

107TH CONGRESS  
2D SESSION

# S. 2990

To provide for programs and activities to improve the health of Hispanic individuals, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 23, 2002

Mr. BINGAMAN introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To provide for programs and activities to improve the health of Hispanic individuals, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4       (a) **SHORT TITLE.**—This Act may be cited as the  
5       “Hispanic Health Improvement Act of 2002”.

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

Sec. 1. Short title; table of contents.

### TITLE I—HEALTH CARE COVERAGE

#### Subtitle A—Coverage for Parents and Pregnant Women

Sec. 101. Coverage of parents and pregnant women under the medicaid program and title XXI.

- Sec. 102. Automatic enrollment of children born to title XXI parents.
- Sec. 103. Optional coverage of children through age 20 under the medicaid program and title XXI.
- Sec. 104. Technical and conforming amendments to authority to pay medicaid expansion costs from title XXI appropriation.

Subtitle B—Outreach and Enrollment

- Sec. 111. Grants to promote innovative outreach and enrollment efforts under SCHIP.

Subtitle C—Immigrant Children and Pregnant Women

- Sec. 121. Optional coverage of legal immigrants under the medicaid program and SCHIP.
- Sec. 122. Permitting States and localities to provide health care to all individuals.

Subtitle D—Eligibility Simplification

- Sec. 131. State option to provide for simplified determinations of a child's financial eligibility for medical assistance under medicaid.
- Sec. 132. Application of simplified title XXI procedures under the medicaid program.

Subtitle E—SCHIP Wrap-Around Benefits

- Sec. 141. Requiring coverage of substantially equivalent dental services under SCHIP.
- Sec. 142. State option to provide wrap-around SCHIP coverage to children who have other health coverage.

Subtitle F—Immunization Coverage Through SCHIP

- Sec. 151. Eligibility of children enrolled in the State Children's Health Insurance Program for the pediatric vaccine distribution program.

Subtitle G—Limited English Proficient Communities

- Sec. 161. Increased Federal reimbursement for language services under the medicaid program and the State Children's Health Insurance Program.

Subtitle H—Binational Health Insurance

- Sec. 171. Binational health insurance.

TITLE II—ACCESS AND AFFORDABILITY

Subtitle A—Report on Programs for Improving the Health Status of Hispanic Individuals

- Sec. 201. Annual report regarding diabetes, HIV/AIDS, substance abuse, and mental health.

Subtitle B—Diabetes Control and Prevention

- Sec. 211. National diabetes education program of Centers for Disease Control and Prevention; increased authorization of appropriations for activities regarding Hispanic individuals.

Sec. 212. National Institutes of Health; implementation of recommendations of diabetes research working group.

Subtitle C—HIV Prevention Activities Regarding Hispanic Individuals

Sec. 221. Programs of Centers for Disease Control and Prevention; representation of Hispanic individuals in membership of community planning groups.

Sec. 222. AIDS education and training centers funded by Health Resources and Services Administration; establishment of center directed toward minority populations with HIV.

Subtitle D—Prevention of Latina Adolescent Suicides

Sec. 231. Short title.

Sec. 232. Establishment of program for prevention of Latina adolescent suicides.

Subtitle E—Dental Health Services

Sec. 241. Grants to improve the provision of dental health services through community health centers and public health departments.

Sec. 242. School-based dental sealant program.

Subtitle F—Border Health

Sec. 251. Short title.

Sec. 252. Definitions.

Sec. 253. Border health services grants.

Sec. 254. United States-Mexico Border Health Commission.

Subtitle G—Community Health Workers

Sec. 261. Short title.

Sec. 262. Grants to promote positive health behaviors in women.

Subtitle H—Patient Navigator, Outreach, and Chronic Disease Prevention

Sec. 271. Short title.

Sec. 272. HRSA grants for model community cancer and chronic disease care and prevention; HRSA grants for patient navigators.

Sec. 273. NCI grants for model community cancer and chronic disease care and prevention; NCI grants for patient navigators.

TITLE III—HEALTH DISPARITIES

Subtitle A—Hispanic-Serving Health Professions Schools

Sec. 301. Hispanic-serving health professions schools.

Subtitle B—Health Career Opportunity Program

Sec. 311. Educational assistance regarding undergraduates.

Sec. 312. Centers of excellence.

Subtitle C—Bilingual Health Professionals

Sec. 321. Training of bilingual health professionals with respect to minority health conditions.

Subtitle D—Cultural Competence

Sec. 331. Definition.

Sec. 332. Activities of Office of Minority Health; Center for Linguistic and Cultural Competence in Health Care.

Sec. 333. Cultural competence demonstration projects.

Subtitle E—Data Regarding Race and Ethnicity

Sec. 341. Collection of data.

Sec. 342. Development of standards; study to measure patient outcomes under medicare and medicaid programs.

Subtitle F—National Assessment of Status of Latino Health

Sec. 351. National assessment of status of Latino health.

Subtitle G—Office of Minority Health

Sec. 361. Revision and extension of programs of Office of Minority Health.

Sec. 362. Establishment of individual Offices of Minority Health within agencies of Public Health Service.

Sec. 363. Assistant Secretary of Health and Human Services for Civil Rights.

1                   **TITLE I—HEALTH CARE**  
 2                   **COVERAGE**  
 3           **Subtitle A—Coverage for Parents**  
 4                   **and Pregnant Women**

5   **SEC. 101. COVERAGE OF PARENTS AND PREGNANT WOMEN**  
 6                   **UNDER THE MEDICAID PROGRAM AND TITLE**  
 7                   **XXI.**

8           (a) INCENTIVES TO IMPLEMENT COVERAGE OF PAR-  
 9   ENTS AND PREGNANT WOMEN.—

10                   (1) UNDER MEDICAID.—

11                           (A) ESTABLISHMENT OF NEW OPTIONAL  
 12                   ELIGIBILITY                           CATEGORY.—Section  
 13                   1902(a)(10)(A)(ii) of the Social Security Act  
 14                   (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

1 (i) by striking “or” at the end of sub-  
 2 clause (XVII);

3 (ii) by adding “or” at the end of sub-  
 4 clause (XVIII); and

5 (iii) by adding at the end the fol-  
 6 lowing:

7 “(XIX) who are individuals de-  
 8 scribed in subsection (k)(1) (relating  
 9 to parents of categorically eligible chil-  
 10 dren);”.

11 (B) PARENTS DESCRIBED.—Section 1902  
 12 of the Social Security Act is further amended  
 13 by inserting after subsection (j) the following:

14 “(k)(1)(A) Individuals described in this paragraph  
 15 are individuals—

16 “(i) who are the parents of an individual who  
 17 is under 19 years of age (or such higher age as the  
 18 State may have elected under section 1902(l)(1)(D))  
 19 and who is eligible for medical assistance under sub-  
 20 section (a)(10)(A);

21 “(ii) who are not otherwise eligible for medical  
 22 assistance under such subsection or under a waiver  
 23 approved under section 1115 or otherwise (except  
 24 under section 1931 or under subsection  
 25 (a)(10)(A)(ii)(XIX)); and

1           “(iii) whose family income exceeds the effective  
2           income level or resource level applicable under the  
3           State plan under part A of title IV as in effect as  
4           of July 16, 1996, but does not exceed the highest ef-  
5           fective income level applicable to a child in the fam-  
6           ily under this title.

7           “(B) In establishing an income eligibility level for in-  
8           dividuals described in this paragraph, a State may vary  
9           such level consistent with the various income levels estab-  
10          lished under subsection (l)(2) based on the ages of chil-  
11          dren described in subsection (l)(1) in order to ensure, to  
12          the maximum extent possible, that such individuals shall  
13          be enrolled in the same program as their children.

14          “(C) An individual may not be treated as being de-  
15          scribed in this paragraph unless, at the time of the individ-  
16          ual’s enrollment under this title, the child referred to in  
17          subparagraph (A)(i) of the individual is also enrolled  
18          under this title.

19          “(D) In this subsection, the term ‘parent’ has the  
20          meaning given the term ‘caretaker relative’ for purposes  
21          of carrying out section 1931.

22          “(2) In the case of a parent described in paragraph  
23          (1) who is also the parent of a child who is eligible for  
24          child health assistance under title XXI, the State may

1 elect (on a uniform basis) to cover all such parents under  
 2 section 2111 or under this title.”.

3 (C) ENHANCED MATCHING FUNDS AVAIL-  
 4 ABLE IF CERTAIN CONDITIONS MET.—Section  
 5 1905 of the Social Security Act (42 U.S.C.  
 6 1396d) is amended—

7 (i) in the fourth sentence of sub-  
 8 section (b), by striking “or subsection  
 9 (u)(3)” and inserting “, (u)(3), or (u)(4)”;  
 10 and

11 (ii) in subsection (u)—

12 (I) by redesignating paragraph  
 13 (4) as paragraph (6), and

14 (II) by inserting after paragraph  
 15 (3) the following:

16 “(4) For purposes of subsection (b) and section  
 17 2105(a)(1):

18 “(A) PARENTS AND PREGNANT WOMEN.—The  
 19 expenditures described in this subparagraph are the  
 20 expenditures described in the following clauses (i)  
 21 and (ii):

22 “(i) PARENTS.—If the conditions described  
 23 in clause (iii) are met, expenditures for medical  
 24 assistance for parents described in section  
 25 1902(k)(1) and for parents who would be de-

scribed in such section but for the fact that they are eligible for medical assistance under section 1931 or under a waiver approved under section 1115.

“(ii) CERTAIN PREGNANT WOMEN.—If the conditions described in clause (iv) are met, expenditures for medical assistance for pregnant women described in subsection (n) or under section 1902(l)(1)(A) in a family the income of which exceeds the effective income level applicable under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902 to a family of the size involved as of January 1, 2002.

“(iii) CONDITIONS FOR EXPENDITURES FOR PARENTS.—The conditions described in this clause are the following:

“(I) The State has a State child health plan under title XXI which (whether implemented under such title or under this title) has an effective income level for children that is at least 200 percent of the poverty line.

“(II) State child health plan does not limit the acceptance of applications, does not use a waiting list for children who



1 meet eligibility standards to qualify for as-  
 2 sistance, and provides benefits to all chil-  
 3 dren in the State who apply for and meet  
 4 eligibility standards.

5 “(III) The State plans under this title  
 6 and title XXI do not provide coverage for  
 7 parents with higher family income without  
 8 covering parents with a lower family in-  
 9 come.

10 “(IV) The State does not apply an in-  
 11 come level for parents that is lower than  
 12 the effective income level (expressed as a  
 13 percent of the poverty line) that has been  
 14 specified under the State plan under title  
 15 XIX (including under a waiver authorized  
 16 by the Secretary or under section  
 17 1902(r)(2)), as of January 1, 2002, to be  
 18 eligible for medical assistance as a parent  
 19 under this title.

20 “(iv) CONDITIONS FOR EXPENDITURES  
 21 FOR CERTAIN PREGNANT WOMEN.—The condi-  
 22 tions described in this clause are the following:

23 “(I) The State has established an ef-  
 24 fective income eligibility level for pregnant  
 25 women under subsection (a)(10)(A)(i)(III)

1 or (l)(2)(A) of section 1902 that is at least  
2 185 percent of the poverty line.

3 “(II) The State plans under this title  
4 and title XXI do not provide coverage for  
5 pregnant women described in subpara-  
6 graph (A)(ii) with higher family income  
7 without covering such pregnant women  
8 with a lower family income.

9 “(III) The State does not apply an in-  
10 come level for pregnant women that is  
11 lower than the effective income level (ex-  
12 pressed as a percent of the poverty line  
13 and considering applicable income dis-  
14 regards) that has been specified under the  
15 State plan under subsection  
16 (a)(10)(A)(i)(III) or (l)(2)(A) of section  
17 1902, as of January 1, 2002, to be eligible  
18 for medical assistance as a pregnant  
19 woman.

20 “(IV) The State satisfies the condi-  
21 tions described in subclauses (I) and (II)  
22 of clause (iii).

23 “(v) DEFINITIONS.—For purposes of this  
24 subsection:

1 “(I) The term ‘parent’ has the mean-  
 2 ing given such term for purposes of section  
 3 1902(k)(1).

4 “(II) The term ‘poverty line’ has the  
 5 meaning given such term in section  
 6 2110(c)(5).”.

7 (D) APPROPRIATION FROM TITLE XXI AL-  
 8 LOTMENT FOR MEDICAID EXPANSION COSTS  
 9 FOR PARENTS; ELIMINATION OF COUNTING  
 10 MEDICAID CHILD PRESUMPTIVE ELIGIBILITY  
 11 COSTS AGAINST TITLE XXI ALLOTMENT.—Sub-  
 12 paragraph (B) of section 2105(a)(1) of the So-  
 13 cial Security Act, as amended by section  
 14 104(a), is amended to read as follows:

15 “(B) PARENTS AND PREGNANT WOMEN.—  
 16 Expenditures for medical assistance that are at-  
 17 tributable to expenditures described in section  
 18 1905(u)(4)(A).”.

19 (E) ONLY COUNTING ENHANCED PORTION  
 20 FOR COVERAGE OF ADDITIONAL PREGNANT  
 21 WOMEN.—Section 1905 of the Social Security  
 22 Act (42 U.S.C. 1396d) is amended—

23 (i) in the fourth sentence of sub-  
 24 section (b), by inserting “(except in the

1 case of expenditures described in sub-  
 2 section (u)(5))” after “do not exceed”;

3 (ii) in subsection (u), by inserting  
 4 after paragraph (4) (as inserted by sub-  
 5 paragraph (C)), the following:

6 “(5) For purposes of the fourth sentence of sub-  
 7 section (b) and section 2105(a), the following payments  
 8 under this title do not count against a State’s allotment  
 9 under section 2104:

10 “(A) REGULAR FMAP FOR EXPENDITURES FOR  
 11 PREGNANT WOMEN WITH INCOME ABOVE JANUARY  
 12 1, 2002 INCOME LEVEL AND BELOW 185 PERCENT OF  
 13 POVERTY.—The portion of the payments made for  
 14 expenditures described in paragraph (4)(A)(ii) that  
 15 represents the amount that would have been paid if  
 16 the enhanced FMAP had not been substituted for  
 17 the Federal medical assistance percentage.”.

18 (2) UNDER TITLE XXI.—

19 (A) PARENTS AND PREGNANT WOMEN  
 20 COVERAGE.—Title XXI of the Social Security  
 21 Act (42 U.S.C. 1397aa et seq.) is amended by  
 22 adding at the end the following:

1 **“SEC. 2111. OPTIONAL COVERAGE OF PARENTS OF TAR-**  
 2 **GETED LOW-INCOME CHILDREN OR TAR-**  
 3 **GETED LOW-INCOME PREGNANT WOMEN.**

4 “(a) OPTIONAL COVERAGE.—Notwithstanding any  
 5 other provision of this title, a State may provide for cov-  
 6 erage, through an amendment to its State child health  
 7 plan under section 2102, of parent health assistance for  
 8 targeted low-income parents, pregnancy-related assistance  
 9 for targeted low-income pregnant women, or both, in ac-  
 10 cordance with this section, but only if—

11 “(1) with respect to the provision of parent  
 12 health assistance, the State meets the conditions de-  
 13 scribed in clause (iii) of section 1905(u)(4)(A);

14 “(2) with respect to the provision of pregnancy-  
 15 related assistance, the State meets the conditions de-  
 16 scribed in clause (iv) of section 1905(u)(4)(A); and

17 “(3) in the case of parent health assistance for  
 18 targeted low-income parents, the State elects to pro-  
 19 vide medical assistance under section  
 20 1902(a)(10)(A)(ii)(XIX), under section 1931, or  
 21 under a waiver under section 1115 to individuals de-  
 22 scribed in section 1902(k)(1)(A)(i) and elects an ef-  
 23 fective income level that, consistent with paragraphs  
 24 (1)(B) and (2) of section 1902(k), ensures to the  
 25 maximum extent possible, that such individuals shall  
 26 be enrolled in the same program as their children if

1       their children are eligible for coverage under title  
2       XIX (including under a waiver authorized by the  
3       Secretary or under section 1902(r)(2)).”.

4       “(b) DEFINITIONS.—For purposes of this title:

5               “(1) PARENT HEALTH ASSISTANCE.—The term  
6       ‘parent health assistance’ has the meaning given the  
7       term child health assistance in section 2110(a) as if  
8       any reference to targeted low-income children were  
9       a reference to targeted low-income parents.

10              “(2) PARENT.—The term ‘parent’ has the  
11       meaning given the term ‘caretaker relative’ for pur-  
12       poses of carrying out section 1931.

13              “(3) PREGNANCY-RELATED ASSISTANCE.—The  
14       term ‘pregnancy-related assistance’ has the meaning  
15       given the term child health assistance in section  
16       2110(a) as if any reference to targeted low-income  
17       children were a reference to targeted low-income  
18       pregnant women, except that the assistance shall be  
19       limited to services related to pregnancy (which in-  
20       clude prenatal, delivery, and postpartum services)  
21       and to other conditions that may complicate preg-  
22       nancy.

23              “(4) TARGETED LOW-INCOME PARENT.—The  
24       term ‘targeted low-income parent’ has the meaning  
25       given the term targeted low-income child in section

1       2110(b) as if the reference to a child were deemed  
 2       a reference to a parent (as defined in paragraph (3))  
 3       of the child; except that in applying such section—

4               “(A) there shall be substituted for the in-  
 5               come level described in paragraph (1)(B)(ii)(I)  
 6               the applicable income level in effect for a tar-  
 7               geted low-income child;

8               “(B) in paragraph (3), January 1, 2002,  
 9               shall be substituted for July 1, 1997; and

10              “(C) in paragraph (4), January 1, 2002,  
 11              shall be substituted for March 31, 1997.

12              “(5)   TARGETED    LOW-INCOME    PREGNANT  
 13       WOMAN.—The term ‘targeted low-income pregnant  
 14       woman’ has the meaning given the term targeted  
 15       low-income child in section 2110(b) as if any ref-  
 16       erence to a child were a reference to a woman dur-  
 17       ing pregnancy and through the end of the month in  
 18       which the 60-day period beginning on the last day  
 19       of her pregnancy ends; except that in applying such  
 20       section—

21              “(A) there shall be substituted for the in-  
 22              come level described in paragraph (1)(B)(ii)(I)  
 23              the applicable income level in effect for a tar-  
 24              geted low-income child;

1           “(B) in paragraph (3), January 1, 2002,  
2           shall be substituted for July 1, 1997; and

3           “(C) in paragraph (4), January 1, 2002,  
4           shall be substituted for March 31, 1997.

5           “(6) PARENT.—The term ‘parent’ has the  
6           meaning given the term ‘caretaker relative’ for pur-  
7           poses of carrying out section 1931.

