

107<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. \_\_\_\_\_

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## IN THE HOUSE OF REPRESENTATIVES

Mr. CONYERS introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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### A BILL

To provide for comprehensive health insurance coverage for  
all United States residents, 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; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the  
5 “United States National Health Insurance Act (or the Ex-  
6 panded and Improved Medicare for All Act)”.

7 (b) **TABLE OF CONTENTS.**—The table of contents of  
8 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions and terms.

TITLE I—ELIGIBILITY AND BENEFITS

- Sec. 101. Eligibility and registration.
- Sec. 102. Benefits and portability.
- Sec. 103. Qualification of participating providers.
- Sec. 104. Prohibition against duplicating coverage.

TITLE II—FINANCES

Subtitle A—Budgeting and Payments

- Sec. 201. Budgeting process.
- Sec. 202. Payment of providers and health care clinicians.
- Sec. 203. Payment for long-term care.
- Sec. 204. Mental health services.
- Sec. 205. Payment for prescription medications, medical supplies, and medically necessary assistive equipment.
- Sec. 206. Consultation in establishing reimbursement levels.

Subtitle B—Funding

- Sec. 211. Overview: funding the USNHI Program.
- Sec. 212. Appropriations for existing programs for uninsured and indigent.

TITLE III—ADMINISTRATION

- Sec. 301. Public administration; appointment of Director.
- Sec. 302. Quality and cost control.
- Sec. 303. Regional and State administration; employment of displaced clerical workers.
- Sec. 304. Confidential Electronic Patient Record System.
- Sec. 305. National Program Advisory Board.

TITLE IV—ADDITIONAL PROVISIONS

- Sec. 401. Treatment of VA and IHS health programs.
- Sec. 402. Public health and prevention.
- Sec. 403. Reduction in health disparities.

TITLE V—EFFECTIVE DATE

- Sec. 501. Effective date.

1 **SEC. 2. DEFINITIONS AND TERMS.**

2 In this Act:

- 3 (1) USNHI PROGRAM; PROGRAM.—The terms
- 4 “USNHI Program” and “Program” mean the pro-
- 5 gram of benefits provided under this Act and, unless
- 6 the context otherwise requires, the Secretary with

1 respect to functions relating to carrying out such  
2 program.

3 (2) NATIONAL PROGRAM ADVISORY BOARD.—  
4 The term “National Program Advisory Board”  
5 means such Board established under section 305.

6 (3) REGIONAL OFFICE.—The term “regional of-  
7 fice” means a regional office established under sec-  
8 tion 303.

9 (4) SECRETARY.—The term “Secretary” means  
10 the Secretary of Health and Human Services.

11 (5) DIRECTOR.—The term “Director” means,  
12 in relation to the Program, the Director appointed  
13 under section 301.

14 **TITLE I—ELIGIBILITY AND**  
15 **BENEFITS**

16 **SEC. 101. ELIGIBILITY AND REGISTRATION.**

17 (a) IN GENERAL.—All individuals residing in the  
18 United States (including any territory of the United  
19 States) are covered under the USNHI Program and shall  
20 receive a card with a unique number in the mail. An indi-  
21 vidual’s social security number shall not be used for pur-  
22 poses of registration under this section.

23 (b) REGISTRATION.—Individuals and families shall  
24 receive a United States National Health Insurance Card  
25 in the mail, after filling out an United States National

1 Health Insurance application form at a health care pro-  
2 vider. Such application form shall be no more than 2 pages  
3 long.

4 (c) PRESUMPTION.—Individuals who present them-  
5 selves for covered services from a participating provider  
6 shall be presumed to be eligible for benefits under this Act,  
7 but shall complete an application for benefits in order to  
8 receive a United States National Health Insurance Card  
9 and have payment made for such benefits.

10 **SEC. 102. BENEFITS AND PORTABILITY.**

11 (a) IN GENERAL.—The health insurance benefits  
12 under this Act cover all medically necessary services,  
13 including—

14 (1) primary care and prevention;

15 (2) inpatient care;

16 (3) outpatient care;

17 (4) emergency care;

18 (5) prescription drugs;

19 (6) durable medical equipment;

20 (7) long term care;

21 (8) mental health services;

22 (9) the full scope of dental services (other than  
23 cosmetic dentistry);

24 (10) substance abuse treatment services;

25 (11) chiropractic services; and

1           (12) basic vision care and vision correction  
2           (other than laser vision correction for cosmetic pur-  
3           poses).

