108TH CONGRESS
1ST SESSION

S. 1833

To improve the health of minority individuals.

IN THE SENATE OF THE UNITED STATES

NOVEMBER 6, 2003

Mr. DASCHLE (for himself, Mr. KENNEDY, Mr. BINGAMAN, Mr. AKAKA, Mrs. CLINTON, Mr. CORZINE, Mr. DODD, Mr. DURBIN, Mr. EDWARDS, Mr. INOUYE, Mr. KERRY, Mr. LAUTENBERG, Mr. LIEBERMAN, Ms. MIKULSKI, Mrs. MURRAY, and Mr. SCHUMER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To improve the health of minority individuals.

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 ‘‘Healthcare Equality and Accountability Act’’.

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 and purpose.

TITLE I—COVERAGE OF THE UNINSURED

Subtitle A—FamilyCare

Sec. 101. Short title.
Sec. 102. Renaming of title XXI program.
Sec. 103. Familycare coverage of parents under the medicaid program and title XXI.
Sec. 104. Automatic enrollment of children born to title XXI parents.
Sec. 105. Optional coverage of children through age 20 under the medicaid program and title XXI.
Sec. 106. Allowing States to simplify rules for families.
Sec. 107. Demonstration programs to improve medicaid and CHIP outreach to homeless individuals and families.
Sec. 108. Additional CHIP revisions.
Sec. 109. Coordination of title XXI with the maternal and child health program.

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Sec. 121. State option to provide coverage for all residents with income at or below the poverty line.

Subtitle C—Optional Coverage of Legal Immigrants under the Medicaid Program and Title XXI

Sec. 131. Equal access to health coverage for legal immigrants.

Subtitle D—Indian Healthcare Funding

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Sec. 141. Guaranteed adequate funding for Indian healthcare.

Chapter 2—Indian Healthcare Programs

Sec. 145. Programs operated by Indian tribes and tribal organizations.
Sec. 146. Licensing.
Sec. 147. Authorization for emergency contract health services.
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Subtitle F—Migrant Workers and Farmworkers Health

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"TITLE XXIX—MINORITY HEALTH

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"Sec. 2902. National standards for culturally and linguistically appropriate services in healthcare.
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"Sec. 2904. Innovations in language access grants.
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"Sec. 2906. Toll-free telephone number.
Sec. 203. Standards for language access services.
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1 **SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress makes the following find-
3 ings:

4 (1) Despite significant advances in public
5 health and health care, the health status of racial
6 and ethnic minority populations continues to lag be-
7 hind that of the white population.

8 (2) The United States is becoming increasingly
9 diverse. According to the 2000 United States Cen-
10 sus, African Americans, American Indians and Alas-
11 ka Natives, Asians, Hispanics, and Native Hawai-
12 ians and other Pacific Islanders comprise 30 percent
13 of the United States population. Racial and ethnic
14 minorities are expected to comprise 40 percent of
15 the United States population by 2030.

16 (3) To improve the health care of racial and
17 ethnic minorities and to reduce and eliminate dis-

1 parities in health care and health outcomes, the fol-
2 lowing issues must be addressed:
3 (A) NEED FOR INSURANCE COVERAGE.—
4 (i) Disparities in health status can be
5 attributed largely to underlying differences
6 in socioeconomic status and insurance cov-
7 erage. Minorities are at a greater risk of
8 being uninsured than their white counter-
9 parts. Lack of health insurance has con-
10 sistently been associated with worse health
11 outcomes.
12 (ii) Even after adjusting for dif-
13 ferences in socioeconomic and insurance
14 status, however, racial and ethnic health
15 and health care disparities remain.
16 (iii) Through treaties and Federal
17 statutes, the Federal Government has es-
18 tablished a trust responsibility to provide
19 health care to American Indians and Alas-
20 ka Natives. In the Indian Health Amend-
21 ments of 1992, Congress specifically
22 pledged to ''assure the highest possible
23 health status for Indians and urban Indi-
24 ans and to provide all resources necessary
25 to effect that policy.'' Despite those com-

1 mitments, the unmet health needs of
2 American Indians and Alaska Natives re-
3 main alarmingly severe and their health
4 status is far below the health status of the
5 general population of the United States.
6 The critical shortfall of funding for the In-
7 dian Health Service is a major source of
8 this problem.
9 (B) NEED FOR CULTURALLY AND LINGUIS-
10 TICALLY APPROPRIATE CARE.—
11 (i) Limited English proficiency ad-
12 versely affects the care of many racial and
13 ethnic minority patients. The lack of avail-
14 able interpretation and translation services
15 or bilingual providers contributes to racial
16 and ethnic disparities in health and health
17 care. The Federal Government provides
18 and funds an array of services that should
19 be made accessible to eligible persons who
20 are not proficient in the English language.
21 (ii) Title VI of the Civil Rights Act of
22 1964 (42 U.S.C. 2000d et seq.) prohibits
23 discrimination on the basis of race, color,
24 and national origin in programs and activi-
25 ties receiving Federal financial assistance.

1 Discrimination on the basis of primary lan-
2 guage has consistently been interpreted as
3 discrimination on the basis of national ori-
4 gin.

5 (iii) The provision of effective lan-
6 guage services has been shown to improve
7 care for limited English proficient (re-
8 ferred to in this section as "LEP") pa-
9 tients by increasing patient satisfaction,
10 access to care, compliance with rec-
11 ommended medical advice, and appropriate
12 utilization.

13 (iv) A 2002 study by the Office of
14 Management and Budget found that lan-
15 guage assistance services can substantially
16 improve the health and quality of life of
17 LEP individuals and their families, in-
18 crease the efficiency of distribution of gov-
19 ernment services to LEP individuals, and
20 measurably increase the effectiveness of
21 public health and safety programs.

22 (v) The same study estimated that
23 language translation services would only
24 increase the cost of the average health care
25 visit by less than one percent.

1 (C) NEED FOR HEALTH WORKFORCE DI-
2 VERSITY.—
3 (i) Research has demonstrated that
4 minority health professionals dramatically
5 increase access to care for minority pa-
6 tients and improve the quality of care that
7 they receive. African Americans, American
8 Indians and Alaska Natives, Hispanics,
9 Native Hawaiians and other Pacific Island-
10 ers, and Southeast Asians are significantly
11 underrepresented in the health professions,
12 exacerbating health disparities.
13 (ii) Minority physicians are more like-
14 ly than white physicians to serve minority
15 populations. Nearly 40 percent of all mi-
16 nority medical school graduates will prac-
17 tice medicine in underserved areas, com-
18 pared to 10 percent of their white col-
19 leagues.
20 (iii) Minorities often report experi-
21 ences with discrimination when seeking
22 health care.
23 (iv) There is substantial evidence to
24 demonstrate that race concordance be-
25 tween physicians and patients increases

1 patient satisfaction and participation in
2 health decisionmaking.
3 (v) Minority health care providers can
4 bridge linguistic, cultural, and other bar-
5 riers that hamper access to care.
6 (vi) African Americans, Hispanics,
7 and American Indians remain severely
8 underrepresented in health professions
9 schools. African Americans and Hispanics
10 constitute 20 percent and 16 percent, re-
11 spectively, of the students in public health
12 and baccalaureate nursing programs, and
13 less than 15 percent of students in all
14 other health professions.
15 (vi) The number of minorities enroll-
16 ing in health professional schools has re-
17 mained stagnant. For example, in 1994,
18 1,307 African American and 1,090 His-
19 panic students enrolled in American med-
20 ical colleges. In 2000, the figures were es-
21 sentially unchanged at 1,307 African
22 American and 1,033 Hispanic students.
23 (D) NEED FOR REDUCTION OF DISEASE
24 OCCURRENCE AND DISEASE-RELATED COM-
25 PLICATIONS AMONG MINORITIES.—

1 (i) Despite notable progress in the
2 overall health of the Nation, there are con-
3 tinuing disparities in the burden of illness
4 and death experienced by minorities com-
5 pared to the United States population as a
6 whole. Minority populations are dispropor-
7 tionately impacted by acute and chronic
8 diseases.
9 (ii) Despite suffering a greater burden
10 of acute and chronic disease, minorities are
11 less likely to receive needed health care.
12 Numerous studies have documented that
13 minorities receive less preventive care,
14 medical therapy, and surgical interven-
15 tions.
16 (E) NEED FOR MINORITY HEALTH DATA
17 COLLECTION AND REPORTING.—
18 (i) Efforts to study disparities in
19 health and health care for minorities have
20 been hampered by the lack of available
21 data on race, ethnicity, and primary lan-
22 guage.
23 (ii) Data collection, analysis, and re-
24 porting by race, ethnicity, and primary lan-
25 guage is permissible under the law and

1 necessary to assure equity and non-
2 discrimination in the quality of health care
3 services. Collection, analysis, and reporting
4 of such data is authorized under Title VI
5 of the Civil Rights Act of 1964 (42 U.S.C.
6 2000d et seq.). Such collection, analysis,
7 and reporting should be conducted with ap-
8 propriate privacy protections in place.

9 (F) NEED FOR GREATER ACCOUNTABILITY
10 IN GOVERNMENT INSTITUTIONS.—A number of
11 studies have shown that differences in health
12 care quality contribute to health disparities
13 among minority populations. These differences
14 may result from bias, stereotyping, and dis-
15 crimination. Government institutions must be
16 held accountable for the quality of healthcare
17 delivered to all patient populations and result-
18 ant health outcomes.

19 (G) NEED FOR STRENGTHENING HEALTH
20 INSTITUTIONS THAT PROVIDE CARE TO MINOR-
21 ITY POPULATIONS.—

22 (i) A small segment of health care in-
23 stitutions provide a disproportionate
24 amount of health care to minority popu-
25 lations.

1 (ii) Safety net institutions, including
2 public hospitals, community health centers
3 and community clinics, provide a dis-
4 proportionate share of health care to mi-
5 nority and underserved populations.
6 (iii) Financial stress, negative oper-
7 ating margins, and the overall burden of
8 caring for the uninsured and delivering
9 high-cost specialty care to the entire com-
10 munity place undue pressure on core safety
11 net providers. These providers are increas-
12 ingly challenged in their ability to meet the
13 day-to-day needs of their patients.
14 (b) PURPOSES.—It is the purpose of this Act to im-
15 prove the health and healthcare of minority populations
16 and to eliminate racial and ethnic disparities in health and
17 healthcare by—
18 (1) increasing access to health care for all pop-
19 ulations;
20 (2) expanding culturally and linguistically ap-
21 propriate health services for all populations;
22 (3) promoting health workforce diversity;
23 (4) supporting and expanding programs and ac-
24 tivities that will improve the prevention, diagnosis,
25 and management of disease in minority populations;

1 (5) enhancing racial, ethnic, and primary lan-
2 guage health data collection at the local, State, and
3 Federal level;
4 (6) ensuring accountability for the quality of
5 health care and health outcomes for minority popu-
6 lations; and
7 (7) strengthening the technical and financial re-
8 sources of the safety net institutions of the United
9 States.

10 TITLE I—COVERAGE OF THE 11 UNINSURED

12 Subtitle A—FamilyCare

13 SEC 101. SHORT TITLE.

14 This subtitle may be cited as the ''FamilyCare Act
15 of 2003''.

16 SEC. 102. RENAMING OF TITLE XXI PROGRAM.

17 (a) IN GENERAL.—The heading of title XXI of the
18 Social Security Act (42 U.S.C. 1397aa et seq.) is amended
19 to read as follows:
20 ''TITLE XXI—FAMILYCARE PROGRAM''.
21 (b) PROGRAM REFERENCES.—Any reference in any
22 provision of Federal law or regulation to ''SCHIP'' or
23 ''State children's health insurance program'' under title
24 XXI of the Social Security Act shall be deemed a reference
25 to the FamilyCare program under such title.

1 **SEC. 103. FAMILYCARE COVERAGE OF PARENTS UNDER**
2 **THE MEDICAID PROGRAM AND TITLE XXI.**

3 (a) INCENTIVES TO IMPLEMENT FAMILYCARE COV-
4 ERAGE.—
5 (1) UNDER MEDICAID.—
6 (A) ESTABLISHMENT OF NEW OPTIONAL
7 ELIGIBILITY CATEGORY.—Section 1902(a)(10)
8 (A)(ii) of the Social Security Act (42 U.S.C.
9 1396a(a)(10)(A)(ii)) is amended—
10 (i) by striking ''or'' at the end of sub-
11 clause (XVII);
12 (ii) by adding ''or'' at the end of sub-
13 clause (XVIII); and
14 (iii) by adding at the end the fol-
15 lowing:
16 ''(XIX) who are individuals de-
17 scribed in subsection (k)(1) (relating
18 to parents of categorically eligible chil-
19 dren);''.
20 (B) PARENTS DESCRIBED.—Section 1902
21 of the Social Security Act is further amended
22 by inserting after subsection (j) the following:
23 ''(k)(1)(A) Individuals described in this paragraph
24 are individuals—
25 ''(i) who are the parents of an individual who
26 is under 19 years of age (or such higher age as the

1 State may have elected under section 1902(l)(1)(D))
2 and who is eligible for medical assistance under sub-
3 section (a)(10)(A);

4 "(ii) who are not otherwise eligible for medical
5 assistance under such subsection or under a waiver
6 approved under section 1115 or otherwise (except
7 under section 1931 or under subsection
8 (a)(10)(A)(ii)(XIX)); and

9 "(iii) whose family income or resources exceeds
10 the effective income level or resource level applicable
11 under the State plan under part A of title IV as in
12 effect as of July 16, 1996, but does not exceed the
13 highest effective income or resource level (if any) ap-
14 plicable to a child in the family under this title.

