99-08

Date: April 12, 1999

Document Title: Health Centers and The Federal Tort Claims Act

To: Community Health Centers
Migrant Health Centers
Health Care for the Homeless Grantees
Health Services for the Residents of Public Housing Grantees
Primary Care Associations
Primary Care Organizations

Enclosed is an update of malpractice liability protection for medical, surgical, dental, and related functions under the Federal Tort Claims Act, as it applies to certain Bureau of Primary Health Care grantees. This Policy Information Notice (PIN) supercedes PINS 93-7, 93-19, and 96-7.

Marilyn H. Gaston, M.D.
Assistant Surgeon General
Associate Administrator

Enclosure

BPHC Policy Information Notice 99-08

# HEALTH CENTERS AND THE FEDERAL TORT CLAIMS ACT

## I. PURPOSE

This Policy Information Notice (PIN) supercedes PINS 93-7, 93-19, and 96-7. This PIN (1) describes the process for applying and reapplying for coverage under the program, (2) describes the type of coverage and requirements, (3) describes the procedures deemed grantees must comply with when faced with a medical malpractice claim or suit, and (4) provides other updated information related to The Federal Tort Claims Act (FTCA) and The Federally Supported Health Centers Assistance Acts (FSHCAA) of 1992 and 1995.

## II. INTRODUCTION

Federal Tort Claims Act coverage for eligible Bureau of Primary Health Care (BPHC) grantees was initially legislated through the FSHCAA of 1992 (Public Law 102-501) by amending section 224 of the Public Health Service (PHS) Act. The eligible entities ("Health Centers") are Migrant Health Centers, Community Health Centers, Health Care for the Homeless grantees, and Health Services for Public Housing Residents grantees. The FSHCAA of 1995, signed into law by the President on December 26, 1995, clarified the 1992 Act and eliminated its sunset provision, making the program permanent.

The intent of the law was to increase the availability of funds for the provision of primary health care services by reducing the expenditure of Health Center funds for malpractice insurance premiums. The FSHCAAs accomplish this by making deemed Health Centers (and their officers, directors, employees and certain contractors) Federal employees for the purpose of medical malpractice. As Federal employees these organizations and individuals are immune from medical malpractice suits for actions within the scope of their employment. Potential plaintiffs must follow the requirements of the FTCA for relief (see Paragraph XIV below). The FTCA applies to acts or omissions of covered entities in the performance of

covered activities.

III. COVERED ENTITIES

A grantee must be Adeemed@ by the Secretary of Health and Human Services (ASecretary@) in order for it to be covered under the FTCA. Grantees eligible to be deemed are:

A. Community Health Centers [section 330(e)].
B. Migrant Health Centers [section 330(g)].
C. Health Care for the Homeless [section 330(h)].
D. Health Care for Residents of Public Housing [section 330(i)].

To be Adeemed@ a grantee must complete an initial application that demonstrates that the grantee:

A. Has implemented appropriate policies and procedures to reduce the risk of malpractice and the risk of lawsuits arising out of any health or health related functions performed by the entity.
B. Has implemented a system whereby professional credentials, references, claims history, fitness, professional review organization findings, and licensure status of its health professionals are reviewed and verified.
C. Will fully cooperate with the Department of Justice (DOJ) in the event of a claim under section 224 and will take necessary steps to assure against such claims in the future.
D. Will cooperate with the DOJ in providing information related to previous malpractice claims history.

IV. COVERED INDIVIDUALS

The FSHCAA of 1995 clarified that section 224 covers any officer, governing board member, or employee of the Health Center. Employees are covered by the FTCA whether they are full-time or part-time. Furthermore, licensed or certified health care practitioner contractors working full-time (i.e., on average at least 32 **2** hours per week) or part-time providers of services in the fields of family practice, general internal medicine, general

pediatrics, or obstetrics and gynecology are also covered under the FTCA. (Note: for contract providers, the contract must be between the Health Center and the individual provider. All payments for service must be from the Health Center to the individual contract provider. A contract between a deemed Health Center and a provider=s corporation does not confer FTCA coverage on the provider.)

Volunteers are neither employees nor contractors and therefore, are not eligible for FTCA coverage. Typically, the Internal Revenue Service views an employee as an individual who receives a "salary" on a regular basis, with applicable taxes and benefits deducted along with coverage for unemployment compensation. Health Centers are cautioned against considering individuals not meeting these salary and withholding tests as employees.

