

108TH CONGRESS
1ST SESSION

S. 1159

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

IN THE SENATE OF THE UNITED STATES

MAY 23, 2003

Mr. BINGAMAN (for himself, Mr. DASCHLE, Mrs. BOXER, and Mrs. LINCOLN) introduced the following bill; which was read twice and referred to the Committee on Finance

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 2003”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—HEALTH CARE COVERAGE

Subtitle A—Coverage for Children, 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.
- Sec. 105. Extension of availability of SCHIP allotments for fiscal years 1998 through 2001.

Subtitle B—State Option To Provide Coverage to All Individuals Below 100 Percent of Poverty

- Sec. 111. State option to offer medicaid coverage based on need.

Subtitle C—Outreach and Enrollment

- Sec. 121. Grants to promote innovative outreach and enrollment efforts under SCHIP.

Subtitle D—Immigrant Children and Pregnant Women

- Sec. 131. Optional coverage of legal immigrants under the medicaid program and SCHIP.
- Sec. 132. Permitting States and localities to provide health care to all individuals.

Subtitle E—Eligibility Simplification

- Sec. 141. State option to provide for simplified determinations of a child's financial eligibility for medical assistance under medicaid or child health assistance under SCHIP.
- Sec. 142. Application of simplified title XXI procedures under the medicaid program.

Subtitle F—SCHIP Wrap-Around Benefits

- Sec. 151. State option to provide wrap-around SCHIP coverage to children who have other health coverage.

Subtitle G—Immunization Coverage Through SCHIP

- Sec. 161. Eligibility of children enrolled in the State children's health insurance program for the pediatric vaccine distribution program.

Subtitle H—Limited English Proficient Communities

- Sec. 171. Increased Federal reimbursement for language services under the medicaid program and the State children's health insurance program.

Subtitle I—Binational Public Health Infrastructure and Health Insurance

- Sec. 181. Binational public health infrastructure and health insurance.

Subtitle J—Migrant Workers and Farmworkers Health

- Sec. 191. Demonstration project regarding continuity of coverage of migrant workers and farmworkers under medicaid and SCHIP.

TITLE II—HEALTH DISPARITIES

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

Sec. 201. Annual report regarding Hispanic health disparities for chronic and communicable diseases.

Subtitle B—Diabetes Research, Control, and Prevention

Sec. 211. Treatment.
 Sec. 212. Education.
 Sec. 213. Health promotion, prevention activities, and access.

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—Cancer Research, Training, and Awareness

Sec. 241. Redes En Accion: the National Hispanic/Latino Cancer Network and other NCI special populations networks initiatives targeting cancer; increased authorization of appropriations for activities regarding Hispanic individuals.

Subtitle F—Tuberculosis Control, Prevention, and Treatment

Sec. 251. Advisory Council for the Elimination of Tuberculosis.
 Sec. 252. National program for tuberculosis elimination.
 Sec. 253. Inclusion of inpatient hospital services for the treatment of TB-infected individuals.

TITLE III—ACCESS AND AFFORDABILITY

Subtitle A—Dental Health Services

Sec. 301. Grants to improve the provision of dental health services through community health centers and public health departments.
 Sec. 302. School-based dental sealant program.

Subtitle B—Border Health

Sec. 311. Short title.
 Sec. 312. Definitions.
 Sec. 313. Border health services grants.
 Sec. 314. Border bioterrorism preparedness grants.
 Sec. 315. United States-Mexico Border Health Commission Act amendments.

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

- Sec. 321. Short title.
- Sec. 322. HRSA grants for model community cancer and chronic disease care and prevention; HRSA grants for patient navigators.
- Sec. 323. NCI grants for model community cancer and chronic disease care and prevention; NCI grants for patient navigators.
- Sec. 324. IHS grants for model community cancer and chronic disease care and prevention; IHS grants for patient navigators.

TITLE IV—STRENGTHENING OUR HEALTH CARE WORKFORCE

Subtitle A—Hispanic-Serving Health Professions Schools

- Sec. 401. Hispanic-serving health professions schools.

Subtitle B—Health Career Opportunity Program and Centers of Excellence

- Sec. 411. Educational assistance regarding undergraduates.
- Sec. 412. Centers of excellence.

Subtitle C—Bilingual Health Professionals

- Sec. 421. Training of bilingual health professionals with respect to minority health conditions.

Subtitle D—Cultural Competence

- Sec. 431. Definition.
- Sec. 432. Activities of Office of Minority Health; Center for Linguistic and Cultural Competence in Health Care.
- Sec. 433. Cultural competence demonstration projects.

TITLE V—ADDITIONAL PROGRAMS

Subtitle A—Data Regarding Race and Ethnicity

- Sec. 501. Collection of data.
- Sec. 502. Development of standards; study to measure patient outcomes under medicare and medicaid programs.

Subtitle B—National Assessment of Status of Latino Health

- Sec. 511. National assessment of status of Latino health.

Subtitle C—Office of Minority Health

- Sec. 521. Revision and extension of programs of Office of Minority Health.
- Sec. 522. Establishment of individual Offices of Minority Health within agencies of Public Health Service.
- Sec. 523. Assistant Secretary of Health and Human Services for Civil Rights.

1 SEC. 2. FINDINGS.

2 Congress makes the following findings:

1 (1) The uninsured rates of Hispanic adults and
2 children is almost two to three times those for non-
3 Hispanic whites and more than one-third of all His-
4 panics lack any form of health insurance.

5 (2) Hispanics disproportionately suffer from
6 conditions like diabetes, cardiovascular disease, HIV/
7 AIDS, and other illnesses.

8 (3) Hispanic communities are underserved and
9 continue to have significantly less access to afford-
10 able quality medical care.

11 (4) The under-representation of Hispanics in
12 the health professions and the educational pipeline
13 of the health professions affects the current and fu-
14 ture delivery of culturally competent and sensitive
15 health care for Hispanics.

16 (5) Therefore there is a need for a comprehen-
17 sive Federal effort to address the unique health
18 needs of the Hispanic community.

1 **TITLE I—HEALTH CARE**
 2 **COVERAGE**
 3 **Subtitle A—Coverage for Children,**
 4 **Parents, 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—

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

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

19 (iii) by adding at the end the fol-
 20 lowing:

21 “(XIX) who are individuals de-
 22 scribed in subsection (k)(1) (relating
 23 to parents of categorically eligible chil-
 24 dren);”.

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

4 “(k)(1)(A) Individuals described in this paragraph
5 are individuals—

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

11 “(ii) who are not otherwise eligible for medical
12 assistance under such subsection or under a waiver
13 approved under section 1115 or otherwise (except
14 under section 1931 or under subsection
15 (a)(10)(A)(ii)(XIX)); and

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

22 “(B) In establishing an income eligibility level for in-
23 dividuals described in this paragraph, a State may vary
24 such level consistent with the various income levels estab-
25 lished under subsection (l)(2) based on the ages of chil-

1 dren described in subsection (l)(1) in order to ensure, to
2 the maximum extent possible, that such individuals shall
3 be enrolled in the same program as their children.

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

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

12 “(2) In the case of a parent described in paragraph
13 (1) who is also the parent of a child who is eligible for
14 child health assistance under title XXI, the State may
15 elect (on a uniform basis) to cover all such parents under
16 section 2111 or under this title.”.

17 (C) ENHANCED MATCHING FUNDS AVAIL-
18 ABLE IF CERTAIN CONDITIONS MET.—Section
19 1905 of the Social Security Act (42 U.S.C.
20 1396d) is amended—

21 (i) in the fourth sentence of sub-
22 section (b), by striking “or subsection
23 (u)(3)” and inserting “, (u)(3), or (u)(4)”;
24 and

25 (ii) in subsection (u)—

1 (I) by redesignating paragraph
2 (4) as paragraph (6), and
3 (II) by inserting after paragraph
4 (3) the following:

5 “(4) For purposes of subsection (b) and section
6 2105(a)(1):

7 “(A) PARENTS AND PREGNANT WOMEN.—The
8 expenditures described in this subparagraph are the
9 expenditures described in the following clauses (i)
10 and (ii):

11 “(i) PARENTS.—If the conditions described
12 in clause (iii) are met, expenditures for medical
13 assistance for parents described in section
14 1902(k)(1) and for parents who would be de-
15 scribed in such section but for the fact that
16 they are eligible for medical assistance under
17 section 1931 or under a waiver approved under
18 section 1115.

19 “(ii) CERTAIN PREGNANT WOMEN.—If the
20 conditions described in clause (iv) are met, ex-
21 penditures for medical assistance for pregnant
22 women described in subsection (n) or under sec-
23 tion 1902(l)(1)(A) in a family the income of
24 which exceeds the effective income level applica-
25 ble under subsection (a)(10)(A)(i)(III) or

1 (1)(2)(A) of section 1902 to a family of the size
2 involved as of January 1, 2003.

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

6 “(I) The State has a State child
7 health plan under title XXI which (wheth-
8 er implemented under such title or under
9 this title) has an effective income level for
10 children that is at least 200 percent of the
11 poverty line.

12 “(II) State child health plan does not
13 limit the acceptance of applications, does
14 not use a waiting list for children who
15 meet eligibility standards to qualify for as-
16 sistance, and provides benefits to all chil-
17 dren in the State who apply for and meet
18 eligibility standards.

19 “(III) The State plans under this title
20 and title XXI do not provide coverage for
21 parents with higher family income without
22 covering parents with a lower family in-
23 come.

24 “(IV) The State does not apply an in-
25 come level for parents that is lower than

1 the effective income level (expressed as a
2 percent of the poverty line) that has been
3 specified under the State plan under title
4 XIX (including under a waiver authorized
5 by the Secretary or under section
6 1902(r)(2)), as of January 1, 2003, to be
7 eligible for medical assistance as a parent
8 under this title.

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

12 “(I) The State plans under this title
13 and title XXI do not provide coverage for
14 pregnant women described in subpara-
15 graph (A)(ii) with higher family income
16 without covering such pregnant women
17 with a lower family income.

18 “(II) The State does not apply an in-
19 come level for pregnant women that is
20 lower than the effective income level (ex-
21 pressed as a percent of the poverty line
22 and considering applicable income dis-
23 regards) that has been specified under the
24 State plan under subsection
25 (a)(10)(A)(i)(III) or (l)(2)(A) of section

1 1902, as of January 1, 2003, to be eligible
2 for medical assistance as a pregnant
3 woman.

4 “(III) The State satisfies the condi-
5 tions described in subclauses (I) and (II)
6 of clause (iii).

7 “(v) DEFINITIONS.—For purposes of this
8 subsection:

9 “(I) The term ‘parent’ has the mean-
10 ing given such term for purposes of section
11 1902(k)(1).

12 “(II) The term ‘poverty line’ has the
13 meaning given such term in section
14 2110(c)(5).”.

15 (D) APPROPRIATION FROM TITLE XXI AL-
16 LOTMENT FOR MEDICAID EXPANSION COSTS
17 FOR PARENTS; ELIMINATION OF COUNTING
18 MEDICAID CHILD PRESUMPTIVE ELIGIBILITY
19 COSTS AGAINST TITLE XXI ALLOTMENT.—Sub-
20 paragraph (B) of section 2105(a)(1) of the So-
21 cial Security Act, as amended by section
22 104(a), is amended to read as follows:

23 “(B) PARENTS AND PREGNANT WOMEN.—
24 Expenditures for medical assistance that are at-

1 tributable to expenditures described in section
2 1905(u)(4)(A).”.

3 (E) ONLY COUNTING ENHANCED PORTION
4 FOR COVERAGE OF ADDITIONAL PREGNANT
5 WOMEN.—Section 1905 of the Social Security
6 Act (42 U.S.C. 1396d) is amended—

7 (i) in the fourth sentence of sub-
8 section (b), by inserting “(except in the
9 case of expenditures described in sub-
10 section (u)(5))” after “do not exceed”;

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

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

18 (A) REGULAR FMAP FOR EXPENDITURES FOR
19 PREGNANT WOMEN WITH INCOME ABOVE JANUARY
20 1, 2003 INCOME LEVEL.—The portion of the pay-
21 ments made for expenditures described in paragraph
22 (4)(A)(ii) that represents the amount that would
23 have been paid if the enhanced FMAP had not been
24 substituted for the Federal medical assistance per-
25 centage.”.

1 (2) UNDER TITLE XXI.—

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

6 **“SEC. 2111. OPTIONAL COVERAGE OF PARENTS OF TAR-**
7 **GETED LOW-INCOME CHILDREN OR TAR-**
8 **GETED LOW-INCOME PREGNANT WOMEN.**

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

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

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

22 “(3) in the case of parent health assistance for
23 targeted low-income parents, the State elects to pro-
24 vide medical assistance under section
25 1902(a)(10)(A)(ii)(XIX), under section 1931, or

1 under a waiver under section 1115 to individuals de-
2 scribed in section 1902(k)(1)(A)(i) and elects an ef-
3 fective income level that, consistent with paragraphs
4 (1)(B) and (2) of section 1902(k), ensures to the
5 maximum extent possible, that such individuals shall
6 be enrolled in the same program as their children
7 if their children are eligible for coverage under title
8 XIX (including under a waiver authorized by the
9 Secretary or under section 1902(r)(2)).”.

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

11 “(1) PARENT HEALTH ASSISTANCE.—The term
12 ‘parent health assistance’ has the meaning given the
13 term child health assistance in section 2110(a) as if
14 any reference to targeted low-income children were
15 a reference to targeted low-income parents.

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

19 “(3) PREGNANCY-RELATED ASSISTANCE.—The
20 term ‘pregnancy-related assistance’ has the meaning
21 given the term child health assistance in section
22 2110(a) as if any reference to targeted low-income
23 children were a reference to targeted low-income
24 pregnant women, except that the assistance shall be
25 limited to services related to pregnancy (which in-

1 include prenatal, delivery, and postpartum services
2 and services described in section 1905(a)(4)(C)) and
3 to other conditions that may complicate pregnancy.

4 “(4) TARGETED LOW-INCOME PARENT.—The
5 term ‘targeted low-income parent’ has the meaning
6 given the term targeted low-income child in section
7 2110(b) as if the reference to a child were deemed
8 a reference to a parent (as defined in paragraph (3))
9 of the child; except that in applying such section—

10 “(A) there shall be substituted for the in-
11 come level described in paragraph (1)(B)(ii)(I)
12 the applicable income level in effect for a tar-
13 geted low-income child;

14 “(B) in paragraph (3), January 1, 2003,
15 shall be substituted for July 1, 1997; and

16 “(C) in paragraph (4), January 1, 2003,
17 shall be substituted for March 31, 1997.

18 “(5) TARGETED LOW-INCOME PREGNANT
19 WOMAN.—The term ‘targeted low-income pregnant
20 woman’ has the meaning given the term targeted
21 low-income child in section 2110(b) as if any ref-
22 erence to a child were a reference to a woman dur-
23 ing pregnancy and through the end of the month in
24 which the 60-day period beginning on the last day

1 of her pregnancy ends; except that in applying such
2 section—

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

7 “(B) in paragraph (3), January 1, 2003,
8 shall be substituted for July 1, 1997; and

9 “(C) in paragraph (4), January 1, 2003,
10 shall be substituted for March 31, 1997.

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

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

20 “(1) Any reference in this title (other than in
21 subsection (b)) to a targeted low-income child is
22 deemed to include a reference to a targeted low-in-
23 come parent or a targeted low-income pregnant
24 woman (as applicable).

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

3 “(A) with respect to such parents is
4 deemed a reference to parent health assistance;
5 and

6 “(B) with respect to such pregnant women,
7 is deemed a reference to pregnancy-related as-
8 sistance.

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

14 “(4) In applying section 2110(b)(4), any ref-
15 erence to ‘section 1902(l)(2) or 1905(n)(2) (as se-
16 lected by a State)’ is deemed a reference to the ef-
17 fective income level applicable to parents under sec-
18 tion 1931 or under a waiver approved under section
19 1115, or, in the case of a pregnant woman, the in-
20 come level established under section 1902(l)(2)(A).

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

1 (B) ADDITIONAL ALLOTMENT FOR STATES
 2 PROVIDING COVERAGE OF PARENTS OR PREG-
 3 NANT WOMEN.—

4 (i) IN GENERAL.—Section 2104 of the
 5 Social Security Act (42 U.S.C. 1397dd) is
 6 amended by inserting after subsection (c)
 7 the following:

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

10 “(1) APPROPRIATION; TOTAL ALLOTMENT.—

11 For the purpose of providing additional allotments
 12 to States under this title, there is appropriated, out
 13 of any money in the Treasury not otherwise appro-
 14 priated—

15 “(A) for fiscal year 2004, \$3,000,000,000;

16 “(B) for fiscal year 2005, \$3,000,000,000;

17 and

18 “(C) for fiscal year 2006, \$4,000,000,000;

19 “(D) for fiscal year 2007, \$5,000,000,000.

20 “(2) STATE AND TERRITORIAL ALLOTMENTS.—

21 “(A) IN GENERAL.—In addition to the al-
 22 lotments provided under subsections (b) and
 23 (c), subject to paragraphs (3) and (4), of the
 24 amount available for the additional allotments
 25 under paragraph (1) for a fiscal year, the Sec-

1 retary shall allot to each State with a State
2 child health plan approved under this title—

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

13 “(ii) in the case of a commonwealth or
14 territory described in subsection (c)(3), the
15 same proportion as the proportion of the
16 commonwealth’s or territory’s allotment
17 under subsection (c) (determined without
18 regard to subsection (f)) to the total
19 amount of the allotments under subsection
20 (c) for commonwealths and territories eligi-
21 ble for an allotment under this paragraph
22 for such fiscal year.

23 “(B) AVAILABILITY AND REDISTRIBUTION
24 OF UNUSED ALLOTMENTS.—In applying sub-
25 sections (e) and (f) with respect to additional

1 allotments made available under this subsection,
2 the procedures established under such sub-
3 sections shall ensure such additional allotments
4 are only made available to States which have
5 elected to provide coverage under section 2111.

6 “(3) USE OF ADDITIONAL ALLOTMENT.—Addi-
7 tional allotments provided under this subsection are
8 not available for amounts expended before October
9 1, 2003. Such amounts are available for amounts ex-
10 pended on or after such date for child health assist-
11 ance for targeted low-income children, as well as for
12 parent health assistance for targeted low-income
13 parents, and pregnancy-related assistance for tar-
14 geted low-income pregnant women.

15 “(4) REQUIRING ELECTION TO PROVIDE COV-
16 ERAGE.—No payments may be made to a State
17 under this title from an allotment provided under
18 this subsection unless the State has made an elec-
19 tion to provide parent health assistance for targeted
20 low-income parents, or pregnancy-related assistance
21 for targeted low-income pregnant women.”.

22 (ii) CONFORMING AMENDMENTS.—
23 Section 2104 of the Social Security Act
24 (42 U.S.C. 1397dd) is amended—

1 (I) in subsection (a), by inserting
 2 “subject to subsection (d),” after
 3 “under this section,”;

4 (II) in subsection (b)(1), by in-
 5 serting “and subsection (d)” after
 6 “Subject to paragraph (4)”; and

7 (III) in subsection (c)(1), by in-
 8 serting “subject to subsection (d),”
 9 after “for a fiscal year.”.

10 (C) NO COST-SHARING FOR PREGNANCY-
 11 RELATED BENEFITS.—Section 2103(e)(2) of
 12 the Social Security Act (42 U.S.C.
 13 1397cc(e)(2)) is amended—

14 (i) in the heading, by inserting “AND
 15 PREGNANCY-RELATED SERVICES” after
 16 “PREVENTIVE SERVICES”; and

17 (ii) by inserting before the period at
 18 the end the following: “and for pregnancy-
 19 related services”.

20 (b) OPTIONAL APPLICATION OF PRESUMPTIVE ELI-
 21 GIBILITY PROVISIONS TO PARENTS.—Section 1920A of
 22 the Social Security Act (42 U.S.C. 1396r–1a) is amended
 23 by adding at the end the following:

24 “(e) A State may elect to apply the previous provi-
 25 sions of this section to provide for a period of presumptive

1 eligibility for medical assistance for a parent (as defined
2 for purposes of section 1902(k)(1)) of a child with respect
3 to whom such a period is provided under this section.”.