15 "(B) In establishing an income eligibility level for in-
16 dividuals described in this paragraph, a State may vary
17 such level consistent with the various income levels estab-
18 lished under subsection (l)(2) in order to ensure, to the
19 maximum extent possible, that such individuals shall be
20 enrolled in the same program as their children.

21 "(C) An individual may not be treated as being de-
22 scribed in this paragraph unless, at the time of the individ-
23 ual's enrollment under this title, the child referred to in
24 subparagraph (A)(i) of the individual is also enrolled
25 under this title or otherwise insured.

1 "(D) In this subsection, the term 'parent' includes
2 an individual treated as a caretaker for purposes of car-
3 rying out section 1931.

4 "(E) In this subsection, the term 'effective income
5 level' means the income level expressed as a percent of
6 the poverty line and considering applicable income dis-
7 regards.

8 "(2) The State shall provide for coverage of a parent
9 described in paragraph (1) or section 2111 of a child who
10 is covered under this title or title XXI under the same
11 title as the title as such child is covered. In the case of
12 a parent described in paragraph (1) who is also the parent
13 of a child who is eligible for child health assistance under
14 title XXI, the State may elect (on a uniform basis) to
15 cover all such parents under section 2111 or under this
16 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) FAMILYCARE PARENTS.—The expendi-
8 tures described in this subparagraph are the expend-
9 itures described in the following clauses (i) and (ii):
10 ‘‘(i) PARENTS.—If the conditions described
11 in clauses (iii) and (iv) are met, expenditures
12 for medical assistance for parents described in
13 section 1902(k)(1) and for parents who would
14 be described in such section but for the fact
15 that they are eligible for medical assistance
16 under section 1931 or under a waiver approved
17 under section 1115.
18 ‘‘(ii) CERTAIN PREGNANT WOMEN.—If the
19 conditions described in clause (v) are met, ex-
20 penditures for medical assistance for pregnant
21 women described in subsection (n) or under sec-
22 tion 1902(l)(1)(A) in a family the income of
23 which exceeds the effective income level applica-
24 ble under subsection (a)(10)(A)(i)(III) or

1 (l)(2)(A) of section 1902 to a family of the size
2 involved as of January 1, 2004.

3 "(iii) CONDITIONS RELATING TO ENSURING
4 CHILDREN'S COVERAGE FOR ENHANCED MATCH
5 FOR PARENTS.—The conditions described in
6 this clause are the following:

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

13 "(II) Such State child health plan
14 does not limit the acceptance of applica-
15 tions, does not use a waiting list for chil-
16 dren who meet eligibility standards to
17 qualify for assistance, and provides bene-
18 fits to all children in the State who apply
19 for and meet eligibility standards.

20 "(III) Effective for determinations of
21 eligibility made on or after the date that is
22 1 year after the date of the enactment of
23 this clause, the application and renewal
24 procedures for individuals under 19 years
25 of age (or such higher age as the State has

1 elected under section 1902(l)(1)(D)) for
2 medical assistance under section
3 1902(a)(10)(A) are not be more restrictive
4 or burdensome than such procedures used
5 for children with higher income under the
6 State child health plan under title XXI.

7 "(iv) CONDITIONS RELATING TO MINIMUM
8 COVERAGE FOR PARENTS FOR ENHANCED
9 MATCH FOR PARENTS.—The conditions de-
10 scribed in this clause are the following:

11 "(I) The State does not apply an in-
12 come level for parents that is lower than
13 the effective income level (expressed as a
14 percent of the poverty line) that has been
15 specified under the State plan under title
16 XIX (including under a waiver authorized
17 by the Secretary or under section
18 1902(r)(2)), as of January 1, 2004, to be
19 eligible for medical assistance as a parent
20 under this title.

21 "(II) The State plans under this title
22 and title XXI do not provide coverage for
23 parents with higher family income without
24 covering parents with a lower family in-
25 come.

1 "(v) CONDITIONS FOR ENHANCED MATCH
2 FOR CERTAIN PREGNANT WOMEN.—The condi-
3 tions described in this clause are the following:
4 "(I) The State has established an ef-
5 fective income eligibility level for pregnant
6 women under subsection (a)(10)(A)(i)(III)
7 or (l)(2)(A) of section 1902 that is at least
8 185 percent of the poverty line.
9 "(II) The State plans under this title
10 and title XXI do not provide coverage for
11 pregnant women described in subpara-
12 graph (A)(ii) with higher family income
13 without covering such pregnant women
14 with a lower family income.
15 "(III) The State does not apply an in-
16 come level for pregnant women that is
17 lower than the effective income level that
18 has been specified under the State plan
19 under subsection (a)(10)(A)(i)(III) or
20 (l)(2)(A) of section 1902, as of January 1,
21 2004, to be eligible for medical assistance
22 as a pregnant woman.
23 "(IV) The State satisfies the condi-
24 tions described in subclauses (I) and (II)
25 of clause (iii).

1 "(vi) DEFINITIONS.—For purposes of this
2 subsection:
3 "(I) The term 'parent' has the mean-
4 ing given such term for purposes of section
5 1902(k)(1).
6 "(II) The term 'poverty line' has the
7 meaning given such term in section
8 2110(c)(5).".
9 (D) APPROPRIATION FROM TITLE XXI AL-
10 LOTMENT FOR CERTAIN MEDICAID EXPANSION
11 COSTS.—Section 2105(a) of the Social Security
12 Act (42 U.S.C. 1397ee(a)) is amended—
13 (i) in paragraph (1), by redesignating
14 subparagraphs (B) through (D) as sub-
15 paragraphs (C) through (E), respectively,
16 and by inserting after subparagraph (A)
17 the following new subparagraph:
18 "(B) for medical assistance that is attrib-
19 utable to expenditures described in section
20 1905(u)(4)(A);"; and
21 (ii) in paragraph (2), by adding at the
22 end the following new subparagraph:
23 "(E) Fifth, for expenditures for items de-
24 scribed in paragraph (1)(E).".
25 (2) UNDER TITLE XXI.—

1 (A) FAMILYCARE COVERAGE.—Title XXI
2 of the Social Security Act (42 U.S.C. 1397aa et
3 seq.) is amended by adding at the end the fol-
4 lowing:

5 **"SEC. 2111. OPTIONAL FAMILYCARE COVERAGE OF PAR-**
6 **ENTS OF TARGETED LOW-INCOME CHILDREN.**

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

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

17 "(2) with respect to the provision of health care
18 assistance for pregnant women, the State meets the
19 conditions described in clause (iv) of section
20 1905(u)(4)(A); and

21 "(3) in the case of parent health assistance for
22 targeted low-income parents, the State elects to pro-
23 vide medical assistance under section
24 1902(a)(10)(A)(ii)(XIX), under section 1931, or
25 under a waiver under section 1115 to individuals de-

1 scribed in section 1902(k)(1)(A)(i) and elects an ef-
2 fective income level that, consistent with paragraphs
3 (1)(B) and (2) of section 1902(k), ensures to the
4 maximum extent possible, that such individuals shall
5 be enrolled in the same program as their children if
6 their children are eligible for coverage under title
7 XIX (including under a waiver authorized by the
8 Secretary or under section 1902(r)(2)).
9 ''(b) DEFINITIONS.—For purposes of this title:
10 ''(1) PARENT HEALTH ASSISTANCE.—The term
11 'parent health assistance' has the meaning given the
12 term child health assistance in section 2110(a) as if
13 any reference to targeted low-income children were
14 a reference to targeted low-income parents.
15 ''(2) PARENT.—The term 'parent' has the
16 meaning given the term 'caretaker relative' for pur-
17 poses of carrying out section 1931.
18 ''(3) HEALTH CARE ASSISTANCE FOR PREG-
19 NANT WOMEN.—The term 'health care assistance for
20 pregnant women' has the meaning given the term
21 child health assistance in section 2110(a) as if any
22 reference to targeted low-income children were a ref-
23 erence to targeted low-income pregnant women.
24 ''(4) TARGETED LOW-INCOME PARENT.—The
25 term 'targeted low-income parent' has the meaning

1 given the term targeted low-income child in section
2 2110(b) as if the reference to a child were deemed
3 a reference to a parent (as defined in paragraph (3))
4 of the child; except that in applying such section—
5 ‘‘(A) there shall be substituted for the in-
6 come level described in paragraph (1)(B)(ii)(I)
7 the applicable income level in effect for a tar-
8 geted low-income child;
9 ‘‘(B) in paragraph (3), January 1, 2004,
10 shall be substituted for July 1, 1997; and
11 ‘‘(C) in paragraph (4), January 1, 2004,
12 shall be substituted for March 31, 1997.
13 ‘‘(5) TARGETED LOW-INCOME PREGNANT
14 WOMAN.—The term ‘targeted low-income pregnant
15 woman’ has the meaning given the term targeted
16 low-income child in section 2110(b) as if any ref-
17 erence to a child were a reference to a woman dur-
18 ing pregnancy and through the end of the month in
19 which the 60-day period beginning on the last day
20 of her pregnancy ends; except that in applying such
21 section—
22 ‘‘(A) there shall be substituted for the in-
23 come level described in paragraph (1)(B)(ii)(I)
24 the applicable income level in effect for a tar-
25 geted low-income child;

1 "(B) in paragraph (3), January 1, 2004,
2 shall be substituted for July 1, 1997; and
3 "(C) in paragraph (4), January 1, 2004,
4 shall be substituted for March 31, 1997.
5 "(c) REFERENCES TO TERMS AND SPECIAL
6 RULES.—In the case of, and with respect to, a State pro-
7 viding for coverage of parent health assistance to targeted
8 low-income parents or health care assistance to targeted
9 low-income pregnant women under subsection (a), the fol-
10 lowing special rules apply:
11 "(1) Any reference in this title (other than in
12 subsection (b)) to a targeted low-income child is
13 deemed to include a reference to a targeted low-in-
14 come parent or a targeted low-income pregnant
15 woman (as applicable).
16 "(2) Any such reference to child health assist-
17 ance—
18 "(A) with respect to such parents is
19 deemed a reference to parent health assistance;
20 and
21 "(B) with respect to such pregnant women,
22 is deemed a reference to health care assistance
23 for pregnant women.
24 "(3) In applying section 2103(e)(3)(B) in the
25 case of a family (consisting of a parent and one or

1 more children) provided coverage under this section
2 or a pregnant woman provided coverage under this
3 section without covering other family members, the
4 limitation on total annual aggregate cost-sharing
5 shall be applied to such entire family or such preg-
6 nant woman, respectively.

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

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

19 (B) ADDITIONAL ALLOTMENT FOR STATES
20 PROVIDING FAMILYCARE.—

21 (i) IN GENERAL.—Section 2104 of the
22 Social Security Act (42 U.S.C. 1397dd) is
23 amended by inserting after subsection (c)
24 the following:

1 "(d) ADDITIONAL ALLOTMENTS FOR STATE PRO-
2 VIDING FAMILYCARE.—
3 "(1) APPROPRIATION; TOTAL ALLOTMENT.—
4 For the purpose of providing additional allotments
5 to States to provide FamilyCare coverage under sec-
6 tion 2111, there is appropriated, out of any money
7 in the Treasury not otherwise appropriated—
8 "(A) for fiscal year 2004, $2,000,000,000;
9 "(B) for fiscal year 2005, $2,000,000,000;
10 "(C) for fiscal year 2006, $3,000,000,000;
11 and
12 "(D) for fiscal year 2007, $3,000,000,000.
13 "(2) STATE AND TERRITORIAL ALLOTMENTS.—
14 "(A) IN GENERAL.—In addition to the al-
15 lotments provided under subsections (b) and
16 (c), subject to paragraphs (3) and (4), of the
17 amount available for the additional allotments
18 under paragraph (1) for a fiscal year, the Sec-
19 retary shall allot to each State with a State
20 child health plan approved under this title—
21 "(i) in the case of such a State other
22 than a commonwealth or territory de-
23 scribed in clause (ii), the same proportion
24 as the proportion of the State's allotment
25 under subsection (b) (determined without

1 regard to subsection (f)) to 98.95 percent
2 of the total amount of the allotments
3 under such section for such States eligible
4 for an allotment under this subparagraph
5 for such fiscal year; and

6 ''(ii) in the case of a commonwealth or
7 territory described in subsection (c)(3), the
8 same proportion as the proportion of the
9 commonwealth's or territory's allotment
10 under subsection (c) (determined without
11 regard to subsection (f)) to 1.05 percent of
12 the total amount of the allotments under
13 such section for commonwealths and terri-
14 tories eligible for an allotment under this
15 subparagraph for such fiscal year.

16 ''(B) AVAILABILITY AND REDISTRIBUTION
17 OF UNUSED ALLOTMENTS.—In applying sub-
18 sections (e) and (f) with respect to additional
19 allotments made available under this subsection,
20 the procedures established under such sub-
21 sections shall ensure such additional allotments
22 are only made available to States which have
23 elected to provide coverage under section 2111.

