
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

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FLEAGLE, CLYMER, JAMES, JOSEPHS, VAN HORNE, TANGRETTI AND
KUKOVICH, APRIL 1, 1992

REFERRED TO COMMITTEE ON HEALTH AND WELFARE, APRIL 1, 1992

AN ACT

1 Relating to rural and inner-city health care; establishing the
2 Bureau of Rural and Inner-City Health Care Services within
3 the Department of Health and providing for its powers and
4 duties; establishing the Rural and Inner-City Health Care
5 Services Advisory Committee and providing for its powers and
6 duties; and making appropriations.

7 The General Assembly finds that there exists a shortage of
8 health manpower, an unavailability of hospital care and barriers
9 to the access of primary health care services that are unique to
10 certain rural and inner-city areas of this Commonwealth. The
11 General Assembly further finds that the development of a
12 systematic and uniform approach to identifying medically
13 underserved designated shortage areas and providing programs to
14 ensure the viability of hospitals and to increase access to
15 health care in medically underserved designated shortage areas
16 is in the best interests of all the citizens of this
17 Commonwealth.

18 TABLE OF CONTENTS

19 Chapter 1. Preliminary Provisions

1 Section 101. Short title.
2 Section 102. Definitions.
3 Chapter 3. Bureau and Advisory Committee
4 Section 301. Bureau of Rural and Inner-City Health Care
5 Services.
6 Section 302. Rural and Inner-City Health Care Services Advisory
7 Committee.
8 Chapter 5. Medical Practice Loans
9 Section 501. Physician Practice Start-up and Expansion Loan
10 Repayment Program.
11 Section 502. Allocation of repayment amounts.
12 Section 503. Eligibility.
13 Section 504. Conditions for certain assistance.
14 Section 505. Terms and conditions of agreements.
15 Section 506. Assignment criteria.
16 Section 507. Other sources of funding.
17 Chapter 7. Residency Practice Program
18 Section 701. Residency practice incentive program clinics in
19 medically underserved designated shortage areas.
20 Section 702. Guidelines.
21 Section 703. Funding.
22 Section 704. Report to General Assembly.
23 Chapter 9. Family Practice
24 Section 901. Family Practice Incentive Grant Demonstration
25 Program.
26 Section 902. Grants.
27 Section 903. Report to General Assembly.
28 Section 904. Expiration of chapter.
29 Chapter 11. Health Care Grants
30 Section 1101. Health Care Transitional Grant Program.

1 Section 1102. Funding.
2 Chapter 13. Rural and Inner-City Health Network
3 Section 1301. Rural and Inner-City Health and Human Services
4 Network Pilot Program.
5 Section 1302. Eligibility.
6 Section 1303. Technical advice.
7 Section 1304. Grant amounts.
8 Section 1305. Reports.
9 Section 1306. Further duties of bureau.
10 Chapter 15. School Health Programs
11 Section 1501. Rural and Inner-City School Health Care Clinic
12 Pilot Program.
13 Section 1502. Purpose.
14 Section 1503. Pilot projects.
15 Section 1504. Conditions of projects.
16 Section 1505. Removal of impediments.
17 Section 1506. Further duties of bureau.
18 Section 1507. Funding.
19 Chapter 17. Mobile Health Clinics
20 Section 1701. Mobile Health Clinic Demonstration Program.
21 Section 1702. Required clinics.
22 Section 1703. Conditions of grants.
23 Section 1704. Expiration of chapter.
24 Chapter 19. Miscellaneous Provisions
25 Section 1901. Appropriations.
26 Section 1902. Effective date.

27 The General Assembly of the Commonwealth of Pennsylvania
28 hereby enacts as follows:

29 CHAPTER 1
30 PRELIMINARY PROVISIONS

1 Section 101. Short title.

2 This act shall be known and may be cited as the Medically
3 Underserved Health Care Act.

4 Section 102. Definitions.

5 The following words and phrases when used in this act shall
6 have the meanings given to them in this section unless the
7 context clearly indicates otherwise:

8 "Academy." The Pennsylvania Academy of Family Physicians.

9 "Advisory committee" or "committee." The Rural and Inner-
10 City Health Care Services Advisory Committee.

