

107TH CONGRESS
2D SESSION

H. R. 5187

To authorize the Health Resources and Services Administration and the National Cancer Institute to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist individuals of health disparity populations in receiving such services.

IN THE HOUSE OF REPRESENTATIVES

JULY 23, 2002

Mr. MENENDEZ (for himself, Ms. ROS-LEHTINEN, Mr. GREEN of Texas, Mrs. CHRISTENSEN, Mr. THOMPSON of Mississippi, Mr. DIAZ-BALART, Mr. SERRANO, Mr. SMITH of New Jersey, Ms. LEE, Mrs. JONES of Ohio, Mr. FROST, Mr. CONYERS, Ms. WOOLSEY, Mr. RODRIGUEZ, Ms. ROYBAL-ALLARD, Mr. BACA, Mr. GONZALEZ, Mr. HINOJOSA, Mr. CUMMINGS, Mr. ACEVEDO-VILÁ, Mr. PALLONE, Mr. PASTOR, Mr. UDALL of New Mexico, Mr. PASCRELL, Mr. STARK, Mr. PAYNE, Mr. BENTSEN, and Mr. ROTHMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To authorize the Health Resources and Services Administration and the National Cancer Institute to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist individuals of health disparity populations in receiving such services.

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 “Patient Navigator,
5 Outreach, and Chronic Disease Prevention Act of 2002”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Despite notable progress in the overall
9 health of the Nation, there are continuing disparities
10 in the burden of illness and death experienced by Af-
11 rican Americans, Latinos and Hispanics, Native
12 Americans, Alaska Natives, Asian and Pacific Is-
13 landers and the poor, compared to the United States
14 population as a whole.

15 (2) Many racial and ethnic minority groups suf-
16 fer disproportionately from cancer. Mortality and
17 morbidity rates remain the most important measures
18 of the overall progress against cancer. Decreasing
19 rates of death from cancer reflect improvements in
20 both prevention and treatment. Among all ethnic
21 groups in the United States, African American
22 males have the highest overall rate of mortality from
23 cancer. Some specific forms of cancer affect other
24 ethnic minority communities at rates up to several
25 times higher than the national averages (such as

1 stomach and liver cancers among Asian American
2 populations, colon and rectal cancer among Alaska
3 natives, and cervical cancer among Hispanic and Vi-
4 etnamese-American women).

5 (3) Regions characterized by high rates of pov-
6 erty also have high mortality for some forms of can-
7 cer. For example, in Appalachian Kentucky the inci-
8 dence of lung cancer among white males was 127
9 per 100,000 in 1992, a rate higher than that for any
10 ethnic minority group in the United States during
11 the same period.

12 (4) Major disparities for other chronic diseases
13 exist among population groups, with a disproportio-
14 nate burden of death and disability from cardio-
15 vascular disease in racial and ethnic minority and
16 low-income populations. Compared with rates for the
17 general population, coronary heart disease mortality
18 was 40 percent lower for Asian Americans but 40
19 percent higher for African-Americans.

20 (5) Minority populations are disproportionately
21 impacted by diabetes and other chronic diseases.
22 Hispanics are twice as likely to have diabetes as
23 non-Hispanic whites; diabetes is the fourth leading
24 cause of death among Hispanic women and elderly.
25 African Americans are 1.7 times as likely to have di-

1 abetes as the general population. More than 15% of
2 the combined populations of Native Americans and
3 Alaska Natives have diabetes.

4 (6) Culturally competent approaches to chronic
5 disease care are needed to encourage increased par-
6 ticipation of racial and ethnic minorities and the
7 medically underserved in chronic disease prevention,
8 early detection and treatment programs.