24 ''(3) USE OF ADDITIONAL ALLOTMENT.—Addi-
25 tional allotments provided under this subsection are

1 not available for amounts expended before October
2 1, 2003. Such amounts are available for amounts ex-
3 pended on or after such date for child health assist-
4 ance for targeted low-income children, as well as for
5 parent health assistance for targeted low-income
6 parents, and health care assistance for targeted low-
7 income pregnant women.

8 "(4) REQUIRING ELECTION TO PROVIDE COV-
9 ERAGE.—No payments may be made to a State
10 under this title from an allotment provided under
11 this subsection unless the State has made an elec-
12 tion to provide parent health assistance for targeted
13 low-income parents, or health care assistance for
14 targeted low-income pregnant women.".

15 (ii) CONFORMING AMENDMENTS.—
16 Section 2104 of the Social Security Act
17 (42 U.S.C. 1397dd) is amended—

18 (I) in subsection (a), by inserting
19 "subject to subsection (d)," after
20 "under this section,";

21 (II) in subsection (b)(1), by in-
22 serting "and subsection (d)" after
23 "Subject to paragraph (4)"; and

1 (III) in subsection (c)(1), by in-
2 serting “subject to subsection (d),”
3 after “for a fiscal year,”.
4 (C) NO COST-SHARING FOR PREGNANCY-
5 RELATED BENEFITS.—Section 2103(e)(2) of
6 the Social Security Act (42 U.S.C.
7 1397cc(e)(2)) is amended—
8 (i) in the heading, by inserting “AND
9 PREGNANCY-RELATED SERVICES” after
10 “PREVENTIVE SERVICES”; and
11 (ii) by inserting before the period at
12 the end the following: “and for pregnancy-
13 related services”.
14 (3) EFFECTIVE DATE.—The amendments made
15 by this subsection apply to items and services fur-
16 nished on or after October 1, 2003, whether or not
17 regulations implementing such amendments have
18 been issued.
19 (b) RULES FOR IMPLEMENTATION BEGINNING WITH
20 FISCAL YEAR 2005.—
21 (1) EXPANSION OF AVAILABILITY OF EN-
22 HANCED MATCH UNDER MEDICAID FOR PRE-CHIP
23 EXPANSIONS.—Paragraph (4) of section 1905(u) of
24 the Social Security Act (42 U.S.C. 1396d(u)), as in-
25 serted by subsection (a)(1)(C), is amended—

1 (A) by amending clause (ii) of subpara-
2 graph (A) to read as follows:
3 "(ii) CERTAIN PREGNANT WOMEN.—Ex-
4 penditures for medical assistance for pregnant
5 women under section 1902(l)(1)(A) in a family
6 the income of which exceeds the 133 percent of
7 the income official poverty line, but only if the
8 income level established under section
9 1902(l)(2) (or under a Statewide waiver under
10 section 1115) for pregnant women is 185 per-
11 cent of the income official poverty line."; and
12 (B) by adding at the end the following:
13 "(B) CHILDREN IN FAMILIES WITH INCOME
14 ABOVE MEDICAID MANDATORY LEVEL NOT PRE-
15 VIOUSLY DESCRIBED.—The expenditures described
16 in this subparagraph are expenditures (other than
17 expenditures described in paragraph (2) or (3)) for
18 medical assistance made available to any child who
19 is eligible for assistance under section
20 1902(a)(10)(A) (other than under clause (i)) and
21 the income of whose family exceeds the minimum in-
22 come level required under subsection 1902(l)(2) (or,
23 if higher, the minimum level required under section
24 1931 for that State) for a child of the age involved

1 (treating any child who is 19 or 20 years of age as
2 being 18 years of age).''.
3 (2) OFFSET OF ADDITIONAL EXPENDITURES
4 FOR ENHANCED MATCH FOR PRE-CHIP EXPAN-
5 SION.—Section 1905 of the Social Security Act (42
6 U.S.C. 1396d) is amended—
7 (A) in the fourth sentence of subsection
8 (b), by inserting ''(except in the case of expend-
9 itures described in subsection (u)(5))'' after ''do
10 not exceed'';
11 (B) in subsection (u), by inserting after
12 paragraph (4) (as inserted by subparagraph
13 (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 133 PER-
20 CENT OF POVERTY.—The portion of the payments
21 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 "(B) FAMILYCARE PARENTS.—Payments for
2 expenditures described in paragraph (4)(A)(i).
3 "(C) REGULAR FMAP FOR EXPENDITURES FOR
4 CERTAIN CHILDREN IN FAMILIES WITH INCOME
5 ABOVE MEDICAID MANDATORY LEVEL.—The portion
6 of the payments made for expenditures described in
7 paragraph (4)(B) that represents the amount that
8 would have been paid if the enhanced FMAP had
9 not been substituted for the Federal medical assist-
10 ance percentage.".
11 (B) CONFORMING AMENDMENTS.—Sub-
12 paragraph (B) of section 2105(a)(1) of the So-
13 cial Security Act, as amended by subsection
14 (a)(1)(D), is amended to read as follows:
15 "(B) CERTAIN FAMILYCARE PARENTS AND
16 OTHERS.—Expenditures for medical assistance
17 that is attributable to expenditures described in
18 section 1905(u)(4), except as provided in sec-
19 tion 1905(u)(5).".
20 (3) EFFECTIVE DATE.—The amendments made
21 by this subsection apply as of October 1, 2004, to
22 fiscal years beginning on or after such date and to
23 expenditures under the State plan on and after such
24 date, whether or not regulations implementing such
25 amendments have been issued.

1 (c) GAO STUDY.—
2 (1) STUDY.—The Comptroller General of the
3 United States shall conduct a study regarding fund-
4 ing under title XXI of the Social Security Act that
5 examines—
6 (A) the adequacy of overall funding under
7 such title;
8 (B) the formula for determining allotments
9 and for redistribution of unspent funds under
10 such title; and
11 (C) the effect of waiting lists and caps on
12 enrollment under such title.
13 (2) REPORT.—Not later than July 1, 2005, the
14 Comptroller General shall submit a report on the
15 study conducted under paragraph (1). Such report
16 shall include recommendations regarding a better
17 mechanism for determining State allotments and re-
18 distribution of unspent funds under such title in
19 order to ensure all eligible families in need can ac-
20 cess coverage through such title.
21 (d) CONFORMING AMENDMENTS.—
22 (1) ELIGIBILITY CATEGORIES.—Section
23 1905(a) of the Social Security Act (42 U.S.C.
24 1396d(a)) is amended, in the matter before para-
25 graph (1)—

1 (A) by striking "or" at the end of clause
2 (xii);
3 (B) by inserting "or" at the end of clause
4 (xiii); and
5 (C) by inserting after clause (xiii) the fol-
6 lowing:
7 "(xiv) who are parents described (or treated as
8 if described) in section 1902(k)(1),".
9 (2) INCOME LIMITATIONS.—Section 1903(f)(4)
10 of the Social Security Act (42 U.S.C. 1396b(f)(4))
11 is amended by inserting "1902(a)(10)(A)(ii)(XIX),"
12 after "1902(a)(10)(A)(ii)(XVIII),".
13 (3) CONFORMING AMENDMENT RELATING TO
14 NO WAITING PERIOD FOR PREGNANT WOMEN.—Sec-
15 tion 2102(b)(1)(B) of the Social Security Act (42
16 U.S.C. 1397bb(b)(1)(B)) is amended—
17 (A) by striking ", and" at the end of
18 clause (i) and inserting a semicolon;
19 (B) by striking the period at the end of
20 clause (ii) and inserting "; and"; and
21 (C) by adding at the end the following:
22 "(iii) may not apply a waiting period
23 (including a waiting period to carry out
24 paragraph (3)(C)) in the case of a targeted
25 low-income parent who is pregnant.".

1 **SEC. 104. AUTOMATIC ENROLLMENT OF CHILDREN BORN**
2 **TO TITLE XXI PARENTS.**

3 Section 2102(b)(1) of the Social Security Act (42
4 U.S.C. 1397bb(b)(1)) is amended by adding at the end
5 the following:

6 ‘‘(C) AUTOMATIC ELIGIBILITY OF CHIL-
7 DREN BORN TO A PARENT BEING PROVIDED
8 FAMILYCARE.—Such eligibility standards shall
9 provide for automatic coverage of a child born
10 to an individual who is provided assistance
11 under this title in the same manner as medical
12 assistance would be provided under section
13 1902(e)(4) to a child described in such sec-
14 tion.’’.

15 **SEC. 105. OPTIONAL COVERAGE OF CHILDREN THROUGH**
16 **AGE 20 UNDER THE MEDICAID PROGRAM AND**
17 **TITLE XXI.**

18 (a) MEDICAID.—

19 (1) IN GENERAL.—Section 1902(l)(1)(D) of the
20 Social Security Act (42 U.S.C. 1396a(l)(1)(D)) is
21 amended by inserting ‘‘(or, at the election of a
22 State, 20 or 21 years of age)’’ after ‘‘19 years of
23 age’’.

24 (2) CONFORMING AMENDMENTS.—

25 (A) Section 1902(e)(3)(A) of the Social Se-
26 curity Act (42 U.S.C. 1396a(e)(3)(A)) is

1 amended by inserting "(or 1 year less than the
2 age the State has elected under subsection
3 (l)(1)(D))" after "18 years of age".
4 (B) Section 1902(e)(12) of the Social Se-
5 curity Act (42 U.S.C. 1396a(e)(12)) is amend-
6 ed by inserting "or such higher age as the State
7 has elected under subsection (l)(1)(D)" after
8 "19 years of age".
9 (C) Section 1920A(b)(1) of the Social Se-
10 curity Act (42 U.S.C. 1396r–1a(b)(1)) is
11 amended by inserting "or such higher age as
12 the State has elected under section
13 1902(l)(1)(D)" after "19 years of age".
14 (D) Section 1928(h)(1) of the Social Secu-
15 rity Act (42 U.S.C. 1396s(h)(1)) is amended by
16 inserting "or 1 year less than the age the State
17 has elected under section 1902(l)(1)(D)" before
18 the period at the end.
19 (E) Section 1932(a)(2)(A) of the Social
20 Security Act (42 U.S.C. 1396u–2(a)(2)(A)) is
21 amended by inserting "(or such higher age as
22 the State has elected under section
23 1902(l)(1)(D))" after "19 years of age".
24 (b) TITLE XXI.—Section 2110(c)(1) of the Social
25 Security Act (42 U.S.C. 1397jj(c)(1)) is amended by in-

1 serting "(or such higher age as the State has elected under
2 section 1902(l)(1)(D))".
3 (c) EFFECTIVE DATE.—The amendments made by
4 this section take effect on January 1, 2004, and apply to
5 medical assistance and child health assistance provided on
6 or after such date, whether or not regulations imple-
7 menting such amendments have been issued.

8 **SEC. 106. ALLOWING STATES TO SIMPLIFY RULES FOR FAM-**
9 **ILIES.**

10 (a) PRESUMPTIVE ELIGIBILITY.—
11 (1) APPLICATION TO PRESUMPTIVE ELIGIBILITY
12 FOR PREGNANT WOMEN UNDER MEDICAID.—Section
13 1920(b) of the Social Security Act (42 U.S.C.
14 1396r–1(b)) is amended by adding at the end after
15 and below paragraph (2) the following flush sen-
16 tence:
17 "The term 'qualified provider' includes a qualified entity
18 as defined in section 1920A(b)(3).".
19 (2) OPTIONAL APPLICATION OF PRESUMPTIVE
20 ELIGIBILITY PROVISIONS TO PARENTS.—Section
21 1920A of the Social Security Act (42 U.S.C. 1396r–
22 1a) is amended by adding at the end the following:
23 "(e) A State may elect to apply the previous provi-
24 sions of this section to provide for a period of presumptive
25 eligibility for medical assistance for a parent of a child

1 with respect to whom such a period is provided under this
2 section.''.
3 (3) APPLICATION UNDER TITLE XXI.—Section
4 2107(e)(1)(D) of the Social Security Act (42 U.S.C.
5 1397gg(e)(1)) is amended to read as follows:
6 ''(D) Sections 1920 and 1920A (relating to
7 presumptive eligibility).''.
8 (b) 12-MONTHS CONTINUOUS ELIGIBILITY.—
9 (1) MEDICAID.—Section 1902(e)(12) of the So-
10 cial Security Act (42 U.S.C. 1396a(e)(12)) is
11 amended—
12 (A) by striking ''At the option of the State,
13 the plan may'' and inserting ''The plan shall'';
14 (B) by striking ''an age specified by the
15 State (not to exceed 19 years of age)'' and in-
16 serting ''19 years of age (or such higher age as
17 the State has elected under subsection
18 (l)(1)(D)) or, at the option of the State, who is
19 eligible for medical assistance as the parent of
20 such a child''; and
21 (C) in subparagraph (A), by striking ''a
22 period (not to exceed 12 months) '' and insert-
23 ing ''the 12-month period beginning on the
24 date''.

1 (2) TITLE XXI.—Section 2102(b)(2) of such
2 Act (42 U.S.C. 1397bb(b)(2)) is amended by adding
3 at the end the following: "Such methods shall pro-
4 vide continuous eligibility for children under this
5 title in a manner that is no less generous than the
6 12-months continuous eligibility provided under sec-
7 tion 1902(e)(12) for children described in such sec-
8 tion under title XIX. If a State has elected to apply
9 section 1902(e)(12) to parents, such methods may
10 provide continuous eligibility for parents under this
11 title in a manner that is no less generous than the
12 12-months continuous eligibility provided under such
13 section for parents described in such section under
14 title XIX.".