8           “(c) REFERENCES TO TERMS AND SPECIAL  
9           RULES.—In the case of, and with respect to, a State pro-  
10          viding for coverage of parent health assistance to targeted  
11          low-income parents or pregnancy-related assistance to tar-  
12          geted low-income pregnant women under subsection (a),  
13          the following special rules apply:

14               “(1) Any reference in this title (other than in  
15               subsection (b)) to a targeted low-income child is  
16               deemed to include a reference to a targeted low-in-  
17               come parent or a targeted low-income pregnant  
18               woman (as applicable).

19               “(2) Any such reference to child health assist-  
20               ance—

21                       “(A) with respect to such parents is  
22                       deemed a reference to parent health assistance;  
23                       and



1 “(B) with respect to such pregnant women,  
 2 is deemed a reference to pregnancy-related as-  
 3 sistance.

4 “(3) In applying section 2103(e)(3)(B) in the  
 5 case of a family or pregnant woman provided cov-  
 6 erage under this section, the limitation on total an-  
 7 nual aggregate cost-sharing shall be applied to the  
 8 entire family or such pregnant woman.

9 “(4) In applying section 2110(b)(4), any ref-  
 10 erence to ‘section 1902(l)(2) or 1905(n)(2) (as se-  
 11 lected by a State)’ is deemed a reference to the ef-  
 12 fective income level applicable to parents under sec-  
 13 tion 1931 or under a waiver approved under section  
 14 1115, or, in the case of a pregnant woman, the in-  
 15 come level established under section 1902(l)(2)(A).

16 “(5) In applying section 2102(b)(3)(B), any  
 17 reference to children found through screening to be  
 18 eligible for medical assistance under the State med-  
 19 icaid plan under title XIX is deemed a reference to  
 20 parents and pregnant women.”.

21 (B) ADDITIONAL ALLOTMENT FOR STATES  
 22 PROVIDING COVERAGE OF PARENTS OR PREG-  
 23 NANT WOMEN.—

24 (i) IN GENERAL.—Section 2104 of the  
 25 Social Security Act (42 U.S.C. 1397dd) is

1                   amended by inserting after subsection (c)  
2                   the following:

3           “(d) ADDITIONAL ALLOTMENTS FOR STATE COV-  
4 ERAGE OF PARENTS OR PREGNANT WOMEN.—

5           “(1) APPROPRIATION; TOTAL ALLOTMENT.—

6           For the purpose of providing additional allotments  
7           to States under this title, there is appropriated, out  
8           of any money in the Treasury not otherwise appro-  
9           priated—

10                   “(A) for fiscal year 2002, \$2,000,000,000;

11                   “(B) for fiscal year 2003, \$2,000,000,000;

12                   “(C) for fiscal year 2004, \$3,000,000,000;

13                   “(D) for fiscal year 2005, \$3,000,000,000;

14                   “(E) for fiscal year 2006, \$5,000,000,000;

15                   “(F) for fiscal year 2007, \$5,000,000,000;

16                   “(G) for fiscal year 2008, \$5,000,000,000;

17                   “(H) for fiscal year 2009, \$5,000,000,000;

18                   “(I) for fiscal year 2010, \$5,000,000,000;

19                   and

20                   “(J) for fiscal year 2011 and each fiscal  
21                   year thereafter, the amount of the allotment  
22                   provided under this paragraph for the preceding  
23                   fiscal year increased by the percentage increase  
24                   (if any) in the medical care expenditure cat-

egory of the Consumer Price Index for All  
Urban Consumers (United States city average).

“(2) STATE AND TERRITORIAL ALLOTMENTS.—

“(A) IN GENERAL.—In addition to the al-  
lotments provided under subsections (b) and  
(c), subject to paragraphs (3) and (4), of the  
amount available for the additional allotments  
under paragraph (1) for a fiscal year, the Sec-  
retary shall allot to each State with a State  
child health plan approved under this title—

“(i) in the case of such a State other  
than a commonwealth or territory de-  
scribed in subparagraph (B), the same pro-  
portion as the proportion of the State’s al-  
lotment under subsection (b) (determined  
without regard to subsection (f)) to the  
total amount of the allotments under sub-  
section (b) for such States eligible for an  
allotment under this paragraph for such  
fiscal year; and

“(ii) in the case of a commonwealth or  
territory described in subsection (c)(3), the  
same proportion as the proportion of the  
commonwealth’s or territory’s allotment  
under subsection (c) (determined without

1           regard to subsection (f)) to the total  
 2           amount of the allotments under subsection  
 3           (c) for commonwealths and territories eligi-  
 4           ble for an allotment under this paragraph  
 5           for such fiscal year.

6           “(B) AVAILABILITY AND REDISTRIBUTION  
 7           OF UNUSED ALLOTMENTS.—In applying sub-  
 8           sections (e) and (f) with respect to additional  
 9           allotments made available under this subsection,  
 10          the procedures established under such sub-  
 11          sections shall ensure such additional allotments  
 12          are only made available to States which have  
 13          elected to provide coverage under section 2111.

14          “(3) USE OF ADDITIONAL ALLOTMENT.—Addi-  
 15          tional allotments provided under this subsection are  
 16          not available for amounts expended before October  
 17          1, 2002. Such amounts are available for amounts ex-  
 18          pended on or after such date for child health assist-  
 19          ance for targeted low-income children, as well as for  
 20          parent health assistance for targeted low-income  
 21          parents, and pregnancy-related assistance for tar-  
 22          geted low-income pregnant women.

23          “(4) REQUIRING ELECTION TO PROVIDE COV-  
 24          ERAGE.—No payments may be made to a State  
 25          under this title from an allotment provided under

1       this subsection unless the State has made an elec-  
 2       tion to provide parent health assistance for targeted  
 3       low-income parents, or pregnancy-related assistance  
 4       for targeted low-income pregnant women.”.

5                       (ii) CONFORMING AMENDMENTS.—

6               Section 2104 of the Social Security Act  
 7               (42 U.S.C. 1397dd) is amended—

8                       (I) in subsection (a), by inserting

9                       “subject to subsection (d),” after

10                      “under this section,”;

11                      (II) in subsection (b)(1), by in-

12                      serting “and subsection (d)” after

13                      “Subject to paragraph (4)”; and

14                      (III) in subsection (c)(1), by in-

15                      serting “subject to subsection (d),”

16                      after “for a fiscal year,”.

17                      (C) NO COST-SHARING FOR PREGNANCY-

18                      RELATED BENEFITS.—Section 2103(e)(2) of

19                      the Social Security Act (42 U.S.C.

20                      1397cc(e)(2)) is amended—

21                      (i) in the heading, by inserting “AND

22                      PREGNANCY-RELATED SERVICES” after

23                      “PREVENTIVE SERVICES”; and

1 (ii) by inserting before the period at  
 2 the end the following: “and for pregnancy-  
 3 related services”.

4 (3) EFFECTIVE DATE.—The amendments made  
 5 by this subsection apply to items and services fur-  
 6 nished on or after October 1, 2002, without regard  
 7 to whether regulations implementing such amend-  
 8 ments have been issued.

9 (b) MAKING TITLE XXI BASE ALLOTMENTS PERMA-  
 10 NENT.—Section 2104(a) of the Social Security Act (42  
 11 U.S.C. 1397dd(a)) is amended—

12 (1) by striking “and” at the end of paragraph  
 13 (9);

14 (2) by striking the period at the end of para-  
 15 graph (10) and inserting “; and”; and

16 (3) by adding at the end the following:

17 “(11) for fiscal year 2008 and each fiscal year  
 18 thereafter, the amount of the allotment provided  
 19 under this subsection for the preceding fiscal year  
 20 increased by the percentage increase (if any) in the  
 21 medical care expenditure category of the Consumer  
 22 Price Index for All Urban Consumers (United States  
 23 city average).”.

24 (c) OPTIONAL APPLICATION OF PRESUMPTIVE ELI-  
 25 GIBILITY PROVISIONS TO PARENTS.—Section 1920A of

1 the Social Security Act (42 U.S.C. 1396r–1a) is amended  
 2 by adding at the end the following:

3 “(e) A State may elect to apply the previous provi-  
 4 sions of this section to provide for a period of presumptive  
 5 eligibility for medical assistance for a parent (as defined  
 6 for purposes of section 1902(k)(1)) of a child with respect  
 7 to whom such a period is provided under this section.”.

8 (d) CONFORMING AMENDMENTS.—

9 (1) ELIGIBILITY CATEGORIES.—Section  
 10 1905(a) of the Social Security Act (42 U.S.C.  
 11 1396d(a)) is amended, in the matter before para-  
 12 graph (1)—

13 (A) by striking “or” at the end of clause  
 14 (xii);

15 (B) by inserting “or” at the end of clause  
 16 (xiii); and

17 (C) by inserting after clause (xiii) the fol-  
 18 lowing:

19 “(xiv) who are parents described (or treated as  
 20 if described) in section 1902(k)(1),”.

21 (2) INCOME LIMITATIONS.—Section 1903(f)(4)  
 22 of the Social Security Act (42 U.S.C. 1396b(f)(4))  
 23 is amended by inserting “1902(a)(10)(A)(ii)(XIX),”  
 24 after “1902(a)(10)(A)(ii)(XVIII),”.

1           (3) CONFORMING AMENDMENT RELATING TO  
2           NO WAITING PERIOD FOR PREGNANT WOMEN.—Sec-  
3           tion 2102(b)(1)(B) of the Social Security Act (42  
4           U.S.C. 1397bb(b)(1)(B)) is amended—

5                   (A) by striking “, and” at the end of  
6           clause (i) and inserting a semicolon;

7                   (B) by striking the period at the end of  
8           clause (ii) and inserting “; and”; and

9                   (C) by adding at the end the following:

10                           “(iii) may not apply a waiting period  
11                           (including a waiting period to carry out  
12                           paragraph (3)(C)) in the case of a targeted  
13                           low-income parent who is pregnant.”.

14   **SEC. 102. AUTOMATIC ENROLLMENT OF CHILDREN BORN**  
15                   **TO TITLE XXI PARENTS.**

16           (a) TITLE XXI.—Section 2102(b)(1) (42 U.S.C.  
17   1397bb(b)(1)) is amended by adding at the end the fol-  
18   lowing:

19                           “(C) AUTOMATIC ELIGIBILITY OF CHIL-  
20                           DREN BORN TO PREGNANT WOMEN.—Such eli-  
21                           gibility standards shall provide for automatic  
22                           coverage of a child born to an individual who is  
23                           provided assistance under this title in the same  
24                           manner as medical assistance would be provided



1 under section 1902(e)(4) to a child described in  
2 such section.”.

3 (b) CONFORMING AMENDMENT TO MEDICAID.—Sec-  
4 tion 1902(e)(4) (42 U.S.C. 1396a(e)(4)) is amended in  
5 the first sentence by striking “so long as the child is a  
6 member of the woman’s household and the woman remains  
7 (or would remain if pregnant) eligible for such assist-  
8 ance”.

9 **SEC. 103. OPTIONAL COVERAGE OF CHILDREN THROUGH**  
10 **AGE 20 UNDER THE MEDICAID PROGRAM AND**  
11 **TITLE XXI.**

12 (a) MEDICAID.—

13 (1) IN GENERAL.—Section 1902(l)(1)(D) of the  
14 Social Security Act (42 U.S.C. 1396a(l)(1)(D)) is  
15 amended by inserting “(or, at the election of a  
16 State, 20 or 21 years of age)” after “19 years of  
17 age”.

18 (2) CONFORMING AMENDMENTS.—

19 (A) Section 1902(e)(3)(A) of the Social Se-  
20 curity Act (42 U.S.C. 1396a(e)(3)(A)) is  
21 amended by inserting “(or 1 year less than the  
22 age the State has elected under subsection  
23 (l)(1)(D))” after “18 years of age”.

24 (B) Section 1902(e)(12) of the Social Se-  
25 curity Act (42 U.S.C. 1396a(e)(12)) is amend-

ed by inserting “or such higher age as the State  
has elected under subsection (l)(1)(D)” after  
“19 years of age”.

(C) Section 1920A(b)(1) of the Social Security Act (42 U.S.C. 1396r–1a(b)(1)) is amended by inserting “or such higher age as the State has elected under section 1902(l)(1)(D)” after “19 years of age”.

(D) Section 1928(h)(1) of the Social Security Act (42 U.S.C. 1396s(h)(1)) is amended by inserting “or 1 year less than the age the State has elected under section 1902(l)(1)(D)” before the period at the end.

(E) Section 1932(a)(2)(A) of the Social Security Act (42 U.S.C. 1396u–2(a)(2)(A)) is amended by inserting “(or such higher age as the State has elected under section 1902(l)(1)(D))” after “19 years of age”.

(b) TITLE XXI.—Section 2110(c)(1) of the Social Security Act (42 U.S.C. 1397jj(c)(1)) is amended by inserting “(or such higher age as the State has elected under section 1902(l)(1)(D))”.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on October 1, 2002, and apply to medical assistance and child health assistance provided on

1 or after such date, whether or not regulations imple-  
 2 menting such amendments have been issued.

3 **SEC. 104. TECHNICAL AND CONFORMING AMENDMENTS TO**  
 4 **AUTHORITY TO PAY MEDICAID EXPANSION**  
 5 **COSTS FROM TITLE XXI APPROPRIATION.**

6 (a) AUTHORITY TO PAY MEDICAID EXPANSION  
 7 COSTS FROM TITLE XXI APPROPRIATION.—Section  
 8 2105(a) of the Social Security Act (42 U.S.C. 1397ee(a))  
 9 is amended to read as follows:

10 “(a) ALLOWABLE EXPENDITURES.—

11 “(1) IN GENERAL.—Subject to the succeeding  
 12 provisions of this section, the Secretary shall pay to  
 13 each State with a plan approved under this title,  
 14 from its allotment under section 2104, an amount  
 15 for each quarter equal to the enhanced FMAP of the  
 16 following expenditures in the quarter:

17 “(A) CHILD HEALTH ASSISTANCE UNDER  
 18 MEDICAID.—Expenditures for child health as-  
 19 sistance under the plan for targeted low-income  
 20 children in the form of providing medical assist-  
 21 ance for expenditures described in the fourth  
 22 sentence of section 1905(b).

23 “(B) RESERVED.—[reserved].

24 “(C) CHILD HEALTH ASSISTANCE UNDER  
 25 THIS TITLE.—Expenditures for child health as-

1           sistance under the plan for targeted low-income  
 2           children in the form of providing health benefits  
 3           coverage that meets the requirements of section  
 4           2103.

5           “(D) ASSISTANCE AND ADMINISTRATIVE  
 6           EXPENDITURES SUBJECT TO LIMIT.—Expendi-  
 7           tures only to the extent permitted consistent  
 8           with subsection (c)—

9                   “(i) for other child health assistance  
 10                  for targeted low-income children;

11                  “(ii) for expenditures for health serv-  
 12                  ices initiatives under the plan for improv-  
 13                  ing the health of children (including tar-  
 14                  geted low-income children and other low-  
 15                  income children);

16                  “(iii) for expenditures for outreach ac-  
 17                  tivities as provided in section 2102(c)(1)  
 18                  under the plan; and

19                  “(iv) for other reasonable costs in-  
 20                  curred by the State to administer the plan.

21           “(2) ORDER OF PAYMENTS.—Payments under a  
 22           subparagraph of paragraph (1) from a State’s allot-  
 23           ment for expenditures described in each such sub-  
 24           paragraph shall be made on a quarterly basis in the  
 25           order of such subparagraph in such paragraph.

1           “(3) NO DUPLICATIVE PAYMENT.—In the case  
 2           of expenditures for which payment is made under  
 3           paragraph (1), no payment shall be made under title  
 4           XIX.”.

5           (b) CONFORMING AMENDMENTS.—

6           (1) SECTION 1905(u).—Section 1905(u)(1)(B)  
 7           of the Social Security Act (42 U.S.C.  
 8           1396d(u)(1)(B)) is amended by inserting “and sec-  
 9           tion 2105(a)(1)” after “subsection (b)”.

10          (2) SECTION 2105(c).—Section 2105(c)(2)(A) of  
 11          the Social Security Act (42 U.S.C. 1397ee(c)(2)(A))  
 12          is amended by striking “subparagraphs (A), (C),  
 13          and (D) of”.

14          (c) EFFECTIVE DATE.—The amendments made by  
 15          this section shall be effective as if included in the enact-  
 16          ment of the Balanced Budget Act of 1997 (Public Law  
 17          105–33; 111 Stat. 251), whether or not regulations imple-  
 18          menting such amendments have been issued.

## 19                   **Subtitle B—Outreach and** 20                   **Enrollment**

### 21   **SEC. 111. GRANTS TO PROMOTE INNOVATIVE OUTREACH** 22                   **AND ENROLLMENT EFFORTS UNDER SCHIP.**

23          (a) IN GENERAL.—Section 2104(f) of the Social Se-  
 24          curity Act (42 U.S.C. 1397dd(f)) is amended—

1           (1) by striking “The Secretary” and inserting  
2           the following:

3           “(1) IN GENERAL.—Subject to paragraph (2),  
4           the Secretary”; and

5           (2) by adding at the end the following:

6           “(2) GRANTS TO PROMOTE INNOVATIVE OUT-  
7           REACH AND ENROLLMENT EFFORTS.—

8           “(A) IN GENERAL.—Prior to any redis-  
9           tribution under paragraph (1) of unexpended  
10          allotments made to States under subsection (b)  
11          or (c) for fiscal year 2000 and any fiscal year  
12          thereafter, the Secretary shall—

13               “(i) reserve from such unexpended al-  
14               lotments the lesser of \$50,000,000 or the  
15               total amount of such unexpended allot-  
16               ments for grants under this paragraph for  
17               the fiscal year in which the redistribution  
18               occurs; and

19               “(ii) subject to subparagraph (B), use  
20               such reserved funds to make grants to  
21               local and community-based public or non-  
22               profit organizations (including organiza-  
23               tions involved in women’s health, pediatric  
24               advocacy, local and county governments,  
25               public health departments, Federally-quali-

1           fied health centers, children’s hospitals,  
 2           and hospitals defined as disproportionate  
 3           share hospitals under the State plan under  
 4           title XIX) to conduct innovative outreach  
 5           and enrollment efforts that are consistent  
 6           with section 2102(c) and to promote un-  
 7           derstanding of the importance of health in-  
 8           surance coverage for prenatal care and  
 9           children.

10           “(B) PRIORITY FOR GRANTS IN CERTAIN  
 11           AREAS.—In making grants under subparagraph  
 12           (A)(ii), the Secretary shall give priority to grant  
 13           applicants that propose to target the outreach  
 14           and enrollment efforts funded under the grant  
 15           to geographic areas—

16                   “(i) with high rates of eligible but  
 17                   unenrolled children, including such chil-  
 18                   dren who reside in rural areas; or

19                   “(ii) with high rates of families for  
 20                   whom English is not their primary lan-  
 21                   guage.

22           “(C) APPLICATIONS.—An organization  
 23           that desires to receive a grant under this para-  
 24           graph shall submit an application to the Sec-  
 25           retary in such form and manner, and con-

1           taining such information, as the Secretary may  
2           decide.”.