## V. FTCA COVERED ACTIVITIES

The FTCA coverage is restricted to acts or omissions which: (1) occur on or after the effective date that the Secretary has determined that the Health Center has met the requirements for FTCA coverage (i.e., approval of deeming application); (2) are within the approved scope of the project; and (3) are within the scope of employment, contract for services, or duties as an officer or director of the corporation.

### A. SCOPE OF THE PROJECT

Only acts and omissions related to activities within the scope of the approved Federal project, as defined in the Health Center's approved grant application, may be covered. The FTCA coverage for new health services or additional health delivery sites is dependent on BPHC approval of a change in the scope of the project. The request for a change in scope should be submitted to the BPHC for approval. Consult PIN 96-14 for policies and procedures related to Health Center on Scope of Project.

### B. SCOPE OF EMPLOYMENT

Only acts and omissions related to activities within the scope of employment may be covered. Health Center personnel should have clearly defined, written job descriptions (includes employment agreements, contracts for services, etc.) carefully delineating the duties of the individual. For health care practitioners, it is important to specify what type of services and where the individual would deliver such services. Although it is not necessary to be overly specific, it must be sufficient to determine whether, on any particular occasion, the individual was acting within the scope of his/her employment (or contract) with the Health Center, as opposed to, for example, moonlighting.

C. SERVICES TO NON-HEALTH CENTER PATIENTS

The FSHCAA of 1995 reflects section 6.6(d) of the final rule published in the Federal Register (Vol. 60, pages 22530-32) on May 8, 1995, which provides FTCA coverage for services to non-Health Center patients in certain situations. The Federal Register Notice (Vol. 60 pages 49417-18) issued September 25, 1995, provided examples of the type of activities within the scope of section 6.6(d) that are approved for FTCA coverage. Those examples include school-based clinics, health fairs, immunization campaigns, migrant camp outreach, homeless outreach, periodic hospital call if required for privileges, and formal after hours coverage arrangements.

## VI. COVERAGE OF A SPECIFIC CLAIM

The applicability of FTCA to a particular claim or case will depend upon the certification by the Attorney General that the (1) individual or grantee is covered by the Act, (2) the individual was acting within the scope of employment, and (3) that the act or omission giving rise to the claim was within the scope of project of the entity. Such a certification or failure to certify is subject to judicial review.

## VII. SUBRECIPIENTS (SUBGRANTEES)

A subrecipient (subgrantee) is an entity (not an individual contractor) that receives a grant or a contract from a deemed Health Center to provide the full range of health services on behalf of the deemed Health Center and only for those services under the scope of the project. Subrecipients can be eligible for FTCA coverage. Contractual relationships with other entities for individual services (e.g., laboratory, pharmacy, physician services) are not subject to FTCA coverage.

Subrecipients are required to meet the same deeming requirements as the eligible Health Center. Consequently, each subrecipient shall be required to submit a deeming application, through the eligible Health Center, in order to qualify for FTCA coverage. Ideally, the Health Center should submit its application and that of any subrecipient(s) at the same time. However, a future application from a subrecipient can be reviewed independently.

## VIII. PARTICULARIZED DETERMINATIONS

If a deemed Health Center is unsure whether an activity falls within the scope of section 6.6(d) of the Federal Register (Vol 60, pp 22530-32) on May 8, 1995, it may apply to the Director, BPHC, for a determination of coverage. The request must be of sufficient detail to determine: (1) what services are provided, (2) who provides the services, (3) where the services are provided, and (4) why Health Center personnel are providing such services.

## IX. DUAL COVERAGE

The FSHCAA of 1995 amendments provide a Health Center the option of choosing to meet its malpractice liability protection through the FTCA or the purchase of private insurance policies. Health Centers that have chosen not to apply for, or have terminated FTCA coverage, may use Federal grant funds for the purchase of private

malpractice insurance.

In general, dual coverage (both FTCA and private malpractice insurance covering the same activities) is not permitted and any such expenditures will be disallowed by the BPHC. However, it is recognized that some Health Centers may have purchased malpractice insurance for health care practitioners with differing policy expiration dates as a means to stagger required tail insurance expenditures. In these situations, temporary dual coverage is allowable.

The combined use of FTCA and gap coverage (i.e., private insurance for activities not subject to FTCA coverage) is allowable. This can be accomplished by purchase of a policy for discrete activities or as a wrap-around (gap) policy that clearly delineates that coverage is only for activities not subject to FTCA coverage.