15 (3) EFFECTIVE DATE.—The amendments made
16 by this subsection shall take effect on July 1, 2004
17 (or, if later, 60 days after the date of the enactment
18 of this Act), whether or not regulations imple-
19 menting such amendments have been issued.

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

1 (1) by striking ''(B) Applications'' and inserting
2 ''(B)(i) Applications''; and
3 (2) by adding at the end the following:
4 ''(ii)(I) Applications for free and reduced price
5 lunches that are distributed pursuant to clause (i) to par-
6 ents or guardians of children in attendance at schools par-
7 ticipating in the school lunch program under this Act shall
8 also contain information on the availability of medical as-
9 sistance under title XIX of the Social Security Act (42
10 U.S.C. 1396 et seq.) and of child health and FamilyCare
11 assistance under title XXI of such Act, including informa-
12 tion on how to obtain an application for assistance under
13 such programs.
14 ''(II) Information on the programs referred to in sub-
15 clause (I) shall be provided on a form separate from the
16 application form for free and reduced price lunches under
17 clause (i).''.

18 **SEC. 107. DEMONSTRATION PROGRAMS TO IMPROVE MED-**
19 **ICAID AND CHIP OUTREACH TO HOMELESS**
20 **INDIVIDUALS AND FAMILIES.**

21 (a) AUTHORITY.—The Secretary of Health and
22 Human Services may award demonstration grants to not
23 more than 7 States (or other qualified entities) to conduct
24 innovative programs that are designed to improve out-
25 reach to homeless individuals and families under the pro-

1 grams described in subsection (b) with respect to enroll-
2 ment of such individuals and families under such pro-
3 grams and the provision of services (and coordinating the
4 provision of such services) under such programs.

5 (b) PROGRAMS FOR HOMELESS DESCRIBED.—The
6 programs described in this subsection are as follows:

7 (1) MEDICAID.—The program under title XIX
8 of the Social Security Act (42 U.S.C. 1396 et seq.).

9 (2) CHIP.—The program under title XXI of
10 the Social Security Act (42 U.S.C. 1397aa et seq.).

11 (3) TANF.—The program under part of A of
12 title IV of the Social Security Act (42 U.S.C. 601
13 et seq.).

14 (4) SAMHSA BLOCK GRANTS.—The program
15 of grants under part B of title XIX of the Public
16 Health Service Act (42 U.S.C. 300x–1 et seq.).

17 (5) FOOD STAMP PROGRAM.—The program
18 under the Food Stamp Act of 1977 (7 U.S.C. 2011
19 et seq.).

20 (6) WORKFORCE INVESTMENT ACT.—The pro-
21 gram under the Workforce Investment Act of 1999
22 (29 U.S.C. 2801 et seq.).

23 (7) WELFARE-TO-WORK.—The welfare-to-work
24 program under section 403(a)(5) of the Social Secu-
25 rity Act (42 U.S.C. 603(a)(5)).

1 (8) OTHER PROGRAMS.—Other public and pri-
2 vate benefit programs that serve low-income individ-
3 uals.
4 (c) APPROPRIATIONS.—For the purposes of carrying
5 out this section, there is appropriated for fiscal year 2004,
6 out of any funds in the Treasury not otherwise appro-
7 priated, $10,000,000, to remain available until expended.

8 **SEC. 108. ADDITIONAL CHIP REVISIONS.**

9 (a) LIMITING COST-SHARING TO 2.5 PERCENT FOR
10 FAMILIES WITH INCOME BELOW 150 PERCENT OF POV-
11 ERTY.—Section 2103(e)(3)(A) of the Social Security Act
12 (42 U.S.C. 1397cc(e)(3)(A)) is amended—
13 (1) by striking ''and'' at the end of clause (i);
14 (2) by striking the period at the end of clause
15 (ii) and inserting ''; and''; and
16 (3) by adding at the end the following new
17 clause:
18 ''(iii) total annual aggregate cost-
19 sharing described in clauses (i) and (ii)
20 with respect to all such targeted low-in-
21 come children in a family under this title
22 that exceeds 2.5 percent of such family's
23 income for the year involved.''.

1 (b) EMPLOYER COVERAGE WAIVER CHANGES.—Sec-
2 tion 2105(c)(3) of such Act (42 U.S.C. 1397ee(c)(3)) is
3 amended—
4 (1) by redesignating subparagraphs (A) and
5 (B) as clauses (i) and (ii) and indenting appro-
6 priately;
7 (2) by designating the matter beginning with
8 ''Payment may be made'' as a subparagraph (A)
9 with the heading ''IN GENERAL'' and indenting ap-
10 propriately; and
11 (3) by adding at the end the following new sub-
12 paragraph:
13 ''(B) APPLICATION OF REQUIREMENTS.—
14 In carrying out subparagraph (A)—
15 ''(i) in determining cost-effectiveness,
16 the Secretary shall measure against family
17 coverage costs to the extent that a State
18 has expanded coverage to parents pursuant
19 to section 2111;
20 ''(ii) subject to clause (iii), the State
21 shall provide satisfactory assurances that
22 the minimum benefits and cost-sharing
23 protections established under this title are
24 provided, either through the coverage

1 under subparagraph (A) or as a supple-
2 ment to such coverage; and
3 ''(iii) coverage under such subpara-
4 graph shall not be considered to violate
5 clause (ii) because it does not comply with
6 requirements relating to reviews of health
7 service decisions if the enrollee involved is
8 provided the option of being provided bene-
9 fits directly under this title.''.
10 (c) EFFECTIVE DATE.—The amendments made by
11 this section apply as of January 1, 2004, whether or not
12 regulations implementing such amendments have been
13 issued.

14 **SEC. 109. COORDINATION OF TITLE XXI WITH THE MATER-**
15 **NAL AND CHILD HEALTH PROGRAM.**

16 (a) IN GENERAL.—Section 2102(b)(3) of the Social
17 Security Act (42 U.S.C. 1397bb(b)(3)) is amended—
18 (1) in subparagraph (D), by striking ''and'' at
19 the end;
20 (2) in subparagraph (E), by striking the period
21 and inserting ''; and''; and
22 (3) by adding at the end the following new sub-
23 paragraph:
24 ''(F) that operations and activities under
25 this title are developed and implemented in con-

1 sultation and coordination with the program op-
2 erated by the State under title V in areas in-
3 cluding outreach and enrollment, benefits and
4 services, service delivery standards, public
5 health and social service agency relationships,
6 and quality assurance and data reporting.''.

7 (b) CONFORMING MEDICAID AMENDMENT.—Section
8 1902(a)(11) of such Act (42 U.S.C. 1396a(a)(11)) is
9 amended—

10 (1) by striking ''and'' before ''(C)''; and

11 (2) by inserting before the semicolon at the end
12 the following: '', and (D) provide that operations and
13 activities under this title are developed and imple-
14 mented in consultation and coordination with the
15 program operated by the State under title V in areas
16 including outreach and enrollment, benefits and
17 services, service delivery standards, public health
18 and social service agency relationships, and quality
19 assurance and data reporting''.

20 (c) EFFECTIVE DATE.—The amendments made by
21 this section take effect on January 1, 2004.

Subtitle B—State Option To Provide Coverage for All Residents With Income At or Below the Poverty Line

SEC. 121. STATE OPTION TO PROVIDE COVERAGE FOR ALL RESIDENTS WITH INCOME AT OR BELOW THE POVERTY LINE.

(a) IN GENERAL.—Section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

(1) by striking "or" at the end of subclause (XVII);

(2) by adding "or" at the end of subclause (XVIII); and

(3) by adding at the end the following new subclause:

"(XIX) any individual whose family income does not exceed 100 percent of the income official poverty line (as defined by the Office of Management and Budget, and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981) applicable to a family of the size involved and who

1 is not otherwise eligible for medical
2 assistance under this title;''.
3 (b) CONFORMING AMENDMENTS.—
4 (1) Section 1905(a) of such Act (42 U.S.C.
5 1396d(a)) is amended, in the matter before para-
6 graph (1)—
7 (A) by striking ''or'' at the end of clause
8 (xii);
9 (B) by adding ''or'' at the end of clause
10 (xiii); and
11 (C) by inserting after clause (xiii) the fol-
12 lowing new clause:
13 ''(xii) individuals described in section
14 1902(a)(10)(A)(ii)(XIX),''.
15 (2) Section 1903(f)(4) of such Act (42 U.S.C.
16 1396b(f)(4)) is amended by inserting
17 ''1902(a)(10)(A)(ii)(XIX),'' after
18 ''1902(a)(10)(A)(ii)(XVIII),''.
19 (c) EFFECTIVE DATE.—The amendments made by
20 this section shall take effect on October 1, 2004.

1 **Subtitle C—Optional Coverage of**
2 **Legal Immigrants under the**
3 **Medicaid Program and Title XXI**

4 **SEC. 131. EQUAL ACCESS TO HEALTH COVERAGE FOR**
5 **LEGAL IMMIGRANTS.**

6 (a) IN GENERAL.—Section 401(b)(1) of the Personal
7 Responsibility and Work Opportunity Reconciliation Act
8 of 1996 (8 U.S.C. 1611(b)(1)) is amended—
9 (1) by striking subparagraph (A) and inserting
10 the following:
11 ''(A) Medical assistance under title XIX of
12 the Social Security Act.''; and
13 (2) by adding at the end the following:
14 ''(F) Child health assistance under title
15 XXI of the Social Security Act.''.
16 (b) CONFORMING AMENDMENTS.—
17 (1) Section 402(b) of the Personal Responsi-
18 bility and Work Opportunity Reconciliation Act of
19 1996 (8 U.S.C. 1612(b)) is amended—
20 (A) in paragraph (2)—
21 (i) in subparagraph (A)—
22 (I) by striking clause (i);
23 (II) by redesignating clause (ii)
24 as subparagraph (A) and realigning
25 the margins accordingly; and

1 (III) by redesignating subclauses
2 (I) through (V) of subparagraph (A),
3 as so redesignated, as clauses (i)
4 through (v), respectively and realign-
5 ing the margins accordingly; and
6 (ii) by striking subparagraphs (E) and
7 (F); and
8 (B) in paragraph (3), by striking subpara-
9 graph (C).
10 (2) Section 403 of the Personal Responsibility
11 and Work Opportunity Reconciliation Act of 1996 (8
12 U.S.C. 1613)) is amended—
13 (A) in subsection (c), by adding at the end
14 the following:
15 "(M) Child health assistance provided
16 under title XXI of the Social Security Act.";
17 and
18 (B) in subsection (d)(1), by striking "pro-
19 grams specified in subsections (a)(3) and
20 (b)(3)(C)" and inserting "program specified in
21 subsection (a)(3)".
22 (3) Section 421 of the Personal Responsibility
23 and Work Opportunity Reconciliation Act of 1996 (8
24 U.S.C. 1631)) is amended by adding at the end the
25 following:

1 ''(g) EXCEPTIONS.—This section shall not apply to—
2 ''(1) medical assistance provided under a State
3 plan approved under title XIX of the Social Security
4 Act; and
5 ''(2) child health assistance provided under title
6 XXI of the Social Security Act.''.
7 (4) Section 423(d) of the Personal Responsi-
8 bility and Work Opportunity Reconciliation Act of
9 1996 is amended by adding at the end the following:
10 ''(12) Child health assistance provided under
11 title XXI of the Social Security Act.''.
12 (c) EFFECTIVE DATE.—
13 (1) IN GENERAL.—Except as provided in para-
14 graph (2), the amendments made by this section
15 take effect on the date of enactment of this Act and
16 apply to medical assistance provided under title XIX
17 of the Social Security Act and child health assist-
18 ance provided under title XXI of the Social Security
19 Act on or after that date.
20 (2) REQUIREMENTS FOR SPONSOR'S AFFIDAVIT
21 OF SUPPORT.—Section 423(d) of the Personal Re-
22 sponsibility and Work Opportunity Reconciliation
23 Act of 1996 shall be applied as if the amendments
24 made by this Act were enacted on December 1,
25 2002.

1 # Subtitle D—Indian Healthcare
2 # Funding

3 ## CHAPTER 1—GUARANTEED FUNDING

4 **SEC. 141. GUARANTEED ADEQUATE FUNDING FOR INDIAN**
5 **HEALTHCARE.**

6 Section 825 of the Indian Health Care Improvement
7 Act (25 U.S.C. 1680*o*) is amended to read as follows:

8 **"SEC. 825. FUNDING.**

9 "(a) IN GENERAL.—Notwithstanding any other pro-
10 vision of law, not later than 30 days after the date of en-
11 actment of this section, on October 1, 2003, and on each
12 October 1 thereafter, out of any funds in the Treasury
13 not otherwise appropriated, the Secretary of the Treasury
14 shall transfer to the Secretary to carry out this title the
15 amount determined under subsection (d).

16 "(b) USE AND AVAILABILITY.—
17 "(1) IN GENERAL.—An amount transferred
18 under subsection (a)—
19 "(A) shall remain available until expended;
20 and
21 "(B) shall be used to carry out any pro-
22 grams, functions, and activities relating to clin-
23 ical services (as defined in paragraph (2)) of
24 the Service and Service units.