3           (b) EXTENDING USE OF OUTSTATIONED WORKERS  
4 TO ACCEPT TITLE XXI APPLICATIONS.—Section  
5 1902(a)(55) of such Act (42 U.S.C. 1396a(a)(55)) is  
6 amended by inserting “, and applications for child health  
7 assistance under title XXI” after “(a)(10)(A)(ii)(IX)”.

8           **Subtitle C—Immigrant Children**  
9           **and Pregnant Women**

10 **SEC. 121. OPTIONAL COVERAGE OF LEGAL IMMIGRANTS**  
11 **UNDER THE MEDICAID PROGRAM AND SCHIP.**

12           (a) MEDICAID PROGRAM.—Section 1903(v) of the  
13 Social Security Act (42 U.S.C. 1396b(v)) is amended—

14           (1) in paragraph (1), by striking “paragraph  
15           (2)” and inserting “paragraphs (2) and (4)”; and

16           (2) by adding at the end the following:

17           “(4)(A) A State may elect (in a plan amendment  
18 under this title) to provide medical assistance under this  
19 title for aliens who are lawfully residing in the United  
20 States (including battered aliens described in section  
21 431(c) of the Personal Responsibility and Work Oppor-  
22 tunity Reconciliation Act of 1996) and who are otherwise  
23 eligible for such assistance, within any of the following eli-  
24 gibility categories:



1           “(i) PREGNANT WOMEN.—Women during preg-  
 2           nancy (and during the 60-day period beginning on  
 3           the last day of the pregnancy).

4           “(ii) CHILDREN.—Children (as defined under  
 5           such plan), including optional targeted low-income  
 6           children described in section 1905(u)(2)(B).

7           “(B)(i) In the case of a State that has elected to pro-  
 8           vide medical assistance to a category of aliens under sub-  
 9           paragraph (A), no debt shall accrue under an affidavit of  
 10          support against any sponsor of such an alien on the basis  
 11          of provision of assistance to such category and the cost  
 12          of such assistance shall not be considered as an unreim-  
 13          bursed cost.

14          “(ii) The provisions of sections 401(a), 402(b), 403,  
 15          and 421 of the Personal Responsibility and Work Oppor-  
 16          tunity Reconciliation Act of 1996 shall not apply to a  
 17          State that makes an election under subparagraph (A).”.

18          (b) TITLE XXI.—Section 2107(e)(1) of the Social  
 19          Security Act (42 U.S.C. 1397gg(e)(1)) is amended by add-  
 20          ing at the end the following:

21                 “(E) Section 1903(v)(4) (relating to op-  
 22                 tional coverage of permanent resident alien chil-  
 23                 dren), but only if the State has elected to apply  
 24                 such section to that category of children under  
 25                 title XIX.”.

1       (c) EFFECTIVE DATE.—The amendments made by  
 2 this section take effect on October 1, 2002, and apply to  
 3 medical assistance and child health assistance furnished  
 4 on or after such date.

5       **SEC. 122. PERMITTING STATES AND LOCALITIES TO PRO-**  
 6                               **VIDE HEALTH CARE TO ALL INDIVIDUALS.**

7       (a) IN GENERAL.—Section 411 of the Personal Re-  
 8 sponsibility and Work Opportunity Reconciliation Act of  
 9 1996 (8 U.S.C. 1621) is amended—

10               (1) in subsection (b)—

11                       (A) by striking paragraphs (1) and (3);

12               and

13                       (B) by redesignating paragraphs (2) and

14               (4) as paragraphs (1) and (2), respectively; and

15               (2) in subsection (c)—

16                       (A) in paragraph (1)—

17                               (i) in the matter preceding subpara-

18                               graph (A), by striking “(2) and (3)” and

19                               inserting “(2), (3), and (4)”; and

20                               (ii) in subparagraph (B), by striking

21                               “health,”; and

22                       (B) by adding at the end the following new

23               paragraph

24                       “(4) Such term does not include any health

25               benefit for which payments or assistance are pro-

1 vided to an individual, household, or family eligibility  
 2 unit by an agency of a State or local government or  
 3 by appropriated funds of a State or local govern-  
 4 ment.”.

5 (b) EFFECTIVE DATE.—The amendments made by  
 6 subsection (a) shall apply to health care furnished before,  
 7 on, or after the date of the enactment of this Act.

## 8 **Subtitle D—Eligibility**

### 9 **Simplification**

#### 10 **SEC. 131. STATE OPTION TO PROVIDE FOR SIMPLIFIED DE-**

#### 11 **TERMINATIONS OF A CHILD’S FINANCIAL ELI-**

#### 12 **GIBILITY FOR MEDICAL ASSISTANCE UNDER**

#### 13 **MEDICAID.**

14 (a) IN GENERAL.—Section 1902(e) of the Social Se-  
 15 curity Act (42 U.S.C. 1396a(e)) is amended by adding at  
 16 the end the following:

17 “(13)(A) At the option of the State, the plan may  
 18 provide that financial eligibility requirements for medical  
 19 assistance are met for an individual who is under an age  
 20 specified by the State (not to exceed 19 years of age)  
 21 based on a determination, during the 12 months prior to  
 22 applying for such assistance, of the individual’s family or  
 23 household income or resources by a Federal or State agen-  
 24 cy (or a public or private entity making such determina-  
 25 tion on behalf of such agency) specified by the plan, pro-

1 vided that such agency has fiscal liabilities or responsibil-  
 2 ities affected or potentially affected by such determina-  
 3 tions, and provided that all information furnished by such  
 4 agency pursuant to this subparagraph is used solely for  
 5 purposes of determining eligibility for medical assistance  
 6 under the State plan approved under this title or for child  
 7 health assistance under a State plan approved under title  
 8 XXI.

9 “(B) Nothing in subparagraph (A) shall be construed  
 10 to authorize the denial of medical assistance under a State  
 11 plan approved under this title or of child health assistance  
 12 under a State plan approved under title XXI to an indi-  
 13 vidual under 19 years of age who, without regard to the  
 14 application of this paragraph or an option exercised there-  
 15 under, would qualify for such assistance.”.

16 (b) EFFECTIVE DATE.—The amendment made by  
 17 subsection (a) takes effect on October 1, 2002.

18 **SEC. 132. APPLICATION OF SIMPLIFIED TITLE XXI PROCE-**

19 **DURES UNDER THE MEDICAID PROGRAM.**

20 (a) APPLICATION UNDER MEDICAID.—

21 (1) IN GENERAL.—Section 1902(l) of the Social  
 22 Security Act (42 U.S.C. 1396a(l)) is amended—

23 (A) in paragraph (3), by inserting “subject  
 24 to paragraph (5)”, after “Notwithstanding sub-  
 25 section (a)(17),”; and

1 (B) by adding at the end the following:

2 “(5) With respect to determining the eligibility of in-  
 3 dividuals under 19 years of age (or such higher age as  
 4 the State has elected under paragraph (1)(D)) for medical  
 5 assistance under subsection (a)(10)(A) and, separately,  
 6 with respect to determining the eligibility of individuals  
 7 for medical assistance under subsection  
 8 (a)(10)(A)(i)(VIII) or (a)(10)(A)(ii)(XIX), notwith-  
 9 standing any other provision of this title, if the State has  
 10 established a State child health plan under title XXI—

11 “(A) the State may not apply a resource stand-  
 12 ard;

13 “(B) the State shall use the same simplified eli-  
 14 gibility form (including, if applicable, permitting ap-  
 15 plication other than in person) as the State uses  
 16 under such State child health plan with respect to  
 17 such individuals;

18 “(C) the State shall provide for initial eligibility  
 19 determinations and redeterminations of eligibility  
 20 using verification policies, forms, and frequency that  
 21 are no less restrictive than the policies, forms, and  
 22 frequency the State uses for such purposes under  
 23 such State child health plan with respect to such in-  
 24 dividuals; and

1           “(D) the State shall not require a face-to-face  
 2           interview for purposes of initial eligibility determina-  
 3           tions and redeterminations unless the State requires  
 4           such an interview for such purposes under such child  
 5           health plan with respect to such individuals.”.

6           (2) EFFECTIVE DATE.—The amendments made  
 7           by paragraph (1) apply to determinations of eligi-  
 8           bility made on or after the date that is 1 year after  
 9           the date of the enactment of this Act, whether or  
 10          not regulations implementing such amendments have  
 11          been issued.

12          (b) PRESUMPTIVE ELIGIBILITY.—

13           (1) IN GENERAL.—Section 1920A(b)(3)(A)(i) of  
 14          the Social Security Act (42 U.S.C. 1396r–  
 15          1a(b)(3)(A)(i)) is amended by inserting “a child care  
 16          resource and referral agency,” after “a State or trib-  
 17          al child support enforcement agency,”.

18           (2) APPLICATION TO PRESUMPTIVE ELIGIBILITY  
 19          FOR PREGNANT WOMEN UNDER MEDICAID.—Section  
 20          1920(b) of the Social Security Act (42 U.S.C.  
 21          1396r–1(b)) is amended by adding at the end after  
 22          and below paragraph (2) the following flush sen-  
 23          tence:

24          “The term ‘qualified provider’ includes a qualified entity  
 25          as defined in section 1920A(b)(3).”.

1 (3) APPLICATION UNDER TITLE XXI.—

2 (A) IN GENERAL.—Section 2107(e)(1)(D)  
3 of the Social Security Act (42 U.S.C.  
4 1397gg(e)(1)) is amended to read as follows:

5 “(D) Sections 1920 and 1920A (relating to  
6 presumptive eligibility).”.

7 (B) CONFORMING ELIMINATION OF RE-  
8 SOURCE TEST.—Section 2102(b)(1)(A) of such  
9 Act (42 U.S.C. 1397bb(b)(1)(A)) is amended—

10 (i) by striking “ and resources (in-  
11 cluding any standards relating to  
12 spenddowns and disposition of resources)”;  
13 and

14 (ii) by adding at the end the fol-  
15 lowing: “Effective 1 year after the date of  
16 the enactment of the Hispanic Health Im-  
17 provement Act 2002, such standards may  
18 not include the application of a resource  
19 standard or test.”.

20 (c) AUTOMATIC REASSESSMENT OF ELIGIBILITY FOR  
21 TITLE XXI AND MEDICAID BENEFITS FOR CHILDREN  
22 LOSING MEDICAID OR TITLE XXI ELIGIBILITY.—

23 (1) LOSS OF MEDICAID ELIGIBILITY.—Section  
24 1902(a) of the Social Security Act (42 U.S.C.  
25 1396a(a)) is amended—

1 (A) by striking the period at the end of  
 2 paragraph (65) and inserting “; and”, and

3 (B) by inserting after paragraph (65) the  
 4 following:

5 “(66) provide, in the case of a State with a  
 6 State child health plan under title XXI, that before  
 7 medical assistance to a child (or a parent of a child)  
 8 is discontinued under this title, a determination of  
 9 whether the child (or parent) is eligible for benefits  
 10 under title XXI shall be made and, if determined to  
 11 be so eligible, the child (or parent) shall be auto-  
 12 matically enrolled in the program under such title  
 13 without the need for a new application.”.

14 (2) LOSS OF TITLE XXI ELIGIBILITY AND CO-  
 15 ORDINATION WITH MEDICAID.—Section 2102(b) (42  
 16 U.S.C. 1397bb(b)) is amended—

17 (A) in paragraph (3), by redesignating  
 18 subparagraphs (D) and (E) as subparagraphs  
 19 (E) and (F), respectively, and by inserting after  
 20 subparagraph (C) the following:

21 “(D) that before health assistance to a  
 22 child (or a parent of a child) is discontinued  
 23 under this title, a determination of whether the  
 24 child (or parent) is eligible for benefits under  
 25 title XIX is made and, if determined to be so



1 eligible, the child (or parent) is automatically  
2 enrolled in the program under such title with-  
3 out the need for a new application;”;

4 (B) by redesignating paragraph (4) as  
5 paragraph (5); and

6 (C) by inserting after paragraph (3) the  
7 following new paragraph:

8 “(4) COORDINATION WITH MEDICAID.—The  
9 State shall coordinate the screening and enrollment  
10 of individuals under this title and under title XIX  
11 consistent with the following:

12 “(A) Information that is collected under  
13 this title or under title XIX which is needed to  
14 make an eligibility determination under the  
15 other title shall be transmitted to the appro-  
16 priate administering entity under such other  
17 title in a timely manner so that coverage is not  
18 delayed and families do not have to submit the  
19 same information twice. Families shall be pro-  
20 vided the information they need to complete the  
21 application process for coverage under both ti-  
22 tles and be given appropriate notice of any de-  
23 terminations made on their applications for  
24 such coverage.

1 “(B) If a State does not use a joint appli-  
2 cation under this title and such title, the State  
3 shall—

4 “(i) promptly inform a child’s parent  
5 or caretaker in writing and, if appropriate,  
6 orally, that a child has been found likely to  
7 be eligible under title XIX;

8 “(ii) provide the family with an appli-  
9 cation for medical assistance under such  
10 title and offer information about what (if  
11 any) further information, documentation,  
12 or other steps are needed to complete such  
13 application process;

14 “(iii) offer assistance in completing  
15 such application process; and

16 “(iv) promptly transmit the separate  
17 application under this title or the informa-  
18 tion obtained through such application,  
19 and all other relevant information and doc-  
20 umentation, including the results of the  
21 screening process, to the State agency  
22 under title XIX for a final determination  
23 on eligibility under such title.

24 “(C) Applicants are notified in writing  
25 of—

1 “(i) benefits (including restrictions on  
2 cost-sharing) under title XIX; and

3 “(ii) eligibility rules that prohibit chil-  
4 dren who have been screened eligible for  
5 medical assistance under such title from  
6 being enrolled under this title, other than  
7 provisional temporary enrollment while a  
8 final eligibility determination is being made  
9 under such title.

10 “(D) If the agency administering this title  
11 is different from the agency administering a  
12 State plan under title XIX, such agencies shall  
13 coordinate the screening and enrollment of ap-  
14 plicants for such coverage under both titles.

15 “(E) The coordination procedures estab-  
16 lished between the program under this title and  
17 under title XIX shall apply not only to the ini-  
18 tial eligibility determination of a family but also  
19 to any renewals or redeterminations of such eli-  
20 gibility.”.

21 (3) EFFECTIVE DATE.—The amendments made  
22 by paragraphs (1) and (2) apply to individuals who  
23 lose eligibility under the medicaid program under  
24 title XIX, or under a State child health insurance  
25 plan under title XXI, respectively, of the Social Se-

1 security Act on or after October 1, 2002 (or, if later,  
 2 60 days after the date of the enactment of this Act),  
 3 whether or not regulations implementing such  
 4 amendments have been issued.

5 (d) PROVISION OF MEDICAID AND CHIP APPLICA-  
 6 TIONS AND INFORMATION UNDER THE SCHOOL LUNCH  
 7 PROGRAM.—Section 9(b)(2)(B) of the Richard B. Russell  
 8 National School Lunch Act (42 U.S.C. 1758(b)(2)(B)) is  
 9 amended—

10 (1) by striking “(B) Applications” and inserting  
 11 “(B)(i) Applications”; and

12 (2) by adding at the end the following:

13 “(ii)(I) Applications for free and reduced price  
 14 lunches that are distributed pursuant to clause (i) to par-  
 15 ents or guardians of children in attendance at schools par-  
 16 ticipating in the school lunch program under this Act shall  
 17 also contain information on the availability of medical as-  
 18 sistance under title XIX of the Social Security Act (42  
 19 U.S.C. 1396 et seq.) and of child health and other assist-  
 20 ance under title XXI of such Act, including information  
 21 on how to obtain an application for assistance under such  
 22 programs.

23 “(II) Information on the programs referred to in sub-  
 24 clause (I) shall be provided on a form separate from the

1 application form for free and reduced price lunches under  
 2 clause (i).”.

3 (e) 12-MONTHS CONTINUOUS ELIGIBILITY.—

4 (1) MEDICAID.—Section 1902(e)(12) of the So-  
 5 cial Security Act (42 U.S.C. 1396a(e)(12)) is  
 6 amended—

7 (A) by striking “At the option of the State,  
 8 the plan may” and inserting “The plan shall”;

9 (B) by striking “an age specified by the  
 10 State (not to exceed 19 years of age)” and in-  
 11 serting “19 years of age (or such higher age as  
 12 the State has elected under subsection  
 13 (l)(1)(D)) or, at the option of the State, who is  
 14 eligible for medical assistance as the parent of  
 15 such a child”; and

16 (C) in subparagraph (A), by striking “a  
 17 period (not to exceed 12 months) ” and insert-  
 18 ing “the 12-month period beginning on the  
 19 date”.

20 (2) TITLE XXI.—Section 2102(b)(2) of such  
 21 Act (42 U.S.C. 1397bb(b)(2)) is amended by adding  
 22 at the end the following: “Such methods shall pro-  
 23 vide 12-months continuous eligibility for children  
 24 under this title in the same manner that section  
 25 1902(e)(12) provides 12-months continuous eligi-

bility for children described in such section under title XIX. If a State has elected to apply section 1902(e)(12) to parents, such methods may provide 12-months continuous eligibility for parents under this title in the same manner that such section provides 12-months continuous eligibility for parents described in such section under title XIX.”.

(3) EFFECTIVE DATE.—

(A) IN GENERAL.—The amendments made by this subsection shall take effect on October 1, 2002 (or, if later, 60 days after the date of the enactment of this Act), whether or not regulations implementing such amendments have been issued.

## **Subtitle E—SCHIP Wrap-Around Benefits**

### **SEC. 141. REQUIRING COVERAGE OF SUBSTANTIALLY EQUIVALENT DENTAL SERVICES UNDER SCHIP.**

(a) IN GENERAL.—Section 2103(c)(2) of the Social Security Act (42 U.S.C. 1397cc(c)(2)) is amended by adding at the end the following new subparagraph:

“(E) Dental services.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on January 1, 2003.

1 **SEC. 142. STATE OPTION TO PROVIDE WRAP-AROUND**  
 2 **SCHIP COVERAGE TO CHILDREN WHO HAVE**  
 3 **OTHER HEALTH COVERAGE.**

4 (a) IN GENERAL.—

5 (1) SCHIP.—

6 (A) STATE OPTION TO PROVIDE WRAP-  
 7 AROUND COVERAGE.—Section 2110(b) of the  
 8 Social Security Act (42 U.S.C. 1397jj(b)) is  
 9 amended—

10 (i) in paragraph (1)(C), by inserting  
 11 “, subject to paragraph (5),” after “under  
 12 title XIX or”; and

13 (ii) by adding at the end the following  
 14 new paragraph:

15 “(5) STATE OPTION TO PROVIDE WRAP-AROUND  
 16 COVERAGE.—A State may waive the requirement of  
 17 paragraph (1)(C) that a targeted low-income child  
 18 may not be covered under a group health plan or  
 19 under health insurance coverage, if the State satis-  
 20 fies the conditions described in subsection (c)(8).  
 21 The State may waive such requirement in order to  
 22 provide—

23 “(A) dental services;

24 “(B) cost-sharing protection; or

25 “(C) all services.