4           (b) PORTABILITY.—Such benefits are available  
5 through any licensed health care clinician anywhere in the  
6 United States that is legally qualified to provide the bene-  
7 fits.

8           (c) NO COST-SHARING.—No deductibles, copay-  
9 ments, coinsurance, or other cost-sharing shall be imposed  
10 with respect to covered benefits.

11 **SEC. 103. QUALIFICATION OF PARTICIPATING PROVIDERS.**

12           (a) REQUIREMENT TO BE PUBLIC OR NON-PROF-  
13 IT.—

14           (1) IN GENERAL.—No institution may be a par-  
15 ticipating provider unless it is a public or not-for-  
16 profit institution.

17           (2) CONVERSION OF INVESTOR-OWNED PRO-  
18 VIDERS.—Investor-owned providers of care opting to  
19 participate shall be required to convert to not-for-  
20 profit status.

21           (3) COMPENSATION FOR CONVERSION.—The  
22 owners of such investor-owned providers shall be  
23 compensated for the actual appraised value of con-  
24 verted facilities used in the delivery of care.

1           (4) FUNDING.—There are authorized to be ap-  
2           propriated from the Treasury such sums as are nec-  
3           essary to compensate investor-owned providers as  
4           provided for under paragraph (3).

5           (5) REQUIREMENTS.—The conversion to a not-  
6           for-profit health care system shall take place over a  
7           15-year period, through the sale of US Treasury  
8           Bonds. Payment for conversions under paragraph  
9           (3) shall not be made for loss of business profits,  
10          but may be made only for costs associated with the  
11          conversion of real property and equipment.

12          (b) QUALITY STANDARDS.—

13           (1) IN GENERAL.—Health care delivery facili-  
14           ties must meet regional and State quality and licens-  
15           ing guidelines as a condition of participation under  
16           such program, including guidelines regarding safe  
17           staffing and quality of care.

18           (2) LICENSURE REQUIREMENTS.—Participating  
19           clinicians must be licensed in their State of practice  
20           and meet the quality standards for their area of  
21           care. No clinician whose license is under suspension  
22           or who is under disciplinary action in any State may  
23           be a participating provider.

24          (c) PARTICIPATION OF HEALTH MAINTENANCE OR-  
25          GANIZATIONS.—

1           (1) IN GENERAL.—Non-profit health mainte-  
2 nance organizations that actually deliver care in  
3 their own facilities and employ clinicians on a sala-  
4 ried basis may participate in the program and re-  
5 ceive global budgets or capitation payments as speci-  
6 fied in section 202.

7           (2) EXCLUSION OF CERTAIN HEALTH MAINTEN-  
8 NANCE ORGANIZATIONS.—Other health maintenance  
9 organizations, including those which principally con-  
10 tract to pay for services delivered by non-employees,  
11 shall be classified as insurance plans. Such organiza-  
12 tions shall not be participating providers, and are  
13 subject to the regulations promulgated by reason of  
14 section 104(a) (relating to prohibition against dupli-  
15 cating coverage).

16          (d) FREEDOM OF CHOICE.—Patients shall have free  
17 choice of participating physicians and other clinicians,  
18 hospitals, and inpatient care facilities.

19 **SEC. 104. PROHIBITION AGAINST DUPLICATING COVERAGE.**

20          (a) IN GENERAL.—It is unlawful for a private health  
21 insurer to sell health insurance coverage that duplicates  
22 the benefits provided under this Act.

23          (b) CONSTRUCTION.—Nothing in this Act shall be  
24 construed as prohibiting the sale of health insurance cov-  
25 erage for any additional benefits not covered by this Act,

1 such as for cosmetic surgery or other services and items  
2 that are not medically necessary.

3 **TITLE II—FINANCES**  
4 **Subtitle A—Budgeting and**  
5 **Payments**

6 **SEC. 201. BUDGETING PROCESS.**

7 (a) ESTABLISHMENT OF OPERATING BUDGET & CAP-  
8 ITAL EXPENDITURES BUDGET.—

9 (1) IN GENERAL.—To carry out this Act there  
10 are established on an annual basis consistent with  
11 this title—

12 (A) an operating budget;

13 (B) a capital expenditures budget;

14 (C) reimbursement levels for providers con-  
15 sistent with subtitle B; and

16 (D) a health professional education budget,  
17 including amounts for the continued funding of  
18 resident physician training programs.