1 ''(2) CLINICAL SERVICES DEFINED.—For pur-
2 poses of paragraph (1)(B), the term 'clinical serv-
3 ices' includes all programs of the Indian Health
4 Service which are funded directly or under the au-
5 thority of the Indian Self-Determination and Edu-
6 cation Assistance Act, for the purposes of—
7 ''(A) clinical care, including inpatient care,
8 outpatient care (including audiology, clinical eye
9 and vision care), primary care, secondary and
10 tertiary care, and long term care;
11 ''(B) preventive health, including mam-
12 mography and other cancer screening;
13 ''(C) dental care;
14 ''(D) mental health, including community
15 mental health services, inpatient mental health
16 services, dormitory mental health services,
17 therapeutic and residential treatment centers;
18 ''(E) emergency medical services;
19 ''(F) treatment and control of, and reha-
20 bilitative care related to, alcoholism and drug
21 abuse (including fetal alcohol syndrome) among
22 Indians;
23 ''(G) accident prevention programs;
24 ''(H) home healthcare;
25 ''(I) community health representatives;

1 ''(J) maintenance and repair; and
2 ''(K) traditional healthcare practices and
3 training of traditional healthcare practitioners.
4 ''(c) RECEIPT AND ACCEPTANCE.—The Secretary
5 shall be entitled to receive, shall accept, and shall use to
6 carry out this title the funds transferred under subsection
7 (a), without further appropriation.
8 ''(d) AMOUNT.—The amount referred to in sub-
9 section (a) is—
10 ''(1) for fiscal year 2004, the amount equal to
11 390 percent of the amount obligated by the Service
12 during fiscal year 2002 for the purposes described in
13 subsection (b)(2); and
14 ''(2) for fiscal year 2005 and each fiscal year
15 thereafter, the amount equal to the product obtained
16 by multiplying—
17 ''(A) the number of Indians served by the
18 Service as of September 30 of the preceding the
19 fiscal year; and
20 ''(B) the per capita baseline amount, as
21 determined under subsection (e).
22 ''(e) PER CAPITA BASELINE AMOUNT.—
23 ''(1) IN GENERAL.—For the purpose of sub-
24 section (d)(2)(B), the per capita baseline amount
25 shall be equal to the sum of—

1 ''(A) the quotient obtained by dividing—
2 ''(i) the amount specified in sub-
3 section (d)(1); by
4 ''(ii) the number of Indians served by
5 the Service as of September 30, 2002; and
6 ''(B) any applicable increase under para-
7 graph (2).
8 ''(2) INCREASE.—For each fiscal year, the Sec-
9 retary shall provide a percentage increase (rounded
10 to the nearest dollar) in the per capita baseline
11 amount equal to the percentage by which—
12 ''(A) the Consumer Price Index for all
13 Urban Consumers published by the Department
14 of Labor (relating to the United States city av-
15 erage for medical care and not seasonally ad-
16 justed) for the 1-year period ending on the
17 June 30 of the fiscal year preceding the fiscal
18 year for which the increase is made; exceeds
19 ''(B) that Consumer Price Index for the 1-
20 year period preceding the 1-year period de-
21 scribed in subparagraph (A).''.

1 **CHAPTER 2—INDIAN HEALTHCARE**
2 **PROGRAMS**

3 **SEC. 145. PROGRAMS OPERATED BY INDIAN TRIBES AND**
4 **TRIBAL ORGANIZATIONS.**

5 The Service shall provide funds for healthcare pro-
6 grams and facilities operated by Indian tribes and tribal
7 organizations under funding agreements with the Service
8 entered into under the Indian Self-Determination and
9 Education Assistance Act on the same basis as such funds
10 are provided to programs and facilities operated directly
11 by the Service.

12 **SEC. 146. LICENSING.**

13 Healthcare professionals employed by Indian tribes
14 and tribal organizations to carry out agreements under the
15 Indian Self-Determination and Education Assistance Act,
16 shall, if licensed in any State, be exempt from the licensing
17 requirements of the State in which the agreement is per-
18 formed.

19 **SEC. 147. AUTHORIZATION FOR EMERGENCY CONTRACT**
20 **HEALTH SERVICES.**

21 With respect to an elderly Indian or an Indian with
22 a disability receiving emergency medical care or services
23 from a non-Service provider or in a non-Service facility
24 under the authority of the Indian Health Care Improve-
25 ment Act, the time limitation (as a condition of payment)

for notifying the Service of such treatment or admission shall be 30 days.

SEC. 148. PROMPT ACTION ON PAYMENT OF CLAIMS.

(a) REQUIREMENT.—The Service shall respond to a notification of a claim by a provider of a contract care service with either an individual purchase order or a denial of the claim within 5 working days after the receipt of such notification.

(b) FAILURE TO RESPOND.—If the Service fails to respond to a notification of a claim in accordance with subsection (a), the Service shall accept as valid the claim submitted by the provider of a contract care service.

(c) PAYMENT.—The Service shall pay a valid contract care service claim within 30 days after the completion of the claim.

SEC. 149. LIABILITY FOR PAYMENT.

(a) NO LIABILITY.—A patient who receives contract healthcare services that are authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services.

(b) NOTIFICATION.—The Secretary shall notify a contract care provider and any patient who receives contract healthcare services authorized by the Service that such patient is not liable for the payment of any charges or costs associated with the provision of such services.

(c) LIMITATION.—Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 154(b), the provider shall have no further recourse against the patient who received the services involved.

SEC. 150. HEALTH SERVICES FOR INELIGIBLE PERSONS.

(a) INELIGIBLE PERSONS.—

(1) IN GENERAL.—Any individual who—

(A) has not attained 19 years of age;

(B) is the natural or adopted child, stepchild, foster-child, legal ward, or orphan of an eligible Indian; and

(C) is not otherwise eligible for the health services provided by the Service,

shall be eligible for all health services provided by the Service on the same basis and subject to the same rules that apply to eligible Indians until such individual attains 19 years of age. The existing and potential health needs of all such individuals shall be taken into consideration by the Service in determining the need for, or the allocation of, the health resources of the Service. If such an individual has been determined to be legally incompetent prior to attaining 19 years of age, such individual shall re-

1 main eligible for such services until one year after
2 the date such disability has been removed.
3 (2) SPOUSES.—Any spouse of an eligible Indian
4 who is not an Indian, or who is of Indian descent
5 but not otherwise eligible for the health services pro-
6 vided by the Service, shall be eligible for such health
7 services if all of such spouses or spouses who are
8 married to members of the Indian tribe being served
9 are made eligible, as a class, by an appropriate reso-
10 lution of the governing body of the Indian tribe or
11 tribal organization providing such services. The
12 health needs of persons made eligible under this
13 paragraph shall not be taken into consideration by
14 the Service in determining the need for, or allocation
15 of, its health resources.
16 (b) PROGRAMS AND SERVICES.—
17 (1) PROGRAMS.—
18 (A) IN GENERAL.—The Secretary may
19 provide health services under this subsection
20 through health programs operated directly by
21 the Service to individuals who reside within the
22 service area of a service unit and who are not
23 eligible for such health services under any other
24 subsection of this section or under any other
25 provision of law if—

1 (i) the Indian tribe (or, in the case of
2 a multi-tribal service area, all the Indian
3 tribes) served by such service unit requests
4 such provision of health services to such
5 individuals; and
6 (ii) the Secretary and the Indian tribe
7 or tribes have jointly determined that—
8 (I) the provision of such health
9 services will not result in a denial or
10 diminution of health services to eligi-
11 ble Indians; and
12 (II) there is no reasonable alter-
13 native health program or services,
14 within or without the service area of
15 such service unit, available to meet
16 the health needs of such individuals.
17 (B) FUNDING AGREEMENTS.—In the case
18 of health programs operated under a funding
19 agreement entered into under the Indian Self-
20 Determination and Educational Assistance Act,
21 the governing body of the Indian tribe or tribal
22 organization providing health services under
23 such funding agreement is authorized to deter-
24 mine whether health services should be provided
25 under such funding agreement to individuals

1 who are not eligible for such health services
2 under any other subsection of this section or
3 under any other provision of law. In making
4 such determinations, the governing body of the
5 Indian tribe or tribal organization shall take
6 into account the considerations described in
7 subparagraph (A)(ii).

8 (2) LIABILITY FOR PAYMENT.—

9 (A) IN GENERAL.—Persons receiving
10 health services provided by the Service by rea-
11 son of this subsection shall be liable for pay-
12 ment of such health services under a schedule
13 of charges prescribed by the Secretary which, in
14 the judgment of the Secretary, results in reim-
15 bursement in an amount not less than the ac-
16 tual cost of providing the health services. Not-
17 withstanding section 1880 of the Social Secu-
18 rity Act or any other provision of law, amounts
19 collected under this subsection, including medi-
20 care or medicaid reimbursements under titles
21 XVIII and XIX of the Social Security Act, shall
22 be credited to the account of the program pro-
23 viding the service and shall be used solely for
24 the provision of health services within that pro-
25 gram. Amounts collected under this subsection

1 shall be available for expenditure within such
2 program for not to exceed 1 fiscal year after
3 the fiscal year in which collected.

4 (B) SERVICES FOR INDIGENT PERSONS.—
5 Health services may be provided by the Sec-
6 retary through the Service under this sub-
7 section to an indigent person who would not be
8 eligible for such health services but for the pro-
9 visions of paragraph (1) only if an agreement
10 has been entered into with a State or local gov-
11 ernment under which the State or local govern-
12 ment agrees to reimburse the Service for the
13 expenses incurred by the Service in providing
14 such health services to such indigent person.

15 (3) SERVICE AREAS.—

16 (A) SERVICE TO ONLY ONE TRIBE.—In the
17 case of a service area which serves only one In-
18 dian tribe, the authority of the Secretary to
19 provide health services under paragraph (1)(A)
20 shall terminate at the end of the fiscal year suc-
21 ceeding the fiscal year in which the governing
22 body of the Indian tribe revokes its concurrence
23 to the provision of such health services.

24 (B) MULTI-TRIBAL AREAS.—In the case of
25 a multi-tribal service area, the authority of the

1 Secretary to provide health services under para-
2 graph (1)(A) shall terminate at the end of the
3 fiscal year succeeding the fiscal year in which at
4 least 51 percent of the number of Indian tribes
5 in the service area revoke their concurrence to
6 the provision of such health services.

7 (c) PURPOSE FOR PROVIDING SERVICES.—The Serv-
8 ice may provide health services under this subsection to
9 individuals who are not eligible for health services provided
10 by the Service under any other subsection of this section
11 or under any other provision of law in order to—

12 (1) achieve stability in a medical emergency;

13 (2) prevent the spread of a communicable dis-
14 ease or otherwise deal with a public health hazard;

15 (3) provide care to non-Indian women pregnant
16 with an eligible Indian's child for the duration of the
17 pregnancy through post partum; or

18 (4) provide care to immediate family members
19 of an eligible person if such care is directly related
20 to the treatment of the eligible person.

21 (d) HOSPITAL PRIVILEGES.—Hospital privileges in
22 health facilities operated and maintained by the Service
23 or operated under a contract entered into under the Indian
24 Self-Determination Education Assistance Act may be ex-
25 tended to non-Service healthcare practitioners who provide

1 services to persons described in subsection (a) or (b). Such
2 non-Service healthcare practitioners may be regarded as
3 employees of the Federal Government for purposes of sec-
4 tion 1346(b) and chapter 171 of title 28, United States
5 Code (relating to Federal tort claims) only with respect
6 to acts or omissions which occur in the course of providing
7 services to eligible persons as a part of the conditions
8 under which such hospital privileges are extended.

9 (e) DEFINITION.—In this section, the term ''eligible
10 Indian'' means any Indian who is eligible for health serv-
11 ices provided by the Service without regard to the provi-
12 sions of this section.

13 **SEC. 151. DEFINITIONS.**

14 For purposes of this chapter, the definitions con-
15 tained in section 4 of the Indian Health Care Improve-
16 ment Act shall apply.

17 **SEC. 152. AUTHORIZATION OF APPROPRIATIONS.**

18 There are authorized to be appropriated such sums
19 as may be necessary for each fiscal year through fiscal
20 year 2015 to carry out this chapter.

21 Subtitle E—Territories

22 **SEC. 161. FUNDING FOR TERRITORIES.**

23 (a) TEMPORARY ELIMINATION OF SPENDING CAP.—
24 Section 1108 of the Social Security Act (42 U.S.C. 1308)
25 is amended—

1 (1) in subsection (f), by striking ''subsection
2 (g)'' and inserting ''subsections (g) and (h)''; and
3 (2) by adding at the end the following:
4 ''(h) TEMPORARY ELIMINATION OF CAPS.—With re-
5 spect to each of fiscal years 2004 through 2007, the Sec-
6 retary shall make payments under title XIX to Puerto
7 Rico, the Virgin Islands, Guam, the Northern Mariana Is-
8 lands, and American Samoa without regard to the limita-
9 tions on the amount of such payments imposed under sub-
10 sections (f) and (g).''.
11 (b) TEMPORARY INCREASE IN FMAP.—The first
12 sentence of section 1905(b) of the Social Security Act (42
13 U.S.C. 1396d(b)) is amended by inserting ''(except that,
14 only with respect to fiscal years 2004 through 2007 and
15 only for purposes of expenditures under this title, such
16 percentage shall be 77 percent)'' after ''50 per centum''.

