To amend the Public Health Service Act to improve the health of minority individuals.

IN THE SENATE OF THE UNITED STATES

November 8, 1999

Mr. Kennedy (for himself, Mr. Akaka, Mr. Inouye, Mrs. Lincoln, and Mr. Wellstone) 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 improve the health of minority individuals.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Health Care Fairness Act of 1999”.

(b) Table of Contents.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.

TITLE I—IMPROVING MINORITY HEALTH THROUGH THE NATIONAL INSTITUTES OF HEALTH
Sec. 101. Research on minority health.

"PART J—RESEARCH ON MINORITY HEALTH"

"Sec. 499A. Establishment of Center.
"Sec. 499B. Advisory Council.
"Sec. 499C. Comprehensive plan and budget.
"Sec. 499D. Center funding.
"Sec. 499E. Centers of excellence for research on health disparities and training.
"Sec. 499F. Loan repayment program for biomedical research.
"Sec. 499G. Additional authorities.
"Sec. 499H. General provisions regarding the Center.

TITLE II—MEDICAL EDUCATION

Sec. 201. Grants for health care education curricula development.
Sec. 203. Advisory Committee.
Sec. 204. Cultural competency clearinghouse.

TITLE III—MINORITY HEALTH RESEARCH BY THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH

Sec. 301. Minority health research by the Agency for Health Care Policy and Research.

TITLE IV—DATA COLLECTION RELATING TO RACE OR ETHNICITY

Sec. 401. Study and report by National Academy of Sciences.

TITLE V—PUBLIC AWARENESS

Sec. 501. Public awareness.

1 SEC. 2. FINDINGS.

2 Congress makes the following findings:

3 (1) The United States ranks below most industrialized nations in health status as measured by longevity, sickness, and mortality.

4 (2) The United States ranks 24th among industrialized nations in infant mortality.

5 (3) This poor rank in health status is attributed in large measure to the lower health status of America’s minority populations.
(4) Many minority groups suffer disproportionately from cancer. Disparities exist in both mortality and incidence rates. For men and women combined, African Americans have a cancer death rate about 35 percent higher than that for whites. Paralleling the death rate, the incidence rate for lung cancer in African American men is about 50 percent higher than white men. Native Hawaiian men also have elevated rates of lung cancer compared with white men. Alaskan Native men and women suffer from higher rates of cancers of the colon and rectum than do whites. Vietnamese women in the United States have a cervical cancer incidence rate more than 5 times greater than white women. Hispanic women also suffer elevated rates of cervical cancer.

(5) Infant death rates among African American, Native Americans and Alaskan Natives, and Hispanics were well above the national average. The greatest disparity exists for African Americans. The overall Native American rate does not reflect the diversity among Indian communities, some of which have infant mortality rates approaching twice the national rate.

(6) Sudden infant death syndrome (referred to in this section as “SIDS”) accounts for approxi-
mately 10 percent of all infant deaths in the first year of life. Minority populations are at greater risk for SIDS. In addition to the greater risks among African Americans, the rates are 3 to 4 times as high for some Native American and Alaskan Native populations.

(7) Cardiovascular disease is the leading cause of death for all racial and ethnic groups. Major disparities exist among population groups, with a disproportionate burden of death and disability from cardiovascular disease in minority and low-income populations. Stroke is the only leading cause of death for which mortality is higher for Asian-American males than for white males.

(8) Racial and ethnic minorities have higher rates of hypertension, tend to develop hypertension at an earlier age, and are less likely to undergo treatment to control their high blood pressure.

(9) Diabetes, the seventh leading cause of death in the United States, is a serious public health problem affecting racial and ethnic communities. The prevalence of diabetes in African Americans is approximately 70 percent higher than whites and the prevalence in Hispanics is nearly double that of whites. The prevalence rate of diabetes among Na-
tive Americans and Alaskan Natives is more than
twice that for the total population and at least 1
tribe, the Pimas of Arizona, have the highest known
prevalence of diabetes of any population in the
world.

(10) The human immunodeficiency virus (re-
ferred to in this section as “HIV”), which causes ac-
quired immune deficiency syndrome (referred to in
this section as “AIDS”), results in disproportionate
suffering in minority populations. Minority persons
represent 25 percent of the total United States pop-
ulation, but 54 percent of all cases of AIDS.

(11) More than 75 percent of AIDS cases re-
ported among women and children occur in minority
women and children.

(12) Nearly 2 of 5 (38 percent) Hispanic
adults, 1 of 4 (24 percent) African American adults,
and 1 of 4 (24 percent) Asian-American adults are
uninsured, compared with 1 of 7 (14 percent) white
adults.

