

110TH CONGRESS
1ST SESSION

H. R. 1626

To amend the Public Health Service Act to provide liability protections for volunteer practitioners at health centers under section 330 of such Act.

IN THE HOUSE OF REPRESENTATIVES

MARCH 21, 2007

Mr. TIM MURPHY of Pennsylvania (for himself, Mrs. DAVIS of California, and Mr. ALTMIRE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide liability protections for volunteer practitioners at health centers under section 330 of such Act.

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 “Family Health Care
5 Accessibility Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Community Health Centers (CHCs) are
9 nonprofit, community supported health care facilities

1 providing primary and preventive health care serv-
2 ices to over 15,000,000 low-income, underinsured,
3 and uninsured families.

4 (2) Nearly 70 percent of CHC patients have
5 family incomes at or below poverty (\$15,000 annual
6 income for a family of three). In addition, nearly 40
7 percent of CHC patients are uninsured.

8 (3) For many patients, CHCs are the only
9 source of health care services available. While the
10 number of uninsured patients at CHCs is rapidly
11 growing—from around 3,900,000 in 1998 to over
12 5,900,000 today—the number of physicians available
13 to treat these patients is decreasing.

14 (4) There is a critical shortage of physicians
15 available at CHCs to meet the health care needs of
16 the uninsured and underinsured. The Journal of the
17 American Medical Association reports a 13-percent
18 vacancy rate for family physicians, a 9-percent va-
19 cancy rate for internists, a 20-percent vacancy rate
20 for OB–GYNs and a 22-percent vacancy rate for
21 psychiatrists.

22 (5) Physicians hired by CHCs are covered by
23 the Federal Tort Claims Act for medical liability
24 costs. However, physicians who wish to volunteer at

1 CHCs are not covered by the Federal Tort Claims
2 Act.

3 (6) CHCs have limited resources to meet the
4 current and future needs of the uninsured and
5 underinsured. Physicians are willing to volunteer at
6 CHCs, however, they are dissuaded from doing so
7 because of the cost of medical liability insurance.
8 Extending Federal Tort Claims Act coverage to vol-
9 unteer physicians would result in more patients
10 being served at a lower cost at CHCs.

11 **SEC. 3. HEALTH CENTERS UNDER PUBLIC HEALTH SERV-**
12 **ICE ACT; LIABILITY PROTECTIONS FOR VOL-**
13 **UNTEER PRACTITIONERS.**

14 (a) IN GENERAL.—Section 224 of the Public Health
15 Service Act (42 U.S.C. 233) is amended—

16 (1) in subsection (g)(1)(A)—

17 (A) in the first sentence, by striking “or
18 employee” and inserting “employee, or (subject
19 to subsection (k)(4)) volunteer practitioner”;
20 and

21 (B) in the second sentence, by inserting
22 “and subsection (k)(4)” after “subject to para-
23 graph (5)”; and

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

1 (A) by striking the term “employee, or
2 contractor” each place such term appears and
3 inserting “employee, volunteer practitioner, or
4 contractor”;

5 (B) by striking the term “employee, and
6 contractor” each place such term appears and
7 inserting “employee, volunteer practitioner, and
8 contractor”;

9 (C) by striking the term “employee, or any
10 contractor” each place such term appears and
11 inserting “employee, volunteer practitioner, or
12 contractor”; and

13 (D) by striking the term “employees, or
14 contractors” each place such term appears and
15 inserting “employees, volunteer practitioners, or
16 contractors”.

17 (b) APPLICABILITY; DEFINITION.—Section 224(k) of
18 the Public Health Service Act (42 U.S.C. 233(k)) is
19 amended by adding at the end the following paragraph:

20 “(4)(A) Subsections (g) through (m) apply with re-
21 spect to volunteer practitioners beginning with the first
22 fiscal year for which an appropriations Act provides that
23 amounts in the fund under paragraph (2) are available
24 with respect to such practitioners.

1 “(B) For purposes of subsections (g) through (m),
2 the term ‘volunteer practitioner’ means a practitioner who,
3 with respect to an entity described in subsection (g)(4),
4 meets the following conditions:

5 “(i) The practitioner is a licensed physician or
6 a licensed clinical psychologist.

7 “(ii) At the request of such entity, the practi-
8 tioner provides services to patients of the entity, at
9 a site at which the entity operates or at a site des-
10 ignated by the entity. The weekly number of hours
11 of services provided to the patients by the practi-
12 tioner is not a factor with respect to meeting condi-
13 tions under this subparagraph.

14 “(iii) The practitioner does not for the provision
15 of such services receive any compensation from such
16 patients, from the entity, or from third-party payors
17 (including reimbursement under any insurance pol-
18 icy or health plan, or under any Federal or State
19 health benefits program).”.

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