1 In waiving such requirement, a State may limit the  
 2 application of the waiver to children whose family in-  
 3 come does not exceed a level specified by the State,  
 4 so long as the level so specified does not exceed the  
 5 maximum income level otherwise established for  
 6 other children under the State child health plan.”;  
 7 and

8 (B) CONDITIONS DESCRIBED.—Section  
 9 2105(c) of such Act (42 U.S.C. 1397ee(c)) is  
 10 amended by adding at the end the following  
 11 new paragraph:

12 “(8) CONDITIONS FOR PROVISION OF WRAP  
 13 AROUND COVERAGE.—For purposes of section  
 14 2110(b)(5), the conditions described in this para-  
 15 graph are the following:

16 “(A) INCOME ELIGIBILITY.—The State  
 17 child health plan (whether implemented under  
 18 title XIX or this XXI)—

19 “(i) has an income eligibility standard  
 20 not less than that described in paragraph  
 21 (4) of such section;

22 “(ii) subject to subparagraph (B),  
 23 does not limit the acceptance of applica-  
 24 tions for children; and



1 “(iii) provides benefits to all children  
 2 in the State who apply for and meet eligi-  
 3 bility standards.

4 “(B) NO WAITING LIST IMPOSED.—With  
 5 respect to children whose family income is at or  
 6 below 200 percent of the poverty line, the State  
 7 does not impose any numerical limitation, wait-  
 8 ing list, or similar limitation on the eligibility of  
 9 such children for child health assistance under  
 10 such State plan.

11 “(C) NO MORE FAVORABLE TREATMENT.—  
 12 The State child health plan may not provide  
 13 more favorable coverage of dental services to  
 14 the children covered under section 2110(b)(5)  
 15 than to children otherwise covered under this  
 16 title.”.

17 (C) STATE OPTION TO WAIVE WAITING PE-  
 18 RIOD.—Section 2102(b)(1)(B) of such Act (42  
 19 U.S.C. 1397bb(b)(1)(B)) is amended—

20 (i) in clause (i), by striking “and” at  
 21 the end;

22 (ii) in clause (ii), by striking the pe-  
 23 riod and inserting “; and”; and

24 (iii) by adding at the end the fol-  
 25 lowing new clause:

1 “(iii) at State option, may not apply  
 2 a waiting period in the case of child de-  
 3 scribed in section 2110(b)(5), if the State  
 4 satisfies the requirements of section  
 5 2105(c)(8).”.

6 (2) APPLICATION OF ENHANCED MATCH UNDER  
 7 MEDICAID.—Section 1905 of such Act (42 U.S.C.  
 8 1396d) is amended—

9 (A) in subsection (b), in the fourth sen-  
 10 tence, by striking “or subsection (u)(3)” and  
 11 inserting “(u)(3), or (u)(4)”; and

12 (B) in subsection (u)—

13 (i) by redesignating paragraph (4) as  
 14 paragraph (5); and

15 (ii) by inserting after paragraph (3)  
 16 the following new paragraph:

17 “(4) For purposes of subsection (b), the expenditures  
 18 described in this paragraph are expenditures for items and  
 19 services for children described in section 2110(b)(5), but  
 20 only in the case of a State that satisfies the requirements  
 21 of section 2105(c)(8).”.

22 (3) APPLICATION OF SECONDARY PAYOR PROVI-  
 23 SIONS.—Section 2107(e)(1) of such Act (42 U.S.C.  
 24 1397gg(e)(1)), as amended by section 121(b), is  
 25 amended—

1 (A) by redesignating subparagraphs (B)  
 2 through (E) as subparagraphs (C) through (F),  
 3 respectively; and

4 (B) by inserting after subparagraph (A)  
 5 the following new subparagraph:

6 “(B) Section 1902(a)(25) (relating to co-  
 7 ordination of benefits and secondary payor pro-  
 8 visions) with respect to children covered under  
 9 a waiver described in section 2110(b)(5).”.

10 (b) EFFECTIVE DATE.—The amendments made by  
 11 subsection (a) shall take effect on January 1, 2003, and  
 12 shall apply to child health assistance and medical assist-  
 13 ance provided on or after that date.

14 **Subtitle F—Immunization**  
 15 **Coverage Through SCHIP**

16 **SEC. 151. ELIGIBILITY OF CHILDREN ENROLLED IN THE**  
 17 **STATE CHILDREN’S HEALTH INSURANCE**  
 18 **PROGRAM FOR THE PEDIATRIC VACCINE DIS-**  
 19 **TRIBUTION PROGRAM.**

20 (a) IN GENERAL.—Section 1928(b)(2)(B)(ii)(I) of  
 21 the Social Security Act (42 U.S.C. 1396s(b)(2)(B)(ii)(I))  
 22 is amended by inserting “(other than a State child health  
 23 plan under title XXI)” after “policy or plan”.

1 (b) EFFECTIVE DATE.—The amendment made by  
 2 subsection (a) applies with respect to vaccines adminis-  
 3 tered on or after the date of the enactment of this Act.

4 **Subtitle G—Limited English**  
 5 **Proficient Communities**

6 **SEC. 161. INCREASED FEDERAL REIMBURSEMENT FOR**  
 7 **LANGUAGE SERVICES UNDER THE MEDICAID**  
 8 **PROGRAM AND THE STATE CHILDREN’S**  
 9 **HEALTH INSURANCE PROGRAM.**

10 (a) MEDICAID.—Section 1903(a)(3) of the Social Se-  
 11 curity Act (42 U.S.C. 1396b(a)(3)) is amended—

12 (1) in subparagraph (D), by striking “plus” at  
 13 the end and inserting “and”; and

14 (2) by adding at the end the following:

15 “(E) 90 percent of the sums expended with  
 16 respect to costs incurred during such quarter as  
 17 are attributable to the provision of language  
 18 services, including oral interpretation, trans-  
 19 lations of written materials, and other language  
 20 services, for individuals with limited English  
 21 proficiency who apply for, or receive, medical  
 22 assistance under the State plan; plus”.

23 (b) SCHIP.—Section 2105(a)(1) of the Social Secu-  
 24 rity Act (42 U.S.C.1397ee(a)(1)) is amended—

1 (1) in the matter preceding subparagraph (A),  
 2 by striking “section 1905(b))” and inserting “sec-  
 3 tion 1905(b)) or, in the case of expenditures de-  
 4 scribed in subparagraph (D)(iv), 90 percent”; and

5 (2) in subparagraph (D)—

6 (A) in clause (iii), by striking “and” at the  
 7 end;

8 (B) be redesignating clause (iv) as clause  
 9 (v); and

10 (C) by inserting after clause (iii) the fol-  
 11 lowing:

12 “(iv) for expenditures attributable to  
 13 the provision of language services, includ-  
 14 ing oral interpretation, translations of  
 15 written materials, and other language serv-  
 16 ices, for individuals with limited English  
 17 proficiency who apply for, or receive, child  
 18 health assistance under the plan; and”.

19 (c) NONAPPLICATION OF LIMIT ON ADMINISTRATIVE  
 20 EXPENDITURES.—Section 2105(a) of the Social Security  
 21 Act (42 U.S.C.1397ee(a)) is amended by adding at the  
 22 end the following:

23 “(3) NONAPPLICATION OF LIMIT ON ADMINIS-  
 24 TRATIVE EXPENDITURES.—The 10 percent limita-  
 25 tion on expenditures not used for medicaid or health

1 assistance imposed under subsection (c)(2)(A) shall  
 2 not apply to payments made under this subsection  
 3 for expenditures described in paragraph (1).”.

4 (d) EFFECTIVE DATE.—The amendments made by  
 5 this section shall take effect on October 1, 2003.

## 6 **Subtitle H—Binational Health** 7 **Insurance**

### 8 **SEC. 171. BINATIONAL HEALTH INSURANCE.**

9 (a) IN GENERAL.—The Secretary of Health and  
 10 Human Services shall enter into a contract with the Insti-  
 11 tute of Medicine for the conduct of a study concerning  
 12 binational health insurance efforts. In conducting such  
 13 study, the Institute shall solicit input from border health  
 14 experts and health insurance companies.

15 (b) REPORT.—Not later than 1 year after the date  
 16 on which the Secretary of Health and Human Services en-  
 17 ters into the contract under subsection (a), the Institute  
 18 of Medicine shall submit to the Secretary and the appro-  
 19 priate committees of Congress a report concerning the  
 20 study conducted under subsection (a). Such report shall  
 21 include the recommendations of the Institute on ways to  
 22 expand or improve binational health insurance efforts.

1           **TITLE II—ACCESS AND**  
2           **AFFORDABILITY**  
3   **Subtitle A—Report on Programs**  
4   **for Improving the Health Status**  
5   **of Hispanic Individuals**

6   **SEC. 201. ANNUAL REPORT REGARDING DIABETES, HIV/**  
7           **AIDS, SUBSTANCE ABUSE, AND MENTAL**  
8           **HEALTH.**

9           (a) IN GENERAL.—The Secretary of Health and  
10 Human Services (in this Act referred to as the “Sec-  
11 retary”) shall annually submit to Congress a report on  
12 programs carried out through the Public Health Service  
13 with respect to improving the health status of Hispanic  
14 individuals regarding diabetes, cancer, asthma, HIV infec-  
15 tion, AIDS, substance abuse, and mental health, includ-  
16 ing—

17           (1) prevention programs carried out through  
18           the Centers for Disease Control and Prevention and  
19           the Substance Abuse and Mental Health Services  
20           Administration;

21           (2) treatment programs carried out through the  
22           Health Resources and Services Administration and  
23           the Substance Abuse and Mental Health Services  
24           Administration;

1 (3) research programs carried out through the  
2 National Institutes of Health; and

3 (4) activities of the Office of Public Health and  
4 Science, including activities of the Office of Minority  
5 Health.

6 (b) DATA COLLECTION.—Each report under sub-  
7 section (a) shall include information on programs carried  
8 out through the Public Health Service to collect data that  
9 relates to the health status of Hispanic individuals regard-  
10 ing diabetes, HIV infection, AIDS, substance abuse, and  
11 mental health.

## 12 **Subtitle B—Diabetes Control and** 13 **Prevention**

### 14 **SEC. 211. NATIONAL DIABETES EDUCATION PROGRAM OF** 15 **CENTERS FOR DISEASE CONTROL AND PRE-** 16 **VENTION; INCREASED AUTHORIZATION OF** 17 **APPROPRIATIONS FOR ACTIVITIES REGARD-** 18 **ING HISPANIC INDIVIDUALS.**

19 (a) IN GENERAL.—For the purpose of carrying out  
20 the activities described in subsection (b) through the Divi-  
21 sion of Diabetes Translation of the Centers for Disease  
22 Control and Prevention, there are authorized to be appro-  
23 priated \$100,000,000 for fiscal year 2003, and such sums  
24 as may be necessary for each of the fiscal years 2004  
25 through 2007. Such authorization of appropriations is in



1 addition to other authorizations of appropriations that are  
 2 available for such purpose.

3 (b) INCREASE IN PREVENTION ACTIVITIES.—The ac-  
 4 tivities referred to in subsection (a) are—

5 (1) identifying geographic areas in which the  
 6 incidence of or mortality from diabetes in Hispanic  
 7 individuals is significantly above the national aver-  
 8 age for such individuals;

9 (2) carrying out in such areas prevention activi-  
 10 ties regarding diabetes that are directed toward His-  
 11 panic individuals, including education programs and  
 12 screening programs;

13 (3) designing and assisting with the implemen-  
 14 tation of school-based programs aimed at modifying  
 15 environmental risk factors and access to care for  
 16 high-risk and diagnosed Hispanic youth; and

17 (4) designing and assisting with the implemen-  
 18 tation of diabetes-specific programs to improve diag-  
 19 nosis, treatment, and self-management training in  
 20 community health clinics.

21 **SEC. 212. NATIONAL INSTITUTES OF HEALTH; IMPLEMEN-**  
 22 **TATION OF RECOMMENDATIONS OF DIABE-**  
 23 **TES RESEARCH WORKING GROUP.**

24 For the purpose of carrying out the plan to imple-  
 25 ment the recommendations of the Diabetes Research

1 Working Group of the National Institute on Diabetes and  
 2 Digestive and Kidney Diseases (which plan was developed  
 3 and submitted to the Congress pursuant to the Depart-  
 4 ment of Health and Human Services Appropriations Act,  
 5 2000), which most impact the Hispanic community, in-  
 6 cluding research into obesity, behavioral and environ-  
 7 mental risk factors, and special needs of minority women,  
 8 children and the elderly, there are authorized to be appro-  
 9 priated \$363,000,000 for fiscal year 2003, and such sums  
 10 as may be necessary for each of the fiscal years 2004  
 11 through 2007.

12 **Subtitle C—HIV Prevention Activi-**  
 13 **ties Regarding Hispanic Individ-**  
 14 **uals**

15 **SEC. 221. PROGRAMS OF CENTERS FOR DISEASE CONTROL**  
 16 **AND PREVENTION; REPRESENTATION OF HIS-**  
 17 **PANIC INDIVIDUALS IN MEMBERSHIP OF**  
 18 **COMMUNITY PLANNING GROUPS.**

19 (a) IN GENERAL.—With respect to community plan-  
 20 ning groups that the Centers for Disease Control and Pre-  
 21 vention utilizes in carrying out programs for the preven-  
 22 tion of HIV infection, the Secretary, acting through the  
 23 Director of such Centers, shall carry out the following:

24 (1) The Secretary shall identify community  
 25 planning groups for which Hispanic individuals are

1 underrepresented as members in relation to the  
2 number of Hispanic individuals with HIV who reside  
3 in the communities involved.

4 (2) The Secretary shall develop a plan to in-  
5 crease the representation of Hispanic individuals in  
6 the membership of the community planning groups  
7 identified under paragraph (1). Such plan may pro-  
8 vide for facilitating the participation of Hispanic in-  
9 dividuals as members in such groups by assisting the  
10 individuals with the incidental costs incurred by the  
11 individuals in being such members, such as the costs  
12 of transportation and child-care services.

13 (3) The plan shall include a strategy and de-  
14 tailed timeline for implementing the plan.

15 (b) DEFINITION.—In this section, the term “commu-  
16 nity planning group” has the meaning that applies for  
17 purposes of programs established pursuant to the Ryan  
18 White Comprehensive AIDS Resources Emergency Act of  
19 1990 (including title XXVI of the Public Health Service  
20 Act).

1 **SEC. 222. AIDS EDUCATION AND TRAINING CENTERS FUND-**  
 2 **ED BY HEALTH RESOURCES AND SERVICES**  
 3 **ADMINISTRATION; ESTABLISHMENT OF CEN-**  
 4 **TER DIRECTED TOWARD MINORITY POPU-**  
 5 **LATIONS WITH HIV.**

6 (a) IN GENERAL.—In carrying out section 2692 of  
 7 the Public Health Service Act (42 U.S.C. 300ff–111), the  
 8 Secretary, acting through the Administrator of the Health  
 9 Resources and Services Administration, shall make grants  
 10 to eligible Hispanic-serving institutions for the purpose of  
 11 carrying out projects under such section with respect to  
 12 HIV in racial and ethnic minority groups.

13 (b) CULTURAL COMPETENCE.—A condition for  
 14 grants under subsection (a) is that the applicants involved  
 15 agree that the education and training provided through  
 16 projects under such subsection will be provided in a cul-  
 17 turally competent manner (as defined in section 331).

18 (c) ELIGIBLE INSTITUTIONS.—In this section:

19 (1) ELIGIBLE HISPANIC-SERVING INSTITU-  
 20 TION.—The term “eligible Hispanic-serving institu-  
 21 tion” means a Hispanic-serving institution that has  
 22 a record of carrying out HIV-related activities with  
 23 respect to Hispanic individuals.

24 (2) HISPANIC-SERVING INSTITUTION.—The  
 25 term “Hispanic-serving institution” has the meaning

1 given such term in section 502 of the Higher Edu-  
2 cation Act of 1965 (20 U.S.C. 1101a).

3 **Subtitle D—Prevention of Latina**  
4 **Adolescent Suicides**

5 **SEC. 231. SHORT TITLE.**

6 This subtitle may be cited as the “Latina Adolescent  
7 Suicide Prevention Act”.

8 **SEC. 232. ESTABLISHMENT OF PROGRAM FOR PREVENTION**  
9 **OF LATINA ADOLESCENT SUICIDES.**

10 Title V of the Public Health Service Act (42 U.S.C.  
11 290aa et seq.) is amended by inserting after section 520A  
12 the following section:

13 **“SEC. 520B. PREVENTION OF LATINA ADOLESCENT SUI-**  
14 **CIDES.**

15 “(a) IN GENERAL.—The Secretary shall carry out a  
16 program to make awards of grants, cooperative agree-  
17 ments, or contracts to public and nonprofit private entities  
18 for the purpose of reducing suicide attempts and deaths  
19 among Latina adolescents and for the purpose of dealing  
20 with depression and other related emotional conditions  
21 which may contribute to suicide.

22 “(b) COLLABORATION.—The Secretary shall ensure  
23 that the program carried out under this section is devel-  
24 oped in collaboration with the relevant institutes at the  
25 National Institutes of Health, the Health Resources and

1 Services Administration, the Centers for Disease Control  
2 and Prevention, and the Administration on Children and  
3 Families.

4 “(c) PREFERENCE.—In making awards under sub-  
5 section (a), the Secretary shall give preference to appli-  
6 cants that—

7 “(1) demonstrate a strong linkage with schools  
8 and are actually supported by and operated within  
9 a school facility or associated setting;

10 “(2) provide direct services to Latina adoles-  
11 cents and their family members when appropriate;  
12 and

13 “(3) serve geographic areas that already have a  
14 high concentration of underserved adolescent  
15 Latinas or a rapidly growing Hispanic population,  
16 based on the latest census data.

17 “(d) REQUIREMENTS.—A condition for the receipt of  
18 an award under subsection (a) is that the applicant in-  
19 volved demonstrate that the project to be carried out with  
20 the award will—

21 “(1) provide for the timely assessment and  
22 treatment of Latina adolescents at risk for suicide;

23 “(2) use evidenced-based strategies;

1           “(3) be based on exemplary practices that are  
2           adapted to the unique characteristics and needs of  
3           the local community;

4           “(4) be integrated into the existing health care  
5           system in the community, including primary health  
6           care, mental health services, and substance abuse  
7           services as appropriate;

8           “(5) be integrated into other systems in the  
9           community to address the needs of Latina adoles-  
10          cents including the educational system, juvenile jus-  
11          tice, and recreation;

12          “(6) provide support services to the families  
13          and friends of those who plan, attempt, or actually  
14          commit suicide;

15          “(7) provide culturally, linguistically, and devel-  
16          opmentally appropriate services;

17          “(8) agree to outcomes evaluation to determine  
18          the success of the program and the possibility of  
19          replication to other adolescent girls at risk of sui-  
20          cide;

21          “(9) provide or ensure referral for mental  
22          health and substance abuse services as needed; and

23          “(10) ensure that staff used in the program are  
24          trained in suicide prevention and in the identifica-  
25          tion of conditions which left untreated may lead to

1 suicide, are capable of providing culturally and lin-  
2 guistically appropriate services, and that profes-  
3 sionals involved in the system of care are given  
4 training in identifying persons at risk of suicide.