19 (2) REGIONAL ALLOCATION.—After Congress  
20 appropriates amounts for the annual budget for the  
21 USNHI Program, the Director shall provide the re-  
22 gional offices with an annual funding allotment to  
23 cover the costs of each region's expenditures. Such  
24 allotment shall cover global budgets, reimbursements  
25 to clinicians, and capital expenditures. Regional of-

1 fices may receive additional funds from the national  
2 program at the discretion of the Director.

3 (b) OPERATING BUDGET.—The operating budget  
4 shall be used for—

5 (1) payment for services rendered by physicians  
6 and other clinicians;

7 (2) global budgets for institutional providers;

8 (3) capitation payments for capitated groups;

9 and

10 (4) administration of the Program.

11 (c) CAPITAL EXPENDITURES BUDGET.—The capital  
12 expenditures budget shall be used for funds needed for—

13 (1) the construction or renovation of health fa-  
14 cilities; and

15 (2) for major equipment purchases.

16 (d) PROHIBITION AGAINST CO-MINGLING OPER-  
17 ATIONS AND CAPITAL IMPROVEMENT FUNDS.—It is pro-

18 hibited to use funds under this Act that are earmarked—

19 (1) for operations for capital expenditures; or

20 (2) for capital expenditures for operations.

21 **SEC. 202. PAYMENT OF PROVIDERS AND HEALTH CARE CLI-**

22 **NICIANS.**

23 (a) ESTABLISHING GLOBAL BUDGETS; MONTHLY

24 LUMP SUM.—

1           (1) IN GENERAL.—The USNHI Program,  
2 through its regional offices, shall pay each hospital,  
3 nursing home, community or migrant health center,  
4 home care agencies, or other institutional provider  
5 or pre-paid group practice a monthly lump sum to  
6 cover all operating expenses under a global budget.

7           (2) ESTABLISHMENT OF GLOBAL BUDGETS.—  
8 The global budget of a provider shall be set through  
9 negotiations between providers and regional direc-  
10 tors, but are subject to the approval of the Director.  
11 The budget shall be negotiated annually, based on  
12 past expenditures, projected changes in levels of  
13 services, wages and input, costs, and proposed new  
14 and innovative programs.

15           (b) THREE PAYMENT OPTIONS FOR PHYSICIANS  
16 AND CERTAIN OTHER HEALTH PROFESSIONALS.—

17           (1) IN GENERAL.—The Program shall pay phy-  
18 sicians, dentists, doctors of osteopathy, psycholo-  
19 gists, chiropractors, doctors of optometry, nurse  
20 practitioners, nurse midwives, physicians' assistants,  
21 and other advanced practice clinicians as licensed  
22 and regulated by the States by the following pay-  
23 ment methods:

24                   (A) Fee for service payment under para-  
25 graph (2).

1 (B) Salaried positions in institutions re-  
2 ceiving global budgets under paragraph (3).

3 (C) salaried positions within group prac-  
4 tices or non-profit health maintenance organiza-  
5 tions receiving capitation payments under para-  
6 graph (4).

7 (2) FEE FOR SERVICE.—

8 (A) IN GENERAL.—The Program shall ne-  
9 gotiate a simplified fee schedule with clinician  
10 representatives, after close consultation with the  
11 National Program Advisory Board and regional  
12 and State directors.

13 (B) CONSIDERATIONS.—In establishing  
14 such schedule, the Director shall take into con-  
15 sideration regional differences in reimburse-  
16 ment, but strive for a uniform national stand-  
17 ard.

18 (C) FINAL GUIDELINES.—The regional di-  
19 rectors shall be responsible for promulgating  
20 final guidelines to all providers.

21 (D) BILLING.—Under the Act physicians  
22 shall submit bills to the regional director on a  
23 simple form, or via computer. Interest shall be  
24 paid to providers whose bills are not paid within  
25 30 days of submission.

1 (E) NO BALANCE BILLING.—Licensed  
2 health care clinicians who accept any payment  
3 from the USNHI Program may not bill any pa-  
4 tient for any covered service.

5 (F) UNIFORM COMPUTER ELECTRONIC  
6 BILLING SYSTEM.—The Director shall make a  
7 good faith effort to create a uniform computer-  
8 ized electronic billing system, including in those  
9 areas of the United States where electronic bill-  
10 ing is not yet established.

