

117TH CONGRESS
1ST SESSION

S. 3105

To amend the Public Health Service Act to establish a hospital revitalization program to assist certain health facilities in constructing and modernizing their facilities and to support community development.

IN THE SENATE OF THE UNITED STATES

OCTOBER 28, 2021

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

A BILL

To amend the Public Health Service Act to establish a hospital revitalization program to assist certain health facilities in constructing and modernizing their facilities and to support community development.

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 “Hospital Revitalization
5 Act of 2021”.

1 **SEC. 2. HOSPITAL REVITALIZATION PROGRAM.**

2 Title VI of the Public Health Service Act (42 U.S.C.
3 291 et seq.) is amended by adding at the end the fol-
4 lowing:

5 **“PART E—HOSPITAL REVITALIZATION PROGRAM**

6 **“SEC. 651. ESTABLISHMENT OF HOSPITAL REVITALIZATION**
7 **PROGRAM.**

8 “(a) IN GENERAL.—The Secretary shall award
9 grants and loans to eligible hospitals for purposes of as-
10 sisting such hospitals in constructing and modernizing
11 their facilities, including rural health clinics, off-site out-
12 patient departments, skilled nursing facilities, and other
13 facilities not physically part of the eligible hospital build-
14 ing, to increase capacity and better serve communities in
15 need.

16 “(b) ELIGIBLE HOSPITALS.—

17 “(1) IN GENERAL.—To be eligible to receive an
18 award under this section, a hospital shall submit an
19 application to the Secretary at such time, in such
20 manner, and containing such information as the Sec-
21 retary may require, including information to dem-
22 onstrate that, based on available data for fiscal or
23 calendar years 2017 through 2019, such hospital—

24 “(A) had less than \$50,000,000 in net pa-
25 tient revenue or fewer than 50 beds (as re-

1 ported by the Health Care Cost and Informa-
2 tion Reporting System);

3 “(B) had a negative total margin for at
4 least 2 of the 3 fiscal years prior to fiscal year
5 2020; and

6 “(C) had a public payer mix percentage,
7 for each of the 3 fiscal years prior to fiscal year
8 2020, that is at least 65 percent (at least 65
9 percent of net patient revenue from the Medi-
10 care program or Medicaid program).

11 “(2) PRIORITIZATION CRITERIA.—The Sec-
12 retary shall develop prioritization criteria for the
13 grant and loans under subsection (d), including—

14 “(A) the year in which the hospital was
15 built;

16 “(B) the physical state of the hospital;

17 “(C) the average age-of-plant ratio (accu-
18 mulated depreciation divided by annual depre-
19 ciation expense);

20 “(D) the level of the hospital’s electronic
21 health record implementation;

22 “(E) whether the hospital is located in a
23 health professional shortage area (as defined in
24 section 332(a)(1)(A) of the Public Health Serv-
25 ice Act); and

1 “(F) the level of, relative to the national or
2 statewide average, individuals with income
3 below 150 percent of the Federal poverty level
4 in the area served by the hospital.

5 “(c) APPLICATION.—Each eligible hospital desiring
6 an award under this section shall submit to the Secretary
7 an application, at such time, in such manner, and con-
8 taining such information to determine eligibility and
9 prioritization required under subsection (b) and other in-
10 formation as the Secretary may require, including—

11 “(1) a community health needs assessment,
12 which shall be made available on the websites of the
13 hospital and the Department of Health and Human
14 Services, that—

15 “(A) accounts for health equity through
16 factors (like socioeconomic, racial, ethnic, sex-
17 ual preference, gender identity, health insurance
18 coverage, education level, and geography) that
19 have an impact on the overall health of the pop-
20 ulation;

21 “(B) honors indigenous history and cur-
22 rent presence with a land acknowledgment
23 statement;

1 “(C) outlines a projection for not less than
2 5 years, and if possible for 10 years, with re-
3 spect to—

4 “(i) population and demographic
5 trends within the local community and re-
6 gion;

7 “(ii) current availability of, and pro-
8 jected community need for—

9 “(I) inpatient hospital services;
10 outpatient and ambulatory services;

11 “(II) diagnostic and lab services;

12 “(III) post-acute and community
13 services;

14 “(IV) emergency medical serv-
15 ices;

16 “(V) oral and dental care; and

17 “(VI) preventive and population
18 health services;

19 “(iii) current availability and pro-
20 jected community need for Tribal or vet-
21 eran health and wellness services; and

22 “(iv) current availability and projected
23 community need for non-clinical services,
24 such as food support, housing assistance,
25 transportation, linguistic, and other serv-

1 ices that impact the health care status of
2 the impacted population;

3 “(D) provides a statement outlining the
4 overarching gap in local community or regional
5 services;

