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S 1050 IS

110th CONGRESS
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S. 1050

To amend the Rehabilitation Act of 1973 and the Public Health Service Act to set standards for medical diagnostic equipment and to establish a program for promoting good health, disease prevention, and wellness and for the prevention of secondary conditions for individuals with disabilities, and for other purposes.

IN THE SENATE OF THE UNITED STATES

1) March 29, 2007

Mr. HARKIN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Rehabilitation Act of 1973 and the Public Health Service Act to set standards for medical diagnostic equipment and to establish a program for promoting good health, disease prevention, and wellness and for the prevention of secondary conditions for individuals with disabilities, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

2) SECTION 1. SHORT TITLE.

This Act may be cited as the 'Promoting Wellness for Individuals with Disabilities Act of 2007'.

3) SEC. 2. ESTABLISHMENT OF STANDARDS FOR ACCESSIBLE MEDICAL DIAGNOSTIC EQUIPMENT.

Title V of the Rehabilitation Act of 1973 (29 U.S.C. 791 et seq.) is amended by adding at the end of the following:

4) SEC. 510. ESTABLISHMENT OF STANDARDS FOR ACCESSIBLE MEDICAL DIAGNOSTIC EQUIPMENT.

(a) Standards- Not later than 9 months after the date of enactment of the Promoting Wellness for Individuals with Disabilities Act of 2007, the Architectural and Transportation Barriers Compliance Board shall issue (including publishing) standards setting forth the minimum technical criteria for medical diagnostic equipment used in (or in conjunction with) physician's offices, clinics, emergency rooms, hospitals, and other medical settings. The standards shall ensure that such equipment is accessible to, and usable by, individuals with disabilities, and shall allow independent entry to, use of, and exit from the equipment by such individuals to the maximum extent possible.

(b) Medical Diagnostic Equipment Covered- The standards issued under subsection (a) for medical diagnostic equipment shall apply to equipment that includes examination tables, examination chairs (including chairs used for eye examinations or procedures, and dental examinations or procedures), weight scales, mammography equipment, x-ray machines, and other radiological equipment commonly used for diagnostic purposes by health professionals.

(c) Interim Standards- Until the date that the standards described under subsection (a) are in effect, purchases of examination tables, weight scales, and mammography equipment made after January 1, 2008, and used in (or in conjunction with) medical settings as described in subsection (a), shall meet the following interim accessibility requirements:

(1) Examination tables shall be height-adjustable between a range of at least 18 inches to 37 inches.

(2) Weight scales shall be capable of weighing individuals who remain seated in a wheelchair or other personal mobility aid.

(3) Mammography machines and equipment shall be capable of being used by individuals in a standing, seated, or recumbent position, including individuals who remain seated in a wheelchair or other personal mobility aid.

(d) Review and Amendment- The Architectural and Transportation Barriers Compliance Board shall periodically review and, as appropriate, amend the standards.'

5) SEC. 3. WELLNESS GRANT PROGRAM FOR INDIVIDUALS WITH DISABILITIES.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

6) SEC. 399R. ESTABLISHMENT OF WELLNESS GRANT PROGRAM FOR INDIVIDUALS WITH DISABILITIES.

(a) In General-

(1) INDIVIDUAL WITH A DISABILITY DEFINED- For purposes of this section, the term 'individual with a disability' has the meaning given the term in section 7(20) of the Rehabilitation Act of 1973 (29 U.S.C. 705(20)), for purposes of title V of such Act (29 U.S.C. 791 et seq.).

(2) **WELLNESS GRANT PROGRAM FOR INDIVIDUALS WITH DISABILITIES-** The Secretary, in collaboration with the National Advisory Committee on Wellness for Individuals With Disabilities, may make grants on a competitive basis to public and nonprofit private entities for the purpose of carrying out programs for promoting good health, disease prevention, and wellness for individuals with disabilities, and preventing secondary conditions in such individuals.

(b) **Requirement of Application-** To be eligible to receive a grant under subsection (a), a public or nonprofit private entity shall submit to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(c) **Authorized Activities-** With respect to promoting good health and wellness for individuals with disabilities described in subsection (a), activities for which the Secretary may make a grant under such subsection include--

- (1) programs or activities for smoking cessation, weight control, nutrition, or fitness that focus on the unique challenges faced by individuals with disabilities regarding these issues;
- (2) preventive health screening programs for individuals with disabilities to reduce the incidence of secondary conditions; and
- (3) athletic, exercise, or sports programs that provide individuals with disabilities (including children with disabilities) an opportunity to increase their physical activity in a dedicated or adaptive recreational environment.

(d) **Priorities-**

(1) **ADVISORY COMMITTEE-** The Secretary shall establish a National Advisory Committee on Wellness for Individuals With Disabilities that shall set priorities to carry out this section, review grant proposals, and make recommendations for funding, and annually evaluate the progress of the program under this section in implementing the priorities.