5 “(e) COORDINATION.—A condition for the receipt of  
6 an award under subsection (a) is that the applicant in-  
7 volved demonstrate that—

8 “(1) the application has the support of the local  
9 communities and the approval of the political sub-  
10 division to be served by the project to be carried out  
11 under the award; and

12 “(2) the applicant has discussed the application  
13 with local and State mental health officials.

14 “(f) MATCHING REQUIREMENT.—With respect to the  
15 costs to be incurred by an applicant in carrying out a  
16 project under subsection (a), the Secretary may require  
17 as a condition of the receipt of the award that the appli-  
18 cant make available (directly or through donations from  
19 public or private entities) non-Federal contributions to-  
20 ward such costs in an amount that is not less than 25  
21 percent of such costs (\$1 for each \$3 of Federal funds  
22 provided under the award).

23 “(g) EVALUATION.—The Secretary shall ensure that  
24 entities receiving awards under subsection (a) submit an



1 evaluation of the project carried out under the award that  
2 includes an evaluation of—

3 “(1) the efficacy of project strategies; and

4 “(2) short, intermediate, and long-term out-  
5 comes, including the overall impact of the project on  
6 the self-esteem of Latina adolescents, their emo-  
7 tional well-being and development, ability to deal in  
8 a positive and confident manner with their families,  
9 peers, and social environment, and to make con-  
10 structive and personally fulfilling life choices.

11 “(h) DISSEMINATION AND EDUCATION.—The Sec-  
12 retary shall ensure that the findings from the program  
13 carried out under this section are disseminated to State  
14 and local governmental agencies and private providers of  
15 mental health and substance abuse services.

16 “(i) DURATION OF PROJECTS.—With respect to an  
17 award under subsection (a), the period during which pay-  
18 ments under such award are made may not exceed 5 years.

19 “(j) DEFINITION.—In this section, the term ‘adoles-  
20 cent’ means an individual between the ages of 11 and 17  
21 (inclusive).

22 “(k) FUNDING.—

23 “(1) AUTHORIZATION OF APPROPRIATIONS.—

24 For the purpose of carrying out this section, there  
25 are authorized to be appropriated \$10,000,000 for

1       fiscal year 2003, and such sums as may be nec-  
 2       essary for each of the fiscal years 2004 and 2005.

3               “(2) ALLOCATION FOR PROGRAM MANAGE-  
 4       MENT.—Of the amount appropriated under para-  
 5       graph (1) for a fiscal year, the Secretary may re-  
 6       serve not more than 1 percent for administering the  
 7       program under this section.”.

## 8   **Subtitle E—Dental Health Services**

### 9   **SEC. 241. GRANTS TO IMPROVE THE PROVISION OF DENTAL** 10               **HEALTH SERVICES THROUGH COMMUNITY** 11               **HEALTH CENTERS AND PUBLIC HEALTH DE-** 12               **PARTMENTS.**

13       Part D of title III of the Public Health Service Act  
 14   (42 U.S.C. 254b et seq.) is amended by inserting before  
 15   section 330, the following:

### 16   **“SEC. 329. GRANT PROGRAM TO EXPAND THE AVAIL-** 17               **ABILITY OF SERVICES.**

18       “(a) IN GENERAL.—The Secretary, acting through  
 19   the Health Resources and Services Administration, shall  
 20   establish a program under which the Secretary may award  
 21   grants to eligible entities and eligible individuals to expand  
 22   the availability of primary dental care services in dental  
 23   health professional shortage areas or medically under-  
 24   served areas.

25       “(b) ELIGIBILITY.—

1           “(1) ENTITIES.—To be eligible to receive a  
2       grant under this section an entity—

3           “(A) shall be—

4               “(i) a health center receiving funds  
5               under section 330 or designated as a Fed-  
6               erally qualified health center;

7               “(ii) a county or local public health  
8               department, if located in a federally-des-  
9               ignated dental health professional shortage  
10              area;

11              “(iii) an Indian tribe or tribal organi-  
12              zation (as defined in section 4 of the In-  
13              dian Self-Determination and Education  
14              Assistance Act (25 U.S.C. 450b)); or

15              “(iv) a dental education program ac-  
16              credited by the Commission on Dental Ac-  
17              creditation; and

18           “(B) shall prepare and submit to the Sec-  
19       retary an application at such time, in such  
20       manner, and containing such information as the  
21       Secretary may require.

22           “(2) INDIVIDUALS.—To be eligible to receive a  
23       grant under this section an individual shall—

24           “(A) be a dental health professional li-  
25       censed or certified in accordance with the laws

1 of State in which such individual provides den-  
 2 tal services;

3 “(B) prepare and submit to the Secretary  
 4 an application at such time, in such manner,  
 5 and containing such information as the Sec-  
 6 retary may require; and

7 “(C) provide assurances that—

8 “(i) the individual will practice in a  
 9 federally-designated dental health profes-  
 10 sional shortage area; and

11 “(ii) not less than 33 percent of the  
 12 patients of such individual are—

13 “(I) receiving assistance under a  
 14 State plan under title XIX of the So-  
 15 cial Security Act (42 U.S.C. 1396 et  
 16 seq.);

17 “(II) receiving assistance under a  
 18 State plan under title XXI of the So-  
 19 cial Security Act (42 U.S.C. 1397aa  
 20 et seq.); or

21 “(III) uninsured.

22 “(c) USE OF FUNDS.—

23 “(1) ENTITIES.—An entity shall use amounts  
 24 received under a grant under this section to provide  
 25 for the increased availability of primary dental serv-

1       ices in the areas described in subsection (a). Such  
 2       amounts may be used to supplement the salaries of-  
 3       fered for individuals accepting employment as den-  
 4       tists in such areas.

5           “(2) INDIVIDUALS.—A grant to an individual  
 6       under subsection (a) shall be in the form of a  
 7       \$1,000 bonus payment for each month in which such  
 8       individual is in compliance with the eligibility re-  
 9       quirements of subsection (b)(2)(C).

10       “(d) AUTHORIZATION OF APPROPRIATIONS.—

11           “(1) IN GENERAL.—Notwithstanding any other  
 12       amounts appropriated under section 330 for health  
 13       centers, there is authorized to be appropriated  
 14       \$40,000,000 for each of fiscal years 2003 through  
 15       2007 to hire and retain dental health care providers  
 16       under this section.

17           “(2) USE OF FUNDS.—Of the amount appro-  
 18       priated for a fiscal year under paragraph (1), the  
 19       Secretary shall use—

20           “(A) not less than 75 percent of such  
 21       amount to make grants to eligible entities; and

22           “(B) not more than 25 percent of such  
 23       amount to make grants to eligible individuals.”.

1 **SEC. 242. SCHOOL-BASED DENTAL SEALANT PROGRAM.**

2 Section 317M(c) of the Public Health Service Act (42  
3 U.S.C. 247b-14) is amended—

4 (1) in paragraph (1), by inserting “and school-  
5 linked” after “school-based”;

6 (2) in the first sentence of paragraph (2)—

7 (A) by inserting “and school-linked” after  
8 “school-based”; and

9 (B) by inserting “or Indian tribe” after  
10 “State”; and

11 (3) by striking paragraph (3) and inserting the  
12 following:

13 “(3) ELIGIBILITY.—To be eligible to receive  
14 funds under paragraph (1), an entity shall—

15 “(A) prepare and submit to the State or  
16 Indian tribe an application at such time, in  
17 such manner and containing such information  
18 as the State or Indian tribe may require; and

19 “(B) be a—

20 “(i) public elementary or secondary  
21 school—

22 “(I) that is located in an urban  
23 area in which and more than 50 per-  
24 cent of the student population is par-  
25 ticipating in Federal or State free or  
26 reduced meal programs; or

1 “(II) that is located in a rural  
 2 area and, with respect to the school  
 3 district in which the school is located,  
 4 the district involved has a median in-  
 5 come that is at or below 235 percent  
 6 of the poverty line, as defined in sec-  
 7 tion 673(2) of the Community Serv-  
 8 ices Block Grant Act (42 U.S.C.  
 9 9902(2)); or

10 “(ii) public or non-profit health orga-  
 11 nization, including a grantee under section  
 12 330, that is under contract with an ele-  
 13 mentary or secondary school described in  
 14 subparagraph (B) to provide dental serv-  
 15 ices to school-age children.”.

## 16 **Subtitle F—Border Health**

### 17 **SEC. 251. SHORT TITLE.**

18 This subtitle may be cited as the “Border Health Se-  
 19 curity Act of 2002”.

### 20 **SEC. 252. DEFINITIONS.**

21 In this subtitle:

22 (1) **BORDER AREA.**—The term “border area”  
 23 has the meaning given the term “United States-  
 24 Mexico Border Area” in section 8 of the United

1 States-Mexico Border Health Commission Act (22  
2 U.S.C. 290n–6).

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

5 **SEC. 253. BORDER HEALTH SERVICES GRANTS.**

6 (a) IN GENERAL.—The Secretary, acting through the  
7 United States-Mexico Border Health Commission and in  
8 consultation the State border health offices, shall award  
9 grants to States, local governments, and non-profit health  
10 organizations along the border of the United States and  
11 Mexico to address priorities and recommendations estab-  
12 lished by—

13 (1) the United States-Mexico Border Health  
14 Commission and the United States Section Commis-  
15 sion outreach offices in each of the United States  
16 border States; and

17 (2) the Secretary to improve the health of bor-  
18 der region residents.

19 (b) APPLICATION.—To be eligible for a grant under  
20 subsection (a), a State, local government, or non-profit  
21 health organization shall prepare and submit to the Sec-  
22 retary an application at such time, in such manner, and  
23 containing such information as the Secretary may require.

24 (c) USE OF FUNDS.—Amounts received under a  
25 grant under this section shall be used for programs relat-



1 ing to maternal and child health, public health, health pro-  
2 motion, oral health, behavioral and mental health, sub-  
3 stance abuse, conditions that have high prevalence along  
4 the United States-Mexico border, medical and health serv-  
5 ices research, promotoras or community health workers,  
6 health care infrastructure problems in the border region  
7 (including planning and construction grants), health dis-  
8 parities along the United States-Mexico border environ-  
9 mental health, health education, outreach and enrollment  
10 services with respect to Federal programs (including the  
11 programs under titles XIX and XXI of the Social Security  
12 Act (42 U.S.C. 1396 and 1397aa et seq.), and other pro-  
13 grams determined appropriate by the Secretary.

14 (d) SUPPLEMENT NOT SUPPLANT.—Amounts pro-  
15 vided to a grantee under a grant awarded under this sec-  
16 tion shall be used to supplement and not supplant other  
17 funds available to the grantee to carry out the activities  
18 described in subsection (c).

19 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
20 authorized to be appropriated to carry out this section,  
21 \$200,000,000 for fiscal year 2003, and such sums as may  
22 be necessary for each fiscal year thereafter.

1 **SEC. 254. UNITED STATES-MEXICO BORDER HEALTH COM-**  
 2 **MISSION.**

3 The United States-Mexico Border Health Commis-  
 4 sion Act (22 U.S.C. 290n et seq)) is amended—

5 (1) in section 2, by inserting “, within the Of-  
 6 fice of Border Health of the Department of Health  
 7 and Human Services,” after “to establish”; and

8 (2) by adding at the end the following:

9 **“SEC. 9. AUTHORIZATION OF APPROPRIATIONS.**

10 “There is authorized to be appropriated to carry out  
 11 this Act, \$10,000,000 for fiscal year 2003, and such sums  
 12 as may be necessary for each fiscal year thereafter.”.

13 **Subtitle G—Community Health**  
 14 **Workers**

15 **SEC. 261. SHORT TITLE.**

16 This subtitle may be cited as the “Community Health  
 17 Workers Act of 2002”.

18 **SEC. 262. GRANTS TO PROMOTE POSITIVE HEALTH BEHAV-**  
 19 **IORS IN WOMEN.**

20 Part P of title III of the Public Health Service Act  
 21 (42 U.S.C. 280g et seq.) is amended by adding at the end  
 22 the following:

23 **“SEC. 3990. GRANTS TO PROMOTE POSITIVE HEALTH BE-**  
 24 **HAVIORS IN WOMEN.**

25 “(a) GRANTS AUTHORIZED.—The Secretary, in col-  
 26 laboration with the Director of the Centers for Disease

1 Control and Prevention and other Federal officials deter-  
 2 mined appropriate by the Secretary, is authorized to  
 3 award grants to States or local or tribal units, to promote  
 4 positive health behaviors for women in target populations,  
 5 especially racial and ethnic minority women in medically  
 6 underserved communities.

7 “(b) USE OF FUNDS.—Grants awarded pursuant to  
 8 subsection (a) may be used to support community health  
 9 workers—

10 “(1) to educate, guide, and provide outreach in  
 11 a community setting regarding health problems prev-  
 12 alent among women and especially among racial and  
 13 ethnic minority women;

14 “(2) to educate, guide, and provide experiential  
 15 learning opportunities that target behavioral risk  
 16 factors including—

17 “(A) poor nutrition;

18 “(B) physical inactivity;

19 “(C) obesity;

20 “(D) tobacco use;

21 “(E) alcohol and substance use;

22 “(F) injury and violence;

23 “(G) risky sexual behavior; and

24 “(H) mental health problems;

1           “(3) to educate and guide regarding effective  
2 strategies to promote positive health behaviors with-  
3 in the family;

4           “(4) to educate and provide outreach regarding  
5 enrollment in health insurance including the State  
6 Children’s Health Insurance Program under title  
7 XXI of the Social Security Act, medicare under title  
8 XVIII of such Act and medicaid under title XIX of  
9 such Act;

10          “(5) to promote community wellness and aware-  
11 ness; and

12          “(6) to educate and refer target populations to  
13 appropriate health care agencies and community-  
14 based programs and organizations in order to in-  
15 crease access to quality health care services, includ-  
16 ing preventive health services.

17          “(c) APPLICATION.—

18          “(1) IN GENERAL.—Each State or local or trib-  
19 al unit (including federally recognized tribes and  
20 Alaska native villages) that desires to receive a grant  
21 under subsection (a) shall submit an application to  
22 the Secretary, at such time, in such manner, and ac-  
23 companied by such additional information as the  
24 Secretary may require.

1           “(2) CONTENTS.—Each application submitted  
2 pursuant to paragraph (1) shall—

3           “(A) describe the activities for which as-  
4 sistance under this section is sought;

5           “(B) contain an assurance that with re-  
6 spect to each community health worker pro-  
7 gram receiving funds under the grant awarded,  
8 such program provides training and supervision  
9 to community health workers to enable such  
10 workers to provide authorized program services;

11           “(C) contain an assurance that the appli-  
12 cant will evaluate the effectiveness of commu-  
13 nity health worker programs receiving funds  
14 under the grant;

15           “(D) contain an assurance that each com-  
16 munity health worker program receiving funds  
17 under the grant will provide services in the cul-  
18 tural context most appropriate for the individ-  
19 uals served by the program;

20           “(E) contain a plan to document and dis-  
21 seminate project description and results to  
22 other States and organizations as identified by  
23 the Secretary; and

24           “(F) describe plans to enhance the capac-  
25 ity of individuals to utilize health services and

1 health-related social services under Federal,  
2 State, and local programs by—

3 “(i) assisting individuals in estab-  
4 lishing eligibility under the programs and  
5 in receiving the services or other benefits  
6 of the programs; and

7 “(ii) providing other services as the  
8 Secretary determines to be appropriate,  
9 that may include transportation and trans-  
10 lation services.

11 “(d) PRIORITY.—In awarding grants under sub-  
12 section (a), the Secretary shall give priority to those appli-  
13 cants—

14 “(1) who propose to target geographic areas—

15 “(A) with a high percentage of residents  
16 who are eligible for health insurance but are  
17 uninsured or underinsured;

18 “(B) with a high percentage of families for  
19 whom English is not their primary language;  
20 and

21 “(C) that encompass the United States-  
22 Mexico border region;

23 “(2) with experience in providing health or  
24 health-related social services to individuals who are  
25 underserved with respect to such services; and

1           “(3) with documented community activity and  
2           experience with community health workers.

3           “(e) COLLABORATION WITH ACADEMIC INSTITU-  
4 TIONS.—The Secretary shall encourage community health  
5 worker programs receiving funds under this section to col-  
6 laborate with academic institutions. Nothing in this sec-  
7 tion shall be construed to require such collaboration.

8           “(f) QUALITY ASSURANCE AND COST-EFFECTIVE-  
9 NESS.—The Secretary shall establish guidelines for assur-  
10 ing the quality of the training and supervision of commu-  
11 nity health workers under the programs funded under this  
12 section and for assuring the cost-effectiveness of such pro-  
13 grams.

14          “(g) MONITORING.—The Secretary shall monitor  
15 community health worker programs identified in approved  
16 applications and shall determine whether such programs  
17 are in compliance with the guidelines established under  
18 subsection (e).

19          “(h) TECHNICAL ASSISTANCE.—The Secretary may  
20 provide technical assistance to community health worker  
21 programs identified in approved applications with respect  
22 to planning, developing, and operating programs under the  
23 grant.

24          “(i) REPORT TO CONGRESS.—

1           “(1) IN GENERAL.—Not later than 4 years  
2           after the date on which the Secretary first awards  
3           grants under subsection (a), the Secretary shall sub-  
4           mit to Congress a report regarding the grant  
5           project.

6           “(2) CONTENTS.—The report required under  
7           paragraph (1) shall include the following:

8                   “(A) A description of the programs for  
9                   which grant funds were used.

10                   “(B) The number of individuals served.

11                   “(C) An evaluation of—

12                           “(i) the effectiveness of these pro-  
13                           grams;

14                           “(ii) the cost of these programs; and

15                           “(iii) the impact of the project on the  
16                           health outcomes of the community resi-  
17                           dents.

18                   “(D) Recommendations for sustaining the  
19                   community health worker programs developed  
20                   or assisted under this section.

21                   “(E) Recommendations regarding training  
22                   to enhance career opportunities for community  
23                   health workers.

24           “(j) DEFINITIONS.—In this section:



1           “(1) COMMUNITY HEALTH WORKER.—The term  
 2           ‘community health worker’ means an individual who  
 3           promotes health or nutrition within the community  
 4           in which the individual resides—

5                   “(A) by serving as a liaison between com-  
 6                   munities and health care agencies;

7                   “(B) by providing guidance and social as-  
 8                   sistance to community residents;

9                   “(C) by enhancing community residents’  
 10                  ability to effectively communicate with health  
 11                  care providers;

12                  “(D) by providing culturally and linguis-  
 13                  tically appropriate health or nutrition edu-  
 14                  cation;

15                  “(E) by advocating for individual and com-  
 16                  munity health or nutrition needs; and

17                  “(F) by providing referral and followup  
 18                  services.