11 "Bureau." The Bureau of Rural and Inner-City Health Care
12 Services in the Department of Health.

13 "Community-based practice." The noninstitutional private
14 practice of a physician.

15 "Community health center." An entity which through its staff
16 and supporting resources or through contracts or cooperative
17 arrangements with other public or private entities provides
18 health services or information thereon to residents of a
19 particular area of this Commonwealth.

20 "Department." The Department of Health of the Commonwealth.

21 "Family practice" or "general practice." A medical specialty
22 as defined by the American Board of Medical Specialties or the
23 American Osteopathic Board of General Practice.

24 "Health care facility." A general or special hospital,
25 including tuberculosis and psychiatric hospitals, rehabilitation
26 facilities, skilled nursing facilities, kidney disease treatment
27 centers, including freestanding hemodialysis units, intermediate
28 care facilities and ambulatory surgical facilities, both profit
29 and nonprofit and, including those operated by an agency of
30 State or local government, but shall not include an office used

1 exclusively for their private or group practice by physicians or
2 dentists, nor a program which renders treatment or care for drug
3 or alcohol dependence, unless located within, by or through a
4 health care facility, a facility providing treatment solely on
5 the basis of prayer or spiritual means in accordance with the
6 tents of any church or religious denomination, nor a facility
7 conducted by a religious organization for the purpose of
8 providing health care services exclusively to clergymen or other
9 persons in a religious profession who are members of the
10 religious denominations conducting the facility.

11 "Health and Human Services Network Program." The
12 coordination of rural and inner-city health services provided by
13 health care providers as established under this act.

14 "Medically underserved designated shortage area." An area:

15 (1) designated by the Secretary of Health as a physician
16 shortage area using criteria which take into account the
17 special barriers to the provision of health care services in
18 a rural or inner-city area;

19 (2) a medically underserved area as designated by the
20 United States Department of Health and Human Services; or

21 (3) a critical manpower shortage area as defined by the
22 United States Department of Health and Human Services, or as
23 further defined by the Bureau of Rural Health Care Services
24 in consultation with the Rural Health Care Services Advisory
25 Committee.

26 "Pediatrics." A medical specialty as defined by the American
27 Board of Medical Specialties and the American Osteopathic Board
28 of Pediatrics.

29 "Primary care services." Medical services provided by family
30 or general practitioners, general pediatricians or obstetrician-

1 gynecologists.

2 "Secretary." The Secretary of Health of the Commonwealth.

3 CHAPTER 3

4 BUREAU AND ADVISORY COMMITTEE

5 Section 301. Bureau of Rural and Inner-City Health Care
6 Services.

7 (a) Establishment.--There is hereby established within the
8 Department of Health the Bureau of Rural and Inner-City Health
9 Care Services.

10 (b) Powers and duties.--Upon the advice and recommendations
11 of the advisory committee, the bureau shall:

12 (1) Coordinate the health services provided by the
13 department to medically underserved residents.

14 (2) Coordinate the services provided for medically
15 underserved residents by various local, county and regional
16 agencies or groups.

17 (3) Administer the programs established under this act
18 to increase the numbers of physicians practicing in medically
19 underserved designated shortage areas.

20 (4) Administer the programs established under this act
21 to increase the viability and enhance the quality of health
22 services provided by rural hospitals.

23 (5) Administer the programs established under this act
24 to increase access to health care for rural and inner-city
25 residents.

26 (6) Annually review and update the designation of
27 physician, medically underserved and critical manpower
28 shortage areas and report to the General Assembly the then
29 current status of the need for health care services and
30 providers in the areas so designated.

1 (7) Consult with and receive recommendations from the
2 advisory committee in determining and fulfilling rural and
3 inner-city health care needs.

4 (8) Administer sums appropriated to carry out this act
5 to increase the numbers of rural and inner-city family
6 practice physicians, to increase the viability and enhance
7 the quality of health services provided by rural hospitals,
8 and to increase access to health care for rural and inner-
9 city residents.

10 Section 302. Rural and Inner-City Health Care Services Advisory
11 Committee.

12 (a) Establishment and purpose.--There is hereby established
13 the Rural and Inner-City Health Care Services Advisory Committee
14 which shall provide advice and recommendations to the bureau on
15 the programs created under this act and on all other health care
16 matters impacting on medically underserved designated shortage
17 areas.