9 **SEC. 3. HRSA GRANTS FOR MODEL COMMUNITY CANCER**
10 **AND CHRONIC DISEASE CARE AND PREVEN-**
11 **TION; HRSA GRANTS FOR PATIENT NAVIGA-**
12 **TORS.**

13 Subpart I of part D of title III of the Public Health
14 Service Act (42 U.S.C. 254b et seq.) is amended by adding
15 at the end the following:

16 **“SEC. 330I. MODEL COMMUNITY CANCER AND CHRONIC**
17 **DISEASE CARE AND PREVENTION; PATIENT**
18 **NAVIGATORS.**

19 “(a) MODEL COMMUNITY CANCER AND CHRONIC
20 DISEASE CARE AND PREVENTION.—

21 “(1) IN GENERAL.—The Secretary, acting
22 through the Administrator of the Health Resources
23 and Services Administration, may make grants to
24 public and nonprofit private health centers (includ-
25 ing health centers under section 330, Indian Health

1 Service Centers, and rural health clinics) for the de-
2 velopment and operation of model programs that—

3 “(A) provide to individuals of health dis-
4 parity populations prevention, early detection,
5 treatment, and appropriate follow-up care serv-
6 ices for cancer and chronic diseases;

7 “(B) ensure that the health services are
8 provided to such individuals in a culturally com-
9 petent manner; and

10 “(C) assign patient navigators, in accord-
11 ance with applicable criteria of the Secretary,
12 for individuals of health disparity populations
13 to—

14 “(i) accomplish, to the extent possible,
15 the follow-up and diagnosis of an abnormal
16 finding and the treatment and appropriate
17 follow-up care of cancer or other chronic
18 disease; and

19 “(ii) facilitate access to appropriate
20 health care services within the health care
21 system to ensure optimal patient utiliza-
22 tion of such services.

23 “(2) OUTREACH SERVICES.—A condition for
24 the receipt of a grant under paragraph (1) is that
25 the applicant involved agree to provide ongoing out-

1 reach activities while receiving the grant, in a man-
2 ner that is culturally competent for the health dis-
3 parity population served by the program, to inform
4 the public of the services of the model program
5 under the grant. Such activities shall include facil-
6 itating access to appropriate health care services and
7 patient navigators within the health care system to
8 ensure optimal patient utilization of these services.

9 “(3) APPLICATION FOR GRANT.—A grant may
10 be made under paragraph (1) only if an application
11 for the grant is submitted to the Secretary and the
12 application is in such form, is made in such manner,
13 and contains such agreements, assurances, and in-
14 formation as the Secretary determines to be nec-
15 essary to carry out this section.

16 “(4) EVALUATIONS.—

17 “(A) IN GENERAL.—The Secretary, acting
18 through the Administrator of the Health Re-
19 sources and Services Administration, shall, di-
20 rectly or through grants or contracts, provide
21 for evaluations to determine which outreach ac-
22 tivities under paragraph (2) were most effective
23 in informing the public of the model program
24 services and to determine the extent to which
25 such programs were effective in providing cul-

1 culturally competent services to the health dis-
2 parity population served by the programs.

7 “(5) COORDINATION WITH OTHER PRO-
8 GRAMS.—The Secretary shall coordinate the pro-
9 gram under this subsection with the program under
10 subsection (b), with the program under section
11 417D, and to the extent practicable, with programs
12 for prevention centers that are carried out by the
13 Director of the Centers for Disease Control and Pre-
14 vention.

15 "(b) PROGRAM FOR PATIENT NAVIGATORS.—

16 “(1) IN GENERAL.—The Secretary, acting
17 through the Administrator of the Health Resources
18 and Services Administration, may make grants to
19 public and nonprofit private health centers (includ-
20 ing health centers under section 330, Indian Health
21 Service Centers, and rural health clinics) for the de-
22 velopment and operation of programs to pay the
23 costs of such health centers in—

24 “(A) assigning patient navigators, in ac-
25 cordance with applicable criteria of the Sec-

4 “(B) ensuring that the services provided by
5 the patient navigators to such individuals in-
6 clude case management and psychosocial as-
7 sessment and care or information and referral
8 to such services;

9 “(C) ensuring that the patient navigators
10 provide services to such individuals in a cul-
11 turally competent manner; and

12 “(D) developing model practices for patient
13 navigators, including with respect to—

23 “(2) OUTREACH SERVICES.—A condition for
24 the receipt of a grant under paragraph (1) is that
25 the applicant involved agree to provide ongoing out-

1 reach activities while receiving the grant, in a man-
2 ner that is culturally competent for the health dis-
3 parity population served by the program, to inform
4 the public of the services of the model program
5 under the grant.