(13) Elderly minorities experience disparities in
access to care and health status, in part because
medicare covers only half the health care expenses of
older Americans.
(14) Two of 5 Hispanic and 2 of 5 African Americans age 65 and older rate their health status as fair or poor, compared with less than 1 of 4 (23 percent) white Americans 65 and over.

(15) Nearly 2 of 5 (39 percent) African American adults and almost half (46 percent) of Hispanic adults report that they do not have a regular doctor, compared with 1 of 4 (26 percent) of white adults.

(16) Minority Americans 65 and older are less likely to have a regular doctor or to see a specialist.

(17) Ninety percent of minority physicians produced by Historically Black Medical Colleges live and serve in minority communities.

(18) Almost half (45 percent) of Hispanic adults, 2 of 5 (41 percent) Asian-American adults, and more than 1 of 3 (35 percent) African American adults report difficulty paying for medical care, compared with 1 of 4 (26 percent) white adults.

(19) Despite suffering disproportionate rates of illness, death, and disability, minorities have not been proportionately represented in many clinical research trials, except in studies of behavioral risk factors associated with negative stereotypes.
(20) Culturally sensitive approaches to research are needed to encourage minority participation in research studies.

(21) There is a national need for minority scientists in the field of biomedical, clinical, and health services research.

(22) In 1990, only 3.3 percent of all United States medical school faculties were underrepresented minority persons.

(23) Only 1 percent of full professors were underrepresented minority persons in 1990.

(24) The proportion of underrepresented minorities in high academic ranks, such as professors and associated professors, decreased from 1980 to 1990.

(25) African Americans with identical complaints of chest pain are less likely than white Americans to be referred by physicians for sophisticated cardiac tests.

(26) Cultural competency training in medical schools and residency training programs has the potential to reduce disparities in health care and health outcomes.

(27) More detailed data on health disparities is needed to—
(A) evaluate the impact that race and ethnicity have on health status, access to care, and quality of care; and
(B) enforce existing protections for equal access to care.

TITLE I—IMPROVING MINORITY HEALTH THROUGH THE NATIONAL INSTITUTES OF HEALTH

SEC. 101. RESEARCH ON MINORITY HEALTH.

Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end the following:

“PART J—RESEARCH ON MINORITY HEALTH

“SEC. 499A. ESTABLISHMENT OF CENTER.

“(a) IN GENERAL.—There is established within the National Institutes of Health an organization to be known as the Center for Research on Minority Health and Health Disparities (referred to in this part as the ‘Center’). The Center shall be headed by a director, who shall be appointed by the Secretary and shall report to the Director of the National Institutes of Health.

“(b) TASK FORCE.—The Director of the Center shall chair a trans-NIH task force that is composed of Institute Directors, NIH senior staff, and representatives of other
public health agencies, that will establish a comprehensive
plan and budget estimates under section 499C for minority
health that should be conducted or supported by the
national research institutes, and shall recommend an
agenda for conducting and supporting such research.

“(c) DUTIES.—

“(1) INTERAGENCY COORDINATION OF MINORITY HEALTH RESEARCH.—With respect to minority health, the Director of the Center shall facilitate the establishment of, and provide administrative support to, the task force referred to in subsection (b) to plan, coordinate, and evaluate all research conducted at or funded by NIH.

“(2) MINORITY HEALTH RESEARCH INFORMATION SYSTEM.—The Director of the Center shall establish a minority health research information system in order to track minority-related research, training, and construction. The system shall capture, for each minority-related research, training, or construction project year-end data.

“(3) CONSULTATIONS.—The Director of the Center shall carry out this part (including developing and revising the plan required in section 499C) in consultation with the Advisory Council established under section 499B, the heads of the agen-
cies of the National Institutes of Health, and the advisory councils of such agencies.

“(4) COORDINATION.—The Director of the Center shall act as the primary Federal official with responsibility for monitoring all minority health research conducted or supported by the National Institutes of Health, and—

“(A) shall serve to represent the National Institutes of Health minority health research program at all relevant Executive branch task forces, committees and planning activities; and

“(B) shall maintain communications with all relevant Public Health Service agencies and with various other departments of the Federal Government, to ensure the timely transmission of information concerning advances in minority health research between these various agencies for dissemination to affected communities and health care providers.

“(d) INNOVATIVE GRANTS.—

“(1) IN GENERAL.—The Director of the Center, in consultation with the Advisory Council, shall identify areas of insufficient minority health research at the Institutes and Centers, and shall provide funds to the Institutes and Centers for the awarding of
peer-reviewed grants for innovative projects that address high priority areas of minority health research that are not adequately addressed by other Institutes or Centers.

“(2) Exceptional Circumstances.—

“(A) In General.—If the Director of the Center determines that the Institutes or Centers are unwilling or unable to award a grant under paragraph (1) for the conduct of a research project identified under such paragraph, the Director, in consultation with the Advisory Council, shall award 1 or more peer reviewed grants to support such research project.