18 (b) Composition.--The committee shall include the following:

19 (1) One member appointed by the President pro tempore of
20 the Senate; one by the Minority Leader of the Senate; one by
21 the Speaker of the House of Representatives; and one by the
22 Minority Leader of the House of Representatives.

23 (2) Ten members appointed by the Governor as follows:

24 (i) Two members who are licensed family
25 practitioners actively engaged in practice in a medically
26 underserved designated shortage area.

27 (ii) One member who is licensed in general
28 pediatrics actively engaged in practice in a medically
29 underserved designated shortage area.

30 (iii) One member who is licensed in obstetrics-

1 gynecology actively engaged in practice in a medically
2 underserved designated shortage area.

3 (iv) One representative of a rural hospital.

4 (v) One representative of an inner-city hospital.

5 (vi) One licensed osteopathic physician actively
6 practicing in a medically underserved designated shortage
7 area.

8 (vii) Two registered nurses practicing in a
9 medically underserved designated shortage area.

10 (viii) One dentist practicing in a medically
11 underserved designated shortage area.

12 (c) Terms of office.--Legislative members shall serve terms
13 coterminous with that of their legislative office. All other
14 members shall serve four years or the term of the office by
15 which he holds membership on the committee, and until his
16 successor has been appointed and qualified, but not longer than
17 six months beyond the applicable period.

18 CHAPTER 5

19 MEDICAL PRACTICE LOANS

20 Section 501. Physician Practice Start-up and Expansion Loan
21 Repayment Program.

22 (a) Fund.--There is hereby established a separate account in
23 the State Treasury, to be known as the Physician Practice Start-
24 up and Expansion Loan Repayment Fund. This fund shall be
25 administered by the bureau. All moneys in the fund are hereby
26 appropriated to the bureau on a continuing basis to carry out
27 this chapter.

28 (b) Purpose.--The fund shall be used to repay physician
29 start-up and expansion loans for physicians providing primary
30 care services full time in medically underserved designated

1 shortage areas.

2 Section 502. Allocation of repayment amounts.

3 In allocating funds for repayment, the director of the bureau
4 shall apportion the repayment funds so that a minimum 60% of the
5 loans repaid will be for the loans of family or general
6 practitioners, with any balance of loans repaid being reserved
7 for general pediatrics and obstetrics-gynecology practice loans.

8 Section 503. Eligibility.

9 To be considered for loan repayment assistance, an applicant
10 shall:

11 (1) Have a medical degree from an accredited
12 Pennsylvania medical school or osteopathic medical college,
13 have completed an approved Pennsylvania graduate training
14 program in primary medicine and be licensed to practice
15 medicine in Pennsylvania.

16 (2) Agree to serve in a designated shortage area as a
17 primary care physician, as defined in this act, one year for
18 each \$25,000 in loans repaid by the department.

19 (3) For practice start-up loan repayment, have completed
20 one full year of community-based solo primary care practice
21 in a medically underserved designated shortage area and have
22 obtained a practice start-up loan or, in the case of
23 expansion of a practice to add one or two physicians, have
24 completed one or more years of community-based solo primary
25 care practice in the rural designated shortage area where
26 expansion is sought.

27 Section 504. Conditions for certain assistance.

28 (a) Certain loans prior to act.--The bureau may provide
29 assistance for the repayment of any start-up or expansion loan
30 received by a physician through a local lending institution in

1 the rural or inner-city designated shortage area of Pennsylvania
2 where the physician agrees, under the terms of this section, to
3 practice, except that loans with any lender that have been
4 executed prior to the effective date of this act may be
5 considered for repayment.

6 (b) Loans in default.--The bureau may not provide repayment
7 assistance for a loan that is in default at the time of the
8 physician's application.

9 (c) Community-based practice.--The bureau may not provide
10 practice start-up loan repayment assistance unless the primary
11 care physician has completed one year of community-based solo
12 practice. The bureau may not provide practice expansion loans
13 unless the applicant has completed one or more years of such
14 practice in the medically underserved designated shortage area
15 in which he seeks to expand practice.