6 “(3) APPLICATION FOR GRANT.—A grant may
7 be made under paragraph (1) only if an application
8 for the grant is submitted to the Secretary and the
9 application is in such form, is made in such manner,
10 and contains such agreements, assurances, and in-
11 formation as the Secretary determines to be nec-
12 essary to carry out this section.

13 “(4) EVALUATIONS.—

14 “(A) IN GENERAL.—The Secretary, acting
15 through the Administrator of the Health Re-
16 sources and Services Administration, shall, di-
17 rectly or through grants or contracts, provide
18 for evaluations to determine the effects of the
19 services of patient navigators on the individuals
20 of health disparity populations for whom the
21 services were provided, taking into account the
22 matters referred to in paragraph (1)(C).

23 “(B) DISSEMINATION OF FINDINGS.—The
24 Secretary shall as appropriate disseminate to

1 public and private entities the findings made in
2 evaluations under subparagraph (A).

3 “(5) COORDINATION WITH OTHER PRO-
4 GRAMS.—The Secretary shall coordinate the pro-
5 gram under this subsection with the program under
6 subsection (a) and with the program under section
7 417D.

8 “(c) REQUIREMENTS REGARDING FEES.—A condi-
9 tion for the receipt of a grant under subsection (a)(1) or
10 (b)(1) is that the program for which the grant is made
11 have in effect—

12 “(1) a schedule of fees or payments for the pro-
13 vision of its services that is consistent with locally
14 prevailing rates or charges and is designed to cover
15 its reasonable costs of operation; and

16 “(2) a corresponding schedule of discounts to
17 be applied to the payment of such fees or payments,
18 which discounts are adjusted on the basis of the
19 ability of the patient to pay.

20 “(d) MODEL.—Not later than three years after the
21 date of the enactment of this section, the Secretary shall
22 develop a peer-reviewed model of systems for the services
23 provided by this section. The Secretary shall update such
24 model as may be necessary to ensure that the best prac-
25 tices are being utilized.

1 “(e) DURATION OF GRANT.—The period during
2 which payments are made to an entity from a grant under
3 subsection (a)(1) or (b)(1) may not exceed five years. The
4 provision of such payments are subject to annual approval
5 by the Secretary of the payments and subject to the avail-
6 ability of appropriations for the fiscal year involved to
7 make the payments. This subsection may not be construed
8 as establishing a limitation on the number of grants under
9 such subsection that may be made to an entity.

10 “(f) DEFINITIONS.—For purposes of this section:

11 “(1) The term ‘culturally competent’, with re-
12 spect to providing health-related services, means
13 services that, in accordance with standards and
14 measures of the Secretary, are designed to effec-
15 tively and efficiently respond to the cultural and lin-
16 guistic needs of patients.

17 “(2) The term ‘appropriate follow-up care’ in-
18 cludes palliative and end-of-life care.

19 “(3) The term ‘health disparity population’
20 means a population where there exists a significant
21 disparity in the overall rate of disease incidence,
22 morbidity, mortality, or survival rates in the popu-
23 lation as compared to the health status of the gen-
24 eral population. Such term includes—

1 “(A) racial and ethnic minority groups as
2 defined in section 1707; and

3 “(B) medically underserved groups, such
4 as rural and low-income individuals and individ-
5 uals with low levels of literacy.

6 “(4)(A) The term ‘patient navigator’ means an
7 individual whose functions include—

8 “(i) assisting and guiding patients with a
9 symptom or an abnormal finding or diagnosis of
10 cancer or other chronic disease within the
11 health care system to accomplish the follow-up
12 and diagnosis of an abnormal finding as well as
13 the treatment and appropriate follow-up care of
14 cancer or other chronic disease; and

15 “(ii) identifying, anticipating, and helping
16 patients overcome barriers within the health
17 care system to ensure prompt diagnostic and
18 treatment resolution of an abnormal finding of
19 cancer or other chronic disease.