17 Subtitle F—Migrant Workers and
18 Farmworkers Health

19 **SEC. 171. DEMONSTRATION PROJECT REGARDING CON-**
20 **TINUITY OF COVERAGE OF MIGRANT WORK-**
21 **ERS AND FARMWORKERS UNDER MEDICAID**
22 **AND CHIP.**
23 (a) AUTHORITY TO CONDUCT DEMONSTRATION
24 PROJECT.—

1 (1) IN GENERAL.—The Secretary of Health and
2 Human Services shall conduct a demonstration
3 project for the purpose of evaluating methods for
4 strengthening the health coverage of, and continuity
5 of coverage of, migrant workers and farmworkers
6 under the medicaid and State children's health in-
7 surance programs (42 U.S.C. 1396 et seq., 1397aa
8 et seq.).

9 (2) WAIVER AUTHORITY.—The Secretary of
10 Health and Human Services shall waive compliance
11 with the requirements of titles XI, XIX, and XXI of
12 the Social Security Act (42 U.S.C. 1301 et seq,
13 1396 et seq., 1397aa et seq.) to such extent and for
14 such period as the Secretary determines is necessary
15 to conduct the demonstration project under this sec-
16 tion.

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

19 (1) uniform eligibility criteria under the med-
20 icaid and State children's health insurance programs
21 with respect to migrant workers and farmworkers;
22 and

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

1 (c) REPORT.—Not later than March 31, 2005, the
2 Secretary of Health and Human Services shall submit a
3 report to Congress on the demonstration project con-
4 ducted under this section that contains such recommenda-
5 tions for legislative action as the Secretary determines is
6 appropriate.

7 Subtitle G—Expanded Access to 8 Health Care

9 SEC. 181. NATIONAL COMMISSION FOR EXPANDED ACCESS 10 TO HEALTH CARE.

11 (a) ESTABLISHMENT.—There is established a com-
12 mission to be known as the National Commission for Ex-
13 panded Access to Health Care (referred to in this section
14 as the ''Commission'').
15 (b) APPOINTMENT OF MEMBERS.—
16 (1) IN GENERAL.—Not later than 45 days after
17 the date of enactment of this Act—
18 (A) the majority and minority leaders of
19 the Senate and the Speaker and minority leader
20 of the House of Representatives shall each ap-
21 point 7 members of the Commission; and
22 (B) the Secretary of Health and Human
23 Services (in this section referred to as the ''Sec-
24 retary'') shall appoint 1 member of the Com-
25 mission.

1 (2) CRITERIA.—Members of the Commission
2 shall include representatives of the following:
3 (A) Consumers of health insurance.
4 (B) Health care professionals.
5 (C) State and territorial officials.
6 (D) Health economists.
7 (E) Health care providers.
8 (F) Experts on health insurance.
9 (G) Experts on expanding health care to
10 individuals who are uninsured.
11 (H) Experts on the elimination of racial
12 and ethnic health disparities.
13 (I) Experts on health care in the United
14 States territories.
15 (3) CHAIRPERSON.—At the first meeting of the
16 Commission, the Commission shall select a Chair-
17 person from among its members.
18 (c) MEETINGS.—
19 (1) IN GENERAL.—After the initial meeting of
20 the Commission, which shall be called by the Sec-
21 retary, the Commission shall meet at the call of the
22 Chairperson.
23 (2) QUORUM.—A majority of the members of
24 the Commission shall constitute a quorum, but a
25 lesser number of members may hold hearings.

1 (3) SUPERMAJORITY VOTING REQUIREMENT.—
2 To approve a report required under paragraph (1),
3 (2), or (3) of subsection (e), at least 60 percent of
4 the membership of the Commission must vote in
5 favor of such a report.
6 (d) DUTIES.—The Commission shall—
7 (1) assess the effectiveness of programs de-
8 signed to expand health care coverage or make
9 health care coverage affordable to uninsured individ-
10 uals by identifying the accomplishments and needed
11 improvements of each program;
12 (2) make recommendations regarding the bene-
13 fits and cost-sharing that should be included in
14 health care coverage for various groups, taking into
15 account—
16 (A) the special health care needs of chil-
17 dren and individuals with disabilities;
18 (B) the different ability of various popu-
19 lations to pay out-of-pocket costs for services;
20 (C) incentives for efficiency and cost-con-
21 tainment;
22 (D) racial and ethnic disparities in health
23 status and health care;
24 (E) incremental changes to the United
25 States health care delivery system and changes

1 to achieve fundamental restructuring of the sys-
2 tem;
3 (F) populations who are traditionally more
4 difficult to cover, including immigrants and
5 homeless persons;
6 (G) preventive care, diagnostic services,
7 disease management services, and other factors;
8 (H) quality improvement initiatives among
9 health institutions serving disadvantaged pa-
10 tient populations; and
11 (I) the feasibility of and barriers to the de-
12 velopment of a comprehensive system of health
13 care;
14 (3) recommend mechanisms to expand health
15 care coverage to uninsured individuals;
16 (4) recommend automatic enrollment and reten-
17 tion procedures and other measures to increase
18 health care coverage among those eligible for assist-
19 ance; and
20 (5) analyze the size, effectiveness, and efficiency
21 of current tax and other subsidies for health care
22 coverage and recommend improvements.
23 (e) REPORTS.—
24 (1) ANNUAL REPORTS.—The Commission shall
25 submit annual reports to the President and the ap-

1 propriate committees of Congress addressing the
2 matters identified in subsection (d).
3 (2) BIENNIAL REPORT.—The Commission shall
4 submit biennial reports to the President and the ap-
5 propriate committees of Congress containing—
6 (A) recommendations concerning essential
7 benefits and maximum out-of-pocket cost-shar-
8 ing for—
9 (i) the general population; and
10 (ii) individuals with limited ability to
11 pay; and
12 (B) proposed legislative language to imple-
13 ment such recommendations.
14 (3) COMMISSION REPORT.—Not later than Jan-
15 uary 15, 2007, the Commission shall submit a re-
16 port to the President and the appropriate commit-
17 tees of Congress, which shall include—
18 (A) recommendations on policies to provide
19 health care coverage to uninsured individuals;
20 (B) recommendations on changes to poli-
21 cies enacted under this Act; and
22 (C) proposed legislative language to imple-
23 ment such recommendations.
24 (f) ADMINISTRATION.—
25 (1) POWERS.—

1 (A) HEARINGS.—The Commission may
2 hold such hearings, sit and act at such times
3 and places, take such testimony, and receive
4 such evidence as the Commission considers ad-
5 visable to carry out this section.
6 (B) INFORMATION FROM FEDERAL AGEN-
7 CIES.—The Commission may secure directly
8 from any Federal department or agency such
9 information as the Commission considers nec-
10 essary to carry out this section. Upon request
11 of the Chairperson of the Commission, the head
12 of such department or agency shall furnish such
13 information to the Commission.
14 (C) POSTAL SERVICES.—The Commission
15 may use the United States mails in the same
16 manner and under the same conditions as other
17 departments and agencies of the Federal Gov-
18 ernment.
19 (D) GIFTS.—The Commission may accept,
20 use, and dispose of donations of services or
21 property.
22 (2) COMPENSATION.—
23 (A) IN GENERAL.—Each member of the
24 Commission who is not an officer or employee
25 of the Federal Government shall be com-

1 pensated at a rate equal to the daily equivalent
2 of the annual rate of basic pay prescribed for
3 level IV of the Executive Schedule under section
4 5315 of title 5, United States Code, for each
5 day (including travel time) during which such
6 member is engaged in the performance of duties
7 of the Commission. All members of the Com-
8 mission who are officers or employees of the
9 United States shall serve without compensation
10 in addition to that received for their services as
11 officers or employees of the United States.
12 (B) TRAVEL EXPENSES.—The members of
13 the Commission shall be allowed travel ex-
14 penses, as authorized by the Chairperson of the
15 Commission, including per diem in lieu of sub-
16 sistence, at rates authorized for employees of
17 agencies under subchapter I of chapter 57 of
18 title 5, United States Code, while away from
19 their homes or regular places of business in the
20 performance of services for the Commission.
21 (3) STAFF.—
22 (A) IN GENERAL.—The Chairperson of the
23 Commission may appoint an executive director
24 such other staff as may be necessary to enable
25 the Commission to perform its duties. The em-

1 ployment of an executive director shall be sub-
2 ject to confirmation by the Commission.
3 (B) STAFF COMPENSATION.—The Chair-
4 person of the Commission may fix the com-
5 pensation of personnel without regard to chap-
6 ter 51 and subchapter III of chapter 53 of title
7 5, United States Code, relating to classification
8 of positions and General Schedule pay rates, ex-
9 cept that the rate of pay for personnel may not
10 exceed the rate payable for level V of the Exec-
11 utive Schedule under section 5316 of such title.
12 (C) DETAIL OF GOVERNMENT EMPLOY-
13 EES.—Any Federal Government employee may
14 be detailed to the Commission without reim-
15 bursement, and such detail shall be without
16 interruption or loss of civil service status or
17 privilege.
18 (D) PROCUREMENT OF TEMPORARY AND
19 INTERMITTENT SERVICES.—The Chairperson of
20 the Commission may procure temporary and
21 intermittent services under section 3109(b) of
22 title 5, United States Code, at rates for individ-
23 uals which do not exceed the daily equivalent of
24 the annual rate of basic pay prescribed for level

V of the Executive Schedule under section 5316 of such title.

(g) TERMINATION.—Except with respect to activities in connection with the ongoing biennial report required under subsection (e)(2), the Commission shall terminate 90 days after the date on which the Commission submits the report required under subsection (e)(3).

(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for fiscal year 2005 and each subsequent fiscal year.

TITLE II—CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTHCARE

SEC. 201. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

"TITLE XXIX—MINORITY HEALTH

"SEC. 2900. DEFINITIONS.

"In this title, the definitions contained in section 801 of the Healthcare Equality and Accountability Act shall apply.

"Subtitle A—Culturally and Linguistically Appropriate Healthcare

"SEC. 2901. IMPROVING ACCESS TO SERVICES FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY.

"(a) PURPOSE.—As provided in Executive Order 13166, it is the purpose of this section—

"(1) to improve access to Federally conducted and Federally assisted programs and activities for individuals who are limited in their English proficiency;

"(2) to require each Federal agency to examine the services it provides and develop and implement a system by which limited English proficient individuals can enjoy meaningful access to those services consistent with, and without substantially burdening, the fundamental mission of the agency;

"(3) to require each Federal agency to ensure that recipients of Federal financial assistance provide meaningful access to their limited English proficient applicants and beneficiaries;

"(4) to ensure that recipients of Federal financial assistance take reasonable steps, consistent with the guidelines set forth in the Limited English Proficient Guidance of the Department of Justice (as

1 issued on June 12, 2002), to ensure meaningful ac-
2 cess to their programs and activities by limited
3 English proficient individuals; and
4 "(5) to ensure compliance with title VI of the
5 Civil Rights Act of 1964 and that healthcare pro-
6 viders and organizations do not discriminate in the
7 provision of services.
8 "(b) FEDERALLY CONDUCTED PROGRAMS AND AC-
9 TIVITIES.—
10 "(1) IN GENERAL.—Not later than 120 days
11 after the date of enactment of this Act, each Federal
12 agency that carries out health care-related activities
13 shall prepare a plan to improve access to the feder-
14 ally conducted health care-related programs and ac-
15 tivities of the agency by limited English proficient
16 individuals.
17 "(2) PLAN REQUIREMENT.—Each plan under
18 paragraph (1) shall be consistent with the standards
19 set forth in section 204 of the Healthcare Equality
20 and Accountability Act, and shall include the steps
21 the agency will take to ensure that limited English
22 proficient individuals have access to the agency's
23 health care-related programs and activities. Each
24 agency shall send a copy of such plan to the Depart-

1 ment of Justice, which shall serve as the central re-
2 pository of the agencies' plans.
3 "(c) FEDERALLY ASSISTED PROGRAMS AND ACTIVI-
4 TIES.—
5 "(1) IN GENERAL.—Not later than 120 days
6 after the date of enactment of this Act, each Federal
7 agency providing health care-related Federal finan-
8 cial assistance shall ensure that the guidance for re-
9 cipients of Federal financial assistance developed by
10 the agency to ensure compliance with title VI of the
11 Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.)
12 is specifically tailored to the recipients of such as-
13 sistance and is consistent with the standards de-
14 scribed in section 204 of the Healthcare Equality
15 and Accountability Act. Each agency shall send a
16 copy of such guidance to the Department of Justice
17 which shall serve as the central repository of the
18 agencies' plans. After approval by the Department of
19 Justice, each agency shall publish its guidance docu-
20 ment in the Federal Register for public comment.
21 "(2) REQUIREMENTS.—The agency-specific
22 guidance developed under paragraph (1) shall—
23 "(A) detail how the general standards es-
24 tablished under section 204 of the Healthcare

1 Equality and Accountability Act will be applied
2 to the agency's recipients; and
3 "(B) take into account the types of health
4 care services provided by the recipients, the in-
5 dividuals served by the recipients, and other
6 factors set out in such standards.
7 "(3) EXISTING GUIDANCES.—A Federal agency
8 that has developed a guidance for purposes of title
9 VI of the Civil Rights Act of 1964 that the Depart-
10 ment of Justice determines is consistent with the
11 standards described in section 204 of the Healthcare
12 Equality and Accountability Act shall examine such
13 existing guidance, as well as the programs and ac-
14 tivities to which such guidance applies, to determine
15 if modification of such guidance is necessary to com-
16 ply with this subsection.
17 "(4) CONSULTATION.—Each Federal agency
18 shall consult with the Department of Justice in es-
19 tablishing the guidances under this subsection.
20 "(d) CONSULTATIONS.—
21 "(1) IN GENERAL.—In carrying out this sec-
22 tion, each Federal agency that carriers out health
23 care-related activities shall ensure that stakeholders,
24 such as limited English proficient individuals and
25 their representative organizations, recipients of Fed-

eral assistance, and other appropriate individuals or entities, have an adequate and comparable opportunity to provide input with respect to the actions of the agency.