16 Section 505. Terms and conditions of agreements.

17 Each recipient of a repayment loan shall enter into a written
18 contract with the bureau, which shall be considered a contract
19 with the Commonwealth. In executing contracts, the bureau shall
20 give priority to those applicants who agree to practice a
21 minimum of four years in a medically underserved designated
22 shortage area. The contract shall include the following terms
23 and conditions:

24 (1) The physician shall serve one year in the medically
25 underserved designated shortage area for each repayment up to
26 \$25,000 made on his behalf to the lender.

27 (2) In no event shall service for less than one full
28 year entitle the participant to any benefits under the loan
29 repayment program.

30 (3) The participant shall treat patients in the area

1 eligible for Medicaid and Medicare and develop a sliding fee
2 scale for low-income patients.

3 (4) The participant shall practice full time in the
4 medically underserved designated shortage area.

5 (5) The participant shall permit the bureau to monitor
6 the practice to determine compliance with the program.

7 (6) The bureau shall certify compliance with the terms
8 of the program for purposes of receipt by the participant of
9 loans for years subsequent to the initial year of the loan.

10 (7) The contract shall be renewable on a yearly basis
11 upon certification by the bureau that the participant has
12 complied with the terms of the contract.

13 (8) In the event of the participant's death or total or
14 permanent disability, the bureau shall nullify the service
15 obligation of the recipient.

16 (9) In the event that the participant is convicted of a
17 felony or misdemeanor or the participant commits an act of
18 gross negligence in the performance of service obligations,
19 or where the license to practice has been revoked or
20 suspended, the bureau shall have the authority to terminate
21 the participant's service in the program and demand repayment
22 of the outstanding loan.

23 (10) No participant may receive repayment assistance for
24 more than five years.

25 (11) Loan recipients who fail to fulfill the obligations
26 contracted for shall pay to the bureau the full amount
27 received plus interest from the date of the original loan at
28 a rate of 2% above the prime rate at the time of the breach.

29 Section 506. Assignment criteria.

30 The bureau shall establish criteria for assigning

1 participants to the medically underserved designated shortage
2 area. In making the assignments, the bureau shall match the
3 characteristics and preferences of the participant with those of
4 the area, population group or health care facility to the extent
5 possible to maximize the probability of the participant's
6 remaining in the area upon completion of the assignment period.
7 Section 507. Other sources of funding.

8 The bureau shall seek Federal funds to carry out the purposes
9 of this chapter and may accept gifts, grants and donations from
10 other sources. All sums appropriated by the General Assembly to
11 carry out the purposes of this chapter in a fiscal year shall be
12 used for providing repayment assistance for practice start-up or
13 expansion loans.

14 CHAPTER 7

15 RESIDENCY PRACTICE PROGRAM

16 Section 701. Residency practice incentive program clinics in
17 medically underserved designated shortage areas.

18 The bureau shall encourage and coordinate the creation or
19 expansion of a family physician primary care residency program
20 between the Commonwealth's teaching hospitals and health care
21 facilities and community groups which program shall provide at
22 least one-month rotations in clinics established in medically
23 underserved designated shortage areas.

24 Section 702. Guidelines.

25 In determining the distribution of grants to teaching
26 hospitals, health care facilities and community groups which
27 establish family practice primary care residency program clinics
28 in medically underserved designated shortage areas, the bureau
29 shall establish criteria in accordance with the following
30 guidelines:

1 (1) Preference shall be given to programs which are to
2 be established at locations which exhibit potential for
3 extending primary care practice physician availability to
4 medically underserved designated shortage areas.

5 (2) Preference shall be given to programs located away
6 from areas in which medical schools and osteopathic medical
7 colleges are located.

8 (3) Preference shall be given to programs developed by
9 health care facilities having affiliation agreements with
10 teaching hospitals located within this Commonwealth.

11 (4) The degree of local support for the program in the
12 form of the establishment of clinics, matching funding,
13 services or other in-kind resources.

14 Section 703. Funding.

15 The bureau shall provide for a residency practice program
16 through Medical Assistance direct medical education payments.

17 Section 704. Report to General Assembly.

18 The bureau shall annually report, on or before March 15, to
19 the General Assembly the results and progress of the program
20 established under this chapter.