20 “(B) Such term includes representatives of the
21 target health disparity population, such as nurses,
22 social workers, cancer survivors, and patient advo-
23 cates.

24 “(g) AUTHORIZATION OF APPROPRIATIONS.—

25 “(1) IN GENERAL.—

1 “(A) MODEL PROGRAMS.—For the purpose
2 of carrying out subsection (a) (other than the
3 purpose described in paragraph (2)(A)), there
4 are authorized to be appropriated such sums as
5 may be necessary for each of the fiscal years
6 2003 through 2007.

7 “(B) PATIENT NAVIGATORS.—For the pur-
8 pose of carrying out subsection (b) (other than
9 the purpose described in paragraph (2)(B)),
10 there are authorized to be appropriated such
11 sums as may be necessary for each of the fiscal
12 years 2003 through 2007.

13 “(C) BUREAU OF PRIMARY HEALTH
14 CARE.—Amounts appropriated under subpara-
15 graph (A) or (B) shall be administered through
16 the Bureau of Primary Health Care.

17 “(2) PROGRAMS IN RURAL AREAS.—

18 “(A) MODEL PROGRAMS.—For the purpose
19 of carrying out subsection (a) by making grants
20 under such subsection for model programs in
21 rural areas, there are authorized to be appro-
22 priated such sums as may be necessary for each
23 of the fiscal years 2003 through 2007.

24 “(B) PATIENT NAVIGATORS.—For the pur-
25 pose of carrying out subsection (b) by making

1 grants under such subsection for programs in
2 rural areas, there are authorized to be appro-
3 priated such sums as may be necessary for each
4 of the fiscal years 2003 through 2007.

5 “(C) OFFICE OF RURAL HEALTH POL-
6 ICY.—Amounts appropriated under subpara-
7 graph (A) or (B) shall be administered through
8 the Office of Rural Health Policy.

9 “(3) RELATION TO OTHER AUTHORIZATIONS.—
10 Authorizations of appropriations under paragraphs
11 (1) and (2) are in addition to other authorizations
12 of appropriations that are available for the purposes
13 described in such paragraphs.”.

14 **SEC. 4. NCI GRANTS FOR MODEL COMMUNITY CANCER AND**
15 **CHRONIC DISEASE CARE AND PREVENTION;**
16 **NCI GRANTS FOR PATIENT NAVIGATORS.**

17 Subpart 1 of part C of title IV of the Public Health
18 Service Act (42 U.S.C. 285 et seq.) is amended by adding
19 at the end following section:

20 **“SEC. 417D. MODEL COMMUNITY CANCER AND CHRONIC**
21 **DISEASE CARE AND PREVENTION; PATIENT**
22 **NAVIGATORS.**

23 “(a) MODEL COMMUNITY CANCER AND CHRONIC
24 DISEASE CARE AND PREVENTION.—

1 “(1) IN GENERAL.—The Director of the Insti-
2 tute may make grants to eligible entities for the de-
3 velopment and operation of model programs that—

4 “(A) provide to individuals of health dis-
5 parity populations prevention, early detection,
6 treatment, and appropriate follow-up care serv-
7 ices for cancer and chronic diseases;

8 “(B) ensure that the health services are
9 provided to such individuals in a culturally com-
10 petent manner; and

11 “(C) assign patient navigators, in accord-
12 ance with applicable criteria of the Secretary,
13 for individuals of health disparity populations
14 to—

15 “(i) accomplish, to the extent possible,
16 the follow-up and diagnosis of an abnormal
17 finding and the treatment and appropriate
18 follow-up care of cancer or other chronic
19 disease; and

20 “(ii) facilitate access to appropriate
21 health care services within the health care
22 system to ensure optimal patient utiliza-
23 tion of such services.