## X. USE OF SAVINGS

Deemed Health Centers are authorized to use the savings in malpractice insurance costs for activities within the scope of the project, provided that a revised program budget is submitted to the appropriate Grants Management Office for approval. For example, these funds may be used to increase the number of users, increase the range of services provided (including case management and activities or programs aimed at reducing language and cultural barriers to care), or to implement administrative improvements (including clinician compensation, clinical quality improvements/risk management activities).

## XI. OTHER INSURANCE REQUIREMENTS

The FTCA provides protection only for personal injury, including death, resulting from the performance of medical, surgical, dental, or related functions (i.e., malpractice). Consequently, even with FTCA coverage, Health Centers will continue to need other types of insurance (e.g., directors and officers liability, general liability, auto insurance).

## XII. DEEMING APPLICATION

The FSHCAA of 1995 requires all Health Centers (including those previously deemed under the FSHCAA of 1992) to apply for deemed status in order for FTCA coverage to be effective. Health Centers can make application at any time and BPHC will act upon the application within 30 days.

The deeming application targets the statutory requirements for deeming including the Health Center's credentialing, risk management systems, and past claims history. A checklist is provided where possible for ease of completion and review. In addition, the on-going monitoring system of the BPHC will continue to focus on the quality of care in funded Health Centers through the Primary Care Effectiveness Review, mid-year assessment, etc.

Health Centers (and subrecipients) applying for deemed status must submit the following to the appropriate Division Director or Branch Chief in the appropriate Health Resources and Services Administration (HRSA) Field Office (Attachment A):

A. A completed application (Attachment B) with a proposed effective date.

B. A listing of the Health Center's current health care practitioner staff (employee and contractor) with the start work date, date of initial credentialing, and date of re-credentialing, as appropriate. This listing is for deeming purposes only. It is supporting documentation that shows the Health Center has implemented a system for the credentialing of its practitioners. It is not intended to be a list of the health care practitioners covered under the FTCA. The BPHC does not maintain any database of individual providers covered by the FTCA.

C. A listing of the claims or suits brought against the Health Center during the past 12 months and a statement as to the steps taken to ensure against such claims in the future.

Failure to submit any of the required documents will render the application incomplete and will delay its consideration until the missing information is provided.

Completed applications will be initially reviewed by personnel in the HRSA Field Office and a recommendation forwarded through the BPHC Center for Risk Management to the Director, BPHC. The Director, BPHC will make the final decision regarding the deeming request within 30 days and the Health Center will be officially notified in writing.

Note that initial deeming applications cannot be part of any grant application. Only the application in this PIN, submitted on its own, will be reviewed.

## XIII. RENEWAL OF DEEMED STATUS

Health Centers must periodically apply for renewal of their deemed status. This occurs at the end of the Health Centers project period. An application for renewal of deemed status (Aredeeming@) is included as part of the single grant application for project period renewals. This must be completed as part of the project period renewal application in order for coverage under the FTCA to continue beyond the end of the project period. Health Centers will be informed of the renewal of their deeming via the Notice of Grant Award.

## XIV. OPERATION OF THE FTCA FOR HEALTH CENTERS

A Adeemed@ Health Center, its officers, directors, employees, and certain contractors are considered to be Federal employees for the purpose of medical malpractice. As such they are immune from lawsuit. Actions for relief of negligent acts of medical malpractice must be maintained against the United States and follow the procedures outlined in the FTCA. In general, this Act

requires the alleged injured party to first seek an administrative remedy by filing a claim with the PHS. If the claim is denied or a settlement is not reached within 6 months, the claimant can then sue the United States. Cases are heard in Federal Court without a jury, and are defended by the DOJ with the assistance of the Office of General Counsel, Department of Health and Human Services. No punitive damages are allowed.

## XV. ACCEPTANCE OF FTCA BY HOSPITALS/MANAGED CARE PLANS

Section 224 of the PHS Act provides that a covered individual cannot be denied hospital admitting privileges solely because the individual's malpractice protection is provided by the FTCA, so long as the appropriate professional qualifications and agreement to abide by the policies and bylaws of the hospital are met. The FSHCAA of 1995 further amended section 224 by providing that managed care plans (including health maintenance organizations and similar entities) must accept FTCA coverage as meeting whatever malpractice insurance coverage requirements they may have for contracting providers. Hospitals or managed care plans that fail to comply with these provisions will be in jeopardy of losing their provider status and ability to collect payment under Medicare and Medicaid.