21 CHAPTER 9

22 FAMILY PRACTICE

23 Section 901. Family Practice Incentive Grant Demonstration
24 Program.

25 The bureau shall administer through the advisory committee a
26 grant program to be known as the Family Practice Incentive
27 Demonstration Program.

28 Section 902. Grants.

29 The bureau shall administer this program by allocating sums
30 appropriated for this purpose by the General Assembly as grants

1 approved by the advisory committee to the medical schools and
2 osteopathic medical colleges of the Commonwealth as follows:

3 (1) A primary grant of \$100,000 per year shall be
4 awarded to the medical school or osteopathic medical college
5 with the most innovative project to increase the total number
6 of family practitioners in this Commonwealth and the numbers
7 of family practitioners choosing to serve in rural designated
8 shortage areas.

9 (2) A one-time \$50,000 follow-up grant may be awarded to
10 a prior year's grantee.

11 (3) A primary grant of \$100,000 per year shall be
12 awarded to the Pennsylvania Academy of Family Physicians to
13 develop an innovative program to increase the number of
14 family practice residents currently in training in
15 Pennsylvania hospital residency programs to locate their
16 practices in medically underserved designated shortage areas
17 of the Commonwealth.

18 (4) An annual follow-up grant may be awarded to the
19 academy to continue the program of locating family physicians
20 in medically underserved designated shortage areas of the
21 Commonwealth.

22 Section 903. Report to General Assembly.

23 The bureau shall annually report, on or before March 15, to
24 the General Assembly on the progress of the program established
25 under this chapter.

26 Section 904. Expiration of chapter.

27 This chapter shall expire on June 30, 1995, unless reenacted
28 by the General Assembly.

29

CHAPTER 11

30

HEALTH CARE GRANTS

1 Section 1101. Health Care Transitional Grant Program.

2 The bureau shall:

3 (1) Provide technical assistance to rural hospitals to
4 complete the forms necessary for the development of projects
5 eligible for Federal rural health care transitional grants.

6 (2) Notify eligible rural hospitals and rural hospitals
7 under 150 beds of the existence of Federal programs impacting
8 upon the provision of services in rural areas and shall
9 provide technical assistance necessary to apply for projects
10 which advance health care services to enhance the quality of
11 care provided in rural areas.

12 (3) Consider rural hospitals which would qualify for
13 consideration under the Federal program, except for size, for
14 participation in a State-funded program.

15 (4) Screen applicant hospitals to determine which shall
16 receive consideration for the Federal Rural Health Transition
17 Grant Program and submit the names of eligible applicants to
18 the Office of the Governor for transmission to the United
19 States Department of Health and Human Services.

20 (5) Upon the awarding of grants, determine which of the
21 projects forwarded by the Governor's Office to the United
22 States Department of Health and Human Services failed to
23 receive funding. The bureau shall then consider those
24 projects and the projects of other rural hospitals which meet
25 all the Federal criteria, except size, in the awarding of
26 State grants.

27 Section 1102. Funding.

28 All sums appropriated to the bureau for the purpose of this
29 chapter shall be allocated solely for the funding of State
30 projects. No moneys allocated hereunder shall be used for the

1 administration of this section by the department.

2 CHAPTER 13

3 RURAL AND INNER-CITY HEALTH NETWORK

4 Section 1301. Rural and Inner-City Health and Human Services
5 Network Pilot Program.

6 (a) Establishment.--There is hereby created a Rural and
7 Inner-City Health and Human Services Network Pilot Program which
8 shall be administered by the bureau.

9 (b) Grants.--The bureau shall provide grants from the sums
10 appropriated by the General Assembly to establish networks of
11 health care and human service providers in rural and inner-city
12 areas.

13 Section 1302. Eligibility.

14 The bureau shall consider grant proposals addressing the
15 special needs of medically underserved designated shortage areas
16 offered by applicants who can demonstrate the capability of
17 planning with providers and consumers for the creation of a
18 viable network of rural and inner-city health care and human
19 service providers, whether proprietary, nonprofit or public. To
20 be considered for grants, proposals shall:

21 (1) Result in the merger, integration, reorganization or
22 coordination of health care and human services.

23 (2) Promote cost reduction.

24 (3) Improve rural and inner-city access to a continuum
25 of health care and human services.