24 “(2) ELIGIBLE ENTITIES.—For purposes of this
25 section, an eligible entity is a designated cancer cen-

1 ter of the Institute, an academic institution, a hos-
2 pital, a nonprofit organization, or any other public
3 or private entity determined to be appropriate by the
4 Director of the Institute, that provides services de-
5 scribed in paragraph (1)(A) for cancer or chronic
6 diseases.

7 “(3) OUTREACH SERVICES.—A condition for
8 the receipt of a grant under paragraph (1) is that
9 the applicant involved agree to provide ongoing out-
10 reach activities while receiving the grant, in a man-
11 ner that is culturally competent for the health dis-
12 parity population served by the program, to inform
13 the public of the services of the model program
14 under the grant. Such activities shall include facil-
15 tating access to appropriate health care services and
16 patient navigators within the health care system to
17 ensure optimal patient utilization of these services.

18 “(4) APPLICATION FOR GRANT.—A grant may
19 be made under paragraph (1) only if an application
20 for the grant is submitted to the Director of the In-
21 stitute and the application is in such form, is made
22 in such manner, and contains such agreements, as-
23 surances, and information as the Director deter-
24 mines to be necessary to carry out this section.

25 “(5) EVALUATIONS.—

1 “(A) IN GENERAL.—The Director of the
2 Institute, directly or through grants or con-
3 tracts, shall provide for evaluations to deter-
4 mine which outreach activities under paragraph
5 (3) were most effective in informing the public
6 of the model program services and to determine
7 the extent to which such programs were effec-
8 tive in providing culturally competent services
9 to the health disparity population served by the
10 programs.

11 “(B) DISSEMINATION OF FINDINGS.—The
12 Director of the Institute shall as appropriate
13 disseminate to public and private entities the
14 findings made in evaluations under subpara-
15 graph (A).

16 “(6) COORDINATION WITH OTHER PRO-
17 GRAMS.—The Secretary shall coordinate the pro-
18 gram under this subsection with the program under
19 subsection (b), with the program under section 330I,
20 and to the extent practicable, with programs for pre-
21 vention centers that are carried out by the Director
22 of the Centers for Disease Control and Prevention.

23 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

24 “(1) IN GENERAL.—The Director of the Insti-
25 tute may make grants to eligible entities for the de-

1 development and operation of programs to pay the
2 costs of such entities in—

3 “(A) assigning patient navigators, in ac-
4 cordance with applicable criteria of the Sec-
5 retary, for individuals of health disparity popu-
6 lations for the duration of receiving health serv-
7 ices from the health centers;

8 “(B) ensuring that the services provided by
9 the patient navigators to such individuals in-
10 clude case management and psychosocial as-
11 sessment and care or information and referral
12 to such services;

13 “(C) ensuring that the patient navigators
14 provide services to such individuals in a cul-
15 turally competent manner; and

16 “(D) developing model practices for patient
17 navigators, including with respect to—

18 “(i) coordination of health services,
19 including psychosocial assessment and
20 care;

21 “(ii) follow-up services, including psy-
22 chosocial assessment and care; and

23 “(iii) determining coverage under
24 health insurance and health plans for all
25 services.

1 “(2) OUTREACH SERVICES.—A condition for
2 the receipt of a grant under paragraph (1) is that
3 the applicant involved agree to provide ongoing out-
4 reach activities while receiving the grant, in a man-
5 ner that is culturally competent for the health dis-
6 parity population served by the program, to inform
7 the public of the services of the model program
8 under the grant.

9 “(3) APPLICATION FOR GRANT.—A grant may
10 be made under paragraph (1) only if an application
11 for the grant is submitted to the Director of the In-
12 stitute and the application is in such form, is made
13 in such manner, and contains such agreements, as-
14 surances, and information as the Director deter-
15 mines to be necessary to carry out this section.

16 “(4) EVALUATIONS.—

17 “(A) IN GENERAL.—The Director of the
18 Institute, directly or through grants or con-
19 tracts, shall provide for evaluations to deter-
20 mine the effects of the services of patient navi-
21 gators on the health disparity population for
22 whom the services were provided, taking into
23 account the matters referred to in paragraph
24 (1)(C).