11 (3) SALARIES WITHIN INSTITUTIONS RECEIVING  
12 GLOBAL BUDGETS.—

13 (A) IN GENERAL.—In the case of an insti-  
14 tution, such as a hospital, health center, group  
15 practice, community and migrant health center,  
16 or a home care agency that elects to be paid a  
17 monthly global budget for the delivery of health  
18 care as well as for education and prevention  
19 programs, physicians employed by such institu-  
20 tions shall be reimbursed through a salary in-  
21 cluded as part of such a budget.

22 (B) SALARY RANGES.—Salary ranges for  
23 health care providers shall be determined in the  
24 same way as fee schedules under paragraph (2).

25 (3) SALARIES WITHIN CAPITATED GROUPS.—

1 (A) IN GENERAL.—Health maintenance or-  
2 ganizations, group practices, and other institu-  
3 tions may elect to be paid capitation premiums  
4 to cover all outpatient, physician, and medical  
5 home care provided to individuals enrolled to  
6 receive benefits through the organization or en-  
7 tity.

8 (B) SCOPE.—Such capitation may include  
9 the costs of services of licensed physicians and  
10 other licensed, independent practitioners pro-  
11 vided to inpatients. Other costs of inpatient and  
12 institutional care shall be excluded from capita-  
13 tion payments, and shall be covered under insti-  
14 tutions' global budgets.

15 (C) PROHIBITION OF SELECTIVE ENROLL-  
16 MENT.—Selective enrollment policies are pro-  
17 hibited, and patients shall be permitted to en-  
18 roll or disenroll from such organizations or enti-  
19 ties with appropriate notice.

20 (D) HEALTH MAINTENANCE ORGANIZA-  
21 TIONS.—Under this Act—

22 (i) health maintenance organizations  
23 shall be required to reimburse physicians  
24 based on a salary; and

1 (ii) financial incentives between such  
2 organizations and physicians based on uti-  
3 lization are prohibited.

4 **SEC. 203. PAYMENT FOR LONG-TERM CARE.**

5 (a) ALLOTMENT FOR REGIONS.—The Program shall  
6 provide for each region a single budgetary allotment to  
7 cover a full array of long-term care services under this  
8 Act.

9 (b) REGIONAL BUDGETS.—Each region shall provide  
10 a global budget to local long-term care providers for the  
11 full range of needed services, including in-home, nursing  
12 home, and community based care.

13 (c) BASIS FOR BUDGETS.—Budgets for long-term  
14 care services under this section shall be based on past ex-  
15 penditures, financial and clinical performance, utilization,  
16 and projected changes in service, wages, and other related  
17 factors.

18 (d) FAVORING NON-INSTITUTIONAL CARE.—All ef-  
19 forts shall be made under this Act to provide long-term  
20 care in a home- or community-based setting, as opposed  
21 to institutional care.

22 **SEC. 204. MENTAL HEALTH SERVICES.**

23 (a) IN GENERAL.—The Program shall provide cov-  
24 erage for all medically necessary mental health care on  
25 the same basis as the coverage for other conditions. Li-

1 censed mental health clinicians shall be paid in the same  
2 manner as specified for other health professionals, as pro-  
3 vided for in section 202(b).

4 (b) FAVORING COMMUNITY-BASED CARE.—The  
5 USNHI Program shall cover supportive residences, occu-  
6 pational therapy, and ongoing mental health and coun-  
7 seling services outside the hospital for patients with seri-  
8 ous mental illness. In all cases the highest quality and  
9 most effective care shall be delivered, and, for some indi-  
10 viduals, this may mean institutional care.

11 **SEC. 205. PAYMENT FOR PRESCRIPTION MEDICATIONS,**  
12 **MEDICAL SUPPLIES, AND MEDICALLY NEC-**  
13 **CESSARY ASSISTIVE EQUIPMENT.**

14 (a) NEGOTIATED PRICES.—The prices to be paid  
15 each year under this Act for covered pharmaceuticals,  
16 medical supplies, and medically necessary assistive equip-  
17 ment shall be negotiated annually by the Program.

18 (b) PRESCRIPTION DRUG FORMULARY.—

19 (1) IN GENERAL.—The Program shall establish  
20 a prescription drug formulary system, which shall  
21 encourage best-practices in prescribing and discour-  
22 age the use of ineffective, dangerous, or excessively  
23 costly medications when better alternatives are avail-  
24 able.



1 (c) INTENT.—It is the intention of Congress that over  
2 time the Program is to be primarily funded through a  
3 combination of progressive payroll and income taxes.