26 (4) Result in illness prevention.

27 (5) Capitalize on the strengths of existing providers.

28 (6) Identify methods of addressing regulatory and other
29 barriers to the merger, integration, reorganization or
30 coordination of services.

1 Section 1303. Technical advice.

2 The bureau shall provide technical expertise on the
3 identification of barriers to the merger, integration,
4 reorganization or coordination of services.

5 Section 1304. Grant amounts.

6 Grants shall be awarded in amounts ranging from \$10,000 to
7 \$50,000 per annum and may be awarded for a period not to exceed
8 three years. In determining the amount of an award, the bureau
9 shall consider the nature of the pilot project, the number of
10 provider and consumer entities involved and the likely increase
11 in access to and availability of health care and human services
12 to rural and inner-city residents.

13 Section 1305. Reports.

14 The grantees shall be monitored by the bureau and required to
15 prepare reports at such times and in such manner as the bureau
16 shall require. If it is determined that a grantee is using grant
17 funds for purposes inconsistent with this chapter, the bureau
18 shall require repayment of all or part of the grant to the
19 Commonwealth.

20 Section 1306. Further duties of bureau.

21 To promote maximum effectiveness of any network created under
22 this chapter, the bureau shall:

23 (1) Arrange for the waiver of impediments to the
24 implementation and testing of the project, so long as the
25 waiver is consistent with the health, safety and general
26 welfare of the rural residents who are to receive the
27 services.

28 (2) Consult with Federal, State and local officials to
29 secure the coordination of related programs and obtain
30 waivers.

1 (3) Provide the General Assembly with legislative
2 recommendations to facilitate the provisions of this chapter.

3 CHAPTER 15

4 SCHOOL HEALTH PROGRAMS

5 Section 1501. Rural and Inner-City School Health Care Clinic
6 Pilot Program.

7 There is hereby established the Rural and Inner-City School
8 Health Care Clinic Pilot Program to provide pediatric, dental,
9 immunization, health and nutrition education and physical
10 therapy services to children in rural and inner-city areas. This
11 program shall be administered by the bureau.

12 Section 1502. Purpose.

13 (a) School clinics.--Grants provided under this chapter
14 shall be used to create four school health care clinics, two in
15 rural designated shortage areas and two in inner-city designated
16 shortage areas on a pilot program basis to serve as a model for
17 future Statewide implementation.

18 (b) Assistance to health care providers, etc.--The bureau
19 shall award grants to assist local and regional health care
20 providers, consumers and organizations in rural and inner-city
21 designated shortage areas in providing services as enumerated in
22 section 1501 to preschool-age and elementary-age children
23 through grade six at a school site.

24 Section 1503. Pilot projects.

25 Pilot projects selected by the bureau shall include proposals
26 that address the health care needs of children in rural and
27 inner-city areas and which would result in the following:

28 (1) The coordination of services of health care
29 providers at a school site.

30 (2) The delivery of health care services to 10,000

1 children.

2 (3) The provision of free health care service to
3 children who have no health insurance coverage through a
4 nominal waivable fee.

5 (4) The involvement of parents through the creation of a
6 parental advisory board.

7 (5) The sharing of resources among the coordination of
8 service delivery by providers.

9 (6) In-kind contributions of equipment, space or
10 services of a school nurse by the host school.

11 (7) Increased accessibility to the full continuum of
12 health care services, including illness prevention, for
13 preschool and elementary school children in the rural and
14 inner-city area.

15 (8) Identification of regulatory and other impediments
16 to the coordination of service delivery and sharing of
17 resources by health care providers.

18 Section 1504. Conditions of projects.

19 Pilot projects shall not be approved for a time period
20 exceeding three years. The bureau shall approve pilot project
21 grant awards of \$60 per student to be served in any one 12-month
22 period. Grants shall be renewed annually for up to three
23 consecutive years. If it is determined that a grantee is using
24 funds for purposes inconsistent with this section, the bureau
25 may withdraw approval of the project and require repayment of
26 all or part of such grant to the Commonwealth. Any funds thus
27 repaid shall be used only for other pilot projects approved
28 under this section. The bureau shall require reports to be
29 prepared and submitted for each project by the grantees at such
30 times and in such manner as are consistent with the purposes of

1 this section.