“(B) Limitation.—The total amount of grants awarded under subparagraph (A) for a fiscal year shall not exceed an amount equal to 10 percent of the total final budget for the minority health disparities comprehensive plan for the National Institutes of Health for the fiscal year, or $130,000,000, whichever is greater.

“(3) Administration of Research Proposals.—

“(A) Requests.—The Director of the Center may issue requests for research pro-
posals in areas identified under paragraph (2)(A).

“(B) DELEGATION.—The Director of the Center may delegate responsibility for the review and management of research proposals under this subsection to another Institute or Center, or to the Center for Scientific Review.

“(C) FINAL APPROVAL.—The Director of the Center may issue a final approval of research awards under paragraph (1) so long as such approval is provided within 30 days of the date on which the award is approved by an Institute or Center.

“(e) DEFINITIONS.—In this part:

“(1) MINORITY HEALTH CONDITIONS.—The term ‘minority health conditions’, with respect to individuals who are members of racial, ethnic, and indigenous (including Native Americans, Alaskan Natives, and Native Hawaiians) minority groups, means all diseases, disorders, and conditions (including with respect to mental health)—

“(A) unique to, more serious, or more prevalent in such individuals;
“(B) for which the factors of medical risk
or types of medical intervention are different
for such individuals; or
“(C) which have been found to result in
health disparities but for which insufficient re-
search has been conducted.
“(2) MINORITY HEALTH RESEARCH.—The term
‘minority health research’ means basic and clinical
research on minority health conditions, including re-
search on preventing such conditions.

“SEC. 499B. ADVISORY COUNCIL.
“(a) IN GENERAL.—The Secretary shall establish an
advisory council (referred to in this part as the ‘Advisory
Council’), pursuant to the Federal Advisory Committee
Act, for the purpose of providing advice to the Director
of the Center on carrying out this part.
“(b) COMPOSITION.—The Advisory Council shall be
composed of not less than 18, and not more than 24 indi-
viduals, who are not officers or employees of the Federal
Government, to be appointed by the Secretary. A majority
of the members of the Advisory Council shall be individ-
uals with demonstrated expertise regarding minority
health issues. The Advisory Council shall include rep-
resentatives of communities impacted by racial and ethnic
health disparities. The Director of the Center shall serve as the chairperson of the Advisory Council.

“SEC. 499C. COMPREHENSIVE PLAN AND BUDGET.

“(a) IN GENERAL.—Subject to this section and other applicable law, the Director of the Center (in consultation with the Advisory Council) and the members of the Task Force established under section 499A, in carrying out section 499A, shall—

“(1) establish a comprehensive plan and budget for the conduct and support of all minority health research activities of the agencies of the National Institutes of Health (which plan shall be first established under this subsection not later than 12 months after the date of the enactment of this part), which budget shall be submitted to the Secretary, the Director of the Office of Management and Budget and Congress and included in the annual budget justification for the National Institutes of Health;

“(2) ensure that the plan and budget establishes priorities, consistent with sound medical and scientific judgment, among the minority health research activities that such agencies are authorized to carry out;

“(3) ensure that the plan and budget establishes objectives regarding such activities, describes
the means for achieving the objectives, and designates the date by which the objectives are expected to be achieved;

“(4) ensure that all amounts appropriated for such activities are expended in accordance with the plan and budget;

“(5) review the plan and budget not less than annually, and coordinate revisions to the plan as appropriate; and

“(6) ensure that the plan and budget serve as a broad, binding statement of policies regarding minority health research activities of the agencies, but does not remove the responsibility of the heads of the agencies for the approval of specific programs or projects, grant management, or for other details of the daily administration of such activities, in accordance with the plan and budget.

“(b) CERTAIN COMPONENTS.—With respect to minority health research activities of the agencies of the National Institutes of Health, the plan and budget shall—

“(1) provide for basic research;

“(2) provide for clinical research;

“(3) provide for research that is conducted by the agencies;
“(4) provide for research that is supported by
the agencies;
“(5) provide for proposals developed pursuant
to solicitations by the agencies and for proposals de-
veloped independently of such solicitations; and
“(6) provide for prevention research, behavioral
research and social sciences research.
“(c) APPROVAL.—The plan and budget established
under this section are subject to the approval of the Direc-
tor of the Center and the Director of the National Insti-
tutes of Health.
“(d) BUDGET ITEMS FOR MINORITY HEALTH.—In
the Budget of the United States that is submitted to Con-
gress by the President, the President shall, with respect
to each Institute or agency of the National Institutes of
Health, include a separate line item account for the
amount that each such Institute or agency requests for
minority health activities.
“SEC. 499D. CENTER FUNDING.
“For the purpose of carrying out administrative func-
tions related to minority health research activities under
the plan under sections 499A, 499B, and 499C, there are
authorized to be appropriated $100,000,000 for fiscal year
2000, and such sums as may be necessary for each of fis-
cal years 2001 through 2004.
“SEC. 499E. CENTERS OF EXCELLENCE FOR RESEARCH ON
HEALTH DISPARITIES AND TRAINING.