(2) **REPRESENTATION-** The Advisory Committee established under paragraph (1) shall include representation by the Department of Health and Human Services Office on Disability, the United States Surgeon General or his designee, the Centers for Disease Control and Prevention, private nonprofit organizations that represent the civil rights and interests of individuals with disabilities, and individuals with disabilities or their family members.

(e) **Dissemination of Information-** The Secretary shall, in addition to the usual methods of the Secretary, disseminate information about the availability of grants under the Wellness Grant Program for Individuals with Disabilities in a manner designed to reach public entities and nonprofit private organizations that are dedicated to providing outreach, advocacy, or independent living services to individuals with disabilities.

(f) **Reports to Congress-** The Secretary shall, not later than 180 days after the date of the enactment of the Promoting Wellness for Individuals with Disabilities Act of 2007, and annually thereafter, submit to Congress a report summarizing activities, findings, outcomes, and recommendations resulting from the grant projects funded under this section during the preceding fiscal year.

(g) Authorization of Appropriations- For the purpose of making grants under this section, there are authorized to be appropriated such sums as may be necessary.'

7) SEC. 4. IMPROVING EDUCATION AND TRAINING TO PROVIDE MEDICAL SERVICES TO INDIVIDUALS WITH DISABILITIES.

(a) Coordinated Program To Improve Pediatric Oral Health- Section 320A(b) of the Public Health Service Act (42 U.S.C. 247d-8(b)) is amended by--
(1) striking ` , or to increase' and inserting ` , to increase'; and
(2) striking the period and inserting the following ` , or to provide training to improve competency and clinical skills in providing oral health services to, and communicating with, patients with disabilities (including those with intellectual disabilities) through training integrated into the core curriculum and patient interaction in community-based settings.'

(b) Children's Hospitals That Operate Graduate Medical Education Programs- Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended by adding at the end the following:

(h) Requirement To Provide Training- To be eligible to receive a payment under this section, a children's hospital shall provide training to improve competency and clinical skills in providing health care to, and communicating with, patients with disabilities, including those with intellectual disabilities, as part of any approved graduate medical residency training program provided by the hospital. Such training shall include treating patients with disabilities in community-based settings, as part of the usual training or residency placement.'

(c) Centers of Excellence- Section 736(b) of the Public Health Service Act (42 U.S.C. 293(b)) is amended--

- (1) in paragraph (6)(B), by striking ` ; and' and inserting a semicolon;
- (2) by redesignating paragraph (7) as paragraph (8); and
- (3) by inserting after paragraph (6) the following:
(7) to carry out a program to improve competency and clinical skills of students in providing health services to, and communicating with, patients with disabilities, including those with intellectual disabilities; and'

(d) Family Medicine, General Internal Medicine, General Pediatrics, General Dentistry, Pediatric Dentistry, and Physician Assistants- Section 747(a) of the Public Health Service Act (42 U.S.C. 293k(a)) is amended--

- (1) in paragraph (5), by striking ` ; and' and inserting a semicolon;
- (2) in paragraph (6), by striking ` pediatric dentistry.' and inserting the following: ` pediatric dentistry; and
(7) to plan, develop, and operate a program for the training of physicians or dentists, or medical or dental residents, to improve competency and clinical skills of physicians and dentists in providing services to, and communicating with, patients with disabilities, including those with intellectual disabilities.'; and
- (3) by inserting at the end the following: ` The training described in paragraph (7) shall include training integrated into the core curriculum, as

well as patient interaction with individuals with disabilities in community-based settings, as part of the usual training or residency placement.'

(e) Advisory Council on Graduate Medical Education- Section 762(a)(1) of the Public Health Service Act (42 U.S.C. 294o(a)(1)) is amended--

(1) in subparagraph (E), by striking `; and' and inserting a semicolon;

(2) by adding at the end the following:

(G) appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathic medicine, schools of dentistry, and accrediting bodies with respect to changes in undergraduate and graduate medical training to improve competency and clinical skills of physicians in providing health care services to, and communicating with, patients with disabilities, including those with intellectual disabilities; and'

(f) Medicare Graduate Medical Education Programs- Section 1886(h) of the Social Security Act (42 U.S.C. 1395ww(h)) is amended by adding at the end the following:

(8) REQUIREMENT TO PROVIDE TRAINING- To be eligible to receive a payment under this subsection, a hospital shall provide training to improve competency and clinical skills in providing health care to, and communicating with, patients with disabilities, including those with intellectual disabilities, as part of any approved medical residency training program provided by the hospital. Such training shall include treating patients with disabilities in community-based settings, as part of the usual training or residency placement.'

(g) Effective Date- The amendments made by subsections (b), (c), and (f) shall take effect 180 days after the date of enactment of this Act.

END