4 **SEC. 212. APPROPRIATIONS FOR EXISTING PROGRAMS FOR**  
5 **UNINSURED AND INDIGENT.**

6 Notwithstanding any other provision of law, there are  
7 hereby transferred and appropriated to carry out this Act,  
8 amounts equivalent to the amounts the Secretary esti-  
9 mates would have been appropriated and expended for  
10 Federal public health care programs for the uninsured and  
11 indigent, including funds appropriated under the Medicare  
12 program under title XVIII of the Social Security Act,  
13 under the Medicaid program under title XIX of such Act,  
14 and under the Children's Health Insurance Program  
15 under title XXI of such Act.

16 **TITLE III—ADMINISTRATION**

17 **SEC. 301. PUBLIC ADMINISTRATION; APPOINTMENT OF DI-**  
18 **RECTOR.**

19 (a) IN GENERAL.—Except as otherwise specifically  
20 provided, this Act shall be administered by the Secretary  
21 through a Director appointed by the Secretary.

22 (b) LONG-TERM CARE.—The Director shall appoint  
23 a director for long-term care who shall be responsible for  
24 administration of this Act and ensuring the availability  
25 and accessibility of high quality long-term care services.

1 (c) MENTAL HEALTH.—The Director shall appoint a  
2 director for mental health who shall be responsible for ad-  
3 ministration of this Act and ensuring the availability and  
4 accessibility of high quality mental health services.

5 **SEC. 302. QUALITY AND COST CONTROL.**

6 The Director shall appoint a director for an office of  
7 quality and cost control. Such director shall, after con-  
8 sultation with state and regional directors, provide annual  
9 recommendations to Congress, the President, the Sec-  
10 retary, and other Program officials on how to ensure the  
11 highest quality and most cost effective health care service  
12 delivery.

13 **SEC. 303. REGIONAL AND STATE ADMINISTRATION; EM-**  
14 **PLOYMENT OF DISPLACED CLERICAL WORK-**  
15 **ERS.**

16 (a) USE OF REGIONAL OFFICES.—The Program  
17 shall establish and maintain regional offices. Such regional  
18 offices shall replace all regional Medicare offices.

19 (b) APPOINTMENT OF REGIONAL AND STATE DIREC-  
20 TORS.—In each such regional office there shall be—

21 (1) one regional director appointed by the Di-  
22 rector; and

23 (2) for each State in the region, a deputy direc-  
24 tor (in this Act referred to as a “State Director”)  
25 appointed by the governor of that State.

1 (c) REGIONAL OFFICE DUTIES.—

2 (1) IN GENERAL.—Regional offices of the Pro-  
3 gram shall be responsible for—

4 (A) coordinating funding to health care  
5 providers and physicians; and

6 (B) coordinating billing and reimburse-  
7 ments with physicians and health care providers  
8 through a State-based reimbursement system.

9 (d) STATE DIRECTOR'S DUTIES.—Each State Direc-  
10 tor shall be responsible for the following duties:

11 (1) Providing an annual state health care needs  
12 assessment report to the National Program Advisory  
13 Board, and the regional board, after a thorough ex-  
14 amination of health needs, in consultation with pub-  
15 lic health officials, clinicians, patients and patient  
16 advocates.

17 (2) Health planning, including oversight of the  
18 placement of new hospitals, clinics, and other health  
19 care delivery facilities.

20 (3) Health planning, including oversight of the  
21 purchase and placement of new health equipment to  
22 ensure timely access to care and to avoid duplica-  
23 tion.

24 (4) Submitting global budgets to the regional  
25 director.

1           (5) Recommending changes in provider reim-  
2           bursement or payment for delivery of health services  
3           in the State.

4           (6) Establishing a quality assurance mechanism  
5           in the State in order to minimize both under utiliza-  
6           tion and over utilization and to assure that all pro-  
7           viders meet high quality standards.

8           (7) Reviewing program disbursements on a  
9           quarterly basis and recommending needed adjust-  
10          ments in fee schedules needed to achieve budgetary  
11          targets and assure adequate access to needed care.

12          (e) **FIRST PRIORITY IN RETRAINING AND JOB**  
13 **PLACEMENT.**—The Program shall provide that clerical  
14 and administrative workers in insurance companies, doc-  
15 tors offices, hospitals, nursing facilities and other facilities  
16 whose jobs are eliminated due to reduced administration,  
17 should have first priority in retraining and job placement  
18 in the new system.