## XVI. VERIFICATION OF FTCA COVERAGE

The BPHC receives numerous requests for verification of coverage under the FTCA for individual health care practitioners. Since FTCA coverage is conveyed to the individual practitioner by virtue of employment or certain contractual relationships with the Health Center, the name of the Health Center would expedite these requests. The health care practitioner should write the name of their employing Health Center on the "Release of Information" form provided by the hospital, managed care organization, etc. Requests for verification of coverage should be sent to the appropriate HRSA Field Office FTCA Coordinator (see Attachment 3).

## XVII. INDEMNIFICATION OF OTHER ENTITIES

Many managed care organizations, State/local governments, etc., insist upon hold harmless or indemnification clauses in contracts with potential providers. There is no statutory basis for extending FTCA coverage to those other entities. Health Centers should be very cautious in entering into such agreements. Section 7 of the FSHCAA of 1995 which requires, under penalty of losing Medicare and Medicaid reimbursement, managed care plans to accept FTCA as meeting whatever malpractice coverage such plans require, may assist the Health Center in resolving any such matters.

## XVIII. RISK MANAGEMENT

On-going risk management is essential to the provision of quality health care services. Private malpractice insurance companies have traditionally provided risk management services ranging from minimal to comprehensive. As deemed Health Centers have migrated to FTCA coverage as the means of malpractice liability protection, there has been concern of the potential loss of risk management services. The BPHC is committed to assuring that Health Centers continue to have the availability of risk management services. However, the BPHC is unable to bear the full burden of this cost and expects, as Health Centers begin to realize savings in malpractice insurance costs due to coverage under the FTCA, Centers will reinvest some of the savings to target malpractice risk reduction.

Although the BPHC is aware that the majority of private malpractice insurers are bundling risk management services with Agap or wrap-around@ policies sold to Health Centers as a companion to FTCA coverage, the following are some specific steps taken by BPHC:

A. The BPHC has entered into an Interagency Agreement with the Armed Forces Institute of Pathology, Division of Legal Medicine, for the dissemination to all Health Centers of their periodical named the AOpen File.@ This document, which is published once a year, is devoted solely to the discussion of risk management issues and offers five credits of continuing medical education.

B. Individually tailored risk management assessment and assistance is available, on a very limited basis, through the BPHC Technical Assistance program. Specific requests should be relayed to the Division of Health Service Delivery in the appropriate HRSA Field Office.

C. The BPHC has provided funding to the National Association of Community Health Centers to provide Health Centers with:

(1) risk management training and education: Risk Management Training and Education Seminars have been held around the country. These seminars can be arranged through your State Primary Care Association or the National Association of Community Health Centers.

(2) limited risk management consultation services via telephone. The risk management telephone consultation is provided by experienced staff from a major malpractice insurance company. They can provide guidance on general risk management issues. They will not provide legal advice. To access this service call (toll free) 888-800-3772.

D. The BPHC will work directly with Health Centers that have had claims filed in an effort to help improve systems and provide assistance in reducing the risk of future malpractice claims. In addition, BPHC

will support, as an allowable cost, the purchase of separate private risk management services on the open market by Health Centers.

XIX. CLAIMS AND SUITS

Under the FTCA, all claims must be filed with the PHS Claims Office before a Federal suit may be filed. Many attorneys are unaware of the fact that certain Health Centers and their providers are Federal employees for the purposes of medical malpractice. On numerous occasions, plaintiff's attorneys have filed actions against deemed Health Centers in state court. If this occurs the Health Center should take the following steps:

A. All state court complaints and notices of intent should be sent immediately upon receipt to:

Center for Risk Management/FTCA
Bureau of Primary Health Care
4350 East West Highway, 9th floor
Bethesda, Maryland 20814.

Phone: 301-594-4420.
Fax: 301-594-4989

B. The Health Center will be requested to send two copies of the following documents to the above address.

1. Deeming Letters.

2. Wage & Tax: W-2 forms for each individual involved in the incident who was working for the Health Center at the time of the alleged negligence. If the individual was a contractor, please send the 1099 form and an employment contract covering the period of the alleged negligence. If the Health Center does not store W-2 or 1099 forms, then the Health Center must retrieve and provide them to verify the status of the individual.

3. Declaration: A declaration signed by the practitioner that the practitioner is licensed to practice medicine and that the practitioner was not billing privately. It should include the statement, "I certify this is true under penalty of perjury," but it need not be notarized. A separate declaration must be signed by each practitioner named in the

complaint or in the notice of intent to file suit. If the employee is no longer working at a Health Center, then the Health Center must provide a separate statement that (1) it has made a good faith attempt to locate the employee, (2) they are unable to do so, and (3) that to the best of the Health Center's knowledge, the employee did not bill privately for treatment.