“(a) IN GENERAL.—The Secretary, acting through
the Director of the National Institutes of Health, shall
make grants to, and enter into contracts with, designated
biomedical research institutions described in subsection
(e), and other public and nonprofit health or educational
entities, for the purpose of assisting the institutions in
supporting programs of excellence in biomedical research
education for under-represented minority individuals.

“(b) REQUIRED USE OF FUNDS.—

“(1) IN GENERAL.—The Secretary may not
make a grant under subsection (a) unless the des-
ignated biomedical research institution involved
agrees, subject to subsection (e)(1)(B), to expend
the grant—

“(A) to conduct minority health research
and research into the nature of health dispari-
ties that affect racial, ethnic, and indigenous
minorities, the causes of such disparities, and
remedies for such disparities;

“(B) to train minorities as professionals in
the area of biomedical research;

“(C) to expand, remodel, renovate, or alter
existing research facilities or construct new re-
search facilities for the purpose of conducting
biomedical research related to health disparities; or

“(D) to establish or increase an endowment fund in accordance with paragraph (2).

“(2) ENDOWMENT FUNDS.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), an institution that meets the requirements of subparagraph (B) may utilize not to exceed 35 percent of the amounts received under a grant under subsection (a) to establish or increase an endowment fund at the institution. Amounts used under this subparagraph shall be dedicated exclusively to the support of biomedical research and the associated costs of such research.

“(B) REQUIREMENTS.—To be eligible to use funds as provided for under subparagraph (A), an institution shall not have a endowment fund that is worth in excess of an amount equal to 50 percent of the national average of all endowment funds at all institutions that are of the same biomedical research discipline.

“(c) CENTERS OF EXCELLENCE.—
“(1) GENERAL CONDITIONS.—The conditions specified in this paragraph are that a designated biomedical research institution—

“(A) has a significant number of under-represented minority individuals enrolled in the institution, including individuals accepted for enrollment in the institution;

“(B) has been effective in assisting under-represented minority students of the institution to complete the program of education and receive the degree involved;

“(C) has been effective in recruiting under-represented minority individuals to enroll in and graduate from the institution, including providing scholarships and other financial assistance to such individuals and encouraging under-represented minority students from all levels of the educational pipeline to pursue biomedical research careers; and

“(D) has made significant recruitment efforts to increase the number of under-represented minority individuals serving in faculty or administrative positions at the institution.

“(2) CONSORTIUM.—Any designated biomedical research institution involved may, with other bio-
medical institutions (designated or otherwise) form a consortium to carry out the purposes described in subsection (b) at the institutions of the consortium.

“(3) Application of criteria to other programs.—In the case of any criteria established by the Secretary for purposes of determining whether institutions meet the conditions described in paragraph (1), this section may not, with respect to racial, ethnic, and indigenous minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

“(d) Duration of grant.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Secretary and to the availability of appropriations for the fiscal year involved to make the payments.

“(e) Definitions.—In this section:

“(1) Minority.—The term ‘minority’ means an individual from a racial or ethnic group that is under-represented in health research.

“(2) Program of excellence.—The term ‘program of excellence’ means any program carried out by a designated biomedical research institution
with a grant made under subsection (a), if the pro-
gram is for purposes for which the institution in-
volved is authorized in subsection (b) or (c) to ex-
pend the grant.

“(f) Funding.—

“(1) Authorization of Appropriations.—
For the purpose of making grants under subsection
(a), there are authorized to be appropriated such
sums as may be necessary for each of the fiscal

“(2) No limitation.—Nothing in this sub-
section shall be construed as limiting the centers of
excellence referred to in this section to the des-
ignated amount, or to preclude such entities from
competing for other grants under this section.

“(3) Maintenance of Effort.—

“(A) In general.—With respect to activi-
ties for which a grant made under this part are
authorized to be expended, the Secretary may
not make such a grant to a center of excellence
for any fiscal year unless the center agrees to
maintain expenditures of non-Federal amounts
for such activities at a level that is not less
than the level of such expenditures maintained
by the center for the fiscal year preceding the
fiscal year for which the institution receives such a grant.