4 (c) CONFORMING AMENDMENTS.—

5 (1) ELIGIBILITY CATEGORIES.—Section
6 1905(a) of the Social Security Act (42 U.S.C.
7 1396d(a)) is amended, in the matter before para-
8 graph (1)—

9 (A) by striking “or” at the end of clause
10 (xii);

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

13 (C) by inserting after clause (xiii) the fol-
14 lowing:

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

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

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

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

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

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

6 “(iii) may not apply a waiting period
7 (including a waiting period to carry out
8 paragraph (3)(C)) in the case of a targeted
9 low-income parent who is pregnant.”.

10 (d) EXEMPTION FOR PUERTO RICO.—Section
11 1108(g) of the Social Security Act (42 U.S.C. 1308(g))
12 is amended by adding at the end the following:

13 “(3) CERTAIN PAYMENTS DISREGARDED.—
14 Paragraph (2) shall be applied without regard to
15 any payments made under sections
16 1902(a)(10)(A)(ii)(XIX) and 1903(v).”.

17 (e) EFFECTIVE DATE.—The amendments made by
18 this section take effect on October 1, 2003, without regard
19 to whether regulations implementing such amendments
20 have been issued.

21 **SEC. 102. AUTOMATIC ENROLLMENT OF CHILDREN BORN**
22 **TO TITLE XXI PARENTS.**

23 (a) TITLE XXI.—Section 2102(b)(1) of the Social
24 Security Act (42 U.S.C. 1397bb(b)(1)) is amended by
25 adding at the end the following:

1 State, 20 or 21 years of age)” after “19 years of
2 age”.

3 (2) CONFORMING AMENDMENTS.—

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

9 (B) Section 1902(e)(12) of the Social Se-
10 curity Act (42 U.S.C. 1396a(e)(12)) is amend-
11 ed by inserting “or such higher age as the State
12 has elected under subsection (l)(1)(D)” after
13 “19 years of age”.

14 (C) Section 1920A(b)(1) of the Social Se-
15 curity Act (42 U.S.C. 1396r-1a(b)(1)) is
16 amended by inserting “or such higher age as
17 the State has elected under section
18 1902(l)(1)(D)” after “19 years of age”.

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

24 (E) Section 1932(a)(2)(A) of the Social
25 Security Act (42 U.S.C. 1396u-2(a)(2)(A)) is

1 amended by inserting “(or such higher age as
2 the State has elected under section
3 1902(l)(1)(D))” after “19 years of age”.

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

8 (c) EFFECTIVE DATE.—The amendments made by
9 this section take effect on October 1, 2003, without regard
10 to whether regulations implementing such amendments
11 have been issued.

12 **SEC. 104. TECHNICAL AND CONFORMING AMENDMENTS TO**
13 **AUTHORITY TO PAY MEDICAID EXPANSION**
14 **COSTS FROM TITLE XXI APPROPRIATION.**

15 (a) AUTHORITY TO PAY MEDICAID EXPANSION
16 COSTS FROM TITLE XXI APPROPRIATION.—Section
17 2105(a) of the Social Security Act (42 U.S.C. 1397ee(a))
18 is amended to read as follows:

19 “(a) ALLOWABLE EXPENDITURES.—

20 “(1) IN GENERAL.—Subject to the succeeding
21 provisions of this section, the Secretary shall pay to
22 each State with a plan approved under this title,
23 from its allotment under section 2104, an amount
24 for each quarter equal to the enhanced FMAP of the
25 following expenditures in the quarter:

1 “(A) CHILD HEALTH ASSISTANCE UNDER
2 MEDICAID.—Expenditures for child health as-
3 sistance under the plan for targeted low-income
4 children in the form of providing medical assist-
5 ance for expenditures described in the fourth
6 sentence of section 1905(b).

7 “(B) RESERVED.—[reserved].

8 “(C) CHILD HEALTH ASSISTANCE UNDER
9 THIS TITLE.—Expenditures for child health as-
10 sistance under the plan for targeted low-income
11 children in the form of providing health benefits
12 coverage that meets the requirements of section
13 2103.

14 “(D) ASSISTANCE AND ADMINISTRATIVE
15 EXPENDITURES SUBJECT TO LIMIT.—Expendi-
16 tures only to the extent permitted consistent
17 with subsection (c)—

18 “(i) for other child health assistance
19 for targeted low-income children;

20 “(ii) for expenditures for health serv-
21 ices initiatives under the plan for improv-
22 ing the health of children (including tar-
23 geted low-income children and other low-
24 income children);

1 “(iii) for expenditures for outreach ac-
2 tivities as provided in section 2102(e)(1)
3 under the plan; and

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

6 “(2) ORDER OF PAYMENTS.—Payments under a
7 subparagraph of paragraph (1) from a State’s allot-
8 ment for expenditures described in each such sub-
9 paragraph shall be made on a quarterly basis in the
10 order of such subparagraph in such paragraph.

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

15 (b) CONFORMING AMENDMENTS.—

16 (1) SECTION 1905(u).—Section 1905(u)(1)(B)
17 of the Social Security Act (42 U.S.C.
18 1396d(u)(1)(B)) is amended by inserting “and sec-
19 tion 2105(a)(1)” after “subsection (b)”.

20 (2) SECTION 2105(c).—Section 2105(c)(2)(A) of
21 the Social Security Act (42 U.S.C. 1397ee(c)(2)(A))
22 is amended by striking “subparagraphs (A), (C),
23 and (D) of”.

24 (c) EFFECTIVE DATE.—The amendments made by
25 this section shall be effective as if included in the enact-

1 ment of the Balanced Budget Act of 1997 (Public Law
 2 105–33; 111 Stat. 251), whether or not regulations imple-
 3 menting such amendments have been issued.

4 **SEC. 105. EXTENSION OF AVAILABILITY OF SCHIP ALLOT-**
 5 **MENTS FOR FISCAL YEARS 1998 THROUGH**
 6 **2001.**

7 (a) EXTENDING AVAILABILITY OF SCHIP ALLOT-
 8 MENTS FOR FISCAL YEARS 1998 THROUGH 2001.—

9 (1) RETAINED AND REDISTRIBUTED ALLOT-
 10 MENTS FOR FISCAL YEARS 1998 AND 1999.—Para-
 11 graphs (2)(A)(i) and (2)(A)(ii) of section 2104(g) of
 12 the Social Security Act (42 U.S.C. 1397dd(g)) are
 13 each amended by striking “fiscal year 2002” and in-
 14 serting “fiscal year 2004”.

15 (2) EXTENSION AND REVISION OF RETAINED
 16 AND REDISTRIBUTED ALLOTMENTS FOR FISCAL
 17 YEAR 2000.—

18 (A) PERMITTING AND EXTENDING RETEN-
 19 TION OF PORTION OF FISCAL YEAR 2000 ALLOT-
 20 MENT.—Paragraph (2) of such section 2104(g)
 21 is amended—

22 (i) in the heading, by striking “AND
 23 1999” and inserting “THROUGH 2000”; and

24 (ii) by adding at the end of subpara-
 25 graph (A) the following:

1 “(iii) FISCAL YEAR 2000 ALLOT-
2 MENT.—Of the amounts allotted to a State
3 pursuant to this section for fiscal year
4 2000 that were not expended by the State
5 by the end of fiscal year 2002, 50 percent
6 of that amount shall remain available for
7 expenditure by the State through the end
8 of fiscal year 2004.”.

9 (B) REDISTRIBUTED ALLOTMENTS.—Para-
10 graph (1) of such section 2104(g) is amended—

11 (i) in subparagraph (A), by inserting
12 “or for fiscal year 2000 by the end of fis-
13 cal year 2002,” after “fiscal year 2001,”;

14 (ii) in subparagraph (A), by striking
15 “1998 or 1999” and inserting “1998,
16 1999, or 2000”;

17 (iii) in subparagraph (A)(i)—

18 (I) by striking “or” at the end of
19 subclause (I),

20 (II) by striking the period at the
21 end of subclause (II) and inserting “;
22 or”; and

23 (III) by adding at the end the
24 following new subclause:

1 “(III) the fiscal year 2000 allot-
2 ment, the amount specified in sub-
3 paragraph (C)(i) (less the total of the
4 amounts under clause (ii) for such fis-
5 cal year), multiplied by the ratio of
6 the amount specified in subparagraph
7 (C)(ii) for the State to the amount
8 specified in subparagraph (C)(iii).”;
9 (iv) in subparagraph (A)(ii), by strik-
10 ing “or 1999” and inserting “, 1999, or
11 2000”;
12 (v) in subparagraph (B), by striking
13 “with respect to fiscal year 1998 or 1999”;
14 (vi) in subparagraph (B)(ii)—
15 (I) by inserting “with respect to
16 fiscal year 1998, 1999, or 2000,”
17 after “subsection (e),”; and
18 (II) by striking “2002” and in-
19 serting “2004”; and
20 (vii) by adding at the end the fol-
21 lowing new subparagraph:
22 “(C) AMOUNTS USED IN COMPUTING RE-
23 DISTRIBUTIONS FOR FISCAL YEAR 2000.—For
24 purposes of subparagraph (A)(i)(III)—

1 “(i) the amount specified in this
2 clause is the amount specified in para-
3 graph (2)(B)(i)(I) for fiscal year 2000, less
4 the total amount remaining available pur-
5 suant to paragraph (2)(A)(iii);

6 “(ii) the amount specified in this
7 clause for a State is the amount by which
8 the State’s expenditures under this title in
9 fiscal years 2000, 2001, and 2002 exceed
10 the State’s allotment for fiscal year 2000
11 under subsection (b); and

12 “(iii) the amount specified in this
13 clause is the sum, for all States entitled to
14 a redistribution under subparagraph (A)
15 from the allotments for fiscal year 2000, of
16 the amounts specified in clause (ii).”.

17 (C) CONFORMING AMENDMENTS.—Such
18 section 2104(g) is further amended—

19 (i) in its heading, by striking “AND
20 1999” and inserting “, 1999, AND 2000”;
21 and

22 (ii) in paragraph (3)—

23 (I) by striking “or fiscal year
24 1999” and inserting “, fiscal year
25 1999, or fiscal year 2000”; and

1 (II) by striking “or November
2 30, 2001” and inserting “November
3 30, 2001, or November 30, 2002”, re-
4 spectively.

5 (3) EXTENSION AND REVISION OF RETAINED
6 AND REDISTRIBUTED ALLOTMENTS FOR FISCAL
7 YEAR 2001.—

8 (A) PERMITTING AND EXTENDING RETEN-
9 TION OF PORTION OF FISCAL YEAR 2001 ALLOT-
10 MENT.—Paragraph (2) of such section 2104(g),
11 as amended in paragraph (2)(A)(ii), is further
12 amended—

13 (i) in the heading, by striking “2000”
14 and inserting “2001”; and

15 (ii) by adding at the end of subpara-
16 graph (A) the following:

17 “(iv) FISCAL YEAR 2001 ALLOT-
18 MENT.—Of the amounts allotted to a State
19 pursuant to this section for fiscal year
20 2001 that were not expended by the State
21 by the end of fiscal year 2003, 50 percent
22 of that amount shall remain available for
23 expenditure by the State through the end
24 of fiscal year 2005.”.

1 (B) REDISTRIBUTED ALLOTMENTS.—Para-
2 graph (1) of such section 2104(g), as amended
3 in paragraph (2)(B), is further amended—

4 (i) in subparagraph (A), by inserting
5 “or for fiscal year 2001 by the end of fis-
6 cal year 2003,” after “fiscal year 2002.”;

7 (ii) in subparagraph (A), by striking
8 “1999, or 2000” and inserting “1999,
9 2000, or 2001”;

10 (iii) in subparagraph (A)(i)—

11 (I) by striking “or” at the end of
12 subclause (II),

13 (II) by striking the period at the
14 end of subclause (III) and inserting “;
15 or”; and

16 (III) by adding at the end the
17 following new subclause:

18 “(IV) the fiscal year 2001 allot-
19 ment, the amount specified in sub-
20 paragraph (D)(i) (less the total of the
21 amounts under clause (ii) for such fis-
22 cal year), multiplied by the ratio of
23 the amount specified in subparagraph
24 (D)(ii) for the State to the amount
25 specified in subparagraph (D)(iii).”;

1 (iv) in subparagraph (A)(ii), by strik-
2 ing “or 2000” and inserting “2000, or
3 2001”;

4 (v) in subparagraph (B)—

5 (I) by striking “and” at the end
6 of clause (ii);

7 (II) by redesignating clause (iii)
8 as clause (iv); and

9 (III) by inserting after clause (ii)
10 the following new clause:

11 “(iii) notwithstanding subsection (e),
12 with respect to fiscal year 2001, shall re-
13 main available for expenditure by the State
14 through the end of fiscal year 2005; and”;
15 and

16 (vi) by adding at the end the following
17 new subparagraph:

18 “(D) AMOUNTS USED IN COMPUTING RE-
19 DISTRIBUTIONS FOR FISCAL YEAR 2001.—For
20 purposes of subparagraph (A)(i)(IV)—

21 “(i) the amount specified in this
22 clause is the amount specified in para-
23 graph (2)(B)(i)(I) for fiscal year 2001, less
24 the total amount remaining available pur-
25 suant to paragraph (2)(A)(iv);

1 “(ii) the amount specified in this
2 clause for a State is the amount by which
3 the State’s expenditures under this title in
4 fiscal years 2001, 2002, and 2003 exceed
5 the State’s allotment for fiscal year 2001
6 under subsection (b); and

7 “(iii) the amount specified in this
8 clause is the sum, for all States entitled to
9 a redistribution under subparagraph (A)
10 from the allotments for fiscal year 2001, of
11 the amounts specified in clause (ii).”.

12 (C) CONFORMING AMENDMENTS.—Such
13 section 2104(g) is further amended—

14 (i) in its heading, by striking “AND
15 2000” and inserting “2000, AND 2001”;
16 and

17 (ii) in paragraph (3)—

18 (I) by striking “or fiscal year
19 2000” and inserting “fiscal year
20 2000, or fiscal year 2001”; and

21 (II) by striking “or November
22 30, 2002,” and inserting “November
23 30, 2002, or November 30, 2003,”
24 respectively.

1 (4) EFFECTIVE DATE.—This subsection, and
2 the amendments made by this subsection, shall be
3 effective as if this subsection had been enacted on
4 September 30, 2002, and amounts under title XXI
5 of the Social Security Act (42 U.S.C. 1397aa et
6 seq.) from allotments for fiscal years 1998 through
7 2000 are available for expenditure on and after Oc-
8 tober 1, 2002, under the amendments made by this
9 subsection as if this subsection had been enacted on
10 September 30, 2002.

11 (b) AUTHORITY FOR QUALIFYING STATES TO USE
12 PORTION OF SCHIP FUNDS FOR MEDICAID EXPENDI-
13 TURES.—Section 2105 of the Social Security Act (42
14 U.S.C. 1397ee) is amended by adding at the end the fol-
15 lowing:

16 “(g) AUTHORITY FOR QUALIFYING STATES TO USE
17 CERTAIN FUNDS FOR MEDICAID EXPENDITURES.—

18 “(1) STATE OPTION.—

19 “(A) IN GENERAL.—Notwithstanding any
20 other provision of law, with respect to allot-
21 ments for fiscal years 1998, 1999, 2000, 2001,
22 for fiscal years in which such allotments are
23 available under subsections (e) and (g) of sec-
24 tion 2104, a qualifying State (as defined in
25 paragraph (2)) may elect to use not more than

1 20 percent of such allotments (instead of for
2 expenditures under this title) for payments for
3 such fiscal year under title XIX in accordance
4 with subparagraph (B).

5 “(B) PAYMENTS TO STATES.—

6 “(i) IN GENERAL.—In the case of a
7 qualifying State that has elected the option
8 described in subparagraph (A), subject to
9 the total amount of funds described with
10 respect to the State in subparagraph (A),
11 the Secretary shall pay the State an
12 amount each quarter equal to the addi-
13 tional amount that would have been paid
14 to the State under title XIX for expendi-
15 tures of the State for the fiscal year de-
16 scribed in clause (ii) if the enhanced
17 FMAP (as determined under subsection
18 (b)) had been substituted for the Federal
19 medical assistance percentage (as defined
20 in section 1905(b)) of such expenditures.

21 “(ii) EXPENDITURES DESCRIBED.—

22 For purposes of clause (i), the expendi-
23 tures described in this clause are expendi-
24 tures for such fiscal years for providing
25 medical assistance under title XIX to indi-

1 viduals who have not attained age 19 and
2 whose family income exceeds 150 percent
3 of the poverty line.

4 “(iii) NO IMPACT ON DETERMINATION
5 OF BUDGET NEUTRALITY FOR WAIVERS.—

6 In the case of a qualifying State that uses
7 amounts paid under this subsection for ex-
8 penditures described in clause (ii) that are
9 incurred under a waiver approved for the
10 State, any budget neutrality determina-
11 tions with respect to such waiver shall be
12 determined without regard to such
13 amounts paid.

14 “(2) QUALIFYING STATE.—In this subsection,
15 the term ‘qualifying State’ means a State that—

16 “(A) as of April 15, 1997, has an income
17 eligibility standard with respect to any 1 or
18 more categories of children (other than infants)
19 who are eligible for medical assistance under
20 section 1902(a)(10)(A) or under a waiver under
21 section 1115 implemented on January 1, 1994,
22 that is up to 185 percent of the poverty line or
23 above; and

24 “(B) satisfies the requirements described
25 in paragraph (3).

1 “(3) REQUIREMENTS.—The requirements de-
2 scribed in this paragraph are the following:

3 “(A) SCHIP INCOME ELIGIBILITY.—The
4 State has a State child health plan that (wheth-
5 er implemented under title XIX or this title)—

6 “(i) as of January 1, 2001, has an in-
7 come eligibility standard that is at least
8 200 percent of the poverty line or has an
9 income eligibility standard that exceeds
10 200 percent of the poverty line under a
11 waiver under section 1115 that is based on
12 a child’s lack of health insurance;

13 “(ii) subject to subparagraph (B),
14 does not limit the acceptance of applica-
15 tions for children; and

16 “(iii) provides benefits to all children
17 in the State who apply for and meet eligi-
18 bility standards on a statewide basis.

19 “(B) NO WAITING LIST IMPOSED.—With
20 respect to children whose family income is at or
21 below 200 percent of the poverty line, the State
22 does not impose any numerical limitation, wait-
23 ing list, or similar limitation on the eligibility of
24 such children for child health assistance under
25 such State plan.

1 “(C) ADDITIONAL REQUIREMENTS.—The
2 State has implemented at least 3 of the fol-
3 lowing policies and procedures (relating to cov-
4 erage of children under title XIX and this title):

5 “(i) UNIFORM, SIMPLIFIED APPLICA-
6 TION FORM.—With respect to children who
7 are eligible for medical assistance under
8 section 1902(a)(10)(A), the State uses the
9 same uniform, simplified application form
10 (including, if applicable, permitting appli-
11 cation other than in person) for purposes
12 of establishing eligibility for benefits under
13 title XIX and this title.

14 “(ii) ELIMINATION OF ASSET TEST.—
15 The State does not apply any asset test for
16 eligibility under section 1902(l) or this title
17 with respect to children.

18 “(iii) ADOPTION OF 12-MONTH CON-
19 TINUOUS ENROLLMENT.—The State pro-
20 vides that eligibility shall not be regularly
21 redetermined more often than once every
22 year under this title or for children de-
23 scribed in section 1902(a)(10)(A).

24 “(iv) SAME VERIFICATION AND REDE-
25 TERMINATION POLICIES; AUTOMATIC REAS-

1 ASSESSMENT OF ELIGIBILITY.—With respect
2 to children who are eligible for medical as-
3 sistance under section 1902(a)(10)(A), the
4 State provides for initial eligibility deter-
5 minations and redeterminations of eligi-
6 bility using the same verification policies
7 (including with respect to face-to-face
8 interviews), forms, and frequency as the
9 State uses for such purposes under this
10 title, and, as part of such redetermina-
11 tions, provides for the automatic reassess-
12 ment of the eligibility of such children for
13 assistance under title XIX and this title.