6 “(E) provides a statement that identifies
7 the highest priority services that have the po-
8 tential to improve overall health and wellness of
9 the local region; and

10 “(F) establishes a hospital transformation
11 plan that contains—

12 “(i) a process for consulting with rep-
13 resentatives of the community’s interests
14 and input;

15 “(ii) a list of community input sources
16 representing the broad interests of the
17 community, that is representative of indi-
18 viduals who are medically underserved,
19 low-income, or from minority populations
20 and that may include representatives of
21 local hospitals, physicians, allied health
22 professionals, private and public payers,
23 patients and consumers, Tribal representa-
24 tives, and other relevant stakeholders, in-

1 including local or regional social service or-
2 ganizations; and

3 “(iii) an outline of goals and action
4 steps for improving or maintaining access
5 to care, strengthening quality of care, bet-
6 ter coordinating care across the local or re-
7 gional health care delivery system, and ad-
8 dressing other community needs or gaps
9 identified in the needs assessment;

10 “(2) a preliminary construction project plan
11 that—

12 “(A) outlines a project budget with costs
13 of—

14 “(i) administrative and legal expenses;

15 “(ii) land, structure, rights-of-way ap-
16 praisals;

17 “(iii) relocation expenses;

18 “(iv) architectural and engineering
19 fees;

20 “(v) inspection fees;

21 “(vi) site work (such as helipad equip-
22 ment and telecommunication and data net-
23 work upgrades);

24 “(vii) demolition and removal;

1 “(viii) equipment (such as medical
2 equipment and technology systems, fur-
3 niture, kitchen and bathroom appliances,
4 and signage); and

5 “(ix) any other costs the Secretary de-
6 termines appropriate; and

7 “(B) outlines the planned spaces with de-
8 scriptions (including square footage and pur-
9 pose), as the Secretary determines appropriate,
10 which shall include—

11 “(i) care units or wards and the num-
12 ber of expected beds in such areas;

13 “(ii) diagnostic and treatment areas,
14 including imaging areas, emergency de-
15 partments, laboratories, and pharmacies;

16 “(iii) administrative areas, including
17 lobbies, office space, education areas; and

18 “(iv) other types of spaces the Sec-
19 retary determines appropriate;

20 “(3) an energy plan for how the project ac-
21 counts for energy resilience and efficiency; and

22 “(4) a report on the economic impact of the
23 award on the area or region served, including an
24 analysis of local labor market effects such as how
25 the hospital may help improve wages, household in-

1 comes, employment and unemployment rates, and
2 meet labor demands and how the hospital may help
3 improve wages in the area.

4 “(d) SAFE STRUCTURE WAIVER.—The Secretary
5 may grant a waiver to eligible hospitals with respect to
6 the timing of submissions of information required under
7 paragraph (1), (3), or (4) of subsection (c), if the Sec-
8 retary determines that the project to be carried out by
9 the eligible hospital receiving such waiver should be expe-
10 dited to ensure the safety of patients or workers.

11 “(e) GRANT AND LOAN AMOUNTS.—

12 “(1) IN GENERAL.—An award to an eligible
13 hospital under this section shall be in an amount de-
14 termined by the Secretary, based on the information
15 submitted by the eligible hospital under subsection
16 (c)(2). The total amount of such an award shall not
17 exceed \$40,000,000, of which not more than 30 per-
18 cent may be awarded as a grant, and any remaining
19 amount may be awarded as a low interest loan.

20 “(2) NO EFFECT ON ELIGIBILITY FOR OTHER
21 FUNDING.—Amounts received by an eligible hospital
22 under this section shall have no effect on the hos-
23 pital’s eligibility for funding made available through
24 other Federal programs, including any such funding

1 available with respect to the project supported by
2 the award under this section.

3 “(f) REPORTING.—Each recipient of an award under
4 this section shall submit an annual report to the Secretary
5 on the use of such award funds in the previous fiscal year,
6 including the use of such funds to address issues raised
7 in the community health needs assessment, the energy
8 plan, and economic impact report submitted with the re-
9 cipient’s application under subsection (c). Such recipient
10 shall post each such report on the website of the recipient.

11 “(g) AUTHORIZATION OF APPROPRIATIONS.—

12 “(1) IN GENERAL.—There are authorized to be
13 appropriated \$17,000,000,000 for fiscal year 2022
14 to carry out this section. Amounts appropriated
15 under this subsection shall remain available through
16 fiscal year 2025.

17 “(2) MANAGEMENT AND OVERSIGHT.—The Sec-
18 retary may allocate up to 0.1 percent of the funds
19 appropriated under this subsection for the manage-
20 ment and oversight of programs under this section.”.

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