“(B) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a center of excellence and available for carrying out activities for which a grant under this part is authorized to be expended, the Secretary may not make such a grant to the center for any fiscal year unless the center agrees that the center will, before expending the grant, expend the Federal amounts obtained from sources other than the grant.

“SEC. 499F. LOAN REPAYMENT PROGRAM FOR BIOMEDICAL RESEARCH.

“(a) In General.—The Secretary, acting through the Director of the National Institutes of Health, shall establish a program of entering into contracts with qualified health professionals under which such health professionals agree to engage in minority health research or research into the nature of health disparities that affect racial, ethnic, and indigenous populations, in consideration of the Federal Government agreeing to repay, for each year of such service, not more than $35,000 of the principal and interest of the educational loans of such health professionals.
“(b) Service Provisions.—The provisions of sections 338B, 338C, and 338E shall, except as inconsistent with subsection (a), apply to the program established in such subsection (a) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III.

“(c) Availability of Appropriations.—Amounts available for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were made available.

“(d) Health Disparities.—In carrying out this section, the Secretary shall take steps sufficient to ensure the active participation of appropriately qualified minority health professionals, including extensive outreach and recruitment efforts. In complying with this subsection, the Secretary shall waive the requirement that the recipients of loan repayment assistance agree to engage in minority health research or research into the nature of health disparities that affect racial, ethnic and indigenous populations.

“(e) Authorization of Appropriations.—For the purpose of carrying out this section, there are authorized
to be appropriated such sums as may be necessary for each of the fiscal years 2000 through 2004.

"SEC. 499G. ADDITIONAL AUTHORITIES.

“(a) IN GENERAL.—In overseeing and supporting minority health research, the Director of the Center—

“(1) shall assist the Director of the National Center for Research Resources in carrying out section 481(c)(3) and in committing resources for construction at Institutions of Emerging Excellence;

“(2) shall assist in the administration of section 492B with respect to the inclusion of members of minority groups as subjects in clinical research; and

“(3) subject to section 405(b)(2) and without regard to section 3324 of title 31, United States Code, and section 3709 of the Revised Statutes (41 U.S.C. 5), may enter into such contracts and cooperative agreements with any public agency, or with any person, firm, association, corporation, or educational institution, as may be necessary to expedite and coordinate minority health research.

“(b) REPORT TO CONGRESS AND THE SECRETARY.—The Director of the Center shall each fiscal year prepare and submit to the appropriate committees of Congress and the Secretary a report—
“(1) describing and evaluating the progress made in such fiscal year in minority health research conducted or supported by the Institutes;

“(2) summarizing and analyzing expenditures made in such fiscal year for activities with respect to minority health research conducted or supported by the National Institutes of Health; and

“(3) containing such recommendations as the Director considers appropriate.

“(c) Projects for Cooperation Among Public and Private Health Entities.—In carrying out subsection (a), the Director of the Center shall establish projects to promote cooperation among Federal agencies, State, local, and regional public health agencies, and private entities, in minority health research.

“SEC. 499H. GENERAL PROVISIONS REGARDING THE CENTER.

“(a) Administrative Support for Center.—The Secretary, acting through the Director of the National Institutes of Health, shall provide administrative support and support services to the Director of the Center and shall ensure that such support takes maximum advantage of existing administrative structures at the agencies of the National Institutes of Health.
“(b) REQUIRED EXPERTISE.—The Director of the Center, in consultation with the Advisory Council and the Center for Scientific Review, shall ensure that scientists with appropriate expertise in research on minority health are incorporated into the review, oversight, and management processes of all research projects in the National Institutes of Health minority health research program and other activities under such program.

“(c) TECHNICAL ASSISTANCE.—The Director of the Center, in consultation with the directors of the national research institutes and centers, shall ensure that appropriate technical assistance is available to applicants for all research projects and other activities supported by the National Institutes of Health minority health research program.

“(d) EVALUATION AND REPORT.—

“(1) EVALUATION.—Not later than 5 years after the date of the enactment of this part, the Secretary shall conduct an evaluation to—

“(A) determine the effect of this section on the planning and coordination of the minority health research programs at the institutes, centers and divisions of the National Institutes of Health;
“(B) evaluate the extent to which this part has eliminated the duplication of administrative resources among such Institutes, centers and divisions; and

“(C) provide recommendations concerning future alterations with respect to this part.

“(2) REPORT.—Not later than 1 year after the date on which the evaluation is commenced under paragraph (1), the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Commerce of the House of Representatives, a report concerning the results of such evaluation.”.

TITLE II—MEDICAL EDUCATION

SEC. 201. GRANTS FOR HEALTH CARE EDUCATION CURRICULA DEVELOPMENT.

Part F of title VII of the Public Health Service Act (42 U.S.C. 295j et seq.) is amended by inserting after section 791 the following:

“SEC. 791A. GRANTS FOR HEALTH PROFESSIONS EDUCATION CURRICULA DEVELOPMENT.