"(2) EVALUATION OF NEEDS.—Each Federal agency described in paragraph (1) shall evaluate the particular needs of the limited English proficient individuals served by the agency, and by a recipient of assistance provided by the agency, and the burdens of compliance with the agency guidance and its recipients of the requirements of this section.

"SEC. 2902. NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTHCARE.

"Recipients of Federal financial assistance from the Secretary shall, to the extent reasonable and practicable after applying the 4-factor analysis described in title V of the Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited-English Proficient Persons (June 12, 2002)—

"(1) implement strategies to recruit, retain, and promote individuals at all levels of the organization to maintain a diverse staff and leadership that can provide culturally and linguistically appropriate

1 healthcare to patient populations of the service area
2 of the organization;
3 ‘‘(2) ensure that staff at all levels and across all
4 disciplines of the organization receive ongoing edu-
5 cation and training in culturally and linguistically
6 appropriate service delivery;
7 ‘‘(3) offer and provide language assistance serv-
8 ices, including bilingual staff and interpreter serv-
9 ices, at no cost to each patient with limited English
10 proficiency at all points of contact, in a timely man-
11 ner during all hours of operation;
12 ‘‘(4) notify patients of their right to receive lan-
13 guage assistance services in their primary language;
14 ‘‘(5) ensure the competence of language assist-
15 ance provided to limited English proficient patients
16 by interpreters and bilingual staff, and ensure that
17 family and friends are not used to provide interpre-
18 tation services—
19 ‘‘(A) except in case of emergency; or
20 ‘‘(B) except on request of the patient, who
21 has been informed in his or her preferred lan-
22 guage of the availability of free interpretation
23 services;
24 ‘‘(6) make available easily understood patient-
25 related materials including information or notices

1 about termination of benefits and post signage in
2 the languages of the commonly encountered groups
3 or groups represented in the service area of the or-
4 ganization;

5 "(7) develop and implement clear goals, poli-
6 cies, operational plans, and management account-
7 ability and oversight mechanisms to provide cul-
8 turally and linguistically appropriate services;

9 "(8) conduct initial and ongoing organizational
10 self-assessments of culturally and linguistically ap-
11 propriate services-related activities and integrate cul-
12 tural and linguistic competence-related measures
13 into the internal audits, performance improvement
14 programs, patient satisfaction assessments, and out-
15 comes-based evaluations of the organization;

16 "(9) ensure that, consistent with the privacy
17 protections provided for under the regulations pro-
18 mulgated under section 264(c) of the Health Insur-
19 ance Portability and Accountability Act of 1996 (42
20 U.S.C. 1320d–2 note)—

21 "(A) data on the individual patient's race,
22 ethnicity, and primary language are collected in
23 health records, integrated into the organiza-
24 tion's management information systems, and
25 periodically updated; and

1 "(B) if the patient is a minor or is incapacitated, the primary language of the parent or legal guardian is collected;

"(10) maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area of the organization;

"(11) develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient involvement in designing and implementing culturally and linguistically appropriate services-related activities;

"(12) ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients;

"(13) regularly make available to the public information about their progress and successful innovations in implementing the standards under this section and provide public notice in their communities about the availability of this information; and

1 "(14) regularly make available to the head of
2 each Federal entity from which Federal funds are
3 received, information about their progress and suc-
4 cessful innovations in implementing the standards
5 under this section as required by the head of such
6 entity.

7 **"SEC. 2903. CENTER FOR CULTURAL AND LINGUISTIC COM-**
8 **PETENCE IN HEALTHCARE.**

9 "(a) ESTABLISHMENT.—The Secretary, acting
10 through the Director of the Office of Minority Health,
11 shall establish and support a center to be known as the
12 'Center for Cultural and Linguistic Competence in
13 Healthcare' (referred to in this section as the 'Center')
14 to carry out the following activities:

15 "(1) REMOTE MEDICAL INTERPRETATION.—
16 The Center shall provide remote medical interpreta-
17 tion, directly or through contract, at no cost to
18 healthcare providers. Methods of interpretation may
19 include remote, simultaneous or consecutive inter-
20 preting through telephonic systems, video confer-
21 encing, and other methods determined appropriate
22 by the Secretary for patients with limited English
23 proficiency. The quality of such interpretation shall
24 be monitored and reported publicly. Nothing in this
25 paragraph shall be construed to limit the ability of

1 healthcare providers or organizations to provide
2 medical interpretation services directly and obtain
3 reimbursement for such services as provided for
4 under the medicare, medicaid or SCHIP programs
5 under titles XVIII, XIX, or XXI of the Social Secu-
6 rity Act.

7 "(2) TRANSLATION OF WRITTEN MATERIAL.—
8 The Center shall provide, directly or through con-
9 tract, for the translation of written materials for
10 healthcare providers and healthcare organizations
11 (as defined in section 2902(b)) at no cost to such
12 providers and organizations. Materials may be sub-
13 mitted for translation into non-English languages.
14 Translation services shall be provided in a timely
15 and reasonable manner. The quality of such trans-
16 lation shall be monitored and reported publicly.

17 "(3) MODEL LANGUAGE ASSISTANCE PRO-
18 GRAMS.—The Center shall provide for the collection
19 and dissemination of information on current model
20 language assistance programs and strategies to im-
21 prove language access to healthcare for individuals
22 with limited English proficiency, including case stud-
23 ies using de-identified patient information, program
24 summaries, and program evaluations.

1 "(4) MEDICAL INTERPRETATION GUIDE-
2 LINES.—
3 "(A) IN GENERAL.—The Center shall con-
4 vene a working group to develop quality guide-
5 lines and standards for the training of medical
6 interpreters and translators. Such group shall
7 include—
8 "(i) representatives from the Office of
9 Minority Health, the National Center on
10 Minority Health and Health Disparities,
11 the Agency for Healthcare Research and
12 Quality, the Centers for Medicare and
13 Medicaid Services, the Office for Civil
14 Rights of the Department of Health and
15 Human Services, and other Federal agen-
16 cies determined appropriate by the Sec-
17 retary; and
18 "(ii) representatives of communities
19 with a significant proportion of limited
20 English proficient individuals, professional
21 interpreter associations, medical interpre-
22 tation service providers, and other public
23 or private organizations determined appro-
24 priate by the Secretary.

1 "(B) PUBLICATION.—Not later than 18
2 months after the date of enactment of this Act,
3 the Center shall publish guidelines and stand-
4 ards developed under this paragraph in the
5 Federal Register.
6 "(5) INTERNET HEALTH CLEARINGHOUSE.—
7 The Center shall develop and maintain an Internet
8 clearinghouse to reduce medical errors and
9 healthcare costs caused by communication with indi-
10 viduals with limited English proficiency or low func-
11 tional health literacy and reduce or eliminate the du-
12 plication of effort to translate materials by—
13 "(A) developing and making available tem-
14 plates for standard documents that are nec-
15 essary for patients and consumers to access and
16 make educated decisions about their healthcare,
17 including—
18 "(i) administrative and legal docu-
19 ments such as informed consent, advanced
20 directives, and waivers of rights;
21 "(ii) clinical information such as how
22 to take medications, how to prevent trans-
23 mission of a contagious disease, and other
24 prevention and treatment instructions; and

1 "(iii) patient education and outreach
2 materials such as immunization notices,
3 health warnings, or screening notices;
4 "(B) ensuring that the documents are
5 posted in English and non-English languages
6 and are culturally appropriate;
7 "(C) allowing public review of the docu-
8 ments before dissemination in order to ensure
9 that the documents are understandable and cul-
10 turally appropriate for the target populations;
11 "(D) allowing healthcare providers to cus-
12 tomize the documents for their use;
13 "(E) facilitating access to these docu-
14 ments;
15 "(F) providing technical assistance with
16 respect to the access and use of such informa-
17 tion; and
18 "(G) carrying out any other activities the
19 Secretary determines to be useful to fulfill the
20 purposes of the Clearinghouse.
21 "(6) PROVISION OF INFORMATION.—The Cen-
22 ter shall provide information relating to culturally
23 and linguistically competent healthcare for minority
24 populations residing in the United States to all

1 healthcare providers and healthcare organizations at
2 no cost. Such information shall include—
3 ‘‘(A) tenets of culturally and linguistically
4 competent care;
5 ‘‘(B) cultural and linguistic competence
6 self-assessment tools;
7 ‘‘(C) cultural and linguistic competence
8 training tools;
9 ‘‘(D) strategic plans to increase cultural
10 and linguistic competence in different types of
11 healthcare organizations; and
12 ‘‘(E) resources for cultural competence in-
13 formation for educators, practitioners and re-
14 searchers.
15 ‘‘(b) DIRECTOR.—The Center shall be headed by a
16 Director to be appointed by the Director of the Office of
17 Minority Health who shall report to the Director of the
18 Office of Minority Health.
19 ‘‘(c) AVAILABILITY OF LANGUAGE ACCESS.—The Di-
20 rector shall collaborate with the Administrator of the Cen-
21 ters for Medicare and Medicaid Services and the Adminis-
22 trator of the Health Resources and Services Administra-
23 tion, to notify healthcare providers and healthcare organi-
24 zations about the availability of language access services
25 by the Center.

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section
3 such sums as may be necessary for each of fiscal years
4 2005 through 2010.

5 **“SEC. 2904. INNOVATIONS IN LANGUAGE ACCESS GRANTS.**

6 “(a) IN GENERAL.—The Secretary, acting through
7 the Administrator of the Centers for Medicare and Med-
8 icaid Services, the Administrator of the Health Resources
9 and Services Administration, and the Director of the Of-
10 fice of Minority Health, shall award grants to eligible enti-
11 ties to enable such entities to design, implement, and
12 evaluate innovative, cost-effective programs to improve lin-
13 guistic access to healthcare for individuals with limited
14 English proficiency.

15 “(b) ELIGIBILITY.—To be eligible to receive a grant
16 under subsection (a) an entity shall—

17 “(1) be a city, county, Indian tribe, State, terri-
18 tory, community-based nonprofit organization,
19 health center or community clinic, university, col-
20 lege, or other entity designated by the Secretary;
21 and

22 “(2) prepare and submit to the Secretary an
23 application, at such time, in such manner, and ac-
24 companied by such additional information as the
25 Secretary may require.

1 “(c) USE OF FUNDS.—An entity shall use funds re-
2 ceived under a grant under this section to—
3 “(1) develop, implement, and evaluate models of
4 providing real-time interpretation services through
5 in-person interpretation, communications, and com-
6 puter technology, including the Internet, teleconfer-
7 encing, or video conferencing;
8 “(2) develop short-term medical interpretation
9 training courses and incentives for bilingual
10 healthcare staff who are asked to interpret in the
11 workplace;
12 “(3) develop formal training programs for indi-
13 viduals interested in becoming dedicated healthcare
14 interpreters;
15 “(4) provide language training courses for
16 healthcare staff;
17 “(5) provide basic healthcare-related English
18 language instruction for limited English proficient
19 individuals; and
20 “(6) develop other language assistance services
21 as determined appropriate by the Secretary.
22 “(d) PRIORITY.—In awarding grants under this sec-
23 tion, the Secretary shall give priority to entities that have
24 developed partnerships with organizations or agencies with
25 experience in language access services.

1 "(e) EVALUATION.—An entity that receives a grant
2 under this section shall submit to the Secretary an evalua-
3 tion that describes the activities carried out with funds
4 received under the grant, and how such activities improved
5 access to healthcare services and the quality of healthcare
6 for individuals with limited English proficiency. Such eval-
7 uation shall be collected and disseminated through the
8 Center for Linguistic and Cultural Competence in
9 Healthcare established under section 2903.

10 "(f) GRANTEE CONVENTION.—The Secretary, acting
11 through the Director of the Center for Linguistic and Cul-
12 tural Competence in Healthcare, shall at the end of the
13 grant cycle convene grantees under this section to share
14 findings and develop and disseminate model programs and
15 practices.

16 "(g) AUTHORIZATION OF APPROPRIATIONS.—There
17 is authorized to be appropriated to carry out this section,
18 such sums as may be necessary for each of fiscal years
19 2005 through 2010.