19           “(2) COMMUNITY SETTING.—The term ‘commu-  
 20           nity setting’ means a home or a community organi-  
 21           zation located in the neighborhood in which a partic-  
 22           ipant resides.

23           “(3) MEDICALLY UNDERSERVED COMMUNITY.—  
 24           The term ‘medically underserved community’ means  
 25           a community identified by a State—

1           “(A) that has a substantial number of in-  
 2           dividuals who are members of a medically un-  
 3           derserved population, as defined by section  
 4           330(b)(3); and

5           “(B) a significant portion of which is a  
 6           health professional shortage area as designated  
 7           under section 332.

8           “(4) SUPPORT.—The term ‘support’ means the  
 9           provision of training, supervision, and materials  
 10          needed to effectively deliver the services described in  
 11          subsection (b), reimbursement for services, and  
 12          other benefits.

13          “(5) TARGET POPULATION.—The term ‘target  
 14          population’ means women of reproductive age, re-  
 15          gardless of their current childbearing status.

16          “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
 17          are authorized to be appropriated to carry out this section  
 18          \$5,000,000 for each of fiscal years 2003, 2004, and  
 19          2005.”.

20       **Subtitle H—Patient Navigator, Out-**  
 21       **reach, and Chronic Disease Pre-**  
 22       **vention**

23       **SEC. 271. SHORT TITLE.**

24          This Act may be cited as the “Patient Navigator,  
 25          Outreach, and Chronic Disease Prevention Act of 2002”.

1 **SEC. 272. HRSA GRANTS FOR MODEL COMMUNITY CANCER**  
 2 **AND CHRONIC DISEASE CARE AND PREVEN-**  
 3 **TION; HRSA GRANTS FOR PATIENT NAVIGA-**  
 4 **TORS.**

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

8 **“SEC. 330I. MODEL COMMUNITY CANCER AND CHRONIC**  
 9 **DISEASE CARE AND PREVENTION; PATIENT**  
 10 **NAVIGATORS.**

11 **“(a) MODEL COMMUNITY CANCER AND CHRONIC**  
 12 **DISEASE CARE AND PREVENTION.—**

13 **“(1) IN GENERAL.—**The Secretary, acting  
 14 through the Administrator of the Health Resources  
 15 and Services Administration, may make grants to  
 16 public and nonprofit private health centers (includ-  
 17 ing health centers under section 330, Indian Health  
 18 Service Centers, and rural health clinics) for the de-  
 19 velopment and operation of model programs that—

20 **“(A)** provide to individuals of health dis-  
 21 parity populations prevention, early detection,  
 22 treatment, and appropriate follow-up care serv-  
 23 ices for cancer and chronic diseases;

24 **“(B)** ensure that the health services are  
 25 provided to such individuals in a culturally com-  
 26 petent manner; and

1           “(C) assign patient navigators, in accord-  
 2           ance with applicable criteria of the Secretary,  
 3           for individuals of health disparity populations  
 4           to—

5                   “(i) accomplish, to the extent possible,  
 6                   the follow-up and diagnosis of an abnormal  
 7                   finding and the treatment and appropriate  
 8                   follow-up care of cancer or other chronic  
 9                   disease; and

10                   “(ii) facilitate access to appropriate  
 11                   health care services within the health care  
 12                   system to ensure optimal patient utiliza-  
 13                   tion of such services.

14           “(2) OUTREACH SERVICES.—A condition for  
 15           the receipt of a grant under paragraph (1) is that  
 16           the applicant involved agree to provide ongoing out-  
 17           reach activities while receiving the grant, in a man-  
 18           ner that is culturally competent for the health dis-  
 19           parity population served by the program, to inform  
 20           the public of the services of the model program  
 21           under the grant. Such activities shall include facili-  
 22           tating access to appropriate health care services and  
 23           patient navigators within the health care system to  
 24           ensure optimal patient utilization of these services.

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

8           “(4) EVALUATIONS.—

9                   “(A) IN GENERAL.—The Secretary, acting  
 10           through the Administrator of the Health Re-  
 11           sources and Services Administration, shall, di-  
 12           rectly or through grants or contracts, provide  
 13           for evaluations to determine which outreach ac-  
 14           tivities under paragraph (2) were most effective  
 15           in informing the public of the model program  
 16           services and to determine the extent to which  
 17           such programs were effective in providing cul-  
 18           turally competent services to the health dis-  
 19           parity population served by the programs.

20                   “(B) DISSEMINATION OF FINDINGS.—The  
 21           Secretary shall as appropriate disseminate to  
 22           public and private entities the findings made in  
 23           evaluations under subparagraph (A).

24           “(5) COORDINATION WITH OTHER PRO-  
 25           GRAMS.—The Secretary shall coordinate the pro-

1       gram under this subsection with the program under  
2       subsection (b), with the program under section  
3       417D, and to the extent practicable, with programs  
4       for prevention centers that are carried out by the  
5       Director of the Centers for Disease Control and Pre-  
6       vention.

7       “(b) PROGRAM FOR PATIENT NAVIGATORS.—

8               “(1) IN GENERAL.—The Secretary, acting  
9       through the Administrator of the Health Resources  
10       and Services Administration, may make grants to  
11       public and nonprofit private health centers (includ-  
12       ing health centers under section 330, Indian Health  
13       Service Centers, and rural health clinics) for the de-  
14       velopment and operation of programs to pay the  
15       costs of such health centers in—

16               “(A) assigning patient navigators, in ac-  
17       cordance with applicable criteria of the Sec-  
18       retary, for individuals of health disparity popu-  
19       lations for the duration of receiving health serv-  
20       ices from the health centers;

21               “(B) ensuring that the services provided by  
22       the patient navigators to such individuals in-  
23       clude case management and psychosocial as-  
24       sessment and care or information and referral  
25       to such services;

1           “(C) ensuring that the patient navigators  
2           provide services to such individuals in a cul-  
3           turally competent manner; and

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

6                   “(i) coordination of health services,  
7                   including psychosocial assessment and  
8                   care;

9                   “(ii) appropriate follow-up care, in-  
10                  cluding psychosocial assessment and care;  
11                  and

12                  “(iii) determining coverage under  
13                  health insurance and health plans for all  
14                  services.

15           “(2) OUTREACH SERVICES.—A condition for  
16           the receipt of a grant under paragraph (1) is that  
17           the applicant involved agree to provide ongoing out-  
18           reach activities while receiving the grant, in a man-  
19           ner that is culturally competent for the health dis-  
20           parity population served by the program, to inform  
21           the public of the services of the model program  
22           under the grant.

23           “(3) APPLICATION FOR GRANT.—A grant may  
24           be made under paragraph (1) only if an application  
25           for the grant is submitted to the Secretary and the

1 application is in such form, is made in such manner,  
2 and contains such agreements, assurances, and in-  
3 formation as the Secretary determines to be nec-  
4 essary to carry out this section.

5 “(4) EVALUATIONS.—

6 “(A) IN GENERAL.—The Secretary, acting  
7 through the Administrator of the Health Re-  
8 sources and Services Administration, shall, di-  
9 rectly or through grants or contracts, provide  
10 for evaluations to determine the effects of the  
11 services of patient navigators on the individuals  
12 of health disparity populations for whom the  
13 services were provided, taking into account the  
14 matters referred to in paragraph (1)(C).

15 “(B) DISSEMINATION OF FINDINGS.—The  
16 Secretary shall as appropriate disseminate to  
17 public and private entities the findings made in  
18 evaluations under subparagraph (A).

19 “(5) COORDINATION WITH OTHER PRO-  
20 GRAMS.—The Secretary shall coordinate the pro-  
21 gram under this subsection with the program under  
22 subsection (a) and with the program under section  
23 417D.

24 “(c) REQUIREMENTS REGARDING FEES.—A condi-  
25 tion for the receipt of a grant under subsection (a)(1) or



1 (b)(1) is that the program for which the grant is made  
2 have in effect—

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

7 “(2) a corresponding schedule of discounts to  
8 be applied to the payment of such fees or payments,  
9 which discounts are adjusted on the basis of the  
10 ability of the patient to pay.

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

17 “(e) DURATION OF GRANT.—The period during  
18 which payments are made to an entity from a grant under  
19 subsection (a)(1) or (b)(1) may not exceed five years. The  
20 provision of such payments are subject to annual approval  
21 by the Secretary of the payments and subject to the avail-  
22 ability of appropriations for the fiscal year involved to  
23 make the payments. This subsection may not be construed  
24 as establishing a limitation on the number of grants under  
25 such subsection that may be made to an entity.

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

2 “(1) The term ‘culturally competent’, with re-  
3 spect to providing health-related services, means  
4 services that, in accordance with standards and  
5 measures of the Secretary, are designed to effec-  
6 tively and efficiently respond to the cultural and lin-  
7 guistic needs of patients.

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

10 “(3) The term ‘health disparity population’  
11 means a population where there exists a significant  
12 disparity in the overall rate of disease incidence,  
13 morbidity, mortality, or survival rates in the popu-  
14 lation as compared to the health status of the gen-  
15 eral population. Such term includes—

16 “(A) racial and ethnic minority groups as  
17 defined in section 1707; and

18 “(B) medically underserved groups, such  
19 as rural and low-income individuals and individ-  
20 uals with low levels of literacy.

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

23 “(i) assisting and guiding patients with a  
24 symptom or an abnormal finding or diagnosis of  
25 cancer or other chronic disease within the

health care system to accomplish the follow-up and diagnosis of an abnormal finding as well as the treatment and appropriate follow-up care of cancer or other chronic disease; and

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

“(B) Such term includes representatives of the target health disparity population, such as nurses, social workers, cancer survivors, and patient advocates.

“(g) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—

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

“(B) PATIENT NAVIGATORS.—For the purpose of carrying out subsection (b) (other than the purpose described in paragraph (2)(B)), there are authorized to be appropriated such

1 sums as may be necessary for each of the fiscal  
2 years 2003 through 2007.

3 “(C) BUREAU OF PRIMARY HEALTH  
4 CARE.—Amounts appropriated under subpara-  
5 graph (A) or (B) shall be administered through  
6 the Bureau of Primary Health Care.

7 “(2) PROGRAMS IN RURAL AREAS.—

8 “(A) MODEL PROGRAMS.—For the purpose  
9 of carrying out subsection (a) by making grants  
10 under such subsection for model programs in  
11 rural areas, there are authorized to be appro-  
12 priated such sums as may be necessary for each  
13 of the fiscal years 2003 through 2007.

14 “(B) PATIENT NAVIGATORS.—For the pur-  
15 pose of carrying out subsection (b) by making  
16 grants under such subsection for programs in  
17 rural areas, there are authorized to be appro-  
18 priated such sums as may be necessary for each  
19 of the fiscal years 2003 through 2007.

20 “(C) OFFICE OF RURAL HEALTH POL-  
21 ICY.—Amounts appropriated under subpara-  
22 graph (A) or (B) shall be administered through  
23 the Office of Rural Health Policy.

24 “(3) RELATION TO OTHER AUTHORIZATIONS.—

25 Authorizations of appropriations under paragraphs

1 (1) and (2) are in addition to other authorizations  
 2 of appropriations that are available for the purposes  
 3 described in such paragraphs.”.

4 **SEC. 273. NCI GRANTS FOR MODEL COMMUNITY CANCER**  
 5 **AND CHRONIC DISEASE CARE AND PREVEN-**  
 6 **TION; NCI GRANTS FOR PATIENT NAVIGA-**  
 7 **TORS.**

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

11 **“SEC. 417D. MODEL COMMUNITY CANCER AND CHRONIC**  
 12 **DISEASE CARE AND PREVENTION; PATIENT**  
 13 **NAVIGATORS.**

14 “(a) MODEL COMMUNITY CANCER AND CHRONIC  
 15 DISEASE CARE AND PREVENTION.—

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

19 “(A) provide to individuals of health dis-  
 20 parity populations prevention, early detection,  
 21 treatment, and appropriate follow-up care serv-  
 22 ices for cancer and chronic diseases;

23 “(B) ensure that the health services are  
 24 provided to such individuals in a culturally com-  
 25 petent manner; and

1           “(C) assign patient navigators, in accord-  
 2           ance with applicable criteria of the Secretary,  
 3           for individuals of health disparity populations  
 4           to—

5                   “(i) accomplish, to the extent possible,  
 6                   the follow-up and diagnosis of an abnormal  
 7                   finding and the treatment and appropriate  
 8                   follow-up care of cancer or other chronic  
 9                   disease; and

10                   “(ii) facilitate access to appropriate  
 11                   health care services within the health care  
 12                   system to ensure optimal patient utiliza-  
 13                   tion of such services.

14           “(2) ELIGIBLE ENTITIES.—For purposes of this  
 15           section, an eligible entity is a designated cancer cen-  
 16           ter of the Institute, an academic institution, a hos-  
 17           pital, a nonprofit organization, or any other public  
 18           or private entity determined to be appropriate by the  
 19           Director of the Institute, that provides services de-  
 20           scribed in paragraph (1)(A) for cancer or chronic  
 21           diseases.

22           “(3) OUTREACH SERVICES.—A condition for  
 23           the receipt of a grant under paragraph (1) is that  
 24           the applicant involved agree to provide ongoing out-  
 25           reach activities while receiving the grant, in a man-

ner that is culturally competent for the health disparity population served by the program, to inform the public of the services of the model program under the grant. Such activities shall include facilitating access to appropriate health care services and patient navigators within the health care system to ensure optimal patient utilization of these services.

“(4) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Director of the Institute and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

“(5) EVALUATIONS.—

“(A) IN GENERAL.—The Director of the Institute, directly or through grants or contracts, shall provide for evaluations to determine which outreach activities under paragraph (3) were most effective in informing the public of the model program services and to determine the extent to which such programs were effective in providing culturally competent services to the health disparity population served by the programs.

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                   “(6) COORDINATION WITH OTHER PRO-  
 7                   GRAMS.—The Secretary shall coordinate the pro-  
 8                   gram under this subsection with the program under  
 9                   subsection (b), with the program under section 330I,  
 10                  and to the extent practicable, with programs for pre-  
 11                  vention centers that are carried out by the Director  
 12                  of the Centers for Disease Control and Prevention.

13                  “(b) PROGRAM FOR PATIENT NAVIGATORS.—

14                  “(1) IN GENERAL.—The Director of the Insti-  
 15                  tute may make grants to eligible entities for the de-  
 16                  velopment and operation of programs to pay the  
 17                  costs of such entities in—

18                         “(A) assigning patient navigators, in ac-  
 19                         cordance with applicable criteria of the Sec-  
 20                         retary, for individuals of health disparity popu-  
 21                         lations for the duration of receiving health serv-  
 22                         ices from the health centers;

23                         “(B) ensuring that the services provided by  
 24                         the patient navigators to such individuals in-  
 25                         clude case management and psychosocial as-



1            sessment and care or information and referral  
 2            to such services;

3            “(C) ensuring that the patient navigators  
 4            provide services to such individuals in a cul-  
 5            turally competent manner; and

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

8            “(i) coordination of health services,  
 9            including psychosocial assessment and  
 10           care;

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

13           “(iii) determining coverage under  
 14           health insurance and health plans for all  
 15           services.

16           “(2) OUTREACH SERVICES.—A condition for  
 17           the receipt of a grant under paragraph (1) is that  
 18           the applicant involved agree to provide ongoing out-  
 19           reach activities while receiving the grant, in a man-  
 20           ner that is culturally competent for the health dis-  
 21           parity population served by the program, to inform  
 22           the public of the services of the model program  
 23           under the grant.

24           “(3) APPLICATION FOR GRANT.—A grant may  
 25           be made under paragraph (1) only if an application

1 for the grant is submitted to the Director of the In-  
 2 stitute and the application is in such form, is made  
 3 in such manner, and contains such agreements, as-  
 4 surances, and information as the Director deter-  
 5 mines to be necessary to carry out this section.

6 “(4) EVALUATIONS.—

7 “(A) IN GENERAL.—The Director of the  
 8 Institute, directly or through grants or con-  
 9 tracts, shall provide for evaluations to deter-  
 10 mine the effects of the services of patient navi-  
 11 gators on the health disparity population for  
 12 whom the services were provided, taking into  
 13 account the matters referred to in paragraph  
 14 (1)(C).

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

20 “(5) COORDINATION WITH OTHER PRO-  
 21 GRAMS.—The Secretary shall coordinate the pro-  
 22 gram under this subsection with the program under  
 23 subsection (a) and with the program under section  
 24 330I.

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

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

9               “(2) a corresponding schedule of discounts to  
10      be applied to the payment of such fees or payments,  
11      which discounts are adjusted on the basis of the  
12      ability of the patient to pay.

13      “(d) MODEL.—Not later than three years after the  
14      date of the enactment of this section, the Director of the  
15      Institute shall develop a peer-reviewed model of systems  
16      for the services provided by this section. The Director shall  
17      update such model as may be necessary to ensure that  
18      the best practices are being utilized.

19      “(e) DURATION OF GRANT.—The period during  
20      which payments are made to an entity from a grant under  
21      subsection (a)(1) or (b)(1) may not exceed five years. The  
22      provision of such payments are subject to annual approval  
23      by the Director of the Institute of the payments and sub-  
24      ject to the availability of appropriations for the fiscal year  
25      involved to make the payments. This subsection may not

1 be construed as establishing a limitation on the number  
 2 of grants under such subsection that may be made to an  
 3 entity.

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

5 “(1) The term ‘culturally competent’, with re-  
 6 spect to providing health-related services, means  
 7 services that, in accordance with standards and  
 8 measures of the Secretary, are designed to effec-  
 9 tively and efficiently respond to the cultural and lin-  
 10 guistic needs of patients.

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

13 “(3) the term ‘health disparity population’  
 14 means a population where there exists a significant  
 15 disparity in the overall rate of disease incidence,  
 16 morbidity, mortality, or survival rates in the popu-  
 17 lation as compared to the health status of the gen-  
 18 eral population. Such term includes—

19 “(A) racial and ethnic minority groups as  
 20 defined in section 1707; and

21 “(B) medically underserved groups, such  
 22 as rural and low-income individuals and individ-  
 23 uals with low levels of literacy.

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

1           “(i) assisting and guiding patients with a  
2           symptom or an abnormal finding or diagnosis of  
3           cancer or other chronic disease within the  
4           health care system to accomplish the follow-up  
5           and diagnosis of an abnormal finding as well as  
6           the treatment and appropriate follow-up care of  
7           cancer or other chronic disease; and

8           “(ii) identifying, anticipating, and helping  
9           patients overcome barriers within the health  
10          care system to ensure prompt diagnostic and  
11          treatment resolution of an abnormal finding of  
12          cancer or other chronic disease.