14 “(v) OUTSTATIONING ENROLLMENT
15 STAFF.—The State provides for the receipt
16 and initial processing of applications for
17 benefits under this title and for children
18 under title XIX at facilities defined as dis-
19 proportionate share hospitals under section
20 1923(a)(1)(A) and Federally-qualified
21 health centers described in section
22 1905(l)(2)(B) consistent with section
23 1902(a)(55).”.

1 **Subtitle B—State Option To Pro-**
 2 **vide Coverage To All Individ-**
 3 **uals Below 100 Percent of Pov-**
 4 **erty**

5 **SEC. 111. STATE OPTION TO OFFER MEDICAID COVERAGE**
 6 **BASED ON NEED.**

7 (a) STATE OPTION TO PROVIDE COVERAGE.—Sec-
 8 tion 1902(a)(10)(A)(ii) of the Social Security Act (42
 9 U.S.C. 1396a), as amended by section 531(a)(1)(A), is
 10 amended—

11 (1) by striking “or” at the end of subclause
 12 (XIX);

13 (2) by adding “or” at the end of subclause
 14 (XX); and

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

16 “(XXI) whose income does not
 17 exceed 100 percent of the income offi-
 18 cial poverty line (as defined by the Of-
 19 fice of Management and Budget, and
 20 revised annually in accordance with
 21 section 673(2) of the Omnibus Budget
 22 Reconciliation Act of 1981) applicable
 23 to a family of the size involved;”.

24 (b) CONFORMING AMENDMENTS.—Section 1905(a)
 25 of the Social Security Act (42 U.S.C. 1396d(a)), as

1 amended by section 501(d)(1), is amended in the matter
 2 preceding paragraph (1)—

3 (1) by striking “or” at the end of clause (xiii);

4 (2) by adding “or” at the end of clause (xiv);

5 and

6 (3) by inserting after clause (xiv) the following:

7 “(xv) individuals who are eligible for medical
 8 assistance on the basis of section
 9 1902(a)(10)(A)(ii)(XXI);”.

10 (c) EFFECTIVE DATE.—The amendments made by
 11 this section apply to medical assistance provided on and
 12 after October 1, 2003.

13 **Subtitle C—Outreach and** 14 **Enrollment**

15 **SEC. 121. GRANTS TO PROMOTE INNOVATIVE OUTREACH** 16 **AND ENROLLMENT EFFORTS UNDER SCHIP.**

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

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

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

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

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

1 “(A) IN GENERAL.—Prior to any redis-
2 tribution under paragraph (1) of unexpended
3 allotments made to States under subsection (b)
4 or (c) for fiscal year 2001 and any fiscal year
5 thereafter, the Secretary shall—

6 “(i) reserve from such unexpended al-
7 lotments the lesser of \$50,000,000 or the
8 total amount of such unexpended allot-
9 ments for grants under this paragraph for
10 the fiscal year in which the redistribution
11 occurs; and

12 “(ii) subject to subparagraph (B), use
13 such reserved funds to make grants to na-
14 tional local and community-based public or
15 nonprofit organizations (including organi-
16 zations involved in women’s health, pedi-
17 atric advocacy, local and county govern-
18 ments, public health departments, Feder-
19 ally-qualified health centers, children’s hos-
20 pitals, and hospitals defined as dispropor-
21 tionate share hospitals under the State
22 plan under title XIX) to conduct innova-
23 tive outreach and enrollment efforts that
24 are consistent with section 2102(c) and to
25 promote understanding of the importance

1 of health insurance coverage for prenatal
2 care and children.

3 “(B) PRIORITY FOR GRANTS IN CERTAIN
4 AREAS.—In making grants under subparagraph
5 (A)(ii), the Secretary shall give priority to grant
6 applicants that propose to target the outreach
7 and enrollment efforts funded under the grant
8 to geographic areas—

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

12 “(ii) with high rates of families for
13 whom English is not their primary lan-
14 guage.

15 “(C) APPLICATIONS.—An organization
16 that desires to receive a grant under this para-
17 graph shall submit an application to the Sec-
18 retary in such form and manner, and con-
19 taining such information, as the Secretary may
20 decide.”.

21 (b) EXTENDING USE OF OUTSTATIONED WORKERS
22 TO ACCEPT TITLE XXI APPLICATIONS.—Section
23 1902(a)(55) of such Act (42 U.S.C. 1396a(a)(55)) is
24 amended by inserting “, and applications for child health
25 assistance under title XXI” after “(a)(10)(A)(ii)(IX)”.

1 **Subtitle D—Immigrant Children**
 2 **and Pregnant Women**

3 **SEC. 131. OPTIONAL COVERAGE OF LEGAL IMMIGRANTS**
 4 **UNDER THE MEDICAID PROGRAM AND SCHIP.**

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

- 7 (1) in paragraph (1), by striking “paragraph
 8 (2)” and inserting “paragraphs (2) and (4)”; and
 9 (2) by adding at the end the following:

10 “(4)(A) A State may elect (in a plan amendment
 11 under this title) to provide medical assistance under this
 12 title for aliens who are lawfully residing in the United
 13 States (including battered aliens described in section
 14 431(c) of the Personal Responsibility and Work Oppor-
 15 tunity Reconciliation Act of 1996) and who are otherwise
 16 eligible for such assistance, within any of the following eli-
 17 gibility categories:

18 “(i) PREGNANT WOMEN.—Women during preg-
 19 nancy (and during the 60-day period beginning on
 20 the last day of the pregnancy).

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

24 “(B)(i) In the case of a State that has elected to pro-
 25 vide medical assistance to a category of aliens under sub-

1 paragraph (A), no debt shall accrue under an affidavit of
2 support against any sponsor of such an alien on the basis
3 of provision of assistance to such category and the cost
4 of such assistance shall not be considered as an unreim-
5 bursed cost.

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

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

13 “(E) Section 1903(v)(4) (relating to op-
14 tional coverage of permanent resident alien chil-
15 dren), but only if the State has elected to apply
16 such section to that category of children under
17 title XIX.”.

18 (c) EFFECTIVE DATE.—The amendments made by
19 this section take effect on October 1, 2003, and apply to
20 medical assistance and child health assistance furnished
21 on or after such date.

1 **SEC. 132. PERMITTING STATES AND LOCALITIES TO PRO-**
2 **VIDE HEALTH CARE TO ALL INDIVIDUALS.**

3 (a) IN GENERAL.—Section 411 of the Personal Re-
4 sponsibility and Work Opportunity Reconciliation Act of
5 1996 (8 U.S.C. 1621) is amended—

6 (1) in subsection (b)—

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

8 and

9 (B) by redesignating paragraphs (2) and
10 (4) as paragraphs (1) and (2), respectively; and

11 (2) in subsection (c)—

12 (A) in paragraph (1)—

13 (i) in the matter preceding subpara-
14 graph (A), by striking “(2) and (3)” and
15 inserting “(2), (3), and (4)”; and

16 (ii) in subparagraph (B), by striking
17 “health,”; and

18 (B) by adding at the end the following new
19 paragraph

20 “(4) Such term does not include any health
21 benefit for which payments or assistance are pro-
22 vided to an individual, household, or family eligibility
23 unit by an agency of a State or local government or
24 by appropriated funds of a State or local govern-
25 ment.”.

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

4 **Subtitle E—Eligibility** 5 **Simplification**

6 **SEC. 141. STATE OPTION TO PROVIDE FOR SIMPLIFIED DE-** 7 **TERMINATIONS OF A CHILD’S FINANCIAL ELI-** 8 **GIBILITY FOR MEDICAL ASSISTANCE UNDER** 9 **MEDICAID OR CHILD HEALTH ASSISTANCE** 10 **UNDER SCHIP.**

11 (a) MEDICAID.—Section 1902(e) of the Social Secu-
 12 rity Act (42 U.S.C. 1396a(e)) is amended by adding at
 13 the end the following:

14 “(13)(A) At the option of the State, the plan
 15 may provide that financial eligibility requirements
 16 for medical assistance are met for an individual who
 17 is under an age specified by the State (not to exceed
 18 21 years of age) by using a determination (made
 19 within a reasonable period, as found by the State,
 20 before its use for this purpose) of the individual’s
 21 family or household income or resources, notwith-
 22 standing any differences in budget unit, disregard,
 23 deeming, or other methodology, by a Federal or
 24 State agency (or a public or private entity making
 25 such determination on behalf of such agency) speci-

1 fied by the plan, including but not limited to the
2 agencies administering the Food Stamp Act of 1977,
3 the Richard B. Russell National School Lunch Act,
4 and the Child Nutrition Act of 1966, provided that
5 such agency has fiscal liabilities or responsibilities
6 affected or potentially affected by such determina-
7 tions and provided that all information furnished by
8 such agency pursuant to this subparagraph is used
9 solely for purposes of determining eligibility for med-
10 ical assistance under the State plan approved under
11 this title or for child health assistance under a State
12 plan approved under title XXI.

13 “(B) Nothing in subparagraph (A) shall be con-
14 strued—

15 “(i) to authorize the denial of medical as-
16 sistance under a State plan approved under this
17 title or of child health assistance under a State
18 plan approved under title XXI to an individual
19 who, without the application of this paragraph
20 or an option exercised thereunder, would qualify
21 for such assistance;

22 “(ii) to relieve a State of the obligation
23 under subsection (a)(8) to furnish assistance
24 with reasonable promptness after the submis-
25 sion of an initial application that is evaluated or

1 for which evaluation is requested pursuant to
2 this paragraph; or

3 “(iii) to relieve a State of the obligation to
4 determine eligibility on other grounds for an in-
5 dividual found to be ineligible under this para-
6 graph.

7 “(C) At the option of a State, the financial eli-
8 gibility process described in subparagraph (A) may
9 apply to an individual who is older than age 21 if
10 such individual’s eligibility for medical assistance is
11 based on pregnancy or if such individual is a parent,
12 guardian, or other caretaker relative of an individual
13 found eligible under subparagraph (A).”.

14 (b) SCHIP.—Section 2107(e)(1) of the Social Secu-
15 rity Act (42 U.S.C. 1397gg(e)(1)) is amended by adding
16 at the end the following:

17 “(E) Section 1902(e)(13) (relating to the
18 State option to base a child’s eligibility for as-
19 sistance on financial determinations made by a
20 program providing nutrition or other public as-
21 sistance).”.

22 (c) EFFECTIVE DATE.—The amendments made by
23 this section take effect on October 1, 2003.

1 **SEC. 142. APPLICATION OF SIMPLIFIED TITLE XXI PROCE-**
2 **DURES UNDER THE MEDICAID PROGRAM.**

3 (a) PRESUMPTIVE ELIGIBILITY.—

4 (1) IN GENERAL.—Section 1920A(b)(3)(A)(i) of
5 the Social Security Act (42 U.S.C. 1396r-
6 1a(b)(3)(A)(i)) is amended by inserting “a child care
7 resource and referral agency,” after “a State or trib-
8 al child support enforcement agency,”.

9 (2) APPLICATION TO PRESUMPTIVE ELIGIBILITY
10 FOR PREGNANT WOMEN UNDER MEDICAID.—Section
11 1920(b) of the Social Security Act (42 U.S.C.
12 1396r-1(b)) is amended by adding at the end after
13 and below paragraph (2) the following flush sen-
14 tence:

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

17 (3) APPLICATION UNDER TITLE XXI.—Section
18 2107(e)(1)(D) of the Social Security Act (42 U.S.C.
19 1397gg(e)(1)) is amended to read as follows:

20 “(D) Sections 1920 and 1920A (relating to
21 presumptive eligibility).”.

22 (b) AUTOMATIC REASSESSMENT OF ELIGIBILITY FOR
23 TITLE XXI AND MEDICAID BENEFITS FOR CHILDREN
24 LOSING MEDICAID OR TITLE XXI ELIGIBILITY.—

1 (1) LOSS OF MEDICAID ELIGIBILITY.—Section
2 1902(a) of the Social Security Act (42 U.S.C.
3 1396a(a)) is amended—

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

6 (B) by inserting after paragraph (65) the
7 following:

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

17 (2) LOSS OF TITLE XXI ELIGIBILITY AND CO-
18 ORDINATION WITH MEDICAID.—Section 2102(b) of
19 the Social Security Act (42 U.S.C. 1397bb(b)) is
20 amended—

21 (A) in paragraph (3), by redesignating
22 subparagraphs (D) and (E) as subparagraphs
23 (E) and (F), respectively, and by inserting after
24 subparagraph (C) the following:

1 “(D) that before health assistance to a
2 child (or a parent of a child) is discontinued
3 under this title, a determination of whether the
4 child (or parent) is eligible for benefits under
5 title XIX is made and, if determined to be so
6 eligible, the child (or parent) is automatically
7 enrolled in the program under such title with-
8 out the need for a new application;”;

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

11 (C) by inserting after paragraph (3) the
12 following new paragraph:

13 “(4) COORDINATION WITH MEDICAID.—The
14 State shall coordinate the screening and enrollment
15 of individuals under this title and under title XIX
16 consistent with the following:

17 “(A) Information that is collected under
18 this title or under title XIX which is needed to
19 make an eligibility determination under the
20 other title shall be transmitted to the appro-
21 priate administering entity under such other
22 title in a timely manner so that coverage is not
23 delayed and families do not have to submit the
24 same information twice. Families shall be pro-
25 vided the information they need to complete the

1 application process for coverage under both ti-
2 tles and be given appropriate notice of any de-
3 terminations made on their applications for
4 such coverage.

5 “(B) If a State does not use a joint appli-
6 cation under this title and such title, the State
7 shall—

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

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

18 “(iii) offer assistance in completing
19 such application process; and

20 “(iv) promptly transmit the separate
21 application under this title or the informa-
22 tion obtained through such application,
23 and all other relevant information and doc-
24 umentation, including the results of the
25 screening process, to the State agency

1 under title XIX for a final determination
2 on eligibility under such title.

3 “(C) Applicants are notified in writing
4 of—

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

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

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

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

1 (3) EFFECTIVE DATE.—The amendments made
2 by paragraphs (1) and (2) apply to individuals who
3 lose eligibility under the medicaid program under
4 title XIX, or under a State child health insurance
5 plan under title XXI, respectively, of the Social Se-
6 curity Act on or after October 1, 2003, without re-
7 gard to whether regulations implementing such
8 amendments have been issued.

9 (c) PROVISION OF MEDICAID AND CHIP APPLICA-
10 TIONS AND INFORMATION UNDER THE SCHOOL LUNCH
11 PROGRAM.—Section 9(b)(2)(B) of the Richard B. Russell
12 National School Lunch Act (42 U.S.C. 1758(b)(2)(B)) is
13 amended—

14 (1) by striking “(B) Applications” and inserting
15 “(B)(i) Applications”; and

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

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

1 on how to obtain an application for assistance under such
2 programs.

3 “(II) Information on the programs referred to in sub-
4 clause (I) shall be provided on a form separate from the
5 application form for free and reduced price lunches under
6 clause (i).”.

7 **Subtitle F—SCHIP Wrap-Around** 8 **Benefits**

9 **SEC. 151. STATE OPTION TO PROVIDE WRAP-AROUND** 10 **SCHIP COVERAGE TO CHILDREN WHO HAVE** 11 **OTHER HEALTH COVERAGE.**

12 (a) IN GENERAL.—

13 (1) SCHIP.—

14 (A) STATE OPTION TO PROVIDE WRAP-
15 AROUND COVERAGE.—Section 2110(b) of the
16 Social Security Act (42 U.S.C. 1397jj(b)) is
17 amended—

18 (i) in paragraph (1)(C), by inserting
19 “, subject to paragraph (5),” after “under
20 title XIX or”; and

21 (ii) by adding at the end the following
22 new paragraph:

23 “(5) STATE OPTION TO PROVIDE WRAP-AROUND
24 COVERAGE.—A State may waive the requirement of
25 paragraph (1)(C) that a targeted low-income child

1 may not be covered under a group health plan or
 2 under health insurance coverage, if the State satis-
 3 fies the conditions described in subsection (c)(8).
 4 The State may waive such requirement in order to
 5 provide—

6 “(A) dental services;

7 “(B) cost-sharing protection; or

8 “(C) all services.

9 In waiving such requirement, a State may limit the
 10 application of the waiver to children whose family in-
 11 come does not exceed a level specified by the State,
 12 so long as the level so specified does not exceed the
 13 maximum income level otherwise established for
 14 other children under the State child health plan.”;
 15 and

16 (B) CONDITIONS DESCRIBED.—Section
 17 2105(c) of such Act (42 U.S.C. 1397ee(c)) is
 18 amended by adding at the end the following
 19 new paragraph:

20 “(8) CONDITIONS FOR PROVISION OF WRAP
 21 AROUND COVERAGE.—For purposes of section
 22 2110(b)(5), the conditions described in this para-
 23 graph are the following:

1 “(A) INCOME ELIGIBILITY.—The State
2 child health plan (whether implemented under
3 title XIX or this XXI)—

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

7 “(ii) subject to subparagraph (B),
8 does not limit the acceptance of applica-
9 tions for children; and

10 “(iii) provides benefits to all children
11 in the State who apply for and meet eligi-
12 bility standards.

13 “(B) NO WAITING LIST IMPOSED.—With
14 respect to children whose family income is at or
15 below 200 percent of the poverty line, the State
16 does not impose any numerical limitation, wait-
17 ing list, or similar limitation on the eligibility of
18 such children for child health assistance under
19 such State plan.

20 “(C) NO MORE FAVORABLE TREATMENT.—
21 The State child health plan may not provide
22 more favorable coverage of dental services to
23 the children covered under section 2110(b)(5)
24 than to children otherwise covered under this
25 title.”.

1 (C) STATE OPTION TO WAIVE WAITING PE-
2 RIOD.—Section 2102(b)(1)(B) of such Act (42
3 U.S.C. 1397bb(b)(1)(B)), as amended by sec-
4 tion 101(e)(3), is amended—

5 (i) in clause (ii), by striking “and” at
6 the end;

7 (ii) in clause (iii), by striking the pe-
8 riod and inserting “; and”; and

9 (iii) by adding at the end the fol-
10 lowing new clause:

11 “(iv) at State option, may not apply a
12 waiting period in the case of child de-
13 scribed in section 2110(b)(5), if the State
14 satisfies the requirements of section
15 2105(e)(8).”.

16 (2) APPLICATION OF ENHANCED MATCH UNDER
17 MEDICAID.—Section 1905 of such Act (42 U.S.C.
18 1396d), as amended by section 101(a)(1)(C), is
19 amended—

20 (A) in subsection (b), in the fourth sen-
21 tence, by striking “or (u)(4)” and inserting
22 “(u)(4), or (u)(5)”; and

23 (B) in subsection (u), by inserting after
24 paragraph (4) the following new paragraph:

1 “(5) For purposes of subsection (b), the expenditures
2 described in this paragraph are expenditures for items and
3 services for children described in section 2110(b)(5), but
4 only in the case of a State that satisfies the requirements
5 of section 2105(e)(8).”.

6 (3) APPLICATION OF SECONDARY PAYOR PROVI-
7 SIONS.—Section 2107(e)(1) of such Act (42 U.S.C.
8 1397gg(e)(1)), as amended by section 121(b), is
9 amended—

10 (A) by redesignating subparagraphs (B)
11 through (E) as subparagraphs (C) through (F),
12 respectively; and

13 (B) by inserting after subparagraph (A)
14 the following new subparagraph:

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

19 (b) EFFECTIVE DATE.—The amendments made by
20 subsection (a) shall take effect on January 1, 2004, and
21 shall apply to child health assistance and medical assist-
22 ance provided on or after that date.

1 **Subtitle G—Immunization**
 2 **Coverage Through SCHIP**

3 **SEC. 161. ELIGIBILITY OF CHILDREN ENROLLED IN THE**
 4 **STATE CHILDREN’S HEALTH INSURANCE**
 5 **PROGRAM FOR THE PEDIATRIC VACCINE DIS-**
 6 **TRIBUTION PROGRAM.**

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

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

14 **Subtitle H—Limited English**
 15 **Proficient Communities**

16 **SEC. 171. INCREASED FEDERAL REIMBURSEMENT FOR**
 17 **LANGUAGE SERVICES UNDER THE MEDICAID**
 18 **PROGRAM AND THE STATE CHILDREN’S**
 19 **HEALTH INSURANCE PROGRAM.**

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

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

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

1 “(E) 90 percent of the sums expended with
2 respect to costs incurred during such quarter as
3 are attributable to the provision of language
4 services, including oral interpretation, trans-
5 lations of written materials, and other language
6 services, for individuals with limited English
7 proficiency who apply for, or receive, medical
8 assistance under the State plan; plus”.