2 Section 1505. Removal of impediments.

3 Upon the request of the applicant, the bureau shall provide
4 expertise in the removal of impediments or barriers to the
5 coordination of health care services at a school site.

6 Section 1506. Further duties of bureau.

7 For the purpose of promoting maximum effectiveness of this
8 program, the bureau shall:

9 (1) Arrange for the waiver of impediments to the
10 successful implementation and testing of the pilot project,
11 provided there is a finding by the bureau that the health,
12 safety and general welfare of the children receiving health
13 care services will not be impaired.

14 (2) Consult with Federal, State and local officials to
15 secure their cooperation in coordinating related programs and
16 regulatory waivers.

17 (3) In consultation with the advisory committee, provide
18 the General Assembly with legislative recommendations to
19 facilitate the provisions of this section.

20 Section 1507. Funding.

21 The bureau shall administer the program with sums
22 appropriated by the General Assembly.

23 CHAPTER 17

24 MOBILE HEALTH CLINICS

25 Section 1701. Mobile Health Clinic Demonstration Program.

26 There is hereby established the Mobile Health Clinic
27 Demonstration Program which shall be administered by the bureau.

28 Section 1702. Required clinics.

29 The bureau shall:

30 (1) Purchase two vehicles and medical equipment to

1 furnish the vehicles to establish two Mobile Health Clinic
2 Demonstration Programs in rural medically underserved
3 designated shortage areas of this Commonwealth.

4 (2) Provide two grants from sums appropriated by the
5 General Assembly to health care providers, health care
6 networks, teaching hospitals or dental schools to assist in
7 the purchase of vehicles, medical or dental equipment or the
8 coordination of activities leading to the establishment of
9 one mobile health clinic and one mobile dental clinic in
10 rural medically underserved designated shortage areas.

11 (3) In awarding grants, give preference to programs
12 which evidence coordination of existing services and the
13 pooling of resources by applicants.

14 (4) Award grants in an amount which is the lesser of
15 \$600,000 or 50% of the cost of the vehicle, equipment or
16 coordination of activities leading to the establishment of a
17 rural mobile health clinic.

18 (5) Award grants to prior year's grantees in an amount
19 which is the lesser of \$600,000 or 50% of the program project
20 cost to enter a follow-up phase for the prior year's program.

21 Section 1703. Conditions of grants.

22 (a) Eligibility.--All health care providers, health care
23 networks, teaching hospitals and dental schools located in this
24 Commonwealth may apply for grants to provide mobile health
25 clinic services to rural medically underserved designated
26 shortage areas in this Commonwealth.

27 (b) Expenses.--Bureau expenses may be no greater than 10% of
28 the sums appropriated by the General Assembly for the purposes
29 of this chapter.

30 (c) Annual report.--The bureau shall annually, on or before

1 March 15, report to the General Assembly the results and
2 progress of the program established under this chapter.
3 Section 1704. Expiration of chapter.

4 This chapter shall expire June 30, 1996.

5 CHAPTER 19

6 MISCELLANEOUS PROVISIONS

7 Section 1901. Appropriations.

8 (a) Department.--The sum of \$500,000, or as much thereof as
9 may be necessary, is hereby appropriated to the Department of
10 Health for the fiscal period July 1, 1991, to June 30, 1992, for
11 start-up costs and expenses of the Bureau of Rural and Inner-
12 City Health Care Services.

13 (b) Bureau.--The sum of \$7,500,000, or as much thereof as
14 may be necessary, is hereby appropriated to the Bureau of Rural
15 and Inner-City Health Care Services for the fiscal period July
16 1, 1992, to June 30, 1993, and shall be allocated as follows:

- 17 (1) The sum of \$3,000,000 to carry out Chapter 5.
18 (2) The sum of \$750,000 to carry out Chapter 9.
19 (3) The sum of \$500,000 to carry out Chapter 11.
20 (4) The sum of \$250,000 to carry out Chapter 13.
21 (5) The sum of \$600,000 to carry out Chapter 15.
22 (6) The sum of \$2,400,000 to carry out Chapter 17.

23 Section 1902. Effective date.

24 This act shall take effect immediately.