4. Medical Records: All of the plaintiff's medical records from the Health Center and any private facility that might be involved.

5. Insurance Policies: The declaration page of any professional liability (including Agap@ or Awrap- around@), general liability, and directors and officers liability insurance policies. If the Health Center does not have any of these policies please provide a separate statement to that effect.

6. Narrative Statement: A narrative statement regarding the facts of the alleged incident, by the practitioner or the medical director.

## XX. FURTHER INFORMATION

For further information contact the FTCA Coordinator in your HRSA Field Office (Attachment 3).

Attachment 1

## HRSA FIELD OFFICES
## DIRECTOR /BRANCH CHIEFS , DIVISION OF HEALTH SERVICES DELIVERY

Ken Brown, Branch Chief
HRSA
John F. Kennedy Federal Bldg.
Boston, MA 02203
Phone: 617-565-1482
FAX: 617-565-3044

Ronald Moss, Branch Chief
HRSA
26 Federal Plaza
New York, NY 10278
Phone: 212-264-2664
FAX: 212-264-4497

Bruce M. Riegel, Division Director
HRSA
Public Ledger Bldg. Suite 1172
150 S. Independence Mall West
Philadelphia, PA 19106-3499
Phone: 215-861-4419
FAX- 215-861-4385

Marlene Lockwod, Division Director
HRSA
61 Forsyth St. Suite 3M60
Atlanta Federal Center
Atlanta, GA 30303-8909
Phone: 404-562-2996
FAX- 404-562-7999

Steve Enders, Division Director
HRSA
105 West Adams Street 17th Fl
Chicago, IL 60603
Phone: 312-353-1658
FAX: 312-353-1212

Division Director
HRSA
1301 Young St. Rm. 1040
Dallas, TX 75202
Phone: 214-767-33171
FAX: 214-767-3902

Hollis Hensley, Branch Chief
HRSA
601 East 12th Street
Kansas City, MO 64106
Phone: 816-426-5226
FAX: 816-426-6323

Jerry Wheeler, Branch Chief
HRSA
Federal Office Building
1961 Stout Street
Denver, CO 80294
Phone: 303-844-3204
FAX: 303-844-0002

Antonio Duran, Division Director
HRSA
50 United Nations Plaza
San Francisco, CA 94102
Phone: 415-437-8072
FAX-415-437-8003

Richard Rysdam, D.O., Acting
Branch Chief
HRSA
Mailstop RX 23
2201 6th Ave.
Seattle, WA 98121
Phone: 206-615-2639
FAX: 206-615-2500

Attachment 2

APPLICATION
For Medical/Dental Professional Liability Protection
FEDERAL TORT CLAIMS ACT

| | | |
|---|---|---|
| SECTION I **B** APPLICANT INFORMATION | | |
| NAME: | | |
| [ ] Migrant Health<br>[ ] Community Health<br>[ ] Health Care for the Homeless<br>[ ] Health Services for Residents of Public Housing<br>[ ] Subrecipient/subgrantee | | |
| ADDRESS: | | |
| PHONE #: FAX #: | | |
| EXECUTIVE DIRECTOR: | | |
| MEDICAL DIRECTOR: | | |
| SECTION II **B** CREDENTIALING SYSTEM | | |
| Answer YES or NO to the following questions by marking the appropriate box. NO answers require explanation on a separate sheet. | YES | NO |
| Is professional educational background and postgraduate training verified? | | |
| Is primary source verification of licensure, certification, and/or registration performed? | | |
| Is board certification verified for physicians? | | |
| Is a copy of current licensure, certification, and/or registration on file? | | |
| Is a copy of hospital privileges on file, if applicable? | | |

| | | |
|---|---|---|
| Are professional references obtained and reviewed? | | |

| | | |
|---|---|---|
| Is a history of previous malpractice liability claims and adverse actions reviewed? | | |
| Are health care practitioners required to submit a personal statement or other evidence of health fitness at the time of credentialing? | | |
| Is the Health Center involved in peer review activities?<br><br>If yes, is it a formal process?<br><br>(Formal means written procedures on peer review activities are formally adopted by the governing body and provide for adequate notice and opportunity for a fair hearing on any adverse recommendations.) | | |
| Is the National Practitioner Databank queried in credentialing your health care practitioners? | | |
| SECTION III - RISK MANAGEMENT POLICIES/PROCEDURES | | |
| Answer YES or NO to the following questions by marking the appropriate box. NO answers require explanation on a separate sheet. | YES | NO |
| Are there policies/procedures on the appropriate supervision and back-up of clinical staff? | | |
| Is a medical record maintained for every patient receiving care at the Health Center? | | |
| Are there policies/procedures that address triage, walk-in patients, and telephone triage? | | |
| Are there clinical protocols that define appropriate treatment and diagnostic procedures for selected medical conditions? | | |
| Is there a tracking system for patients who require follow-up of specialty referrals, hospitalization, x-ray, and lab results? | | |
| Are medical records periodically reviewed to determine quality, | | |