“(a) GRANTS FOR GRADUATE EDUCATION CURRICULA DEVELOPMENT.—

“(1) IN GENERAL.—The Secretary, acting through the Administrator for the Health Resources
and Services Administration and in collaboration with the Administrator for Health Care Policy and Research and the Deputy Assistant Secretary for Minority Health, may make awards of grants, contracts, or cooperative agreements to public and nonprofit private entities for the purpose of carrying out research projects and demonstration projects to develop curricula to reduce disparity in health care outcomes, including curricula and faculty development for cultural competency in graduate and undergraduate health professions education.

“(2) ELIGIBILITY.—To be eligible to receive a grant, contract or cooperative agreements under paragraph (1), an entity shall—

“(A) be a school of medicine, school of osteopathic medicine, school of dentistry, school of public health, school of nursing, school of pharmacy, school of allied health, or other recognized health profession school; and

“(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(3) USE OF FUNDS.—An entity shall use amounts received under a grant under paragraph (1)
to carry out research projects and demonstration projects to develop curricula to reduce disparity in health care outcomes, including curricula for cultural competency in graduate medical education. Such curricula shall focus on the need to remove bias from health care at a personal level as well as at a systematic level.

“(4) NUMBER OF GRANTS AND GRANT TERM.—
The Secretary shall award not to exceed 20 grants, contracts or cooperative agreements (or combination thereof) under paragraph (1) in each of the first and second fiscal years for which funds are available under subsection (f). The term of each such grant, contract or cooperative agreement shall be 3 years.

“(b) GRANTS FOR CONTINUING HEALTH PROFESSIONAL EDUCATION CURRICULA DEVELOPMENT.—

“(1) IN GENERAL.—The Secretary, acting through the Health Resources and Services Administration and the Agency for Health Care Policy and Research and in collaboration with the Office of Minority Health, shall award grants, contracts or cooperative agreements to eligible entities for the establishment of demonstration projects to develop curricula to reduce disparity in health care and health
outcomes, including curricula for cultural competency, in continuing medical education.

“(2) ELIGIBILITY.—To be eligible to receive a grant, contract, or cooperative agreement under paragraph (1) an entity shall—

“(A) be a school of medicine, school of osteopathic medicine, school of dentistry, school of public health, school of nursing, school of pharmacy, school of allied health, or other recognized health profession school; and

“(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(3) USE OF FUNDS.—An entity shall use amounts received under a grant, contract, or cooperative agreement under paragraph (1) to develop and evaluate the effect and impact of curricula for continuing medical education courses or programs to provide education concerning issues relating to disparity in health care and health outcomes, including cultural competency of health professionals. Such curricula shall focus on the need to remove bias from health care at a personal level as well as at a systemic level.
“(4) Number of Grants and Grant Term.—

The Secretary shall award not to exceed 20 grants, contracts, or cooperative under paragraph (1) in each of the first and second fiscal years for which funds are available under subsection (f). The term of each such grant shall be 3 years.

“(c) Distribution of Projects.—The Secretary shall ensure that, to the extent practicable, projects under subsections (a) and (b) are carried out in each of the principal geographic regions of the United States and address issues associated with different minority groups and health professions.

“(d) Monitoring.—An entity that receives a grant, contract or cooperative agreement under subsection (a) or (b) shall ensure that procedures are in place to monitor activities undertaken using grant, contract or cooperative agreement funds. Such entity shall annually prepare and submit to the Secretary a report concerning the effectiveness of curricula developed under the grant contract or cooperative agreement.

“(e) Report to Congress.—Not later than January 1, 2002, the Secretary shall prepare and submit to the appropriate committees of Congress, a report concerning the effectiveness of programs funded under this section and a plan to encourage the implementation and
utilization of curricula to reduce disparity in health care
and health outcomes. A final report shall be submitted by
the Secretary not later than January 1, 2004.

“(f) Authorization of Appropriations.—There
is authorized to be appropriated to carry out this section,
$3,500,000 for fiscal year 2000, $7,000,000 for fiscal year
2001, $7,000,000 for fiscal year 2002, and $3,500,000
for fiscal year 2003.”.

SEC. 202. NATIONAL CONFERENCE ON CONTINUING
HEALTH PROFESSIONAL EDUCATION AND
DISPARITY IN HEALTH OUTCOMES.

(a) In General.—Not later than 1 year after the
date of enactment of this Act, the Secretary of Health and
Human Services shall convene a national conference on
continuing health professions education as a method for
reducing disparity in health care and health outcomes, in-
cluding continuing medical education on cultural com-
petency. The conference shall include sessions to address
measurements of outcomes to assess the effectiveness of
curricula in reducing disparity.