9 (b) SCHIP.—Section 2105(a)(1) of the Social Secu-
10 rity Act (42 U.S.C.1397ee(a)(1)), as amended by section
11 104(a), is amended—

12 (1) in the matter preceding subparagraph (A),
13 by inserting “or, in the case of expenditures de-
14 scribed in subparagraph (D)(iv), 90 percent” after
15 “enhanced FMAP”; and

16 (2) in subparagraph (D)—

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

19 (B) be redesignating clause (iv) as clause
20 (v); and

21 (C) by inserting after clause (iii) the fol-
22 lowing:

23 “(iv) for expenditures attributable to
24 the provision of language services, includ-
25 ing oral interpretation, translations of

1 written materials, and other language serv-
2 ices, for individuals with limited English
3 proficiency who apply for, or receive, child
4 health assistance under the plan; and”.

5 (c) EFFECTIVE DATE.—The amendments made by
6 this section shall take effect on October 1, 2004.

7 **Subtitle I—Binational Public**
8 **Health Infrastructure and**
9 **Health Insurance**

10 **SEC. 181. BINATIONAL PUBLIC HEALTH INFRASTRUCTURE**
11 **AND HEALTH INSURANCE.**

12 (a) IN GENERAL.—The Secretary of Health and
13 Human Services shall enter into a contract with the Insti-
14 tute of Medicine for the conduct of a study concerning
15 binational public health infrastructure and health insur-
16 ance efforts. In conducting such study, the Institute shall
17 solicit input from border health experts and health insur-
18 ance companies.

19 (b) REPORT.—Not later than 1 year after the date
20 on which the Secretary of Health and Human Services en-
21 ters into the contract under subsection (a), the Institute
22 of Medicine shall submit to the Secretary and the appro-
23 priate committees of Congress a report concerning the
24 study conducted under subsection (a). Such report shall
25 include the recommendations of the Institute on ways to

1 expand or improve binational public health infrastructure
2 and health insurance efforts.

3 **Subtitle J—Migrant Workers and**
4 **Farmworkers Health**

5 **SEC. 191. DEMONSTRATION PROJECT REGARDING CON-**
6 **TINUITY OF COVERAGE OF MIGRANT WORK-**
7 **ERS AND FARMWORKERS UNDER MEDICAID**
8 **AND SCHIP.**

9 (a) **AUTHORITY TO CONDUCT DEMONSTRATION**
10 **PROJECT.—**

11 (1) **IN GENERAL.—**The Secretary of Health and
12 Human Services shall conduct a demonstration
13 project for the purpose of evaluating methods for
14 strengthening the health coverage of, and continuity
15 of coverage of, migrant workers and farmworkers
16 under the medicaid and State children’s health in-
17 surance programs (42 U.S.C. 1396 et seq., 1397aa
18 et seq.).

19 (2) **WAIVER AUTHORITY.—**The Secretary of
20 Health and Human Services shall waive compliance
21 with the requirements of titles XI, XIX, and XXI of
22 the Social Security Act (42 U.S.C. 1301 et seq,
23 1396 et seq., 1397aa et seq.) to such extent and for
24 such period as the Secretary determines is necessary

1 to conduct the demonstration project under this sec-
2 tion.

3 (b) REQUIREMENTS.—The demonstration project
4 conducted under this section shall provide for—

5 (1) uniform eligibility criteria under the med-
6 icaid and State children’s health insurance programs
7 with respect to migrant workers and farmworkers;
8 and

9 (2) the portability of coverage of such workers
10 under those programs between participating States.

11 (c) REPORT.—Not later than March 31, 2005, the
12 Secretary of Health and Human Services shall submit a
13 report to Congress on the demonstration project con-
14 ducted under this section that contains such recommenda-
15 tions for legislative action as the Secretary determines is
16 appropriate.

17 **TITLE II—HEALTH DISPARITIES**
18 **Subtitle A—Report on Programs**
19 **for Improving the Health Status**
20 **of Hispanic Individuals**

21 **SEC. 201. ANNUAL REPORT REGARDING HISPANIC HEALTH**
22 **DISPARITIES FOR CHRONIC AND COMMU-**
23 **NICABLE DISEASES.**

24 (a) IN GENERAL.—The Secretary of Health and
25 Human Services (in this Act referred to as the “Sec-

1 retary”) shall annually submit to Congress a report on
2 programs carried out through the Public Health Service
3 with respect to improving the health status of Hispanic
4 individuals regarding diabetes, cancer, asthma, HIV infec-
5 tion, AIDS, tuberculosis, injuries (unintentional and in-
6 tentional), obesity, immunization rates, oral health, sub-
7 stance abuse, and mental health, including—

8 (1) prevention programs carried out through
9 the Centers for Disease Control and Prevention and
10 the Substance Abuse and Mental Health Services
11 Administration;

12 (2) treatment programs carried out through the
13 Health Resources and Services Administration and
14 the Substance Abuse and Mental Health Services
15 Administration;

16 (3) research programs carried out through the
17 National Institutes of Health, the National Center
18 on Minority Health and Health Disparities, the
19 Agency for Healthcare Quality and Research, the
20 Maternal Child Health Bureau, and the Centers for
21 Medicare & Medicaid Services; and

22 (4) activities of the Office of Public Health and
23 Science, including activities of the Office of Minority
24 Health.

1 (b) DATA COLLECTION.—Each report under sub-
 2 section (a) shall include information on programs carried
 3 out through the Public Health Service to collect data that
 4 relates to the health status of Hispanic individuals regard-
 5 ing diabetes, cancer, asthma, HIV infection, AIDS, tuber-
 6 culosis, injuries (unintentional and intentional), obesity,
 7 immunization rates, oral health, substance abuse, and
 8 mental health.

9 **Subtitle B—Diabetes Research,**
 10 **Control, and Prevention**

11 **SEC. 211. TREATMENT.**

12 Part P of title III of the Public Health Service Act
 13 (42 U.S.C. 280g et seq.) is amended by adding at the end
 14 the following:

15 **“SEC. 399P. DIABETES; TREATMENT FOR MINORITY POPU-**
 16 **LATIONS.**

17 “(a) IN GENERAL.—The Secretary shall conduct and
 18 support programs to treat diabetes in minority popu-
 19 lations.

20 “(b) NATIONAL INSTITUTES OF HEALTH.—With re-
 21 spect to the National Institutes of Health, activities under
 22 subsection (a) regarding the treatment of diabetes in mi-
 23 nority populations shall include the following:

24 “(1) Through the National Institute of Mental
 25 Health, providing for comprehensive mental health

1 services and treatment for individuals within such
2 populations who experience mental barriers to prop-
3 er diabetes care.

4 “(2) Through the National Center on Minority
5 Health and Health Disparities, recommending and
6 disseminating the guidelines of the American Diabe-
7 tes Association for nutrition exercise and diet for di-
8 abetes treatment and prevention.

9 “(c) OTHER AGENCIES.—Activities under subsection
10 (a) regarding the treatment of diabetes in minority popu-
11 lations shall include the following:

12 “(1) Through the Substance Abuse and Mental
13 Health Services Administration and the National In-
14 stitute of Mental Health, providing for comprehen-
15 sive mental health services and treatment for minori-
16 ties who experience mental barriers to proper diabe-
17 tes care.

18 “(2) Promoting early detection as a cost-saving
19 mechanism, including making grants to community
20 health centers and clinics to specifically treat type 2
21 diabetes and complications, including eye disease,
22 kidney failure, heart disease and stroke, nerve dam-
23 age, and limb amputations.

24 “(3) Through the Health Resources and Serv-
25 ices Administration and the Centers for Disease

1 Control and Prevention, carrying out a collaborative
2 program to encourage preventive care. Such pro-
3 gram shall not be limited to primary prevention, and
4 shall include secondary and tertiary prevention. Such
5 program shall include the award of grants to com-
6 munity health centers and clinics to specifically treat
7 diabetes, with an emphasis on type 2 diabetes, and
8 diabetic complications, including eye disease, kidney
9 failure, heart disease and stroke, nerve damage, and
10 limb amputation.

11 “(d) DEFINITION.—For purposes of this section, the
12 term ‘minority populations’ means racial and ethnic mi-
13 nority groups within the meaning of section 1707.

14 “(e) AUTHORIZATION OF APPROPRIATIONS.—

15 “(1) IN GENERAL.—For the purpose of car-
16 rying out subsections (a) and (c), there are author-
17 ized to be appropriated such sums as may be nec-
18 essary for fiscal year 2003 and each subsequent fis-
19 cal year.

20 “(2) NATIONAL INSTITUTES OF HEALTH.—For
21 the purpose of carrying out subsection (b), there are
22 authorized to be appropriated such sums as may be
23 necessary for fiscal year 2004 and each subsequent
24 fiscal year.”.

1 **SEC. 212. EDUCATION.**

2 Part P of title III of the Public Health Service Act
3 (42 U.S.C. 280g et seq.), as amended by section 211, is
4 further amended by adding at the end the following:

5 **“SEC. 399Q. DIABETES; EDUCATION REGARDING MINORITY**
6 **POPULATIONS.**

7 “(a) IN GENERAL.—The Secretary shall conduct and
8 support programs to educate the public on the causes of
9 effects of diabetes in minority populations.

10 “(b) NATIONAL INSTITUTES OF HEALTH.—With re-
11 spect to the National Institutes of Health, activities under
12 subsection (a) regarding education on diabetes in minority
13 populations shall include the following:

14 “(1) Through the National Center on Minority
15 Health and Health Disparities—

16 “(A) making grants to programs funded
17 under section 485F (relating to centers of ex-
18 cellence) for the purpose of establishing a men-
19 toring program for health care professionals to
20 be more involved in weight counseling, obesity
21 research, and nutrition;

22 “(B) providing for the participation of mi-
23 nority health professionals in diabetes-focused
24 research programs; and

1 “(C) providing for the participation of mi-
2 nority health professionals in diabetes-focused
3 research programs.

4 “(2) Making grants for programs to establish a
5 pipeline from high school to professional school that
6 will increase minority representation in diabetes-fo-
7 cused health fields by expanding Minority Access to
8 Research Careers (MARC) program internships and
9 mentoring opportunities for recruitment.

10 “(c) CENTERS FOR DISEASE CONTROL AND PREVEN-
11 TION.—With respect to the Centers for Disease Control
12 and Prevention, activities under subsection (a) regarding
13 education on diabetes in minority populations shall include
14 the following:

15 “(1) Making grants for diabetes-focused edu-
16 cation classes or training programs on cultural sen-
17 sitivity and patient care within such populations for
18 health care providers.

19 “(2) Carrying out public awareness campaigns
20 directed toward such populations to aggressively em-
21 phasize the importance and impact of physical activ-
22 ity and diet in regard to diabetes and diabetes-re-
23 lated complications.

24 “(d) HEALTH RESOURCES AND SERVICES ADMINIS-
25 TRATION.—With respect to the Health Resources and

1 Services Administration, activities under subsection (a) re-
2 garding education on diabetes in minority populations
3 shall include the following:

4 “(1) Providing additional funds for the Health
5 Careers Opportunity Program, Centers for Excel-
6 lence, and the Minority Faculty Fellowship Program
7 to partner with the Office of Minority Health under
8 section 1707 and the National Institutes of Health
9 to strengthen programs for career opportunities
10 within minority populations focused on diabetes
11 treatment and care.

12 “(2) In partnership with the Health Resources
13 and Services Administration, develop a diabetes
14 focus within, and provide additional funds for, the
15 National Health Service Corps Scholarship program
16 to place individuals in areas that are disproportion-
17 ately affected by diabetes, to provide health care
18 services.

19 “(3) Establishing a diabetes ambassador pro-
20 gram for recruitment efforts to increase the number
21 of underrepresented minorities currently serving in
22 student, faculty, or administrative positions in insti-
23 tutions of higher learning, hospitals, and community
24 health centers.

1 “(4) Establishing a loan repayment program
2 that focuses on diabetes care and prevention.

3 “(e) ADDITIONAL PROGRAMS.—Activities under sub-
4 section (a) regarding education on diabetes in minority
5 populations shall include the following:

6 “(1) Through collaboration between the Health
7 Resources and Services Administration and the In-
8 dian Health Service, establishing a joint scholarship
9 and loan-repayment program for American Indians
10 health profession students.

11 “(2) Providing funds for new and existing dia-
12 betes-focused education grants and programs for
13 present and future students and clinicians in the
14 medical field from minority populations, including
15 the following:

16 “(A) Federal and State loan repayment
17 programs for health profession students within
18 communities of color.

19 “(B) Providing funds to the Office of Mi-
20 nority Health under section 1707 for training
21 health profession students to focus on diabetes
22 within such populations.

23 “(C) Providing funds to State and local
24 entities to establish diabetes awareness week or
25 day every month in schools, nursing homes, and

1 colleges through partnerships with the Office of
2 Minority Health under section 1707 and the
3 Health Resources and Services Administration.

4 “(f) DEFINITION.—For purposes of this section, the
5 term ‘minority populations’ means racial and ethnic mi-
6 nority groups within the meaning of section 1707.

7 “(g) AUTHORIZATION OF APPROPRIATIONS.—

8 “(1) IN GENERAL.—For the purpose of car-
9 rying out subsections (a) and (e), there are author-
10 ized to be appropriated such sums as may be nec-
11 essary for fiscal year 2004 and each subsequent fis-
12 cal year.

13 “(2) NATIONAL INSTITUTES OF HEALTH.—For
14 the purpose of carrying out subsection (b), there are
15 authorized to be appropriated such sums as may be
16 necessary for fiscal year 2004 and each subsequent
17 fiscal year.

18 “(3) CENTERS FOR DISEASE CONTROL AND
19 PREVENTION.—For the purpose of carrying out sub-
20 section (c), there are authorized to be appropriated
21 such sums as may be necessary for fiscal year 2004
22 and each subsequent fiscal year.

23 “(4) HEALTH RESOURCES AND SERVICES AD-
24 MINISTRATION.—For the purpose of carrying out
25 subsection (c), there are authorized to be appro-

1 priated such sums as may be necessary for fiscal
2 year 2004 and each subsequent fiscal year.”.

3 **SEC. 213. HEALTH PROMOTION, PREVENTION ACTIVITIES,**
4 **AND ACCESS.**

5 Part P of title III of the Public Health Service Act
6 (42 U.S.C. 280g et seq.), as amended by section 212, is
7 amended by adding at the end the following:

8 **“SEC. 399R. DIABETES; HEALTH PROMOTION, PREVENTION**
9 **ACTIVITIES, AND ACCESS REGARDING MI-**
10 **NORITY POPULATIONS.**

11 “(a) NATIONAL INSTITUTES OF HEALTH.

12 “(1) IN GENERAL.—The Secretary, acting
13 through the Director of the National Institutes of
14 Health, shall provide access to proper care of diabe-
15 tes for minority populations.

16 “(2) CERTAIN ACTIVITIES.—Activities under
17 paragraph (1) regarding proper care of diabetes in
18 minority populations shall include the following:

19 “(A) Providing funds for research to as-
20 sess and identify the number of individuals af-
21 fected by socioeconomic and environmental bar-
22 riers to diabetes health care access, including
23 research regarding language, transportation,
24 daily routine, lifestyle, and housing.

1 “(B) Through the National Center on Mi-
2 nority Health and Health Disparities, identi-
3 fying the manner in which health care pro-
4 viders, community health centers, and hospitals
5 provide proper options and education on avail-
6 able services for diabetes care, management,
7 and prevention, including identifying the effects
8 of differences in the cultures of staff and pa-
9 tients on clinical and other workforce encoun-
10 ters.

11 “(b) CENTERS FOR DISEASE CONTROL AND PREVEN-
12 TION.

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Director of the Centers for Disease
15 Control and Prevention, shall carry out culturally
16 appropriate diabetes health promotion and preven-
17 tion programs for minority populations.

18 “(2) CERTAIN ACTIVITIES.—Activities under
19 paragraph (1) regarding culturally appropriate dia-
20 betes health promotion and prevention programs for
21 minority populations shall include the following:

22 “(A) Expanding the Diabetes Control Pro-
23 gram (currently existing in all the States and
24 territories).

1 “(B) Providing funds for the Diabetes
2 Today program to adapt community planning
3 tools within such populations.

4 “(C) Providing funds for Racial and Eth-
5 nic Approaches to Community Health (REACH
6 2010) grants to develop and evaluate diabetes
7 prevention and control community programs fo-
8 cused on such populations.

9 “(D) Providing funds to community health
10 centers for a monthly diabetes week program of
11 diabetes services, including screenings.

12 “(E) Providing funds for free diabetes self-
13 management education classes in hospitals, clin-
14 ics, and community health centers.

15 “(F) Providing funds for education and
16 community outreach on diabetes.

17 “(G) Providing funds for the United States
18 and Mexico Border Diabetes project to develop
19 culturally appropriate diabetes prevention and
20 control interventions for Minority populations in
21 the border region.

22 “(H) Providing funds for an aggressive
23 prevention campaign that focuses on physical
24 inactivity and diet and its relation to type 2 di-
25 abetes within such populations.

1 “(I) Providing funds for surveillance sys-
2 tems and strategies for strengthening existing
3 systems to improve the quality, accuracy, and
4 timelines of morbidity and mortality diabetes
5 data for such populations.

6 “(c) DEFINITION.—For purposes of this section, the
7 term ‘minority populations’ means racial and ethnic mi-
8 nority groups within the meaning of section 1707.

9 “(d) AUTHORIZATION OF APPROPRIATIONS.—

10 “(1) NATIONAL INSTITUTES OF HEALTH.—For
11 the purpose of carrying out subsection (b), there are
12 authorized to be appropriated such sums as may be
13 necessary for fiscal year 2004 and each subsequent
14 fiscal year.

15 “(2) CENTERS FOR DISEASE CONTROL AND
16 PREVENTION.—For the purpose of carrying out sub-
17 section (c), there are authorized to be appropriated
18 such sums as may be necessary for fiscal year 2004
19 and each subsequent fiscal year.”.

1 **Subtitle C—HIV Prevention Activi-**
2 **ties Regarding Hispanic Individ-**
3 **uals**

4 **SEC. 221. PROGRAMS OF CENTERS FOR DISEASE CONTROL**
5 **AND PREVENTION; REPRESENTATION OF HIS-**
6 **PANIC INDIVIDUALS IN MEMBERSHIP OF**
7 **COMMUNITY PLANNING GROUPS.**

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

13 (1) The Secretary shall identify community
14 planning groups for which Hispanic individuals are
15 underrepresented as members in relation to the
16 number of Hispanic individuals with HIV who reside
17 in the communities involved.

18 (2) The Secretary shall develop a plan to in-
19 crease the representation of Hispanic individuals in
20 the membership of the community planning groups
21 identified under paragraph (1). Such plan may pro-
22 vide for facilitating the participation of Hispanic in-
23 dividuals as members in such groups by assisting the
24 individuals with the incidental costs incurred by the

1 individuals in being such members, such as the costs
 2 of transportation and child-care services.

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

5 (b) DEFINITION.—In this section, the term “commu-
 6 nity planning group” has the meaning that applies for
 7 purposes of programs established pursuant to the Ryan
 8 White Comprehensive AIDS Resources Emergency Act of
 9 1990 (including title XXVI of the Public Health Service
 10 Act).

11 **SEC. 222. AIDS EDUCATION AND TRAINING CENTERS FUND-**
 12 **ED BY HEALTH RESOURCES AND SERVICES**
 13 **ADMINISTRATION; ESTABLISHMENT OF CEN-**
 14 **TER DIRECTED TOWARD MINORITY POPU-**
 15 **LATIONS WITH HIV.**

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

23 (b) CULTURAL COMPETENCE.—A condition for
 24 grants under subsection (a) is that the applicants involved
 25 agree that the education and training provided through

1 projects under such subsection will be provided in a cul-
 2 turally competent manner (as defined in section 331).