13          “(B) Such term includes representatives of the  
14          target health disparity population, such as nurses,  
15          social workers, cancer survivors, and patient advo-  
16          cates.

17          “(g) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

6       **TITLE III—HEALTH DISPARITIES**  
 7           **Subtitle A—Hispanic-Serving**  
 8           **Health Professions Schools**

9       **SEC. 301. HISPANIC-SERVING HEALTH PROFESSIONS**  
 10           **SCHOOLS.**

11       (a) IN GENERAL.—The Secretary, acting through the  
 12       Administrator of the Health Resources and Services Ad-  
 13       ministration, shall make grants to Hispanic-serving health  
 14       professions schools for the purpose of carrying out pro-  
 15       grams to recruit Hispanic individuals to enroll in and  
 16       graduate from the schools, which may include providing  
 17       scholarships and other financial assistance as appropriate.

18       (b) ELIGIBILITY.—For purposes of subsection (a), an  
 19       entity is a Hispanic-serving health professions school if the  
 20       entity—

- 21           (1) is a school or program under section 799B  
 22           of the Public Health Service Act (42 U.S.C. 295p);  
 23           (2) has an enrollment of full-time equivalent  
 24           students that is at least 5 percent Hispanic stu-  
 25           dents;

1           (3) has been effective in carrying out programs  
 2           to recruit Hispanic individuals to enroll in and grad-  
 3           uate from the school;

4           (4) has been effective in recruiting and retain-  
 5           ing Hispanic faculty members; and

6           (5) has a significant number of graduates who  
 7           are providing health services to medically under-  
 8           served populations or to individuals in health profes-  
 9           sional shortage areas.

10          (c) AUTHORIZATION OF APPROPRIATIONS.—For the  
 11          purpose of carrying out this section, there are authorized  
 12          to be appropriated such sums as may be necessary for  
 13          each of the fiscal years 2003 through 2007.

## 14                   **Subtitle B—Health Career** 15                   **Opportunity Program**

### 16   **SEC. 311. EDUCATIONAL ASSISTANCE REGARDING UNDER-** 17                   **GRADUATES.**

18          (a) IN GENERAL.—Subpart 2 of part E of title VII  
 19          of the Public Health Service Act (42 U.S.C. 295 et seq)  
 20          is amended by adding at the end the following:

#### 21   **“SEC. 771. HEALTH CAREERS OPPORTUNITY PROGRAM.**

22          “(a) IN GENERAL.—Subject to the provisions of this  
 23          section, the Secretary may make grants and enter into co-  
 24          operative agreements and contracts for any of the fol-  
 25          lowing purposes:

1           “(1) Identifying and recruiting individuals  
2       who—

3                   “(A) are students of elementary schools, or  
4           students or graduates of secondary schools or of  
5           institutions of higher education;

6                   “(B) are from disadvantaged backgrounds;  
7       and

8                   “(C) are interested in a career in the  
9       health professions.

10           “(2) Facilitating the entry of such individuals  
11       into a health professions school.

12           “(3) Providing counseling or other services de-  
13       signed to assist such individuals in successfully com-  
14       pleting their education at such a school.

15           “(4) Providing, for a period prior to the entry  
16       of such individuals into the regular course of edu-  
17       cation of such a school, preliminary education de-  
18       signed to assist the individuals in successfully com-  
19       pleting such regular course of education at such a  
20       school, or referring such individuals to institutions  
21       providing such preliminary education.

22           “(5) Paying such stipends as the Secretary may  
23       approve for such individuals for any period of edu-  
24       cation in student-enhancement programs (other than  
25       regular courses) at a health professions schools, ex-



cept that such a stipend may not be provided to an individual for more than 12 months, and such a stipend may not exceed \$25 per day (notwithstanding any other provision of law regarding the amount of stipends).

“(6) Carrying out programs under which such individuals both—

“(A) gain experience regarding a career in a field of primary health care through working at facilities of nonprofit private community-based providers of primary health services; and

“(B) receive academic instruction to assist in preparing the individuals to enter health professions schools in such fields.

“(b) RECEIPT OF AWARD.—

“(1) ELIGIBLE ENTITIES; REQUIREMENT OF CONSORTIUM.—The Secretary may make an award under subsection (a) only if the following conditions are met:

“(A) The applicant for the award is a public or nonprofit private entity, and the applicant has established a consortium consisting of nonprofit private community-based organizations and health professions schools.

1           “(B) The health professions schools of the  
2           consortium are schools of medicine or osteo-  
3           pathic medicine, public health, dentistry, veteri-  
4           nary medicine, optometry, pharmacy, allied  
5           health, chiropractic, or podiatric medicine, or  
6           graduate programs in mental health practice  
7           (including such programs in clinical psy-  
8           chology).

9           “(C) Except as provided in subparagraph  
10          (D), the membership of the consortium includes  
11          not less than one nonprofit private community-  
12          based organization and not less than three  
13          health professions schools.

14          “(D) In the case of an applicant whose ex-  
15          clusive activity under the award will be carrying  
16          out one or more programs described in sub-  
17          section (a)(6), the membership of the consor-  
18          tium includes not less than one nonprofit pri-  
19          vate community-based organization and not less  
20          than one health professions schools.

21          “(E) The members of the consortium have  
22          entered into an agreement specifying—

23                 “(i) that each of the members will  
24                 comply with the conditions upon which the  
25                 award is made; and

1                   “(ii) whether and to what extent the  
2                   award will be allocated among the mem-  
3                   bers.

4                   “(2) REQUIREMENT OF COMPETITIVE  
5                   AWARDS.—Awards under subsection (a) shall be  
6                   made only on a competitive basis.

7                   “(c) FINANCIAL REQUIREMENTS.—

8                   “(1) ASSURANCES REGARDING CAPACITY.—The  
9                   Secretary may make an award under subsection (a)  
10                  only if the Secretary determines that, in the case of  
11                  activities carried out under the award that prove to  
12                  be effective toward achieving the purposes of the  
13                  activities—

14                  “(A) the members of the consortium in-  
15                  volved have or will have the financial capacity  
16                  to continue the activities, regardless of whether  
17                  financial assistance under subsection (a) con-  
18                  tinues to be available; and

19                  “(B) the members of the consortium dem-  
20                  onstrate to the satisfaction of the Secretary a  
21                  commitment to continue such activities, regard-  
22                  less of whether such assistance continues to be  
23                  available.

24                  “(2) MATCHING FUNDS.—

1           “(A) IN GENERAL.—With respect to the  
 2 costs of the activities to be carried out under  
 3 subsection (a) by an applicant, the Secretary  
 4 may make an award under such subsection only  
 5 if the applicant agrees to make available in cash  
 6 (directly or through donations from public or  
 7 private entities) non-Federal contributions to-  
 8 ward such costs in an amount that, for any  
 9 fourth or subsequent fiscal year for which the  
 10 applicant receives such an award, is not less  
 11 than 50 percent of such costs.

12           “(B) FEDERAL AMOUNTS.—Amounts pro-  
 13 vided by the Federal Government may not be  
 14 included in determining the amount of non-Fed-  
 15 eral contributions required in subparagraph  
 16 (A).

17           “(C) LIMITATION.—The Secretary may not  
 18 require non-Federal contributions for the first  
 19 three fiscal years for which an applicant re-  
 20 ceives a grant under subsection (a).

21           “(d) PREFERENCE IN MAKING AWARDS.—

22           “(1) IN GENERAL.—

23           “(A) REQUIREMENT.—In making awards  
 24 under subsection (a), the Secretary shall, sub-  
 25 ject to paragraph (3), give preference to any

1 applicant that, for the purpose described in sub-  
 2 paragraph (B), has made an arrangement with  
 3 not less than one entity from each of the fol-  
 4 lowing categories of entities: Community-based  
 5 organizations, elementary schools, secondary  
 6 schools, institutions of higher education, and  
 7 health professions schools.

8 “(B) PURPOSE.—The purpose of arrange-  
 9 ments under subparagraph (A) is to establish a  
 10 program for individuals identified under sub-  
 11 section (a) under which—

12 “(i) the activities described in such  
 13 subsection are carried out on behalf of the  
 14 individuals; and

15 “(ii) health professions schools make  
 16 a commitment to admit as students of the  
 17 schools such individuals who participate in  
 18 the program, subject to the individuals  
 19 meeting reasonable academic standards for  
 20 admission to the schools.

21 “(2) ADDITIONAL PREFERENCES.—Of the ap-  
 22 plicants under subsection (a) that are receiving pref-  
 23 erence for purposes of paragraph (1), the Secretary  
 24 shall, subject to paragraph (3), give additional pref-  
 25 erence to applicants whose consortium under sub-

1 section (b) includes as members one or more health  
 2 professions schools that have not previously received  
 3 any award under this section (including this section  
 4 as in effect prior to fiscal year 1997).

5 “(3) LIMITATION.—An applicant may not re-  
 6 ceive preference for purposes of paragraph (1) or (2)  
 7 unless the consortium under subsection (b) includes  
 8 not less than one health professions school that has  
 9 demonstrated success in enrolling students from dis-  
 10 advantaged backgrounds.

11 “(e) OBJECTIVES UNDER AWARDS.—

12 “(1) ESTABLISHMENT OF OBJECTIVES.—Before  
 13 making a first award to an applicant under sub-  
 14 section (a), the Secretary shall establish objectives  
 15 regarding the activities to be carried out under the  
 16 award, which objectives are applicable until the next  
 17 fiscal year for which such award is made after a  
 18 competitive process of review. In making an award  
 19 after such a review, the Secretary shall establish ad-  
 20 ditional objectives for the applicant.

21 “(2) PRECONDITION FOR SUBSEQUENT  
 22 AWARDS.—In the case of an applicant seeking an  
 23 award under subsection (a) pursuant to a competi-  
 24 tive process of review, the Secretary may make the  
 25 award only if the applicant demonstrates to the sat-

1       isfaction of the Secretary that the applicant has met  
 2       the objectives that were applicable under paragraph  
 3       (1) to the preceding awards under such subsection.

4       “(f) AUTHORIZATION OF APPROPRIATIONS.—For the  
 5       purpose of carrying out this section, there are authorized  
 6       to be appropriated \$33,000,000 for fiscal year 2003,  
 7       \$40,000,000 for fiscal year 2004, and such sums as may  
 8       be necessary for each subsequent fiscal year.”.

9       (b) TECHNICAL AMENDMENT.—Section 770(a) of the  
 10      Public Health Service Act (42 U.S.C. 295e(a)) is amended  
 11      by inserting “(other than section 771)” after “this sub-  
 12      part”.

13      **SEC. 312. CENTERS OF EXCELLENCE.**

14      For the purpose of establishing and operating health  
 15      careers centers of excellence, there are authorized to be  
 16      appropriated \$40,000,000 for fiscal year 2003, and such  
 17      sums as may be necessary for each subsequent fiscal year.

18                   **Subtitle C—Bilingual Health**  
 19                   **Professionals**

20      **SEC. 321. TRAINING OF BILINGUAL HEALTH PROFES-**  
 21                   **SIONALS WITH RESPECT TO MINORITY**  
 22                   **HEALTH CONDITIONS.**

23      (a) IN GENERAL.—The Secretary, acting through the  
 24      Administrator of the Health Resources and Services Ad-  
 25      ministration, shall (directly or through awards of grants

1 or contracts to public or nonprofit private entities) carry  
 2 out a program—

3 (1) to identify health professionals who speak  
 4 both English and a language used by racial or ethnic  
 5 minority groups in the United States; and

6 (2) to train such health professionals with re-  
 7 spect to the treatment of minority health conditions,  
 8 such as diabetes, HIV infection, substance abuse,  
 9 and conditions regarding mental health.

10 (b) AUTHORIZATION OF APPROPRIATIONS.—For the  
 11 purpose of carrying out subsection (a), there are author-  
 12 ized to be appropriated such sums as may be necessary  
 13 for each of the fiscal years 2003 through 2007.

## 14 **Subtitle D—Cultural Competence**

### 15 **SEC. 331. DEFINITION.**

16 (a) IN GENERAL.—In this Act, the term “culturally  
 17 competent”, with respect to the manner in which health-  
 18 related services, education, and training are provided,  
 19 means providing the services, education, and training in  
 20 the language and cultural context that is most appropriate  
 21 for the individuals for whom the services, education, and  
 22 training are intended, including as necessary the provision  
 23 of bilingual services.

24 (b) MODIFICATION.—The definition established in  
 25 subsection (a) may be modified as needed at the discretion



1 of the Secretary after providing a 30-day notice to Con-  
2 gress.

3 **SEC. 332. ACTIVITIES OF OFFICE OF MINORITY HEALTH;**  
4 **CENTER FOR LINGUISTIC AND CULTURAL**  
5 **COMPETENCE IN HEALTH CARE.**

6 (a) EDUCATIONAL MATERIALS; TECHNICAL ASSIST-  
7 ANCE.—

8 (1) IN GENERAL.—The Secretary, acting  
9 through the Office of Minority Health under section  
10 1707 of the Public Health Service Act (42 U.S.C.  
11 300u–6), shall—

12 (A) provide for the development of edu-  
13 cational materials on providing health services  
14 in a culturally competent manner;

15 (B) provide technical assistance in carrying  
16 out programs that use such materials; and

17 (C) provide technical assistance on other  
18 matters regarding the provision of health serv-  
19 ices in a culturally competent manner.

20 (2) AUTHORIZATION OF APPROPRIATIONS.—For  
21 the purpose of carrying out paragraph (1), there are  
22 authorized to be appropriated \$1,000,000 for fiscal  
23 year 2003, and such sums as may be necessary for  
24 each of the fiscal years 2004 through 2007.

1 (b) CENTER FOR LINGUISTIC AND CULTURAL COM-  
2 PETENCE IN HEALTH CARE.—

3 (1) IN GENERAL.—The Secretary, acting  
4 through the Office of Minority Health under section  
5 1707 of the Public Health Service Act (42 U.S.C.  
6 300u–6), shall provide for a Center for Linguistic  
7 and Cultural Competence in Health Care to carry  
8 out programs to promote and facilitate the provision  
9 of health-related services, education, and training in  
10 a culturally competent manner.

11 (2) AUTHORIZATION OF APPROPRIATIONS.—For  
12 the purpose of carrying out paragraph (1), there are  
13 authorized to be appropriated \$5,000,000 for fiscal  
14 year 2003, and such sums as may be necessary for  
15 each of the fiscal years 2004 through 2007.

16 **SEC. 333. CULTURAL COMPETENCE DEMONSTRATION**  
17 **PROJECTS.**

18 (a) IN GENERAL.—The Secretary, acting through the  
19 Administrator of the Health Care Financing Administra-  
20 tion, shall conduct a cultural competence demonstration  
21 project under which grants are made to two hospitals with  
22 a history in the medicare program to enable them to im-  
23 plement standards for the culturally competent provision  
24 of services to address the specific needs of any population

1 that constitutes at least 5 percent of the population served  
2 by the hospital involved.

3 (b) NUMBER AND TYPE.—Of the hospitals provided  
4 grants under this section, one shall be located in an urban  
5 and the other in a rural area (as defined in section  
6 1886(d)(2)(D) of the Social Security Act (42 U.S.C.  
7 1395ww(d)(2)(d)). The urban hospital shall serve a sig-  
8 nificant limited English proficient population and be with-  
9 in 175 miles of the border with Mexico. In selecting such  
10 hospitals, the Secretary shall give preference to hospitals  
11 that serve large immigrant populations.

12 (c) AMOUNT AND DURATION OF GRANT.—A grant  
13 under this section for a hospital shall be in the amount  
14 of \$5,000,000 and shall be for a period of 5 years.

15 (d) EVALUATION AND REPORT.—

16 (1) EVALUATION.—The Secretary shall also  
17 provide for a grant to an appropriate qualified entity  
18 in an amount not to exceed \$1,000,000 to evaluate  
19 the demonstration projects conducted under this sec-  
20 tion.

21 (2) REPORT.—The Secretary shall submit to  
22 Congress a report on the projects conducted under  
23 this section. The Secretary shall include in such re-  
24 port the results of the evaluation conducted under  
25 paragraph (1) and recommendations on whether on

1       going medicare funding should be provided for im-  
 2       plementation of standards for cultural competency in  
 3       hospitals.

4       (e) AUTHORIZATION OF APPROPRIATIONS.—There  
 5       are authorized to be appropriated from the Federal Hos-  
 6       pital Insurance Trust Fund (under section 1817 of the  
 7       Social Security Act (42 U.S.C. 1395i) to carry out this  
 8       section, \$11,000,000, which shall remain available until  
 9       expended.

## 10       **Subtitle E—Data Regarding Race** 11                               **and Ethnicity**

### 12       **SEC. 341. COLLECTION OF DATA.**

13       Part A of title III of the Public Health Service Act  
 14       (42 U.S.C. 241 et seq.) is amended by inserting after sec-  
 15       tion 306 the following:

#### 16       **“SEC. 306A. DATA ON RACE AND ETHNICITY.**

17       “(a) IN GENERAL.—The Secretary shall by regula-  
 18       tion provide for the following:

19               “(1) Health data collected under programs car-  
 20       ried out by the Secretary (whether collected directly  
 21       or pursuant to grants, cooperative agreements, or  
 22       contracts) shall include data on race, ethnicity, and  
 23       spoken and written language and shall, at a min-  
 24       imum, use the categories for race and ethnicity de-  
 25       scribed in OMB Directive 15.

1           “(2) Data collected by the Secretary pursuant  
2           to title VI of the Civil Rights Act of 1964 shall in-  
3           clude data on race and ethnicity and shall, at a min-  
4           imum, use such categories.

5           “(3) Data on race and ethnicity that is collected  
6           under paragraph (1) or (2) shall use the procedures  
7           described in such Directive for collecting data from  
8           an individual, and shall be maintained and presented  
9           (including for reporting purposes) in accordance  
10          with such Directive.

11          “(4) For health encounters that require the  
12          presence of a legal parent or guardian who does not  
13          speak English or who is limited English proficient,  
14          health data collected by the Secretary pursuant to  
15          this section shall also include data on the of the ac-  
16          companying adult or guardian.

17          “(5) Such other data as the Secretary may des-  
18          ignate (including administrative records) shall be  
19          collected, maintained, and presented in accordance  
20          with such Directive, to the extent that such data are  
21          collected by the Secretary and relate to health-re-  
22          lated programs that are carried out by the Sec-  
23          retary.

24          “(b) DEFINITION.—In this section, the term ‘OMB  
25          Directive 15’ means Statistical Policy Directive No. 15,

1 Race and Ethnic Standards for Federal Statistics and Ad-  
 2 ministrative Reporting, as established by the Director of  
 3 the Office of Management and Budget through the notice  
 4 issued October 30, 1997 (62 FR 58782). Such term in-  
 5 cludes any subsequent revisions to such Directive.”.