| | | |
|---|---|---|
| completeness, and legibility. | | |

| | | |
|---|---|---|
| Is there a written Quality Assurance Plan approved by the governing body? **If yes, attach a copy of the most recent or annual Quality Assurance report to the Health Center administration or governing body**. | | |
| Are quality assurance findings used to modify policies/procedures in order to improve quality of care? | | |

SECTION IV - CURRENT SERVICES AND SITES

Attach a copy of Exhibit B from the Health Center's most recent BPHC Single Grant Application.

SECTION V - SERVICES TO NON-HEALTH CENTER PATIENTS

Are services provided to non-Health Center patients? If yes, check all that apply based on the examples listed in the Federal Register Notice (Vol. 60, pages 49417-18) issued September 25, 1995.

COMMUNITY-WIDE INTERVENTIONS
[ ] School-based clinics
[ ] School-linked clinics
[ ] Health Fairs
[ ] Immunization Campaign
[ ] Outreach

HOSPITAL-RELATED ACTIVITIES
[ ] Hospital call as required for privileges
[ ] Emergency Room coverage as required for privileges

COVERAGE-RELATED ACTIVITIES
[ ] Cross-coverage with community providers

If the services do not appear to fall under the examples cited, then the Health Center should submit a separate request to the Director, BPHC, for a determination of the applicability of FTCA coverage as outlined in Section V of this BPHC PIN.

| SECTION VI - SIGNATURES | |
|---|---|
| Requested Effective Date of FTCA Coverage: | |
| EXECUTIVE DIRECTOR NAME:<br>(Print or Type) | |
| SIGNATURE: | DATE: |
| MEDICAL DIRECTOR NAME: | |
| SIGNATURE: | DATE: |

ATTACHMENT 3

## HRSA FIELD OFFICES
## FTCA COORDINATORS

Ed Leeds
HRSA
John F. Kennedy Federal Bldg.
Boston, MA 02203
Phone: 617-565-4825
FAX: 617-565-1162
**Eleeds@hrsa.gov**

Carol Sherman, DMD
HRSA
1301 Young St. Rm. 1040
Dallas, TX 75202
Phone: 214-767-3942
FAX: 214-767-3902
Csherman@hrsa.gov

Gil Cardona, M.D.
HRSA
26 Federal Plaza
New York, NY 10278
Phone: 212-264-2771
FAX: 212-264-2673
**Gcardona@hrsa.gov**

Herb Takashima, M.D.
HRSA
601 East 12th Street
Kansas City, MO 64106
Phone: 816-426-5226
FAX: 816-426-3633
Htakashima@hrsa.gov

Susan Little, R.N.
HRSA
Public Ledger Bldg. Suite 1172
150 S. Independence Mall West
Philadelphia, PA 19106-3499
Phone: 215-861-4364
FAX: 215-861-4385
**Slittle@hrsa.gov**

Tricia Trinité
HRSA
Federal Office Building
1961 Stout Street
Denver, CO 80294
Phone: 303-844-3204 X208
FAX: 303-844-0002
Ttrinité@hrsa.gov

Kim Willard-Jelks, MD, MPH
HRSA
61 Forsyth St. Suite 3M60
Atlanta Federal Center
Atlanta, GA 30303-8909
Phone: 404-562-4110
FAX: 404-562-4119
**Kwillard@hrsa.gov**

Barbara Lee
HRSA
50 United Nations Plaza
San Francisco, CA 94102
Phone: 415-437-8130
FAX: 415-437-8052
**Blee@hrsa.gov**

Nancy Egbert, R.N.
HRSA
105 West Adams Street 17th Fl
Chicago, IL 60603
Phone: 312-353-4204
FAX: 312-886-3173
**Negbert@hrsa.gov**

Beryl Cochran, JD
HRSA
Mailstop RX 23
2201 6th Ave.
Seattle, WA 98121
Phone: 206-615-2264
FAX: 206-615-2500
**Bcochran@hrsa.gov**