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

4 (1) ELIGIBLE HISPANIC-SERVING INSTITU-
 5 TION.—The term “eligible Hispanic-serving institu-
 6 tion” means a Hispanic-serving institution that has
 7 a record of carrying out HIV-related activities with
 8 respect to Hispanic individuals.

9 (2) HISPANIC-SERVING INSTITUTION.—The
 10 term “Hispanic-serving institution” has the meaning
 11 given such term in section 502 of the Higher Edu-
 12 cation Act of 1965 (20 U.S.C. 1101a).

13 **Subtitle D—Prevention of Latina** 14 **Adolescent Suicides**

15 **SEC. 231. SHORT TITLE.**

16 This subtitle may be cited as the “Latina Adolescent
 17 Suicide Prevention Act”.

18 **SEC. 232. ESTABLISHMENT OF PROGRAM FOR PREVENTION** 19 **OF LATINA ADOLESCENT SUICIDES.**

20 Title V of the Public Health Service Act (42 U.S.C.
 21 290aa et seq.) is amended by inserting after section 520A
 22 the following section:

1 **“SEC. 520B. PREVENTION OF LATINA ADOLESCENT SUI-**
2 **CIDES.**

3 “(a) IN GENERAL.—The Secretary shall carry out a
4 program to make awards of grants, cooperative agree-
5 ments, or contracts to public and nonprofit private entities
6 for the purpose of reducing suicide attempts and deaths
7 among Latina adolescents and for the purpose of dealing
8 with depression and other related emotional conditions
9 which may contribute to suicide.

10 “(b) COLLABORATION.—The Secretary shall ensure
11 that the program carried out under this section is devel-
12 oped in collaboration with the relevant institutes at the
13 National Institutes of Health, the Health Resources and
14 Services Administration, the Centers for Disease Control
15 and Prevention, and the Administration on Children and
16 Families.

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

20 “(1) demonstrate a strong linkage with schools
21 and are actually supported by and operated within
22 a school facility or associated setting;

23 “(2) provide direct services to Latina adoles-
24 cents and their family members when appropriate;
25 and

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

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

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

11 “(2) use evidenced-based strategies;

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

15 “(4) be integrated into the existing health care
16 system in the community, including primary health
17 care, mental health services, and substance abuse
18 services as appropriate;

19 “(5) be integrated into other systems in the
20 community to address the needs of Latina adoles-
21 cents including the educational system, juvenile jus-
22 tice, and recreation;

23 “(6) provide support services to the families
24 and friends of those who plan, attempt, or actually
25 commit suicide;

1 “(7) provide culturally, linguistically, and devel-
2 opmentally appropriate services;

3 “(8) agree to outcomes evaluation to determine
4 the success of the program and the possibility of
5 replication to other adolescent girls at risk of sui-
6 cide;

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

9 “(10) ensure that staff used in the program are
10 trained in suicide prevention and in the identifica-
11 tion of conditions which left untreated may lead to
12 suicide, are capable of providing culturally and lin-
13 guistically appropriate services, and that profes-
14 sionals involved in the system of care are given
15 training in identifying persons at risk of suicide.

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

19 “(1) the application has the support of the local
20 communities and the approval of the political sub-
21 division to be served by the project to be carried out
22 under the award; and

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

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

10 “(g) EVALUATION.—The Secretary shall ensure that
11 entities receiving awards under subsection (a) submit an
12 evaluation of the project carried out under the award that
13 includes an evaluation of—

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

15 “(2) short, intermediate, and long-term out-
16 comes, including the overall impact of the project on
17 the self-esteem of Latina adolescents, their emo-
18 tional well-being and development, ability to deal in
19 a positive and confident manner with their families,
20 peers, and social environment, and to make con-
21 structive and personally fulfilling life choices.

22 “(h) DISSEMINATION AND EDUCATION.—The Sec-
23 retary shall ensure that the findings from the program
24 carried out under this section are disseminated to State

1 and local governmental agencies and private providers of
2 mental health and substance abuse services.

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

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

9 “(k) FUNDING.—

10 “(1) AUTHORIZATION OF APPROPRIATIONS.—
11 For the purpose of carrying out this section, there
12 are authorized to be appropriated \$10,000,000 for
13 fiscal year 2004, and such sums as may be nec-
14 essary for each of the fiscal years 2005 and 2006.

15 “(2) ALLOCATION FOR PROGRAM MANAGE-
16 MENT.—Of the amount appropriated under para-
17 graph (1) for a fiscal year, the Secretary may re-
18 serve not more than 1 percent for administering the
19 program under this section.”.

1 **Subtitle E—Cancer Research,**
2 **Training, and Awareness**

3 **SEC. 241. REDES EN ACCION: THE NATIONAL HISPANIC/**
4 **LATINO CANCER NETWORK AND OTHER NCI**
5 **SPECIAL POPULATIONS NETWORKS INITIA-**
6 **TIVES TARGETING CANCER; INCREASED AU-**
7 **THORIZATION OF APPROPRIATIONS FOR AC-**
8 **TIVITIES REGARDING HISPANIC INDIVID-**
9 **UALS.**

10 (a) **IN GENERAL.**—For the purpose of carrying out
11 and increasing the activities of the Special Populations
12 Networks of the National Cancer Institute’s Center for
13 Cancer Health Disparities, specifically Redes En Accion:
14 The National Hispanic/Latino Cancer Network, and other
15 programs in the Special Populations Network initiative
16 promoting cancer research, cancer research training, and
17 cancer awareness among the Hispanic/Latino population,
18 there are authorized to be appropriated \$2,500,000 for fis-
19 cal year 2004, and for each of the fiscal years 2005
20 through 2008. Such authorization of appropriations is in
21 addition to any other authorizations of appropriations that
22 are available for such purposes.

23 (b) **PURPOSE.**—Amounts appropriated under sub-
24 section (a) shall be used to continue to provide and in-
25 crease support of Redes En Accion: The National His-

1 panic/Latino Cancer Network and other Special Popu-
 2 lations Network initiatives targeting cancer among His-
 3 panics to achieve the following:

4 (1) Prioritize cancer issues impacting His-
 5 panics.

6 (2) Foster cancer pilot and other research
 7 projects based on these priorities.

8 (3) Establish cancer research training opportu-
 9 nities for Hispanic undergraduate students, pre- and
 10 post-doctoral individuals and junior faculty mem-
 11 bers.

12 (4) Develop and support cancer awareness ac-
 13 tivities among Hispanic communities.

14 **Subtitle F—Tuberculosis Control,**
 15 **Prevention, and Treatment**

16 **SEC. 251. ADVISORY COUNCIL FOR THE ELIMINATION OF**
 17 **TUBERCULOSIS.**

18 Section 317E(f) of the Public Health Service Act (42
 19 U.S.C. 247b–6(f)) is amended—

20 (1) by redesignating paragraph (5) as para-
 21 graph (6); and

22 (2) by striking paragraphs (2) through (4), and
 23 inserting the following:

24 “(2) DUTIES.—For the purpose of making
 25 progress toward the goal of eliminating tuberculosis

1 from the United States, the Council shall provide to
2 the Secretary and other appropriate Federal officials
3 advice on coordinating the activities of the Public
4 Health Service and other Federal agencies that re-
5 late to such disease and on efficiently utilizing the
6 Federal resources involved.

7 “(3) NATIONAL PLAN.—In carrying out para-
8 graph (2), the Council, in consultation with appro-
9 priate public and private entities, shall make rec-
10 ommendations on the development, revision, and im-
11 plementation of a national plan to eliminate tuber-
12 culosis in the United States. In carrying out this
13 paragraph, the Council shall—

14 “(A) consider the recommendations of the
15 Institute of Medicine regarding the elimination
16 of tuberculosis;

17 “(B) address the development and applica-
18 tion of new technologies; and

19 “(C) review the extent to which progress
20 has been made toward eliminating tuberculosis.

21 “(4) GLOBAL ACTIVITIES.—In carrying out
22 paragraph (2), the Council, in consultation with ap-
23 propriate public and private entities, shall make rec-
24 ommendations for the development and implementa-
25 tion of a plan to guide the involvement of the United

1 States in global and cross border tuberculosis-control
2 activities, including recommendations regarding poli-
3 cies, strategies, objectives, and priorities. Such rec-
4 ommendations for the plan shall have a focus on
5 countries where a high incidence of tuberculosis di-
6 rectly affects the United States, such as Mexico, and
7 on access to a comprehensive package of tuberculosis
8 control measures, as defined by the World Health
9 Organization directly observed treatment, short
10 course strategy (commonly known as DOTS).

11 “(5) COMPOSITION.—The Council shall be com-
12 posed of—

13 “(A) representatives from the Centers for
14 Disease Control and Prevention, the National
15 Institutes of Health, the Agency for Healthcare
16 Research and Quality, the Health Resources
17 and Services Administration, the U.S.-Mexico
18 Border Health Commission, and other Federal
19 departments and agencies that carry out signifi-
20 cant activities relating to tuberculosis; and

21 “(B) members appointed from among indi-
22 viduals who are not officers or employees of the
23 Federal Government.”.

1 **SEC. 252. NATIONAL PROGRAM FOR TUBERCULOSIS ELIMI-**
2 **NATION.**

3 Section 317E of the Public Health Service Act (42
4 U.S.C. 247b-6) is amended—

5 (1) by striking the heading for the section and
6 inserting the following:

7 “NATIONAL PROGRAM FOR TUBERCULOSIS
8 ELIMINATION”;

9 (2) by amending subsection (b) to read as fol-
10 lows:

11 “(b) RESEARCH, DEMONSTRATION PROJECTS, EDU-
12 CATION, AND TRAINING.—With respect to the prevention,
13 control, and elimination of tuberculosis, the Secretary
14 may, directly or through grants to public or nonprofit pri-
15 vate entities, carry out the following:

16 “(1) Research, with priority given to research
17 concerning—

18 “(A) diagnosis and treatment of latent in-
19 fection of tuberculosis;

20 “(B) strains of tuberculosis resistant to
21 drugs;

22 “(C) cases of tuberculosis that affect cer-
23 tain high-risk populations; and

24 “(D) clinical trials, including those con-
25 ducted through the Tuberculosis Trials Consor-
26 tium.

1 “(2) Demonstration projects, including for—

2 “(A) the development of regional capabili-
3 ties for the prevention, control, and elimination
4 of tuberculosis particularly in low-incidence re-
5 gions; and

6 “(B) collaboration with the Immigration
7 and Naturalization Service to identify and treat
8 immigrants with active or latent tuberculosis in-
9 fection.

10 “(3) Public information and education pro-
11 grams.

12 “(4) Education, training and clinical skills im-
13 provement activities for health professionals, includ-
14 ing allied health personnel.

15 “(5) Support of model centers to carry out ac-
16 tivities under paragraphs (2) through (4).

17 “(6) Collaboration with international organiza-
18 tions and foreign countries, including Mexico, in co-
19 ordination with the United States Agency for Inter-
20 national Development, in carrying out such activi-
21 ties, including coordinating activities through the
22 Advisory Council for the Elimination of Tuber-
23 culosis.

24 “(7) Capacity support to States and large cities
25 for strengthening tuberculosis program to meet the

1 Healthy People objectives for Hispanics and other
2 populations.”; and

3 (3) by striking subsection (g) and inserting the
4 following:

5 “(g) REPORTS.—The Secretary, acting through the
6 Director of the Centers for Disease Control and Preven-
7 tion and in consultation with the Advisory Council for the
8 Elimination of Tuberculosis, shall biennially prepare and
9 submit to the Committee on Health, Education, Labor,
10 and Pensions of the Senate and the Committee on Energy
11 and Commerce of the House of Representatives, a report
12 on the activities carried out under this section. Each re-
13 port shall include the opinion of the Council on the extent
14 to which its recommendations under section 317E(f)(3)
15 regarding tuberculosis have been implemented.

16 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out this section, there are authorized
18 to be appropriated \$235,000,000 for fiscal year 2004, and
19 such sums as may be necessary for each of the fiscal years
20 2005 through 2008.”.

1 **SEC. 253. INCLUSION OF INPATIENT HOSPITAL SERVICES**
 2 **FOR THE TREATMENT OF TB-INFECTED INDI-**
 3 **VIDUALS.**

4 (a) IN GENERAL.—Section 1902(z)(2) of the Social
 5 Security Act (42 U.S.C. 1396a(z)(2)) is amended by add-
 6 ing at the end the following:

7 “(G) Inpatient hospital services.”

8 (b) EFFECTIVE DATE.—The amendment made by
 9 subsection (a) takes effect on October 1, 2003.

10 **TITLE III—ACCESS AND**
 11 **AFFORDABILITY**
 12 **Subtitle A—Dental Health Services**

13 **SEC. 301. GRANTS TO IMPROVE THE PROVISION OF DENTAL**
 14 **HEALTH SERVICES THROUGH COMMUNITY**
 15 **HEALTH CENTERS AND PUBLIC HEALTH DE-**
 16 **PARTMENTS.**

17 Part D of title III of the Public Health Service Act
 18 (42 U.S.C. 254b et seq.) is amended by inserting before
 19 section 330, the following:

20 **“SEC. 329. GRANT PROGRAM TO EXPAND THE AVAIL-**
 21 **ABILITY OF SERVICES.**

22 “(a) IN GENERAL.—The Secretary, acting through
 23 the Health Resources and Services Administration, shall
 24 establish a program under which the Secretary may award
 25 grants to eligible entities and eligible individuals to expand
 26 the availability of primary dental care services in dental

1 health professional shortage areas or medically under-
2 served areas.

3 “(b) ELIGIBILITY.—

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

6 “(A) shall be—

7 “(i) a health center receiving funds
8 under section 330 or designated as a Fed-
9 erally qualified health center;

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

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

18 “(iv) a dental education program ac-
19 credited by the Commission on Dental Ac-
20 creditation; and

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

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

3 “(A) be a dental health professional li-
4 censed or certified in accordance with the laws
5 of the State in which such individual provides
6 dental services;

7 “(B) prepare and submit to the Secretary
8 an application at such time, in such manner,
9 and containing such information as the Sec-
10 retary may require; and

11 “(C) provide assurances that—

12 “(i) the individual will practice in a
13 federally-designated dental health profes-
14 sional shortage area; and

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

17 “(I) receiving assistance under a
18 State plan under title XIX of the So-
19 cial Security Act (42 U.S.C. 1396 et
20 seq.);

21 “(II) receiving assistance under a
22 State plan under title XXI of the So-
23 cial Security Act (42 U.S.C. 1397aa
24 et seq.); or

25 “(III) uninsured.

1 “(c) USE OF FUNDS.—

2 “(1) ENTITIES.—An entity shall use amounts
3 received under a grant under this section to provide
4 for the increased availability of primary dental serv-
5 ices in the areas described in subsection (a). Such
6 amounts may be used to supplement the salaries of-
7 fered for individuals accepting employment as den-
8 tists in such areas.

9 “(2) INDIVIDUALS.—A grant to an individual
10 under subsection (a) shall be in the form of a
11 \$1,000 bonus payment for each month in which such
12 individual is in compliance with the eligibility re-
13 quirements of subsection (b)(2)(C).

14 “(d) AUTHORIZATION OF APPROPRIATIONS.—

15 “(1) IN GENERAL.—Notwithstanding any other
16 amounts appropriated under section 330 for health
17 centers, there is authorized to be appropriated
18 \$40,000,000 for each of fiscal years 2004 through
19 2008 to hire and retain dental health care providers
20 under this section.

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

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

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

3 **SEC. 302. SCHOOL-BASED DENTAL SEALANT PROGRAM.**

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

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

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

9 (A) by inserting “and school-linked” after
10 “school-based”; and

11 (B) by inserting “or Indian tribe” after
12 “State”; and

13 (3) by striking paragraph (3) and inserting the
14 following:

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

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

21 “(B) be a—

22 “(i) public elementary or secondary
23 school—

24 “(I) that is located in an urban
25 area and in which more than 50 per-

1 cent of the student population is par-
 2 ticipating in Federal or State free or
 3 reduced meal programs; or

4 “(II) that is located in a rural
 5 area and, with respect to the school
 6 district in which the school is located,
 7 the district involved has a median in-
 8 come that is at or below 235 percent
 9 of the poverty line, as defined in sec-
 10 tion 673(2) of the Community Serv-
 11 ices Block Grant Act (42 U.S.C.
 12 9902(2)); or

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

19 **Subtitle B—Border Health**

20 **SEC. 311. SHORT TITLE.**

21 This subtitle may be cited as the “Border Health Se-
 22 curity Act of 2003”.

23 **SEC. 312. DEFINITIONS.**

24 In this subtitle:

1 (1) BORDER AREA.—The term “border area”
2 has the meaning given the term “United States-
3 Mexico Border Area” in section 8 of the United
4 States-Mexico Border Health Commission Act (22
5 U.S.C. 290n–6).

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

8 **SEC. 313. BORDER HEALTH SERVICES GRANTS.**

9 (a) ELIGIBLE ENTITY DEFINED.—In this section,
10 the term “eligible entity” means a State, public institution
11 of higher education, local government, tribal government,
12 nonprofit health organization, or community health center
13 receiving assistance under section 330 of the Public
14 Health Service Act (42 U.S.C. 254b), that is located in
15 the border area.

16 (b) AUTHORIZATION.—From funds appropriated
17 under subsection (f), the Secretary, acting through the
18 United States members of the United States-Mexico Bor-
19 der Health Commission, shall award grants to eligible en-
20 tities to address priorities and recommendations to im-
21 prove the health of border area residents that are estab-
22 lished by—

23 (1) the United States members of the United
24 States-Mexico Border Health Commission;

25 (2) the State border health offices; and

1 (3) the Secretary.

2 (c) APPLICATION.—An eligible entity that desires a
3 grant under subsection (b) shall submit an application to
4 the Secretary at such time, in such manner, and con-
5 taining such information as the Secretary may require.

6 (d) USE OF FUNDS.—An eligible entity that receives
7 a grant under subsection (b) shall use the grant funds
8 for—

9 (1) programs relating to—

10 (A) maternal and child health;

11 (B) primary care and preventative health;

12 (C) public health and public health infra-
13 structure;

14 (D) health promotion;

15 (E) oral health;

16 (F) behavioral and mental health;

17 (G) substance abuse;

18 (H) health conditions that have a high
19 prevalence in the border area;

20 (I) medical and health services research;

21 (J) community health workers or
22 promotoras;

23 (K) health care infrastructure problems in
24 the border area (including planning and con-
25 struction grants);

1 (L) health disparities in the border area;
2 (M) environmental health;
3 (N) health education; and
4 (O) outreach and enrollment services with
5 respect to Federal programs (including pro-
6 grams authorized under titles XIX and XXI of
7 the Social Security Act (42 U.S.C. 1396 and
8 1397aa)); and
9 (2) other programs determined appropriate by
10 the Secretary.

11 (e) SUPPLEMENT, NOT SUPPLANT.—Amounts pro-
12 vided to an eligible entity awarded a grant under sub-
13 section (b) shall be used to supplement and not supplant
14 other funds available to the eligible entity to carry out the
15 activities described in subsection (d).

16 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section,
18 \$200,000,000 for fiscal year 2004, and such sums as may
19 be necessary for each succeeding fiscal year.

20 **SEC. 314. BORDER BIOTERRORISM PREPAREDNESS**
21 **GRANTS.**

22 (a) ELIGIBLE ENTITY DEFINED.—In this section,
23 the term “eligible entity” means a State, local govern-
24 ment, or public health entity.

1 (b) AUTHORIZATION.—From funds appropriated
2 under subsection (e), the Secretary shall award grants to
3 eligible entities for bioterrorism preparedness in the bor-
4 der area.

5 (c) APPLICATION.—An eligible entity that desires a
6 grant under this section shall submit an application to the
7 Secretary at such time, in such manner, and containing
8 such information as the Secretary may require.