6 **SEC. 342. DEVELOPMENT OF STANDARDS; STUDY TO MEAS-**  
 7 **URE PATIENT OUTCOMES UNDER MEDICARE**  
 8 **AND MEDICAID PROGRAMS.**

9 (a) DEVELOPMENT OF STANDARDS.—Not later than  
 10 1 year after the date of the enactment of this Act, the  
 11 Secretary, acting through the Administrator of the Health  
 12 Care Financing Administration, shall develop outcome  
 13 measures to evaluate, by race and ethnicity, the perform-  
 14 ance of health care programs and projects that provide  
 15 health care to individuals under the medicare and med-  
 16 icaid programs (under titles XVIII and XIX, respectively,  
 17 of the Social Security Act (42 U.S.C. 1395 et seq.; 1396  
 18 et seq.).

19 (b) STUDY.—After the Secretary develops the out-  
 20 come measures under subsection (a), the Secretary shall  
 21 conduct a study that evaluates, by race and ethnicity, the  
 22 performance of health care programs and projects referred  
 23 to in subsection (a).

24 (c) REPORT TO CONGRESS.—Not later that 2 years  
 25 after the date of the enactment of this Act, the Secretary

1 shall submit to Congress a report describing the outcome  
2 measures developed under subsection (a), and the results  
3 of the study conducted pursuant to subsection (b).

4 **Subtitle F—National Assessment of**  
5 **Status of Latino Health**

6 **SEC. 351. NATIONAL ASSESSMENT OF STATUS OF LATINO**  
7 **HEALTH.**

8 (a) IN GENERAL.—The Secretary of Health and  
9 Human Services shall establish a national assessment of  
10 the status of Latino health to be known as the “Hispanic  
11 Health and Nutrition Examination Survey” or  
12 “HHANES II”.

13 (b) GOAL.—The goal of the national assessment  
14 under subsection (a) shall be to produce estimates of  
15 health and nutritional status for Mexican Americans,  
16 Puerto Ricans, Cuban Americans, and other Hispanic sub-  
17 populations.

18 (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
19 authorized to be appropriated such sums as may be nec-  
20 essary in each of fiscal years 2003 through 2005 to carry  
21 out this section.

1       **Subtitle G—Office of Minority**  
2                   **Health**

3   **SEC. 361. REVISION AND EXTENSION OF PROGRAMS OF OF-**  
4                   **FICE OF MINORITY HEALTH.**

5       Section 1707 of the Public Health Service Act (42  
6   U.S.C. 300u–6) is amended by striking subsection (b) and  
7   all that follows and inserting the following:

8       “(b) DUTIES.—With respect to improving the health  
9   of racial and ethnic minority groups, the Secretary, acting  
10   through the Deputy Assistant Secretary for Minority  
11   Health (in this section referred to as the ‘Deputy Assist-  
12   ant Secretary’), shall carry out the following:

13           “(1) Establish short-range and long-range goals  
14       and objectives and coordinate all other activities  
15       within the Public Health Service that relate to dis-  
16       ease prevention, health promotion, service delivery,  
17       and research concerning such individuals. The heads  
18       of each of the agencies of the Service shall consult  
19       with the Deputy Assistant Secretary to ensure the  
20       coordination of such activities.

21           “(2) Carry out the following types of activities  
22       by entering into interagency agreements with other  
23       agencies of the Public Health Service:

24                   “(A) Support research, demonstrations and  
25                   evaluations to test new and innovative models.



1           “(B) Increase knowledge and under-  
2 standing of health risk factors.

3           “(C) Develop mechanisms that support  
4 better information dissemination, education,  
5 prevention, and service delivery to individuals  
6 from disadvantaged backgrounds, including in-  
7 dividuals who are members of racial or ethnic  
8 minority groups.

9           “(D) Ensure that the National Center for  
10 Health Statistics collects data on the health  
11 status of each minority group.

12           “(E) With respect to individuals who lack  
13 proficiency in speaking the English language,  
14 enter into contracts with public and nonprofit  
15 private providers of primary health services for  
16 the purpose of increasing the access of the indi-  
17 viduals to such services by developing and car-  
18 rying out programs to provide bilingual or in-  
19 terpretive services.

20           “(3) Support a national minority health re-  
21 source center to carry out the following:

22           “(A) Facilitate the exchange of informa-  
23 tion regarding matters relating to health infor-  
24 mation and health promotion, preventive health

1 services, and education in the appropriate use  
2 of health care.

3 “(B) Facilitate access to such information.

4 “(C) Assist in the analysis of issues and  
5 problems relating to such matters.

6 “(D) Provide technical assistance with re-  
7 spect to the exchange of such information (in-  
8 cluding facilitating the development of materials  
9 for such technical assistance).

10 “(4) Carry out programs to improve access to  
11 health care services for individuals with limited pro-  
12 ficiency in speaking the English language by facili-  
13 tating the removal of impediments to the receipt of  
14 health care that result from such limitation. Activi-  
15 ties under the preceding sentence shall include con-  
16 ducting research and developing and evaluating  
17 model projects.

18 “(5) Not later than June 8 of each year, the  
19 Deputy Assistant Secretary shall submit to the Sec-  
20 retary a report summarizing the activities of each of  
21 the minority health offices under section 1707A.

22 “(c) ADVISORY COMMITTEE.—

23 “(1) IN GENERAL.—The Secretary shall estab-  
24 lish an advisory committee to be known as the Advi-  
25 sory Committee on Minority Health (in this sub-

1 section referred to as the ‘Committee’). The Deputy  
2 Assistant Secretary shall consult with the Committee  
3 in carrying out this section.

4 “(2) DUTIES.—The Committee shall provide  
5 advice to the Deputy Assistant Secretary carrying  
6 out this section, including advice on the development  
7 of goals and specific program activities under para-  
8 graphs (1) and (2) of subsection (b) for each racial  
9 and ethnic minority group.

10 “(3) CHAIR.—The Deputy Assistant Secretary  
11 shall serve as the chair of the Committee.

12 “(4) COMPOSITION.—

13 “(A) The Committee shall be composed of  
14 12 voting members appointed in accordance  
15 with subparagraph (B), and nonvoting, ex offi-  
16 cio members designated in subparagraph (C).

17 “(B) The voting members of the Com-  
18 mittee shall be appointed by the Secretary from  
19 among individuals who are not officers or em-  
20 ployees of the Federal Government and who  
21 have expertise regarding issues of minority  
22 health. The racial and ethnic minority groups  
23 shall be equally represented among such mem-  
24 bers.

1           “(C) The nonvoting, ex officio members of  
2           the Committee shall be the directors of each of  
3           the minority health offices established under  
4           section 1707A, and such additional officials of  
5           the Department of Health and Human Services  
6           as the Secretary determines to be appropriate.

7           “(5) TERMS.—Each member of the Committee  
8           shall serve for a term of 4 years, except that the  
9           Secretary shall initially appoint a portion of the  
10          members to terms of 1 year, 2 years, and 3 years.

11          “(6) VACANCIES.—If a vacancy occurs on the  
12          Committee, a new member shall be appointed by the  
13          Secretary within 90 days from the date that the va-  
14          cancy occurs, and serve for the remainder of the  
15          term for which the predecessor of such member was  
16          appointed. The vacancy shall not affect the power of  
17          the remaining members to execute the duties of the  
18          Committee.

19          “(7) COMPENSATION.—Members of the Com-  
20          mittee who are officers or employees of the United  
21          States shall serve without compensation. Members of  
22          the Committee who are not officers or employees of  
23          the United States shall receive, for each day (includ-  
24          ing travel time) they are engaged in the performance  
25          of the functions of the Committee. Such compensa-

1       tion may not be in an amount in excess of the daily  
 2       equivalent of the annual maximum rate of basic pay  
 3       payable under the General Schedule (under title 5,  
 4       United States Code) for positions above GS-15.

5       “(d) CERTAIN REQUIREMENTS REGARDING DU-  
 6 TIES.—

7               “(1) RECOMMENDATIONS REGARDING LAN-  
 8 GUAGE AS IMPEDIMENT TO HEALTH CARE.—The  
 9 Secretary, acting through the Director of the Office  
 10 of Refugee Health, the Director of the Office of Civil  
 11 Rights, and the Director of the Office of Minority  
 12 Health of the Health Resources and Services Admin-  
 13 istration, shall make recommendations to the Deputy  
 14 Assistant Secretary regarding activities under sub-  
 15 section (b)(4).

16              “(2) EQUITABLE ALLOCATION REGARDING AC-  
 17 TIVITIES.—

18               “(A) In making awards of grants, coopera-  
 19 tive agreements, or contracts under this section  
 20 or section 338A, 338B, 724, 736, 737, 738, or  
 21 740, the Secretary, acting as appropriate  
 22 through the Deputy Assistant Secretary or the  
 23 Administrator of the Health Resources and  
 24 Services Administration, shall ensure that such

1           awards are equitably allocated with respect to  
2           the various racial and minority populations.

3           “(B) With respect to grants, cooperative  
4           agreements, and contracts that are available  
5           under the sections specified in subparagraph  
6           (A), the Secretary shall—

7                   “(i) carry out activities to inform enti-  
8                   ties, as appropriate, that the entities may  
9                   be eligible for awards of such assistance;

10                   “(ii) provide technical assistance to  
11                   such entities in the process of preparing  
12                   and submitting applications for the awards  
13                   in accordance with the policies of the Sec-  
14                   retary regarding such application; and

15                   “(iii) inform populations, as appro-  
16                   priate, that members of the populations  
17                   may be eligible to receive services or other-  
18                   wise participate in the activities carried out  
19                   with such awards.

20           “(3) CULTURAL COMPETENCY OF SERVICES.—

21           The Secretary shall ensure that information and  
22           services provided pursuant to subsection (b) are pro-  
23           vided in the language and cultural context that is  
24           most appropriate for the individuals for whom the  
25           information and services are intended.

1       “(e) GRANTS AND CONTRACTS REGARDING DU-  
2 TIES.—

3               “(1) IN GENERAL.—In carrying out subsection  
4 (b), the Deputy Assistant Secretary may make  
5 awards of grants, cooperative agreements, and con-  
6 tracts to public and nonprofit private entities.

7               “(2) PROCESS FOR MAKING AWARDS.—The  
8 Deputy Assistant Secretary shall ensure that awards  
9 under paragraph (1) are made only on a competitive  
10 basis, and that an award is made for a proposal only  
11 if the proposal has been recommended for such an  
12 award through a process of peer review and has been  
13 so recommended by the advisory committee estab-  
14 lished under subsection (c).

15               “(3) EVALUATION AND DISSEMINATION.—The  
16 Deputy Assistant Secretary, directly or through con-  
17 tracts with public and private entities, shall provide  
18 for evaluations of projects carried out with awards  
19 made under paragraph (1) during the preceding 2  
20 fiscal years. The report shall be included in the re-  
21 port required under subsection (f) for the fiscal year  
22 involved.

23               “(f) BIENNIAL REPORTS.—Not later than February  
24 1 of fiscal year 1998 and of each second year thereafter,  
25 the Deputy Assistant Secretary shall submit to the Com-

1 mittee on Energy and Commerce of the House of Rep-  
 2 resentatives, and to the Committee on Labor and Human  
 3 Resources of the Senate, a report describing the activities  
 4 carried out under this section during the preceding 2 fiscal  
 5 years and evaluating the extent to which such activities  
 6 have been effective in improving the health of racial and  
 7 ethnic minority groups. Each such report shall include the  
 8 biennial reports submitted to the Deputy Assistant Sec-  
 9 retary under section 1707A(e) for such years by the heads  
 10 of the minority health offices.

11 “(g) DEFINITION.—For purposes of this section:

12 “(1) RACIAL AND ETHNIC MINORITY GROUP.—

13 The term ‘racial and ethnic minority group’ means  
 14 American Indians (including Alaskan Natives, Eski-  
 15 mos, and Aleuts); Asian Americans and Pacific Is-  
 16 landers; Blacks; and Hispanics.

17 “(2) HISPANIC.—The term ‘Hispanic’ means  
 18 individuals whose origin is Mexican, Puerto Rican,  
 19 Cuban, Central or South American, or any other  
 20 Spanish-speaking country.

21 “(h) FUNDING.—

22 “(1) AUTHORIZATION OF APPROPRIATIONS.—

23 For the purpose of carrying out this section, there  
 24 are authorized to be appropriated \$21,000,000 for



1       fiscal year 2003, \$25,000,000 for fiscal year 2004,  
2       and \$28,000,000 for fiscal year 2005.

3               “(2) ALLOCATION OF FUNDS BY SECRETARY.—

4       Of the amounts appropriated under paragraph (1)  
5       for a fiscal year in excess of \$15,000,000, the Sec-  
6       retary shall make available not less than \$3,000,000  
7       for carrying out subsection (b)(2)(E).”.

8   **SEC. 362. ESTABLISHMENT OF INDIVIDUAL OFFICES OF MI-**  
9               **ORITY HEALTH WITHIN AGENCIES OF PUB-**  
10              **LIC HEALTH SERVICE.**

11       Title XVII of the Public Health Service Act (42  
12   U.S.C. 300u et seq.) is amended by inserting after section  
13   1707 the following section:

14   **“SEC. 1707A. INDIVIDUAL OFFICES OF MINORITY HEALTH**  
15              **WITHIN PUBLIC HEALTH SERVICE.**

16       “(a) IN GENERAL.—The head of each agency speci-  
17   fied in subsection (b)(1) shall establish within the agency  
18   an office to be known as the Office of Minority Health.  
19   Each such Office shall be headed by a director, who shall  
20   be appointed by the head of the agency within which the  
21   Office is established, and who shall report directly to the  
22   head of the agency. The head of such agency shall carry  
23   out this section (as this section relates to the agency) act-  
24   ing through such Director.

25       “(b) SPECIFIED AGENCIES.—

1           “(1) IN GENERAL.—The agencies referred to in  
2       subsection (a) are the following:

3                   “(A) The Centers for Disease Control and  
4       Prevention.

5                   “(B) The Agency for Healthcare Research  
6       and Quality.

7                   “(C) The Health Resources and Services  
8       Administration.

9                   “(D) The Substance Abuse and Mental  
10      Health Services Administration.

11           “(2) NATIONAL INSTITUTES OF HEALTH.—For  
12      purposes of subsection (c) and the subsequent provi-  
13      sions of this section, the term ‘minority health office’  
14      includes the Office of Research on Minority Health  
15      established within the National Institutes of Health.  
16      The Director of the National Institutes of Health  
17      shall carry out this section (as this section relates to  
18      the agency) acting through the Director of such Of-  
19      fice.

20           “(c) COMPOSITION.—The head of each specified  
21      agency shall ensure that the officers and employees of the  
22      minority health office of the agency are, collectively, expe-  
23      rienced in carrying out community-based health programs  
24      for each of the various racial and ethnic minority groups  
25      that are present in significant numbers in the United

1 States. The head of such agency shall ensure that, of such  
2 officers and employees who are members of racial and eth-  
3 nic minority groups, no such group is disproportionately  
4 represented.

5 “(d) DUTIES.—Each Director of a minority health of-  
6 fice shall monitor the programs of the specified agency of  
7 such office in order to carry out the following:

8 “(1) Determine the extent to which the pur-  
9 poses of the programs are being carried out with re-  
10 spect to racial and ethnic minority groups;

11 “(2) Determine the extent to which members of  
12 such groups are represented among the Federal offi-  
13 cers and employees who administer the programs;  
14 and

15 “(3) Make recommendations to the head of  
16 such agency on carrying out the programs with re-  
17 spect to such groups. In the case of programs that  
18 provide services, such recommendations shall include  
19 recommendations toward ensuring that—

20 “(A) the services are equitably delivered  
21 with respect to racial and ethnic minority  
22 groups;

23 “(B) the programs provide the services in  
24 the language and cultural context that is most

1           appropriate for the individuals for whom the  
2           services are intended; and

3                   “(C) the programs utilize racial and ethnic  
4           minority community-based organizations to de-  
5           liver the services.

6           “(e) BIENNIAL REPORTS TO SECRETARY.—The head  
7   of each specified agency shall submit to the Secretary for  
8   inclusion in each biennial report under section 1707(g)  
9   (without change) a biennial report describing—

10                   “(1) the extent to which the minority health of-  
11   fice of the agency employs individuals who are mem-  
12   bers of racial and ethnic minority groups, including  
13   a specification by minority group of the number of  
14   such individuals employed by such office; and

15                   “(2) the manner in which the agency is com-  
16   plying with Public Law 94–311 (relating to data on  
17   Americans of Spanish origin or descent).

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

19                   “(1) MINORITY HEALTH OFFICE.—The term  
20   ‘minority health office’ means an office established  
21   under subsection (a), subject to subsection (b)(2).

22                   “(2) RACIAL AND ETHNIC MINORITY GROUP.—  
23   The term ‘racial and ethnic minority group’ has the  
24   meaning given such term in section 1707(g).

1           “(3) SPECIFIED AGENCY.—The term ‘specified  
2       agency’ means—

3                   “(A) an agency specified in subsection  
4               (b)(1); and

5                   “(B) the National Institutes of Health.

6       “(g) FUNDING.—

7           “(1) ALLOCATIONS.—Of the amounts appro-  
8       priated for a specified agency for a fiscal year, the  
9       Secretary may reserve not more than 0.5 percent for  
10      the purpose of carrying out activities under this sec-  
11      tion through the minority health office of the agen-  
12      cy. In reserving an amount under the preceding sen-  
13      tence for a minority health office for a fiscal year,  
14      the Secretary shall reduce, by substantially the same  
15      percentage, the amount that otherwise would be  
16      available for each of the programs of the designated  
17      agency involved.

18           “(2) AVAILABILITY OF FUNDS FOR STAFF-  
19      ING.—The purposes for which amounts made avail-  
20      able under paragraph (1) may be expended by a mi-  
21      nority health office include the costs of employing  
22      staff for such office.”.

1 **SEC. 363. ASSISTANT SECRETARY OF HEALTH AND HUMAN**  
2 **SERVICES FOR CIVIL RIGHTS.**

3 (a) IN GENERAL.—Part A of title II of the Public  
4 Health Service Act (42 U.S.C. 202 et seq.) is amended  
5 by adding at the end the following:

6 **“SEC. 229. ASSISTANT SECRETARY FOR CIVIL RIGHTS.**

7 “(a) ESTABLISHMENT OF POSITION.—There shall be  
8 in the Department of Health and Human Services an As-  
9 sistant Secretary for Civil Rights, who shall be appointed  
10 by the President, by and with the advice and consent of  
11 the Senate.

12 “(b) RESPONSIBILITIES.—The Assistant Secretary  
13 shall perform such functions relating to civil rights as the  
14 Secretary may assign.”.

15 (b) CONFORMING AMENDMENT.—Section 5315 of  
16 title 5, United States Code, is amended, in the item relat-  
17 ing to Assistant Secretaries of Health and Human Serv-  
18 ices, by striking “(6)” and inserting “(7)”.

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