(b) Participants.—The Secretary of Health and
Human Services shall invite minority health advocacy
groups, health education entities described in section
741(b)(1) of the Public Health Service Act (as added by
section 201), and other interested parties to attend the
conference under subsection (a).

(c) ISSUES.—The national conference convened under
subsection (a) shall address issues relating to the role of
continuing medical education in the effort to reduce dis-
parity in health care and health outcomes, including the
role of continuing medical education in improving the cul-
tural competency of health professionals and health pro-
fessions faculty. The conference shall focus on methods
to achieve reductions in the disparities in health care and
health outcomes through continuing medical education
courses or programs and on strategies for measuring the
effectiveness of curricula to reduce disparities.

(d) PUBLICATION OF FINDINGS.—Not later than 6
months after the convening of the national conference
under subsection (a), the Secretary of Health and Human
Services shall publish in the Federal Register a summary
of the proceedings and the findings of the conference.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is
authorized to be appropriated such sums as may be nec-
essary to carry out this section.

SEC. 203. ADVISORY COMMITTEE.

(a) ESTABLISHMENT.—The Secretary of Health and
Human Services shall establish an advisory committee to
provide advice to the Secretary on matters related to the
development, implementation, and evaluation of graduate
and continuing education curricula for health care profes-
sionals to decrease the disparity in health care and health
outcomes, including curricula on cultural competency as
a method of eliminating health disparity.

(b) MEMBERSHIP.—Not later than 3 months after
the date on which amounts are appropriated to carry out
this section, the Secretary of Health and Human Services
shall appoint the members of the advisory committee.
Such members shall be appointed from among individuals
who—

(1) unless otherwise specified, are not officers
or employees of the Federal Government;

(2) are experienced in issues relating to health
disparity; and

(3) meet such other requirements as the Sec-
retary determines appropriate;

and shall include a representative of the Office of Minority
Health under section 1707 of the Public Health Service
Act (42 U.S.C. 300u–6) and such other representatives
of offices and agencies of the Public Health Service as the
Secretary determines to be appropriate. The Secretary
shall ensure that members of minority communities are
well represented on the advisory committee. Such rep-
resentatives shall include 1 or more individuals who serve
on the advisory committee under section 1707(c) of such Act.

(c) COLLABORATION.—The advisory committee shall carry out its duties under this section in collaboration with the Office of Minority Health of the Department of Health and Human Services, and other offices, centers, and institutes of the Department of Health and Human Services, and other Federal agencies.

(d) TERMINATION.—The advisory committee shall terminate on the date that is 4 years after the date on which the first member of the committee is appointed.

(e) EXISTING COMMITTEE.—The Secretary may designate an existing advisory committee operating under the authority of the Office of Minority Health of the Department of Health and Human Services to serve as the advisory committee under this section.

SEC. 204. CULTURAL COMPETENCY CLEARINGHOUSE.

(a) ESTABLISHMENT.—The Director of the Office of Minority Health of the Department of Health and Human Services shall establish within the Resource Center of the Office of Minority Health, or through the awarding of a contract provide for the establishment of, an information clearinghouse for curricula to reduce racial and ethnic disparity in health care and health outcomes. The clearinghouse shall facilitate and enhance, through the effective
dissemination of information, knowledge and understanding of practices that lead to decreases in the disparity of health across minority and ethnic groups, including curricula for continuing medical education to develop cultural competency in health care professionals.

(b) A VAILABILITY OF INFORMATION.—Information contained in the clearinghouse shall be made available to minority health advocacy groups, health education entities described in section 791A(b)(2)(A) of the Public Health Service Act (as added by section 201), health maintenance organizations, and other interested parties.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.

TITLE III—MINORITY HEALTH RESEARCH BY THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH

SEC. 301. MINORITY HEALTH RESEARCH BY THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH.

(a) In General.—Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended by adding at the end the following:
“SEC. 906. RESEARCH ON MINORITY HEALTH DISPARITIES.

“(a) IN GENERAL.—The Administrator of the Agency for Health Care Policy and Research shall—

“(1) conduct and support research to identify how to improve the quality and outcomes of health care services for minority populations and the causes of health disparities for minority populations, including barriers to health care access;

“(2) conduct and support research and support demonstration projects to identify, test, and evaluate strategies for eliminating the disparities described in paragraph (1) and promoting effective interventions;

“(3) develop measures for the assessment and improvement of the quality and appropriateness of health care services provided to minority populations; and

“(4) in carrying out 902(e), provide support to increase the number of minority health care researchers and the health services research capacity of institutions that train minority health care researchers.