9 (d) USES OF FUNDS.—An eligible entity that receives
10 a grant under subsection (b) shall use the grant funds
11 to—

12 (1) develop and implement bioterror prepared-
13 ness plans and readiness assessments and purchase
14 items necessary for such plans;

15 (2) coordinate bioterrorism and emergency pre-
16 paredness planning in the region;

17 (3) improve infrastructure, including surveil-
18 lance and laboratory capacity;

19 (4) create a health alert network, including risk
20 communication and information dissemination;

21 (5) educate and train clinicians, epidemiolo-
22 gists, laboratories, and emergency personnel; and

23 (6) carry out such other activities identified by
24 the Secretary, State and local public health offices,
25 and border health offices.

1 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section
3 \$25,000,000 for fiscal year 2004 and such sums as may
4 be necessary for each succeeding fiscal year.

5 **SEC. 315. UNITED STATES-MEXICO BORDER HEALTH COM-**
6 **MISSION ACT AMENDMENTS.**

7 The United States-Mexico Border Health Commis-
8 sion Act (22 U.S.C. 290n et seq.) is amended by adding
9 at the end the following:

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

11 “There is authorized to be appropriated to carry out
12 this Act \$10,000,000 for fiscal year 2004 and such sums
13 as may be necessary for each succeeding fiscal year.”.

14 **Subtitle C—Patient Navigator, Out-**
15 **reach, and Chronic Disease Pre-**
16 **vention**

17 **SEC. 321. SHORT TITLE.**

18 This title may be cited as the “Patient Navigator,
19 Outreach, and Chronic Disease Prevention Act of 2003”.

1 **SEC. 322. 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, tribal governments, urban Indian
19 organizations, tribal organizations, clinics serving
20 Asian Americans and Pacific Islanders and Alaskan
21 Natives, and rural health clinics and qualified non-
22 profit entities that partner with one or more centers
23 providing health care to provide navigation services,
24 which demonstrate the ability to perform all of the
25 functions outlined in this subsection and subsections

1 (b) and (c)) for the development and operation of
2 model programs that—

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

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

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

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

19 “(ii) facilitate access to appropriate
20 health care services within the health care
21 system to ensure optimal patient utiliza-
22 tion of such services, including aid in co-
23 ordinating and scheduling appointments
24 and referrals, community outreach, assist-
25 ance with transportation arrangements,

1 and assistance with insurance issues and
2 other barriers to care and providing infor-
3 mation about clinical trials;

4 “(D) require training for patient naviga-
5 tors employed through such model programs to
6 ensure the ability of navigators to perform all
7 of the duties required in this subsection and in
8 subsection (b), including training to ensure that
9 navigators are informed about health insurance
10 systems and are able to aid patients in resolv-
11 ing access issues; and

12 “(E) ensure that consumers have direct ac-
13 cess to patient navigators during regularly
14 scheduled hours of business operation.

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 and the specific community that the pro-
22 gram is serving of the services of the model program
23 under the grant. Such activities shall include facili-
24 tating access to appropriate health care services and

1 patient navigators within the health care system to
2 ensure optimal patient utilization of these services.

3 “(3) DATA COLLECTION AND REPORT.—In
4 order to allow for effective program evaluation, the
5 grantee shall collect specific patient data recording
6 services provided to each patient served by the pro-
7 gram and shall establish and implement procedures
8 and protocols, consistent with applicable Federal and
9 State laws (including 45 C.F.R. 160 and 164) to en-
10 sure the confidentiality of all information shared by
11 a participant in the program, or their personal rep-
12 resentative and their health care providers, group
13 health plans, or health insurance insurers with the
14 program. The program may, consistent with applica-
15 ble Federal and State confidentiality laws, collect,
16 use or disclose aggregate information that is not in-
17 dividually identifiable (as defined in 45 C.F.R. 160
18 and 164). With this data, the grantee shall submit
19 an annual report to the Secretary that summarizes
20 and analyzes these data, provides information on
21 needs for navigation services, types of access difficul-
22 ties resolved, sources of repeated resolution and
23 flaws in the system of access, including insurance
24 barriers.

1 “(4) 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 “(5) 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 and the specific commu-
16 nity that the program is serving of the model
17 program services and to determine the extent to
18 which such programs were effective in providing
19 culturally competent services to the health dis-
20 parity population served by the programs.

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

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

9 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

10 “(1) IN GENERAL.—The Secretary, acting
11 through the Administrator of the Health Resources
12 and Services Administration, may make grants to
13 public and nonprofit private health centers (includ-
14 ing health centers under section 330, Indian Health
15 Service Centers, tribal governments, urban Indian
16 organizations, tribal organizations, clinics serving
17 Asian Americans and Pacific Islanders and Alaskan
18 Natives, and rural health clinics and qualified non-
19 profit entities that partner with one or more centers
20 providing health care to provide navigation services,
21 which demonstrate the ability to perform all of the
22 functions outlined in this subsection and subsections
23 (a) and (c)) for the development and operation of
24 programs to pay the costs of such health centers
25 in—

1 “(A) assigning patient navigators, in ac-
2 cordance with applicable criteria of the Sec-
3 retary, for managing the care of individuals of
4 health disparity populations for the duration of
5 receiving health services from the health cen-
6 ters, including aid in coordinating and sched-
7 uling appointments and referrals, community
8 outreach, assistance with transportation ar-
9 rangements, and assistance with insurance
10 issues and other barriers to care and providing
11 information about clinical trials;

12 “(B) ensuring that the services provided by
13 the patient navigators to such individuals in-
14 clude case management and psychosocial as-
15 sessment and care or information and referral
16 to such services;

17 “(C) ensuring that patient navigators with
18 direct knowledge of the communities they serve
19 provide services to such individuals in a cul-
20 turally competent manner;

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

23 “(i) coordination of health services,
24 including psychosocial assessment and
25 care;

1 “(ii) appropriate follow-up care, in-
2 cluding psychosocial assessment and care;

3 “(iii) determining coverage under
4 health insurance and health plans for all
5 services;

6 “(iv) ensuring the initiation, continu-
7 ation and/or sustained access to care pre-
8 scribed by the patients’ health care pro-
9 viders; and

10 “(v) aiding patients with health insur-
11 ance coverage issues;

12 “(E) requiring training for patient naviga-
13 tors to ensure the ability of navigators to per-
14 form all of the duties required in this sub-
15 section and in subsection (a), including training
16 to ensure that navigators are informed about
17 health insurance systems and are able to aid
18 patients in resolving access issues; and

19 “(F) ensuring that consumers have direct
20 access to patient navigators during regularly
21 scheduled hours of business operation.

22 “(2) 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-

1 ner that is culturally competent for the health dis-
2 parity population served by the program, to inform
3 the public and the specific community that the pa-
4 tient navigator is serving of the services of the model
5 program under the grant.

6 “(3) DATA COLLECTION AND REPORT.—In
7 order to allow for effective patient navigator pro-
8 gram evaluation, the grantee shall collect specific pa-
9 tient data recording navigation services provided to
10 each patient served by the program and shall estab-
11 lish and implement procedures and protocols, con-
12 sistent with applicable Federal and State laws (in-
13 cluding 45 C.F.R. 160 and 164) to ensure the con-
14 fidentiality of all information shared by a participant
15 in the program, or their personal representative and
16 their health care providers, group health plans, or
17 health insurance insurers with the program. The pa-
18 tient navigator program may, consistent with appli-
19 cable Federal and State confidentiality laws, collect,
20 use or disclose aggregate information that is not in-
21 dividually identifiable (as defined in 45 C.F.R. 160
22 and 164). With this data, the grantee shall submit
23 an annual report to the Secretary that summarizes
24 and analyzes these data, provides information on
25 needs for navigation services, types of access difficul-

1 ties resolved, sources of repeated resolution and
2 flaws in the system of access, including insurance
3 barriers.

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

11 “(5) EVALUATIONS.—

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

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

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

6 “(c) REQUIREMENTS REGARDING FEES.—

7 “(1) IN GENERAL.—A condition for the receipt
8 of a grant under subsection (a)(1) or (b)(1) is that
9 the program for which the grant is made have in ef-
10 fect—

11 “(A) a schedule of fees or payments for
12 the provision of its health care services related
13 to the prevention and treatment of disease that
14 is consistent with locally prevailing rates or
15 charges and is designed to cover its reasonable
16 costs of operation; and

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

21 “(2) RULE OF CONSTRUCTION.—Nothing in
22 this section shall be construed to require payment
23 for navigation services or to require payment for
24 health care services in cases where care is provided
25 free of charge, including the case of services pro-

1 vided through programs of the Indian Health Serv-
2 ice.

3 “(d) MODEL.—Not later than five years after the
4 date of the enactment of this section, the Secretary shall
5 develop a peer-reviewed model of systems for the services
6 provided by this section. The Secretary shall update such
7 model as may be necessary to ensure that the best prac-
8 tices are being utilized.

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

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

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

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

3 “(3) The term ‘health disparity population’
4 means a population where there exists a significant
5 disparity in the overall rate of disease incidence,
6 morbidity, mortality, or survival rates in the popu-
7 lation as compared to the health status of the gen-
8 eral population. Such term includes—

9 “(A) racial and ethnic minority groups as
10 defined in section 1707; and

11 “(B) medically underserved groups, such
12 as rural and low-income individuals and individ-
13 uals with low levels of literacy.

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

16 “(i) assisting and guiding patients with a
17 symptom or an abnormal finding or diagnosis of
18 cancer or other chronic disease within the
19 health care system to accomplish the follow-up
20 and diagnosis of an abnormal finding as well as
21 the treatment and appropriate follow-up care of
22 cancer or other chronic disease including pro-
23 viding information about clinical trials; and

24 “(ii) identifying, anticipating, and helping
25 patients overcome barriers within the health

1 care system to ensure prompt diagnostic and
2 treatment resolution of an abnormal finding of
3 cancer or other chronic disease.

4 “(B) Such term includes representatives of the
5 target health disparity population, such as nurses,
6 social workers, cancer survivors, and patient advo-
7 cates.

8 “(g) AUTHORIZATION OF APPROPRIATIONS.—

9 “(1) IN GENERAL.—

10 “(A) MODEL PROGRAMS.—For the purpose
11 of carrying out subsection (a) (other than the
12 purpose described in paragraph (2)(A)), there
13 are authorized to be appropriated such sums as
14 may be necessary for each of the fiscal years
15 2004 through 2008.

16 “(B) PATIENT NAVIGATORS.—For the pur-
17 pose of carrying out subsection (b) (other than
18 the purpose described in paragraph (2)(B)),
19 there are authorized to be appropriated such
20 sums as may be necessary for each of the fiscal
21 years 2004 through 2008.

22 “(C) BUREAU OF PRIMARY HEALTH
23 CARE.—Amounts appropriated under subpara-
24 graph (A) or (B) shall be administered through
25 the Bureau of Primary Health Care.

1 “(2) PROGRAMS IN RURAL AREAS.—

2 “(A) MODEL PROGRAMS.—For the purpose
3 of carrying out subsection (a) by making grants
4 under such subsection for model programs in
5 rural areas, there are authorized to be appro-
6 priated such sums as may be necessary for each
7 of the fiscal years 2004 through 2008.

8 “(B) PATIENT NAVIGATORS.—For the pur-
9 pose of carrying out subsection (b) by making
10 grants under such subsection for 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 2004 through 2008.

14 “(C) OFFICE OF RURAL HEALTH POL-
15 ICY.—Amounts appropriated under subpara-
16 graph (A) or (B) shall be administered through
17 the Office of Rural Health Policy.

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

1 **SEC. 323. NCI GRANTS FOR MODEL COMMUNITY CANCER**
 2 **AND CHRONIC DISEASE CARE AND PREVEN-**
 3 **TION; NCI GRANTS FOR PATIENT NAVIGA-**
 4 **TORS.**

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

8 **“SEC. 417D. 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 Director of the Insti-
 14 tute may make grants to eligible entities for the de-
 15 velopment and operation of model programs that—

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

20 **“(B)** ensure that the health services are
 21 provided to such individuals in a culturally com-
 22 petent manner;

23 **“(C)** assign patient navigators, in accord-
 24 ance with applicable criteria of the Secretary,
 25 for managing the care of individuals of health
 26 disparity populations to—

1 “(i) accomplish, to the extent possible,
2 the follow-up and diagnosis of an abnormal
3 finding and the treatment and appropriate
4 follow-up care of cancer or other chronic
5 disease; and

6 “(ii) facilitate access to appropriate
7 health care services within the health care
8 system to ensure optimal patient utiliza-
9 tion of such services, including aid in co-
10 ordinating and scheduling appointments
11 and referrals, community outreach, assist-
12 ance with transportation arrangements,
13 and assistance with insurance issues and
14 other barriers to care and providing infor-
15 mation about clinical trials;

16 “(D) require training for patient naviga-
17 tors employed through such model programs to
18 ensure the ability of navigators to perform all
19 of the duties required in this subsection and in
20 subsection (b), including training to ensure that
21 navigators are informed about health insurance
22 systems and are able to aid patients in resolv-
23 ing access issues; and

1 “(E) ensure that consumers have direct ac-
2 cess to patient navigators during regularly
3 scheduled hours of business operation.

4 “(2) ELIGIBLE ENTITIES.—For purposes of this
5 section, an eligible entity is a designated cancer cen-
6 ter of the Institute, an academic institution, Indian
7 Health Service Clinics, tribal governments, urban In-
8 dian organizations, tribal organizations, a hospital, a
9 qualified nonprofit entity that partners with one or
10 more centers providing health care to provide navi-
11 gation services, which demonstrates the ability to
12 perform all of the functions outlined in this sub-
13 section and subsections (b) and (c), or any other
14 public or private entity determined to be appropriate
15 by the Director of the Institute, that provides serv-
16 ices described in paragraph (1)(A) for cancer and
17 chronic diseases.

18 “(3) DATA COLLECTION AND REPORT.—In
19 order to allow for effective program evaluation, the
20 grantee shall collect specific patient data recording
21 services provided to each patient served by the pro-
22 gram and shall establish and implement procedures
23 and protocols, consistent with applicable Federal and
24 State laws (including 45 C.F.R. 160 and 164) to en-
25 sure the confidentiality of all information shared by

1 a participant in the program, or their personal rep-
2 resentative and their health care providers, group
3 health plans, or health insurance insurers with the
4 program. The program may, consistent with applica-
5 ble Federal and State confidentiality laws, collect,
6 use or disclose aggregate information that is not in-
7 dividually identifiable (as defined in 45 CFR 160
8 and 164). With this data, the grantee shall submit
9 an annual report to the Secretary that summarizes
10 and analyzes these data, provides information on
11 needs for navigation services, types of access difficul-
12 ties resolved, sources of repeated resolution and
13 flaws in the system of access, including insurance
14 barriers.

15 “(4) 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 and the specific community that the pro-
22 gram is serving of the services of the model program
23 under the grant. Such activities shall include facili-
24 tating access to appropriate health care services and

1 patient navigators within the health care system to
2 ensure optimal patient utilization of these services.

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

10 “(6) EVALUATIONS.—

11 “(A) IN GENERAL.—The Director of the
12 Institute, directly or through grants or con-
13 tracts, shall provide for evaluations to deter-
14 mine which outreach activities under paragraph
15 (3) were most effective in informing the public
16 and the specific community that the program is
17 serving of the model program services and to
18 determine the extent to which such programs
19 were effective in providing culturally competent
20 services to the health disparity population
21 served by the programs.

22 “(B) DISSEMINATION OF FINDINGS.—The
23 Director of the Institute shall as appropriate
24 disseminate to public and private entities the

1 findings made in evaluations under subpara-
2 graph (A).

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

10 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

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

15 “(A) assigning patient navigators, in ac-
16 cordance with applicable criteria of the Sec-
17 retary, for managing the care of individuals of
18 health disparity populations for the duration of
19 receiving health services from the health cen-
20 ters, including aid in coordinating and sched-
21 uling appointments and referrals, community
22 outreach, assistance with transportation ar-
23 rangements, and assistance with insurance
24 issues and other barriers to care and providing
25 information about clinical trials;

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

6 “(C) ensuring that the patient navigators
7 with direct knowledge of the communities they
8 serve provide services to such individuals in a
9 culturally competent manner;

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

12 “(i) coordination of health services,
13 including psychosocial assessment and
14 care;

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

17 “(iii) determining coverage under
18 health insurance and health plans for all
19 services;

20 “(iv) ensuring the initiation, continu-
21 ation and/or sustained access to care pre-
22 scribed by the patients’ health care pro-
23 viders; and

24 “(v) aiding patients with health insur-
25 ance coverage issues;

1 “(E) requiring training for patient naviga-
2 tors to ensure the ability of navigators to per-
3 form all of the duties required in this sub-
4 section and in subsection (a), including training
5 to ensure that navigators are informed about
6 health insurance systems and are able to aid
7 patients in resolving access issues; and

8 “(F) ensuring that consumers have direct
9 access to patient navigators during regularly
10 scheduled hours of business operation.

11 “(2) OUTREACH SERVICES.—A condition for
12 the receipt of a grant under paragraph (1) is that
13 the applicant involved agree to provide ongoing out-
14 reach activities while receiving the grant, in a man-
15 ner that is culturally competent for the health dis-
16 parity population served by the program, to inform
17 the public and the specific community that the pa-
18 tient navigator is serving of the services of the model
19 program under the grant.

20 “(3) DATA COLLECTION AND REPORT.—In
21 order to allow for effective patient navigator pro-
22 gram evaluation, the grantee shall collect specific pa-
23 tient data recording navigation services provided to
24 each patient served by the program and shall estab-
25 lish and implement procedures and protocols, con-

1 sistent with applicable Federal and State laws (in-
2 cluding 45 C.F.R. 160 and 164) to ensure the con-
3 fidentiality of all information shared by a participant
4 in the program, or their personal representative and
5 their health care providers, group health plans, or
6 health insurance insurers with the program. The pa-
7 tient navigator program may, consistent with appli-
8 cable Federal and State confidentiality laws, collect,
9 use or disclose aggregate information that is not in-
10 dividually identifiable (as defined in 45 C.F.R. 160
11 and 164). With this data, the grantee shall submit
12 an annual report to the Secretary that summarizes
13 and analyzes these data, provides information on
14 needs for navigation services, types of access difficul-
15 ties resolved, sources of repeated resolution and
16 flaws in the system of access, including insurance
17 barriers.

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

25 “(5) EVALUATIONS.—

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

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

14 “(6) COORDINATION WITH OTHER PRO-
15 GRAMS.—The Secretary shall coordinate the pro-
16 gram under this subsection with the program under
17 subsection (a) and with the program under section
18 330I.

19 “(c) REQUIREMENTS REGARDING FEES.—

20 “(1) IN GENERAL.—A condition for the receipt
21 of a grant under subsection (a)(1) or (b)(1) is that
22 the program for which the grant is made have in ef-
23 fect—

24 “(A) a schedule of fees or payments for
25 the provision of its health care services related

1 to the prevention and treatment of disease that
2 is consistent with locally prevailing rates or
3 charges and is designed to cover its reasonable
4 costs of operation; and

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

9 “(2) RULE OF CONSTRUCTION.—Nothing in
10 this section shall be construed to require payment
11 for navigation services or to require payment for
12 health care services in cases where care is provided
13 free of charge, including the case of services pro-
14 vided through programs of the Indian Health Serv-
15 ice.

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

22 “(e) DURATION OF GRANT.—The period during
23 which payments are made to an entity from a grant under
24 subsection (a)(1) or (b)(1) may not exceed five years. The
25 provision of such payments are subject to annual approval

1 by the Director of the Institute of the payments and sub-
2 ject to the availability of appropriations for the fiscal year
3 involved to make the payments. This subsection may not
4 be construed as establishing a limitation on the number
5 of grants under such subsection that may be made to an
6 entity.

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

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

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

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

22 “(A) racial and ethnic minority groups as
23 defined in section 1707; and

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

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

6 “(i) assisting and guiding patients with a
7 symptom or an abnormal finding or diagnosis of
8 cancer or other chronic disease within the
9 health care system to accomplish the follow-up
10 and diagnosis of an abnormal finding as well as
11 the treatment and appropriate follow-up care of
12 cancer or other chronic disease, including pro-
13 viding information about clinical trials; and

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

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

23 “(g) AUTHORIZATION OF APPROPRIATIONS.—

24 “(1) MODEL PROGRAMS.—For the purpose of
25 carrying out subsection (a), there are authorized to

1 be appropriated such sums as may be necessary for
 2 each of the fiscal years 2004 through 2008.