1 “(B) DISSEMINATION OF FINDINGS.—The
2 Director of the Institute shall as appropriate
3 disseminate to public and private entities the
4 findings made in evaluations under subpara-
5 graph (A).

6 “(5) COORDINATION WITH OTHER PRO-
7 GRAMS.—The Secretary shall coordinate the pro-
8 gram under this subsection with the program under
9 subsection (a) and with the program under section
10 330I.

11 “(c) REQUIREMENTS REGARDING FEES.—A condi-
12 tion for the receipt of a grant under subsection (a)(1) or
13 (b)(1) is that the program for which the grant is made
14 have in effect—

15 “(1) a schedule of fees or payments for the pro-
16 vision of its services that is consistent with locally
17 prevailing rates or charges and is designed to cover
18 its reasonable costs of operation; and

19 “(2) a corresponding schedule of discounts to
20 be applied to the payment of such fees or payments,
21 which discounts are adjusted on the basis of the
22 ability of the patient to pay.

23 “(d) MODEL.—Not later than three years after the
24 date of the enactment of this section, the Director of the
25 Institute shall develop a peer-reviewed model of systems

1 for the services provided by this section. The Director shall
2 update such model as may be necessary to ensure that
3 the best practices are being utilized.

4 “(e) DURATION OF GRANT.—The period during
5 which payments are made to an entity from a grant under
6 subsection (a)(1) or (b)(1) may not exceed five years. The
7 provision of such payments are subject to annual approval
8 by the Director of the Institute of the payments and sub-
9 ject to the availability of appropriations for the fiscal year
10 involved to make the payments. This subsection may not
11 be construed as establishing a limitation on the number
12 of grants under such subsection that may be made to an
13 entity.

14 “(f) DEFINITIONS.—For purposes of this section:

15 “(1) The term ‘culturally competent’, with re-
16 spect to providing health-related services, means
17 services that, in accordance with standards and
18 measures of the Secretary, are designed to effec-
19 tively and efficiently respond to the cultural and lin-
20 guistic needs of patients.

21 “(2) the term ‘appropriate follow-up care’ in-
22 cludes palliative and end-of-life care.

23 “(3) the term ‘health disparity population’
24 means a population where there exists a significant
25 disparity in the overall rate of disease incidence,

1 morbidity, mortality, or survival rates in the popu-
2 lation as compared to the health status of the gen-
3 eral population. Such term includes—

4 “(A) racial and ethnic minority groups as
5 defined in section 1707; and

6 “(B) medically underserved groups, such
7 as rural and low-income individuals and individ-
8 uals with low levels of literacy.

9 “(4)(A) the term ‘patient navigator’ means an
10 individual whose functions include—

11 “(i) assisting and guiding patients with a
12 symptom or an abnormal finding or diagnosis of
13 cancer or other chronic disease within the
14 health care system to accomplish the follow-up
15 and diagnosis of an abnormal finding as well as
16 the treatment and appropriate follow-up care of
17 cancer or other chronic disease; and

18 “(ii) identifying, anticipating, and helping
19 patients overcome barriers within the health
20 care system to ensure prompt diagnostic and
21 treatment resolution of an abnormal finding of
22 cancer or other chronic disease.

23 “(B) Such term includes representatives of the
24 target health disparity population, such as nurses,

1 social workers, cancer survivors, and patient advo-
2 cates.

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—

4 “(1) MODEL PROGRAMS.—For the purpose of
5 carrying out subsection (a), there are authorized to
6 be appropriated such sums as may be necessary for
7 each of the fiscal years 2003 through 2007.

8 “(2) PATIENT NAVIGATORS.—For the purpose
9 of carrying out subsection (b), there are authorized
10 to be appropriated such sums as may be necessary
11 for each of the fiscal years 2003 through 2007.

12 “(3) RELATION TO OTHER AUTHORIZATIONS.—
13 Authorizations of appropriations under paragraphs
14 (1) and (2) are in addition to other authorizations
15 of appropriations that are available for the purposes
16 described in such paragraphs.”.