“(b) RESEARCH AND DEMONSTRATION PROJECTS.—

“(1) IN GENERAL.—In carrying out subsection (a), the Administrator shall conduct and support research to—

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“(A) identify the clinical, cultural, socio-economic, and organizational factors that contribute to health disparities for minority populations (including examination of patterns of clinical decisionmaking and of the availability of support services);

“(B) identify and evaluate clinical and organizational strategies to improve the quality, outcomes, and access to care for minority populations;

“(C) support demonstrations to test such strategies; and

“(D) widely disseminate strategies for which there is scientific evidence of effectiveness.

“(2) USE OF CERTAIN STRATEGIES.—In carrying out this section the Administrator shall implement research strategies and mechanisms that will enhance the involvement of minority health services researchers, institutions that train minority researchers, and members of minority populations for whom the Agency is attempting to improve the quality and outcomes of care, including—

“(A) centers of excellence that can demonstrate, either individually or through con-
sortia, a combination of multi-disciplinary expertise in outcomes or quality improvement research and a demonstrated capacity to engage minority populations in the planning, conduct and translation of research, with linkages to relevant sites of care;

“(B) provider-based research networks, including health plans, facilities, or delivery system sites of care (especially primary care), that make extensive use of minority health care providers or serve minority patient populations and have the capacity to evaluate and promote quality improvement; and

“(C) other innovative mechanisms or strategies that will facilitate the translation of past research investments into clinical practices that can reasonably be expected to benefit these populations.

“(c) QUALITY MEASUREMENT DEVELOPMENT.—

“(1) IN GENERAL.—To ensure that minority populations benefit from the progress made in the ability of individuals to measure the quality of health care delivery, the Administrator of the Agency for Health Care Policy and Research shall support the development of quality of health care measures that
assess the experience of minority populations with health care systems, such as measures that assess the access of minority populations to health care, the cultural competence of the care provided, the quality of the care provided, the outcomes of care, or other aspects of health care practice that the Administrator determines to be important.

“(2) REPORT.—Not later than 24 months after the date of enactment of this section, the Secretary, acting through the Administrator, shall prepare and submit to the appropriate committees of Congress a report describing the state-of-the-art of quality measurement for minority populations which will identify critical unmet needs, the current activities of the Department to address those needs, and a description of related activities in the private sector.”.

(b) FUNDING.—Section 926 of the Public Health Service Act (42 U.S.C. 299c–5) is amended by adding at the end the following:

“(f) MINORITY HEALTH DISPARITIES RESEARCH.—For the purpose of carrying out the activities under section 906, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2000 through 2004.”.
TITLE IV—DATA COLLECTION
RELATING TO RACE OR ETHNICITY

SEC. 401. STUDY AND REPORT BY NATIONAL ACADEMY OF SCIENCES.

(a) Study.—The Secretary of Health and Human Services shall enter into a contract with the National Academy of Sciences for the conduct of a comprehensive study of the Department of Health and Human Services’ data collection systems and practices, and any data collection or reporting systems required under any of the programs or activities of the Department, relating to the collection of data on race or ethnicity, including other Federal data collection systems (such as the Social Security Administration) with which the Department interacts to collect relevant data on race and ethnicity.

(b) Report.—Not later than 1 year after the date of enactment of this Act, the National Academy of Sciences shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report that—

(1) identifies the data needed to support efforts to evaluate the effects of race and ethnicity on access to and quality of health care and other services
and on disparity in health and other social outcomes, the data needed to define appropriate quality of care measures to assess the equivalence of health care outcomes in health care payer systems, and the data needed to enforce existing protections for equal access to health care;

(2) examines the effectiveness of the systems and practices of the Department of Health and Human Services described in subsection (a), including demonstration projects of the Department, and the effectiveness of selected systems and practices of other Federal and State agencies and the private sector, in collecting and analyzing such data;

(3) contains recommendations for ensuring that the Department of Health and Human Services, in administering its entire array of programs and activities, collects, or causes to be collected, accurate and complete information relating to race and ethnicity as may be necessary to monitor access to and quality of health care and to ensure the capability to monitor and enforce civil rights laws; and

(4) includes projections about the costs associated with the implementation of the recommendations described in paragraph (3), and the possible effects of the costs on program operations.
(c) Authorization of Appropriations.—There are authorized to be appropriated such sums as may be necessary for fiscal year 2000 to carry out this section.

TITLE V—PUBLIC AWARENESS

SEC. 501. PUBLIC AWARENESS.

(a) Public Awareness Campaign.—The Secretary of Health and Human Services, acting through the Surgeon General and the Director of the Office for Civil Rights, shall conduct a national media campaign for the purpose of informing the public about racial and ethnic disparities in health care and health outcomes.

(b) Authorization of Appropriations.—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for fiscal year 2000.