3 “(2) PATIENT NAVIGATORS.—For the purpose
 4 of carrying out subsection (b), there are authorized
 5 to be appropriated such sums as may be necessary
 6 for each of the fiscal years 2004 through 2008.

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

12 **SEC. 324. IHS GRANTS FOR MODEL COMMUNITY CANCER**
 13 **AND CHRONIC DISEASE CARE AND PREVEN-**
 14 **TION; IHS GRANTS FOR PATIENT NAVIGA-**
 15 **TORS.**

16 (a) MODEL COMMUNITY CANCER AND CHRONIC DIS-
 17 EASE CARE AND PREVENTION.—

18 (1) IN GENERAL.—The Director of the Indian
 19 Health Service may make grants to Indian Health
 20 Service Centers, tribal governments, urban Indian
 21 organizations, tribal organizations, and qualified
 22 nonprofit entities demonstrating the ability to per-
 23 form all of the functions outlined in this subsection
 24 and subsections (b) and (c) that partner with pro-
 25 viders or centers providing health care serving Na-

1 tive American populations to provide navigation
2 services, for the development and operation of model
3 programs that—

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

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

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

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

20 (ii) facilitate access to appropriate
21 health care services within the health care
22 system to ensure optimal patient utiliza-
23 tion of such services, including aid in co-
24 ordinating and scheduling appointments
25 and referrals, community outreach, assist-

1 ance with transportation arrangements,
2 and assistance with insurance issues and
3 other barriers to care and providing infor-
4 mation about clinical trials;

5 (D) require training for patient navigators
6 employed through such model programs to en-
7 sure the ability of navigators to perform all of
8 the duties required in this subsection and in
9 subsection (b), including training to ensure that
10 navigators are informed about health insurance
11 systems and are able to aid patients in resolv-
12 ing access issues; and

13 (E) ensure that consumers have direct ac-
14 cess to patient navigators during regularly
15 scheduled hours of business operation.

16 (2) OUTREACH SERVICES.—A condition for the
17 receipt of a grant under paragraph (1) is that the
18 applicant involved agree to provide ongoing outreach
19 activities while receiving the grant, in a manner that
20 is culturally competent for the health disparity popu-
21 lation served by the program, to inform the public
22 and the specific community that the program is
23 serving of the services of the model program under
24 the grant. Such activities shall include facilitating
25 access to appropriate health care services and pa-

1 tient navigators within the health care system to en-
2 sure optimal patient utilization of these services.

3 (3) DATA COLLECTION AND REPORT.—In order
4 to allow for effective program evaluation, the grantee
5 shall collect specific patient data recording services
6 provided to each patient served by the program and
7 shall establish and implement procedures and proto-
8 cols, consistent with applicable Federal and State
9 laws (including 45 C.F.R. 160 and 164) to ensure
10 the confidentiality of all information shared by a
11 participant in the program, or their personal rep-
12 resentative and their health care providers, group
13 health plans, or health insurance insurers with the
14 program. The program may, consistent with applica-
15 ble Federal and State confidentiality laws, collect,
16 use or disclose aggregate information that is not in-
17 dividually identifiable (as defined in 45 C.F.R. 160
18 and 164). With this data, the grantee shall submit
19 an annual report to the Secretary that summarizes
20 and analyzes these data, provides information on
21 needs for navigation services, types of access difficul-
22 ties resolved, sources of repeated resolution and
23 flaws in the system of access, including insurance
24 barriers.

1 (4) APPLICATION FOR GRANT.—A grant may be
2 made under paragraph (1) only if an application for
3 the grant is submitted to the Secretary and the ap-
4 plication 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 (5) EVALUATIONS.—

9 (A) IN GENERAL.—The Secretary, acting
10 through the Director of the Indian Health Serv-
11 ice, shall, directly or through grants or con-
12 tracts, provide for evaluations to determine
13 which outreach activities under paragraph (2)
14 were most effective in informing the public and
15 the specific community that the program is
16 serving of the model program services and to
17 determine the extent to which such programs
18 were effective in providing culturally competent
19 services to the health disparity population
20 served by the programs.

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

1 (6) COORDINATION WITH OTHER PROGRAMS.—

2 The Secretary shall coordinate the program under
3 this subsection with the program under subsection
4 (b), with the program under section 417D, and to
5 the extent practicable, with programs for prevention
6 centers that are carried out by the Director of the
7 Centers for Disease Control and Prevention.

8 (b) PROGRAM FOR PATIENT NAVIGATORS.—

9 (1) IN GENERAL.—The Secretary, acting
10 through the Director of the Indian Health Service,
11 may make grants to Indian Health Service Centers,
12 tribal governments, urban Indian organizations, trib-
13 al organizations, and qualified nonprofit entities
14 demonstrating the ability to perform all of the func-
15 tions outlined in this subsection and subsections (a)
16 and (c) that partner with providers or centers pro-
17 viding health care serving Native American popu-
18 lations to provide navigation services, for the devel-
19 opment and operation of model programs to pay the
20 costs of such organizations in—

21 (A) assigning patient navigators, in accord-
22 ance with applicable criteria of the Secretary,
23 for individuals of health disparity populations
24 for the duration of receiving health services
25 from the health centers, including aid in coordi-

1 nating and scheduling appointments and refer-
2 rals, community outreach, assistance with
3 transportation arrangements, and assistance
4 with insurance issues and other barriers to care
5 and providing information about clinical trials;

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

11 (C) ensuring that patient navigators with
12 direct knowledge of the communities they serve
13 provide services to such individuals in a cul-
14 turally competent manner;

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

17 (i) coordination of health services, in-
18 cluding psychosocial assessment and care;

19 (ii) appropriate follow-up care, includ-
20 ing psychosocial assessment and care;

21 (iii) determining coverage under
22 health insurance and health plans for all
23 services;

24 (iv) ensuring the initiation, continu-
25 ation and/or sustained access to care pre-

1 scribed by the patients' health care pro-
2 viders; and

3 (v) aiding patients with health insur-
4 ance coverage issues;

5 (E) requiring training for patient naviga-
6 tors to ensure the ability of navigators to per-
7 form all of the duties required in this sub-
8 section and in subsection (a), including training
9 to ensure that navigators are informed about
10 health insurance systems and are able to aid
11 patients in resolving access issues; and

12 (F) ensuring that consumers have direct
13 access to patient navigators during regularly
14 scheduled hours of business operation.

15 (2) OUTREACH SERVICES.—A condition for the
16 receipt of a grant under paragraph (1) is that the
17 applicant involved agree to provide ongoing outreach
18 activities while receiving the grant, in a manner that
19 is culturally competent for the health disparity popu-
20 lation served by the program, to inform the public
21 and the specific community that the patient navi-
22 gator is serving of the services of the model program
23 under the grant.

24 (3) DATA COLLECTION AND REPORT.—In order
25 to allow for effective patient navigator program eval-

1 uation, the grantee shall collect specific patient data
2 recording navigation services provided to each pa-
3 tient served by the program and shall establish and
4 implement procedures and protocols, consistent with
5 applicable Federal and State laws (including 45
6 C.F.R. 160 and 164) to ensure the confidentiality of
7 all information shared by a participant in the pro-
8 gram, or their personal representative and their
9 health care providers, group health plans, or health
10 insurance insurers with the program. The patient
11 navigator program may, consistent with applicable
12 Federal and State confidentiality laws, collect, use or
13 disclose aggregate information that is not individ-
14 ually identifiable (as defined in 45 C.F.R. 160 and
15 164). With this data, the grantee shall submit an
16 annual report to the Secretary that summarizes and
17 analyzes these data, provides information on needs
18 for navigation services, types of access difficulties re-
19 solved, sources of repeated resolution and flaws in
20 the system of access, including insurance barriers.

21 (4) APPLICATION FOR GRANT.—A grant may be
22 made under paragraph (1) only if an application for
23 the grant is submitted to the Secretary and the ap-
24 plication is in such form, is made in such manner,
25 and contains such agreements, assurances, and in-

1 formation as the Secretary determines to be nec-
2 essary to carry out this section.

3 (5) EVALUATIONS.—

4 (A) IN GENERAL.—The Secretary, acting
5 through the Director of the Indian Health Serv-
6 ice, shall, directly or through grants or con-
7 tracts, provide for evaluations to determine the
8 effects of the services of patient navigators on
9 the individuals of health disparity populations
10 for whom the services were provided, taking
11 into account the matters referred to in para-
12 graph (1)(C).

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

17 (6) COORDINATION WITH OTHER PROGRAMS.—

18 The Secretary shall coordinate the program under
19 this subsection with the program under subsection
20 (a) and with the program under section 417D.

21 (c) REQUIREMENTS REGARDING FEES.—

22 (1) IN GENERAL.—A condition for the receipt
23 of a grant under subsection (a)(1) or (b)(1) is that
24 the program for which the grant is made have in ef-
25 fect—

1 (A) a schedule of fees or payments for the
2 provision of its health care services related to
3 the prevention and treatment of disease that is
4 consistent with locally prevailing rates or
5 charges and is designed to cover its reasonable
6 costs of operation; and

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

11 (2) RULE OF CONSTRUCTION.—Nothing in this
12 section shall be construed to require payment for
13 navigation services or to require payment for health
14 care services in cases, such as with the Indian
15 Health Service, where care is provided free of
16 charge.

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

23 (e) DURATION OF GRANT.—The period during which
24 payments are made to an entity from a grant under sub-
25 section (a)(1) or (b)(1) may not exceed five years. The

1 provision of such payments are subject to annual approval
2 by the Secretary of the payments and subject to the avail-
3 ability of appropriations for the fiscal year involved to
4 make the payments. This subsection may not be construed
5 as establishing a limitation on the number of grants under
6 such subsection that may be made to an entity.

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

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

14 (2) The term “appropriate follow-up care” in-
15 cludes palliative and end-of-life care.

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

22 (A) racial and ethnic minority groups as
23 defined in section 1707; and

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

4 (4)(A) The term “patient navigator” means an
5 individual whose functions include—

6 (i) assisting and guiding patients with a
7 symptom or an abnormal finding or diagnosis of
8 cancer or other chronic disease within the
9 health care system to accomplish the follow-up
10 and diagnosis of an abnormal finding as well as
11 the treatment and appropriate follow-up care of
12 cancer or other chronic disease, including pro-
13 viding information about clinical trials; and

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

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

23 (g) AUTHORIZATION OF APPROPRIATIONS.—

24 (1) IN GENERAL.—

1 (A) MODEL PROGRAMS.—For the purpose
2 of carrying out subsection (a) (other than the
3 purpose described in paragraph (2)(A)), there
4 are authorized to be appropriated such sums as
5 may be necessary for each of the fiscal years
6 2004 through 2008.

7 (B) PATIENT NAVIGATORS.—For the pur-
8 pose of carrying out subsection (b) (other than
9 the purpose described in paragraph (2)(B)),
10 there are authorized to be appropriated such
11 sums as may be necessary for each of the fiscal
12 years 2004 through 2008.

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

17 (2) PROGRAMS IN RURAL AREAS.—

18 (A) MODEL PROGRAMS.—For the purpose
19 of carrying out subsection (a) by making grants
20 under such subsection for model programs in
21 rural areas, there are authorized to be appro-
22 priated such sums as may be necessary for each
23 of the fiscal years 2004 through 2008.

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

1 grants under such subsection for programs in
 2 rural areas, there are authorized to be appro-
 3 priated such sums as may be necessary for each
 4 of the fiscal years 2004 through 2008.

5 (C) OFFICE OF RURAL HEALTH POLICY.—
 6 Amounts appropriated under subparagraph (A)
 7 or (B) shall be administered through the Office
 8 of Rural Health Policy.

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

14 **TITLE IV—STRENGTHENING OUR**
 15 **HEALTH CARE WORKFORCE**
 16 **Subtitle A—Hispanic-Serving**
 17 **Health Professions Schools**

18 **SEC. 401. HISPANIC-SERVING HEALTH PROFESSIONS**
 19 **SCHOOLS.**

20 (a) IN GENERAL.—The Secretary, acting through the
 21 Administrator of the Health Resources and Services Ad-
 22 ministration, shall make grants to Hispanic-serving health
 23 professions schools for the purpose of carrying out pro-
 24 grams to recruit Hispanic individuals to enroll in and

1 graduate from the schools, which may include providing
2 scholarships and other financial assistance as appropriate.

3 (b) ELIGIBILITY.—For purposes of subsection (a), an
4 entity is a Hispanic-serving health professions school if the
5 entity—

6 (1) is a school or program under section 799B
7 of the Public Health Service Act (42 U.S.C. 295p);

8 (2) has an enrollment of full-time equivalent
9 students that is at least 9 percent Hispanic stu-
10 dents;

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

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

16 (5) has a significant number of graduates who
17 are providing health services to medically under-
18 served populations or to individuals in health profes-
19 sional shortage areas.

20 (c) AUTHORIZATION OF APPROPRIATIONS.—For the
21 purpose of carrying out this section, there are authorized
22 to be appropriated \$80,000,000 for each of fiscal years
23 2004 through 2008.

1 **Subtitle B—Health Career Oppor-**
2 **tunity Program and Centers of**
3 **Excellence**

4 **SEC. 411. EDUCATIONAL ASSISTANCE REGARDING UNDER-**
5 **GRADUATES.**

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

9 **“SEC. 771. HEALTH CAREERS OPPORTUNITY PROGRAM.**

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

14 “(1) Identifying and recruiting individuals
15 who—

16 “(A) are students of elementary schools, or
17 students or graduates of secondary schools or of
18 institutions of higher education;

19 “(B) are from disadvantaged backgrounds;
20 and

21 “(C) are interested in a career in the
22 health professions.

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

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

4 “(4) Providing, for a period prior to the entry
5 of such individuals into the regular course of edu-
6 cation of such a school, preliminary education de-
7 signed to assist the individuals in successfully com-
8 pleting such regular course of education at such a
9 school, or referring such individuals to institutions
10 providing such preliminary education.

11 “(5) Paying such stipends as the Secretary may
12 approve for such individuals for any period of edu-
13 cation in student-enhancement programs (other than
14 regular courses) at a health professions schools, ex-
15 cept that such a stipend may not be provided to an
16 individual for more than 12 months, and such a sti-
17 pend may not exceed \$25 per day (notwithstanding
18 any other provision of law regarding the amount of
19 stipends).

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

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

1 “(B) receive academic instruction to assist
2 in preparing the individuals to enter health pro-
3 fessions schools in such fields.

4 “(b) RECEIPT OF AWARD.—

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

9 “(A) The applicant for the award is a pub-
10 lic or nonprofit private entity, and the applicant
11 has established a consortium consisting of non-
12 profit private community-based organizations
13 and health professions schools.

14 “(B) The health professions schools of the
15 consortium are schools of medicine or osteo-
16 pathic medicine, public health, dentistry, veteri-
17 nary medicine, optometry, pharmacy, allied
18 health, chiropractic, or podiatric medicine, or
19 graduate programs in mental health practice
20 (including such programs in clinical psy-
21 chology).

22 “(C) Except as provided in subparagraph
23 (D), the membership of the consortium includes
24 not less than one nonprofit private community-

1 based organization and not less than three
2 health professions schools.

3 “(D) In the case of an applicant whose ex-
4 clusive activity under the award will be carrying
5 out one or more programs described in sub-
6 section (a)(6), the membership of the consor-
7 tium includes not less than one nonprofit pri-
8 vate community-based organization and not less
9 than one health professions schools.

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

12 “(i) that each of the members will
13 comply with the conditions upon which the
14 award is made; and

15 “(ii) whether and to what extent the
16 award will be allocated among the mem-
17 bers.

18 “(2) REQUIREMENT OF COMPETITIVE
19 AWARDS.—Awards under subsection (a) shall be
20 made only on a competitive basis.

21 “(c) FINANCIAL REQUIREMENTS.—

22 “(1) ASSURANCES REGARDING CAPACITY.—The
23 Secretary may make an award under subsection (a)
24 only if the Secretary determines that, in the case of
25 activities carried out under the award that prove to

1 be effective toward achieving the purposes of the
2 activities—

3 “(A) the members of the consortium in-
4 volved have or will have the financial capacity
5 to continue the activities, regardless of whether
6 financial assistance under subsection (a) con-
7 tinues to be available; and

8 “(B) the members of the consortium dem-
9 onstrate to the satisfaction of the Secretary a
10 commitment to continue such activities, regard-
11 less of whether such assistance continues to be
12 available.

13 “(2) MATCHING FUNDS.—

14 “(A) IN GENERAL.—With respect to the
15 costs of the activities to be carried out under
16 subsection (a) by an applicant, the Secretary
17 may make an award under such subsection only
18 if the applicant agrees to make available in cash
19 (directly or through donations from public or
20 private entities) non-Federal contributions to-
21 ward such costs in an amount that, for any
22 fourth or subsequent fiscal year for which the
23 applicant receives such an award, is not less
24 than 50 percent of such costs.

1 “(B) FEDERAL AMOUNTS.—Amounts pro-
2 vided by the Federal Government may not be
3 included in determining the amount of non-Fed-
4 eral contributions required in subparagraph
5 (A).

6 “(C) LIMITATION.—The Secretary may not
7 require non-Federal contributions for the first
8 three fiscal years for which an applicant re-
9 ceives a grant under subsection (a).

10 “(d) PREFERENCE IN MAKING AWARDS.—

11 “(1) IN GENERAL.—

12 “(A) REQUIREMENT.—In making awards
13 under subsection (a), the Secretary shall, sub-
14 ject to paragraph (3), give preference to any
15 applicant that, for the purpose described in sub-
16 paragraph (B), has made an arrangement with
17 not less than one entity from each of the fol-
18 lowing categories of entities: Community-based
19 organizations, elementary schools, secondary
20 schools, institutions of higher education, and
21 health professions schools.

22 “(B) PURPOSE.—The purpose of arrange-
23 ments under subparagraph (A) is to establish a
24 program for individuals identified under sub-
25 section (a) under which—

1 “(i) the activities described in such
2 subsection are carried out on behalf of the
3 individuals; and

4 “(ii) health professions schools make
5 a commitment to admit as students of the
6 schools such individuals who participate in
7 the program, subject to the individuals
8 meeting reasonable academic standards for
9 admission to the schools.

10 “(2) ADDITIONAL PREFERENCES.—Of the ap-
11 plicants under subsection (a) that are receiving pref-
12 erence for purposes of paragraph (1), the Secretary
13 shall, subject to paragraph (3), give additional pref-
14 erence to applicants whose consortium under sub-
15 section (b) includes as members one or more health
16 professions schools that have not previously received
17 any award under this section (including this section
18 as in effect prior to fiscal year 1997).

19 “(3) LIMITATION.—An applicant may not re-
20 ceive preference for purposes of paragraph (1) or (2)
21 unless the consortium under subsection (b) includes
22 not less than one health professions school that has
23 demonstrated success in enrolling students from dis-
24 advantaged backgrounds.

25 “(e) OBJECTIVES UNDER AWARDS.—

1 “(1) ESTABLISHMENT OF OBJECTIVES.—Before
2 making a first award to an applicant under sub-
3 section (a), the Secretary shall establish objectives
4 regarding the activities to be carried out under the
5 award, which objectives are applicable until the next
6 fiscal year for which such award is made after a
7 competitive process of review. In making an award
8 after such a review, the Secretary shall establish ad-
9 ditional objectives for the applicant.

10 “(2) PRECONDITION FOR SUBSEQUENT
11 AWARDS.—In the case of an applicant seeking an
12 award under subsection (a) pursuant to a competi-
13 tive process of review, the Secretary may make the
14 award only if the applicant demonstrates to the sat-
15 isfaction of the Secretary that the applicant has met
16 the objectives that were applicable under paragraph
17 (1) to the preceding awards under such subsection.

18 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purpose of carrying out this section, there are authorized
20 to be appropriated \$40,000,000 for fiscal year 2004,
21 \$45,000,000 for fiscal year 2005, and such sums as may
22 be necessary for each subsequent fiscal year.”.