19 **SEC. 304. CONFIDENTIAL ELECTRONIC PATIENT RECORD**  
20 **SYSTEM.**

21          (a) **IN GENERAL.**—The Secretary shall create a  
22 standardized, confidential electronic patient record system  
23 in accordance with laws and regulations to maintain accu-  
24 rate patient records and to simplify the billing process,  
25 thereby reducing medical errors and bureaucracy.

1 (b) PATIENT OPTION.—Notwithstanding that all bill-  
2 ing shall be preformed electronically, patients shall have  
3 the option of keeping any portion of their medical records  
4 separate from their electronic medical record.

5 **SEC. 305. NATIONAL PROGRAM ADVISORY BOARD.**

6 (a) ESTABLISHMENT.—

7 (1) IN GENERAL.—There is established a Na-  
8 tional Program Advisory Board (in this section re-  
9 ferred to as the “Board”) consisting of 15 members  
10 appointed by the President, by and with the advice  
11 and consent of the Senate.

12 (2) QUALIFICATIONS.—The appointed members  
13 of the Board shall include at least one of each of the  
14 following:

15 (A) Health care professionals.

16 (B) Representatives of institutional pro-  
17 viders of health care.

18 (C) Representatives of health care advo-  
19 cacy groups.

20 (D) Non-professional health care employ-  
21 ees.

22 (E) Representatives of labor unions.

23 (F) Representatives of employers.

24 (3) TERMS.—Each member shall be appointed  
25 for a term of 6 years, except that the President shall

1 stagger the terms of members initially appointed so  
2 that the term of no more than 3 members expires  
3 in any year.

4 (b) DUTIES.—

5 (1) IN GENERAL.—The Board shall meet at  
6 least twice per year and shall advise the Secretary  
7 and the Director on a regular basis to ensure qual-  
8 ity, access, and affordability.

9 (2) SPECIFIC ISSUES.—The Board shall specifi-  
10 cally address the following issues:

11 (A) Access to care.

12 (B) Quality improvement.

13 (C) Efficiency of administration.

14 (D) Adequacy of budget and funding.

15 (E) Appropriateness of reimbursement lev-  
16 els of physicians and other providers.

17 (F) Capital expenditure needs.

18 (G) Long-term care.

19 (H) Mental health and substance abuse  
20 services.

21 (I) Staffing levels and working conditions  
22 in health care delivery facilities.

23 (3) TWICE-A-YEAR REPORT.—The Board shall  
24 report its recommendations twice each year to the

1 Secretary, the Director, Congress, and the Presi-  
2 dent.

3 (c) COMPENSATION, ETC.—The following provisions  
4 of section 1805 of the Social Security Act shall apply to  
5 the Board in the same manner as they apply to the Medi-  
6 care Payment Assessment Commission (except that any  
7 reference to the Commission or the Comptroller General  
8 shall be treated as references to the Board and the Sec-  
9 retary, respectively):

10 (1) Subsection (c)(4) (relating to compensation  
11 of Board members).

12 (2) Subsection (c)(5) (relating to chairman and  
13 vice chairman)

14 (3) Subsection (c)(6) (relating to meetings).

15 (4) Subsection (d) (relating to director and  
16 staff; experts and consultants).

17 (5) Subsection (e) (relating to powers).

18 **TITLE IV—ADDITIONAL**  
19 **PROVISIONS**

20 **SEC. 401. TREATMENT OF VA AND IHS HEALTH PROGRAMS.**

21 This Act provides for health programs of the Depart-  
22 ment of Veterans' Affairs and of the Indian Health Serv-  
23 ice to initially remain independent for the 5-year period  
24 that begins on the date of the establishment of the

1 USNHI program, but after such period those programs  
2 shall be integrated into the USNHI program.

3 **SEC. 402. PUBLIC HEALTH AND PREVENTION.**

4 It is the intent of this Act that the Program at all  
5 times stress the importance of good public health through  
6 the prevention of diseases.

7 **SEC. 403. REDUCTION IN HEALTH DISPARITIES.**

8 It is the intent of this Act to reduce health disparities  
9 by race, ethnicity, income and geographic region, and to  
10 provide high quality, cost-effective, culturally appropriate  
11 care to all individuals regardless of race, ethnicity, sexual  
12 orientation, or language.

13 **TITLE V—EFFECTIVE DATE**

14 **SEC. 501. EFFECTIVE DATE.**

15 Except as otherwise specifically provided, this Act  
16 shall take effect on January 1, 2005, and shall apply to  
17 items and services furnished on or after such date.