulnerable  
2 populations.

3 (b) PURPOSE.—It is the purpose of this Act to fund  
4 the development and operation of nurse-managed health  
5 clinics to—

6 (1) provide comprehensive and accessible pri-  
7 mary health care services to vulnerable populations  
8 living in underserved communities around the Na-  
9 tion; and

10 (2) reduce the level of health disparities experi-  
11 enced by vulnerable populations.

12 **SEC. 3. NURSE-MANAGED HEALTH CLINICS.**

13 Title III of the Public Health Service Act (42 U.S.C.  
14 241 et seq.) is amended by adding at the end the fol-  
15 lowing:

16 **“PART S—NURSE-MANAGED HEALTH CLINIC**  
17 **PROGRAM**

18 **“SEC. 399JJ. GRANTS TO NURSE-MANAGED HEALTH CLIN-**  
19 **ICS.**

20 **“(a) DEFINITION; ESTABLISHMENT OF CRITERIA.—**  
21 **In this section:**

22 **“(1) COMPREHENSIVE PRIMARY HEALTH CARE**  
23 **SERVICES.—**The term ‘comprehensive primary  
24 health care services’ means health care related to  
25 adult, family, and pediatric health consisting of

1 adult health, pediatrics, obstetrics, or gynecology  
2 services that are furnished by nurse practitioners,  
3 physician assistants, physicians, nurse midwives, and  
4 other qualified health care professionals. In addition  
5 to primary care services, specific services may in-  
6 clude—

7 “(A) preventive health services;

8 “(B) prenatal and perinatal services;

9 “(C) appropriate cancer screening;

10 “(D) well-child services;

11 “(E) immunizations against vaccine-pre-  
12 ventable diseases;

13 “(F) screenings for elevated blood lead lev-  
14 els;

15 “(G) screening for communicable diseases;

16 “(H) cholesterol screenings;

17 “(I) pediatric eye and ear screenings to de-  
18 termine the need for vision and hearing correc-  
19 tion;

20 “(J) emergency medical services;

21 “(K) diagnostic laboratory and radiologic  
22 services;

23 “(L) care navigation services;

24 “(M) pharmaceutical services as may be  
25 appropriate for each clinic; and

1                   “(N) voluntary family planning.

2                   “(2) HEALTH PROMOTION AND DISEASE PRE-  
3                   VENTION SERVICES.—The term ‘health promotion  
4                   and disease prevention services’ means the full con-  
5                   tinuum of educational services as well as physical  
6                   and mental assessment services designed to enable  
7                   patients to take control over and improve their  
8                   health through the prevention of disease as well as  
9                   the reduction of existing symptoms.

10                  “(3) MEDICALLY UNDERSERVED POPU-  
11                  LATIONS.—The term ‘medically underserved popu-  
12                  lation’ has the meaning given such term in section  
13                  330(b)(3).

14                  “(4) NURSE-MANAGED HEALTH CLINIC.—The  
15                  term ‘nurse-managed health clinic’ means a nurse-  
16                  practice arrangement, managed by advanced practice  
17                  nurses, that provides primary care for underserved  
18                  or vulnerable populations and is associated with a  
19                  school, college, or department of nursing, federally  
20                  qualified health center, or an independent nonprofit  
21                  health or social services agency.

22                  “(5) VULNERABLE POPULATION.—The term  
23                  ‘vulnerable population’ means a population that  
24                  lacks access to adequate primary care or suffers  
25                  from increased health disparities due to factors such

1 as health, age, race, ethnicity, sex, insurance status,  
2 income level, or ability to communicate effectively.

3 “(b) AUTHORITY TO AWARD GRANTS.—The Sec-  
4 retary shall award grants for the cost of the operation of  
5 nurse-managed health clinics that meet the requirements  
6 of this section.

7 “(c) APPLICATIONS.—To be eligible to receive a grant  
8 under this section, an entity shall—

9 “(1) be a nurse-managed health clinic (as de-  
10 fined in subsection (a)(4)); and

11 “(2) submit to the Secretary an application at  
12 such time, in such manner, and containing an assur-  
13 ance that—

14 “(A) the nurse-managed health clinic will  
15 continue providing comprehensive primary care  
16 services (as defined in subsection (a)(1)) for the  
17 duration of the grant period; and

18 “(B) the nurse-managed health clinic will  
19 establish, within 90 days of receiving a grant  
20 under this section, a community advisory com-  
21 mittee composed of individuals, a majority of  
22 whom are being served by the clinic, the pur-  
23 pose of which is to provide input into the nurse-  
24 managed health clinic decisionmaking process.

1       “(d) WAIVER OF REQUIREMENTS.—The Secretary  
2 may, upon a showing of good cause, waive the requirement  
3 that the nurse-managed health clinic provide all required  
4 comprehensive primary health services for a period of not  
5 to exceed 2 years.

6       “(e) USE OF FUNDS.—

7           “(1) IN GENERAL.—Funds awarded under a  
8 grant under this section may be used for the provi-  
9 sion of primary care services and additional health  
10 services, for the management of nurse-managed  
11 health clinic programs, for the payment of salaries  
12 for nurse-managed health clinic personnel, and for  
13 providing training for the provision of required  
14 health services. Funds may also be used for acquir-  
15 ing, and the leasing of, buildings and equipment (in-  
16 cluding the cost of amortizing the principle of, and  
17 paying interest on, loans for such buildings and  
18 equipment).

19           “(2) AMOUNT.—The amount of any grant made  
20 in any fiscal year to a nurse-managed health clinic  
21 shall be determined by the Secretary, taking into ac-  
22 count—

23                   “(A) the financial need of the nurse-man-  
24 aged health clinic;

1           “(B) State, local, and other operational  
2           funding provided to the nurse-managed health  
3           clinic; and

4           “(C) other factors as determined appro-  
5           priate by the Secretary.

6           “(f) TECHNICAL ASSISTANCE.—The Secretary shall  
7           establish a program through which the Secretary shall  
8           provide (either through the Department of Health and  
9           Human Services or by grant or contract) technical and  
10          other assistance to nurse-managed health clinics to assist  
11          such clinics in meeting the requirements of this section.  
12          Services provided under this section may include necessary  
13          technical and nonfinancial assistance, including fiscal and  
14          program management assistance, training in fiscal and  
15          program management, operational and administrative  
16          support, and the provision of information to nurse-man-  
17          aged health clinics regarding the various resources avail-  
18          able under this section and how those resources can best  
19          be used to meet the health needs of the communities  
20          served by nurse-managed health clinics.

21          “(g) EVALUATION.—The Secretary shall develop and  
22          implement a plan for evaluating nurse-managed health  
23          clinics funded under this section. Such evaluations shall  
24          monitor and track the performance of the grantee as well

1 as the quality of the services that are provided under the  
2 grant.

3 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the  
4 purposes of carrying out this section, there are authorized  
5 to be appropriated \$50,000,000 for the fiscal year 2008,  
6 and such sums as may be necessary for each of the fiscal  
7 years 2009 through 2012.”.

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