23 “(b) TECHNICAL AMENDMENT.—Section 770(a) of the
24 Public Health Service Act (42 U.S.C. 295e(a)) is amended

1 by inserting “(other than section 771)” after “this sub-
2 part”.

3 **SEC. 412. CENTERS OF EXCELLENCE.**

4 For the purpose of establishing and operating health
5 careers centers of excellence, there are authorized to be
6 appropriated \$80,000,000 for fiscal year 2004 and each
7 subsequent fiscal year.

8 **Subtitle C—Bilingual Health**
9 **Professionals**

10 **SEC. 421. TRAINING OF BILINGUAL HEALTH PROFES-**
11 **SIONALS WITH RESPECT TO MINORITY**
12 **HEALTH CONDITIONS.**

13 (a) IN GENERAL.—The Secretary, acting through the
14 Administrator of the Health Resources and Services Ad-
15 ministration, shall (directly or through awards of grants
16 or contracts to public or nonprofit private entities) carry
17 out a program—

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

21 (2) to train such health professionals with re-
22 spect to the treatment of health conditions known to
23 disproportionately affect racial/ethnic minorities,
24 such as diabetes, asthma, obesity, injuries, under-im-

1 (1) IN GENERAL.—The Secretary, acting
2 through the Office of Minority Health under section
3 1707 of the Public Health Service Act (42 U.S.C.
4 300u–6), shall—

5 (A) provide for the development of edu-
6 cational materials on providing health services
7 in a culturally competent manner;

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

10 (C) provide technical assistance on other
11 matters regarding the provision of health serv-
12 ices in a culturally competent manner.

13 (2) AUTHORIZATION OF APPROPRIATIONS.—For
14 the purpose of carrying out paragraph (1), there are
15 authorized to be appropriated \$5,000,000 for fiscal
16 year 2004, and such sums as may be necessary for
17 each of the fiscal years 2005 through 2008.

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

20 (1) IN GENERAL.—The Secretary, acting
21 through the Office of Minority Health under section
22 1707 of the Public Health Service Act (42 U.S.C.
23 300u–6), shall provide for a Center for Linguistic
24 and Cultural Competence in Health Care to carry
25 out programs to promote and facilitate the provision

1 of health-related services, education, and training in
2 a culturally competent manner.

3 (2) AUTHORIZATION OF APPROPRIATIONS.—For
4 the purpose of carrying out paragraph (1), there are
5 authorized to be appropriated \$5,000,000 for fiscal
6 year 2004, and such sums as may be necessary for
7 each of the fiscal years 2005 through 2008.

8 **SEC. 433. CULTURAL COMPETENCE DEMONSTRATION**
9 **PROJECTS.**

10 (a) IN GENERAL.—The Secretary, acting through the
11 Administrator of the Centers for Medicare & Medicaid
12 Services, shall conduct a cultural competence demonstra-
13 tion project under which grants are made to two hospitals
14 with a history in medicare, medicaid, and the uninsured
15 to enable them to implement standards for the culturally
16 competent provision of services to address the specific
17 needs of any population that constitutes at least 5 percent
18 of the population served by the hospital involved.

19 (b) NUMBER AND TYPE.—Of the hospitals provided
20 grants under this section, one shall be located in an urban
21 and the other in a rural area (as defined in section
22 1886(d)(2)(D) of the Social Security Act (42 U.S.C.
23 1395ww(d)(2)(d)). The urban hospital shall serve a sig-
24 nificant limited English proficient population and be with-
25 in 175 miles of the border with Mexico. In selecting such

1 hospitals, the Secretary shall give preference to hospitals
2 that serve large immigrant populations.

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

6 (d) EVALUATION AND REPORT.—

7 (1) EVALUATION.—The Secretary shall also
8 provide for a grant to an appropriate qualified entity
9 in an amount not to exceed \$1,000,000 to evaluate
10 the demonstration projects conducted under this sec-
11 tion.

12 (2) REPORT.—The Secretary shall submit to
13 Congress a report on the projects conducted under
14 this section. The Secretary shall include in such re-
15 port the results of the evaluation conducted under
16 paragraph (1) and recommendations on whether on-
17 going medicare funding should be provided for im-
18 plementation of standards for cultural competency in
19 hospitals.

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

1 **TITLE V—ADDITIONAL**
2 **PROGRAMS**
3 **Subtitle A—Data Regarding Race**
4 **and Ethnicity**

5 **SEC. 501. COLLECTION OF DATA.**

6 Part A of title III of the Public Health Service Act
7 (42 U.S.C. 241 et seq.) is amended by inserting after sec-
8 tion 306 the following:

9 **“SEC. 306A. DATA ON RACE AND ETHNICITY.**

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

12 “(1) Health data collected under programs car-
13 ried out by the Secretary (whether collected directly
14 or pursuant to grants, cooperative agreements, or
15 contracts) shall include data on race, ethnicity, and
16 spoken and written language and shall, at a min-
17 imum, use the categories for race and ethnicity de-
18 scribed in OMB Directive 15.

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

23 “(3) Data on race and ethnicity that is collected
24 under paragraph (1) or (2) shall use the procedures
25 described in such Directive for collecting data from

1 an individual, and shall be maintained and presented
2 (including for reporting purposes) in accordance
3 with such Directive.

4 “(4) For health encounters that require the
5 presence of a legal parent or guardian who does not
6 speak English or who is limited English proficient,
7 health data collected by the Secretary pursuant to
8 this section shall also include data on the accom-
9 panying adult or guardian.

10 “(5) Such other data as the Secretary may des-
11 ignate (including administrative records) shall be
12 collected, maintained, and presented in accordance
13 with such Directive, to the extent that such data are
14 collected by the Secretary and relate to health-re-
15 lated programs that are carried out by the Sec-
16 retary.

17 “(6) The Secretary is directed to include Puerto
18 Rico in the collection of data provider under this
19 section.

20 “(b) DEFINITION.—In this section, the term ‘OMB
21 Directive 15’ means Statistical Policy Directive No. 15,
22 Race and Ethnic Standards for Federal Statistics and Ad-
23 ministrative Reporting, as established by the Director of
24 the Office of Management and Budget through the notice

1 issued October 30, 1997 (62 FR 58782). Such term in-
2 cludes any subsequent revisions to such Directive.”.

3 **SEC. 502. DEVELOPMENT OF STANDARDS; STUDY TO MEAS-**
4 **URE PATIENT OUTCOMES UNDER MEDICARE**
5 **AND MEDICAID PROGRAMS.**

6 (a) DEVELOPMENT OF STANDARDS.—Not later than
7 1 year after the date of the enactment of this Act, the
8 Secretary, acting through the Administrator of the Health
9 Care Financing Administration, shall develop outcome
10 measures to evaluate, by race and ethnicity, the perform-
11 ance of health care programs and projects that provide
12 health care to individuals under the medicare and med-
13 icaid programs (under titles XVIII and XIX, respectively,
14 of the Social Security Act (42 U.S.C. 1395 et seq.; 1396
15 et seq.).

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

21 (c) REPORT TO CONGRESS.—Not later that 2 years
22 after the date of the enactment of this Act, the Secretary
23 shall submit to Congress a report describing the outcome
24 measures developed under subsection (a), and the results
25 of the study conducted pursuant to subsection (b).

1 **Subtitle B—National Assessment of**
 2 **Status of Latino Health**

3 **SEC. 511. NATIONAL ASSESSMENT OF STATUS OF LATINO**
 4 **HEALTH.**

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

10 (b) GOAL.—The goal of the national assessment, in-
 11 cluding Puerto Rico, under subsection (a) shall be to
 12 produce estimates of health and nutritional status for
 13 Mexican Americans, Puerto Ricans, Cuban Americans,
 14 and other Hispanic subpopulations.

15 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
 16 authorized to be appropriated such sums as may be nec-
 17 essary in each of fiscal years 2004 through 2006 to carry
 18 out this section.

19 **Subtitle C—Office of Minority**
 20 **Health**

21 **SEC. 521. REVISION AND EXTENSION OF PROGRAMS OF OF-**
 22 **FICE OF MINORITY HEALTH.**

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

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

6 “(1) Establish short-range and long-range goals
7 and objectives and coordinate all other activities
8 within the Public Health Service that relate to dis-
9 ease prevention, health promotion, service delivery,
10 and research concerning such individuals. The heads
11 of each of the agencies of the Service shall consult
12 with the Deputy Assistant Secretary to ensure the
13 coordination of such activities.

14 “(2) Carry out the following types of activities
15 by entering into interagency agreements with other
16 agencies of the Public Health Service:

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

19 “(B) Increase knowledge and under-
20 standing of health risk factors.

21 “(C) Develop mechanisms that support
22 better information dissemination, education,
23 prevention, and service delivery to individuals
24 from disadvantaged backgrounds, including in-

1 individuals who are members of racial or ethnic
2 minority groups.

3 “(D) Ensure that the National Center for
4 Health Statistics collects data on the health
5 status of each minority group.

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

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

16 “(A) Facilitate the exchange of informa-
17 tion regarding matters relating to health infor-
18 mation and health promotion, preventive health
19 services, and education in the appropriate use
20 of health care.

21 “(B) Facilitate access to such information.

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

24 “(D) Provide technical assistance with re-
25 spect to the exchange of such information (in-

1 cluding facilitating the development of materials
2 for such technical assistance).

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

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

15 “(c) ADVISORY COMMITTEE.—

16 “(1) IN GENERAL.—The Secretary shall estab-
17 lish an advisory committee to be known as the Advi-
18 sory Committee on Minority Health (in this sub-
19 section referred to as the ‘Committee’). The Deputy
20 Assistant Secretary shall consult with the Committee
21 in carrying out this section.

22 “(2) DUTIES.—The Committee shall provide
23 advice to the Secretary, including advice on the de-
24 velopment of goals and specific program activities

1 under paragraphs (1) and (2) of subsection (b) for
2 each racial and ethnic minority group.

3 “(3) CHAIRPERSON.—The Deputy Assistant
4 Secretary shall serve as the chairperson of the Com-
5 mittee.

6 “(4) COMPOSITION.—

7 “(A) IN GENERAL.—The Committee shall
8 be composed of 12 voting members appointed in
9 accordance with subparagraph (B), and non-
10 voting, ex officio members designated under
11 subparagraph (C).

12 “(B) VOTING MEMBERS.—The voting
13 members of the Committee shall be appointed
14 by the Secretary from among individuals who
15 are now officers or employees of the Federal
16 Government and who have expertise regarding
17 issues of minority health. The racial and ethnic
18 minority groups shall be equally represented
19 among such members.

20 “(C) NONVOTING MEMBERS.—The non-
21 voting, ex officio members of the Committee
22 shall be the directors of each of the minority
23 health offices established under section 707A,
24 and such additional officials of the Department

1 of Health and Human Services as the Secretary
2 determines to be appropriate.

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

7 “(6) VACANCIES.—If a vacancy occurs on the
8 Committee, a new member shall be appointed by the
9 Secretary within 90 days from the date on which the
10 vacancy occurs, and shall serve for the remainder of
11 the term for which the predecessor of such member
12 was appointed. A vacancy shall not affect the power
13 of the remaining members to execute the duties of
14 the Committee.

15 “(7) COMPENSATION.—Members of the Com-
16 mittee who are officers or employees of the United
17 States shall serve without compensation. Members of
18 the Committee who are not officers or employees of
19 the United States shall receive, for each day (includ-
20 ing travel time) they are engaged in the performance
21 of the functions of the Committee compensation in
22 an amount that is not in excess of the daily equiva-
23 lent of the annual maximum rate of basic pay pay-
24 able under the General Schedule (under title 5,
25 United States Code) for positions above GS-15.

1 “(d) CERTAIN REQUIREMENTS REGARDING DU-
2 TIES.—

3 “(1) RECOMMENDATIONS REGARDING LAN-
4 GUAGE AS IMPEDIMENT TO HEALTH CARE.—The di-
5 rectors of the offices of minority health within the
6 Department of Health and Human Services, the Di-
7 rector of the Office of Civil Rights, and the Director
8 of the Office of Refugee Health shall seek input
9 from the State minority health offices and make rec-
10 ommendations to the Secretary regarding activities
11 under subsection (b)(4).

12 “(2) EQUITABLE ALLOCATION REGARDING AC-
13 TIVITIES.—

14 “(A) In making awards of grants, coopera-
15 tive agreements, or contracts under this section
16 or section 338A, 338B, 724, 736, 737, 738, or
17 740, the Secretary, acting as appropriate
18 through the Deputy Assistant Secretary or the
19 Administrator of the Health Resources and
20 Services Administration, shall ensure that such
21 awards are equitably allocated with respect to
22 the various racial and minority populations.

23 “(B) With respect to grants, cooperative
24 agreements, and contracts that are available

1 under the sections specified in subparagraph
2 (A), the Secretary shall—

3 “(i) carry out activities to inform enti-
4 ties, as appropriate, that the entities may
5 be eligible for awards of such assistance;

6 “(ii) provide technical assistance to
7 such entities in the process of preparing
8 and submitting applications for the awards
9 in accordance with the policies of the Sec-
10 retary regarding such application; and

11 “(iii) inform populations, as appro-
12 priate, that members of the populations
13 may be eligible to receive services or other-
14 wise participate in the activities carried out
15 with such awards.

16 “(3) CULTURAL COMPETENCY OF SERVICES.—
17 The Secretary shall ensure that information and
18 services provided pursuant to subsection (b) are pro-
19 vided in the language and cultural context that is
20 most appropriate for the individuals for whom the
21 information and services are intended.

22 “(e) GRANTS AND CONTRACTS REGARDING DU-
23 TIES.—

24 “(1) IN GENERAL.—In carrying out subsection
25 (b), the Deputy Assistant Secretary may make

1 awards of grants, cooperative agreements, and con-
2 tracts to public and nonprofit private entities.

3 “(2) PROCESS FOR MAKING AWARDS.—The
4 Deputy Assistant Secretary shall ensure that awards
5 under paragraph (1) are made to the extent prac-
6 ticable on a competitive basis, and that an award is
7 made for a proposal only if the proposal has been
8 recommended for such an award through a process
9 of peer review.

10 “(3) EVALUATION AND DISSEMINATION.—The
11 Deputy Assistant Secretary, directly or through con-
12 tracts with public and private entities, shall provide
13 for evaluations of projects carried out with awards
14 made under paragraph (1) during the preceding 2
15 fiscal years. The report shall be included in the re-
16 port required under subsection (f) for the fiscal year
17 involved.

18 “(f) BIENNIAL REPORTS.—Not later than February
19 1 of fiscal year 1998 and of each second year thereafter,
20 the Deputy Assistant Secretary shall submit to the Com-
21 mittee on Energy and Commerce of the House of Rep-
22 resentatives, and to the Committee on Labor and Human
23 Resources of the Senate, a report describing the activities
24 carried out under this section during the preceding 2 fiscal
25 years and evaluating the extent to which such activities

1 have been effective in improving the health of racial and
2 ethnic minority groups. Each such report shall include the
3 biennial reports submitted to the Deputy Assistant Sec-
4 retary under section 1707A(e) for such years by the heads
5 of the minority health offices.

6 “(g) DEFINITION.—For purposes of this section:

7 “(1) RACIAL AND ETHNIC MINORITY GROUP.—

8 The term ‘racial and ethnic minority group’ means
9 American Indians (including Alaskan Natives, Eski-
10 mos, and Aleuts); Asian Americans and Pacific Is-
11 landers; Blacks; and Hispanics/Latinos.

12 “(2) HISPANIC/LATINOS.—The term ‘Hispanic/

13 Latinos’ means individuals whose origin is Mexican,
14 Puerto Rican, Cuban, Central or South American, or
15 any other Spanish-speaking country.

16 “(h) FUNDING.—

17 “(1) AUTHORIZATION OF APPROPRIATIONS.—

18 For the purpose of carrying out this section, there
19 are authorized to be appropriated \$150,000,000 for
20 each of fiscal years 2004 through 2006.

21 “(2) ALLOCATION OF FUNDS BY SECRETARY.—

22 Of the amounts appropriated under paragraph (1)
23 for a fiscal year in excess of \$50,000,000, the Sec-
24 retary shall make available not less than \$3,000,000
25 for carrying out subsection (b)(2)(E).”.

1 **SEC. 522. ESTABLISHMENT OF INDIVIDUAL OFFICES OF MI-**
2 **NORITY HEALTH WITHIN AGENCIES OF PUB-**
3 **LIC HEALTH SERVICE.**

4 Title XVII of the Public Health Service Act (42
5 U.S.C. 300u et seq.) is amended by inserting after section
6 1707 the following section:

7 **“SEC. 1707A. INDIVIDUAL OFFICES OF MINORITY HEALTH**
8 **WITHIN PUBLIC HEALTH SERVICE.**

9 “(a) IN GENERAL.—The head of each agency speci-
10 fied in subsection (b)(1) shall establish within the agency
11 an office to be known as the Office of Minority Health.
12 Each such Office shall be headed by a director, who shall
13 be appointed by the head of the agency within which the
14 Office is established, and who shall report directly to the
15 head of the agency. The head of such agency shall carry
16 out this section (as this section relates to the agency) act-
17 ing through such Director.

18 “(b) SPECIFIED AGENCIES.—

19 “(1) IN GENERAL.—The agencies referred to in
20 subsection (a) are the following:

21 “(A) The Centers for Disease Control and
22 Prevention.

23 “(B) The Agency for Healthcare Research
24 and Quality.

25 “(C) The Health Resources and Services
26 Administration.

1 “(D) The Substance Abuse and Mental
2 Health Services Administration.

3 “(E) The Centers for Medicare & Medicaid
4 Services.

5 “(F) The Agency for Toxic Substances and
6 Disease Registry.

7 “(2) NATIONAL INSTITUTES OF HEALTH.—For
8 purposes of subsection (c) and the subsequent provi-
9 sions of this section, the term ‘minority health office’
10 includes the National Center on Minority Health
11 and Health Disparities established within the Na-
12 tional Institutes of Health. The Director of the Na-
13 tional Institutes of Health shall carry out this sec-
14 tion (as this section relates to the agency) acting
15 through the Director of such Office.

16 “(c) COMPOSITION.—The head of each specified
17 agency shall ensure that the officers and employees of the
18 minority health office of the agency are, collectively, expe-
19 rienced in carrying out community-based health programs
20 for each of the various racial and ethnic minority groups
21 that are present in significant numbers in the United
22 States. The head of such agency shall ensure that, of such
23 officers and employees who are members of racial and eth-
24 nic minority groups, no one group is disproportionately
25 represented in the overall office composition.

1 “(d) DUTIES.—Each Director of a minority health of-
2 fice shall monitor the programs of the specified agency of
3 such office in order to carry out the following:

4 “(1) Determine the extent to which the pur-
5 poses of the programs are being carried out with re-
6 spect to racial and ethnic minority groups.

7 “(2) Determine the extent to which members of
8 such groups are represented among the Federal offi-
9 cers and employees who administer the programs.

10 “(3) Make recommendations to the head of
11 such agency on carrying out the programs with re-
12 spect to such groups. In the case of programs that
13 provide services, such recommendations shall include
14 recommendations toward ensuring that—

15 “(A) the services are equitably delivered
16 with respect to racial and ethnic minority
17 groups;

18 “(B) the programs provide the services in
19 the language and cultural context that is most
20 appropriate for the individuals for whom the
21 services are intended; and

22 “(C) the programs utilize racial and ethnic
23 minority community-based organizations to de-
24 liver the services.

1 “(e) BIENNIAL REPORTS TO SECRETARY.—The head
2 of each specified agency shall submit to the Secretary for
3 inclusion in each biennial report under section 1707(g)
4 (without change) a biennial report describing—

5 “(1) the extent to which the minority health of-
6 fice of the agency employs individuals who are mem-
7 bers of racial and ethnic minority groups, including
8 a specification by minority group of the number, se-
9 ries, and grade levels of such individuals employed
10 by such office;

11 “(2) the manner in which the agency is com-
12 plying with Public Law 94–311 (relating to col-
13 lecting and reporting data on Americans of Spanish
14 origin or descent); and

15 “(3) the manner in which the agency is com-
16 plying with services for Limited English Proficient
17 persons.

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. 523. 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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