20 **"SEC. 2905. RESEARCH ON LANGUAGE ACCESS.**

21 "(a) IN GENERAL.—The Secretary, acting through
22 the Director of the Agency for Healthcare Research and
23 Quality, shall expand research concerning—

24 "(1) the barriers to healthcare services that are
25 faced by limited English proficient individuals;

1 "(2) the impact of language barriers on the
2 quality of healthcare and the health status of limited
3 English proficient individuals and populations;
4 "(3) healthcare provider attitudes, knowledge,
5 and awareness of the barriers described in para-
6 graphs (1) and (2); and
7 "(4) the means by which oral or written lan-
8 guage interpretation services are provided to limited
9 English proficient individuals and whether such serv-
10 ices are effective in improving the quality of care.
11 "(b) AUTHORIZATION OF APPROPRIATIONS.—There
12 is authorized to be appropriated to carry out this section,
13 such sums as may be necessary for each of fiscal years
14 2005 through 2010.

15 **"SEC. 2906. TOLL-FREE TELEPHONE NUMBER.**

16 "The Secretary shall provide, through a toll-free
17 number, for a means by which limited English proficient
18 individuals who are seeking information about, or assist-
19 ance with, Federal healthcare programs who phone such
20 toll-free number are transferred (without charge) to ap-
21 propriate translators for the provision of such information
22 or assistance.".

23 **SEC. 203. STANDARDS FOR LANGUAGE ACCESS SERVICES.**

24 Not later than 120 days after the date of enactment
25 of this Act, the head of each Federal agency that carries

1 out health care-related activities shall develop and adopt
2 a guidance on language services for those with limited
3 English proficiency who attempt to have access to or par-
4 ticipate in such activities that provides at the minimum
5 the factors and principles set forth in the Department of
6 Justice guidance published on June 12, 2002.

7 **SEC. 204. FEDERAL REIMBURSEMENT FOR CULTURALLY**
8 **AND LINGUISTICALLY APPROPRIATE SERV-**
9 **ICES UNDER THE MEDICARE, MEDICAID AND**
10 **STATE CHILDREN'S HEALTH INSURANCE**
11 **PROGRAM.**

12 (a) DEMONSTRATION PROJECT PROMOTING ACCESS
13 FOR MEDICARE BENEFICIARIES WITH LIMITED ENGLISH
14 PROFICIENCY.—

15 (1) IN GENERAL.—The Secretary shall conduct
16 a demonstration project (in this section referred to
17 as the 'project') to demonstrate the impact on costs
18 and health outcomes of providing reimbursement for
19 interpreter services to certain medicare beneficiaries
20 who are limited English proficient in urban and
21 rural areas.

22 (2) SCOPE.—The Secretary shall carry out the
23 project in not less than 30 States through contracts
24 with up to—

1 (A) ten health plans (under part C of title
2 XVIII of the Social Security Act);
3 (B) ten small providers; and
4 (C) ten hospitals.
5 (3) DURATION.—Each contract entered into
6 under the project shall extend over a period of not
7 longer than 2 years.
8 (4) REPORT.—Upon completion of the project,
9 the Secretary shall submit a report to Congress on
10 the project which shall include recommendations re-
11 garding the extension of such project to the entire
12 medicare program.
13 (5) EVALUATION.—The Director of the Agency
14 for Healthcare Research and Quality shall award
15 grants to public and private nonprofit entities for
16 the evaluation of the project. Such evaluations shall
17 focus on access, utilization, efficiency, cost-effective-
18 ness, patient satisfaction, and select health out-
19 comes.
20 (b) 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 culturally
4 and linguistically appropriate services, including
5 oral interpretation, translations of written ma-
6 terials, and other cultural and linguistic services
7 for individuals with limited English proficiency
8 and disabilities who apply for, or receive, med-
9 ical assistance under the State plan (including
10 any waiver granted to the State plan); plus".

11 (c) SCHIP.—Section 2105(a)(1) of the Social Secu-
12 rity Act (42 U.S.C.1397ee(a)), as amended by section
13 515, is amended—

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

18 (2) in subparagraph (D)—

19 (A) in clause (iii), by striking "and" at the
20 end;

21 (B) by redesignating clause (iv) as clause
22 (v); and

23 (C) by inserting after clause (iii) the fol-
24 lowing:

1 "(iv) for expenditures attributable to
2 the provision of culturally and linguistically
3 appropriate services, including oral inter-
4 pretation, translations of written materials,
5 and other language services for individuals
6 with limited English proficiency and dis-
7 abilities who apply for, or receive, child
8 health assistance under the plan; and".
9 (d) EFFECTIVE DATE.—The amendments made by
10 this section take effect on October 1, 2005.

11 **SEC. 205. INCREASING UNDERSTANDING OF HEALTH LIT-**
12 **ERACY.**

13 (a) IN GENERAL.—The Secretary, acting through the
14 Director of the Agency for Healthcare Research and Qual-
15 ity and the Administrator of the Health Resources and
16 Services Administration, shall award grants to eligible en-
17 tities to improve healthcare for patient populations that
18 have low functional health literacy.
19 (b) ELIGIBILITY.—To be eligible to receive a grant
20 under subsection (a), an entity shall—
21 (1) be a hospital, health center or clinic, health
22 plan, or other health entity; and
23 (2) prepare and submit to the Secretary an ap-
24 plication at such time, in such manner, and con-

1 taining such information as the Secretary may re-
2 quire.
3 (c) USE OF FUNDS.—
4 (1) AGENCY FOR HEALTHCARE RESEARCH AND
5 QUALITY.—Grants awarded under subsection (a)
6 through the Agency for Healthcare Research and
7 Quality shall be used—
8 (A) to define and increase the under-
9 standing of health literacy;
10 (B) to investigate the correlation between
11 low health literacy and health and healthcare;
12 (C) to clarify which aspects of health lit-
13 eracy have an effect on health outcomes; and
14 (D) for any other activity determined ap-
15 propriate by the Director of the Agency.
16 (2) HEALTH RESOURCES AND SERVICES AD-
17 MINISTRATION.—Grants awarded under subsection
18 (a) through the Health Resources and Services Ad-
19 ministration shall be used to conduct demonstration
20 projects for interventions for patients with low
21 health literacy that may include—
22 (A) the development of new disease man-
23 agement programs for patients with low health
24 literacy;

1 (B) the tailoring of existing disease man-
2 agement programs for patients with low health
3 literacy;
4 (C) the translation of written health mate-
5 rials for patients with low health literacy;
6 (D) the identification, implementation, and
7 testing of low health literacy screening tools;
8 (E) the conduct of educational campaigns
9 for patients and providers about low health lit-
10 eracy; and
11 (F) other activities determined appropriate
12 by the Administrator of the Health Resources
13 and Services Administration.
14 (d) DEFINITIONS.—In this section, the term ''low
15 health literacy'' means the inability of an individual to ob-
16 tain, process, and understand basic health information
17 and services needed to make appropriate health decisions.
18 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section,
20 such sums as may be necessary for each of fiscal years
21 2005 through 2010.

1 **SEC. 206. REPORT ON FEDERAL EFFORTS TO PROVIDE CUL-**
2 **TURALLY AND LINGUISTICALLY APPRO-**
3 **PRIATE HEALTHCARE SERVICES.**

4 Not later than 1 year after the date of enactment
5 of this Act and annually thereafter, the Secretary of
6 Health and Human Services shall enter into a contract
7 with the Institute of Medicine for the preparation and
8 publication of a report that describes federal efforts to en-
9 sure that all individuals have meaningful access to cul-
10 turally and linguistically appropriate healthcare services.
11 Such report shall include—

12 (1) a description and evaluation of the activities
13 carried out under this title; and

14 (2) a description of best practices, model pro-
15 grams, guidelines, and other effective strategies for
16 providing access to culturally and linguistically ap-
17 propriate healthcare services.

18 **SEC. 207. GENERAL ACCOUNTING OFFICE REPORT ON IM-**
19 **PACT OF LANGUAGE ACCESS SERVICES.**

20 Not later than 3 years after the date of enactment
21 of this Act, the Comptroller General of the United States
22 shall examine, and prepare and publish a report on, the
23 impact of language access services on the health and
24 healthcare of limited English proficient populations. Such
25 report shall include—

(1) recommendations on the development and implementation of policies and practices by healthcare organizations and providers for limited English proficient patient populations;

(2) a description of the effect of providing language access services on quality of healthcare and access to care; and

(3) a description of the costs associated with or savings related to provision of language access services.

TITLE III—HEALTH WORKFORCE DIVERSITY

SEC. 301. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Title XXIX of the Public Health Service Act, as added by section 202, is amended by adding at the end the following:

"Subtitle B—Workforce Diversity

"SEC. 2911. REPORT ON WORKFORCE DIVERSITY.

"(a) IN GENERAL.—Not later than July 1, 2006, and biannually thereafter, the Secretary, acting through the director of each entity within the Department of Health and Human Services, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce

1 of the House of Representatives a report on health work-
2 force diversity.
3 "(b) REQUIREMENT.—The report under subsection
4 (a) shall contain the following information:
5 "(1) A description of any grant support that is
6 provided by each entity for workforce diversity ini-
7 tiatives with the following information—
8 "(A) the number of grants made;
9 "(B) the purpose of the grants;
10 "(C) the populations served through the
11 grants;
12 "(D) the organizations and institutions re-
13 ceiving the grants; and
14 "(E) the tracking efforts that were used to
15 follow the progress of participants.
16 "(2) A description of the entity's plan to
17 achieve workforce diversity goals that includes, to
18 the extent relevant to such entity—
19 "(A) the number of underrepresented mi-
20 nority health professionals that will be needed
21 in various disciplines over the next 10 years to
22 achieve population parity;
23 "(B) the level of funding needed to fully
24 expand and adequately support health profes-
25 sions pipeline programs;

1 "(C) the impact such programs have had
2 on the admissions practices and policies of
3 health professions schools;
4 "(D) the management strategy necessary
5 to effectively administer and institutionalize
6 health profession pipeline programs; and
7 "(E) the impact that the Government Per-
8 formance and Results Act (GPRA) has had on
9 evaluating the performance of grantees and
10 whether the GPRA is the best assessment tool
11 for programs under titles VII and VIII.
12 "(3) A description of measurable objectives of
13 each entity relating to workforce diversity initiatives.
14 "(c) PUBLIC AVAILABILITY.—The report under sub-
15 section (a) shall be made available for public review and
16 comment.
17 **"SEC. 2912. NATIONAL WORKING GROUP ON WORKFORCE**
18 **DIVERSITY.**
19 "(a) IN GENERAL.—The Secretary, acting through
20 the Bureau of Health Professions within the Health Re-
21 sources and Services Administration, shall award a grant
22 to an entity determined appropriate by the Secretary for
23 the establishment of a national working group on work-
24 force diversity.

1 "(b) REPRESENTATION.—In establishing the national
2 working group under subsection (a), the grantee shall en-
3 sure that the group has representation from the following
4 entities:
5 "(1) The Health Resources and Services Ad-
6 ministration.
7 "(2) The Department of Health and Human
8 Services Data Council.
9 "(3) The Bureau of Labor Statistics of the De-
10 partment of Labor.
11 "(4) The Public Health Practice Program Of-
12 fice—Office of Workforce Policy and Planning.
13 "(5) The National Center on Minority Health
14 and Health Disparities.
15 "(6) The Agency for Healthcare Research and
16 Quality.
17 "(7) The Institute of Medicine Study Com-
18 mittee for the 2004 workforce diversity report.
19 "(8) The Indian Health Service.
20 "(9) Academic institutions.
21 "(10) Consumer organizations.
22 "(11) Health professional associations, includ-
23 ing those that represent underrepresented minority
24 populations.

1 ‘‘(12) Researchers in the area of health work-
2 force.
3 ‘‘(13) Health workforce accreditation entities.
4 ‘‘(14) Private foundations that have sponsored
5 workforce diversity initiatives.
6 ‘‘(15) Not less than 5 health professions stu-
7 dents representing various health profession fields
8 and levels of training.
9 ‘‘(c) ACTIVITIES.—The working group established
10 under subsection (a) shall convene at least twice each year
11 to complete the following activities:
12 ‘‘(1) Review current public and private health
13 workforce diversity initiatives.
14 ‘‘(2) Identify successful health workforce diver-
15 sity programs and practices.
16 ‘‘(3) Examine challenges relating to the devel-
17 opment and implementation of health workforce di-
18 versity initiatives.
19 ‘‘(4) Draft a national strategic work plan for
20 health workforce diversity, including recommenda-
21 tions for public and private sector initiatives.
22 ‘‘(5) Develop a framework and methods for the
23 evaluation of current and future health workforce di-
24 versity initiatives.

"(6) Develop recommended standards for workforce diversity that could be applicable to all health professions programs and programs funded under this Act.

"(7) Develop curriculum guidelines for diversity training.

"(8) Develop a strategy for the inclusion of community members on admissions committees for health profession schools.

"(9) Other activities determined appropriate by the Secretary.

"(d) ANNUAL REPORT.—Not later than 1 year after the establishment of the working group under subsection (a), and annually thereafter, the working group shall prepare and make available to the general public for comment, an annual report on the activities of the working group. Such report shall include the recommendations of the working group for improving health workforce diversity.

"(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2005 through 2010.

1 **“SEC. 2913. TECHNICAL CLEARINGHOUSE FOR HEALTH**
2 **WORKFORCE DIVERSITY.**

3 ‘‘(a) IN GENERAL.—The Secretary, acting through
4 the Office of Minority Health, and in collaboration with
5 the Bureau of Health Professions within the Health Re-
6 sources and Services Administration, shall establish a
7 technical clearinghouse on health workforce diversity with-
8 in the Office of Minority Health and coordinate current
9 and future clearinghouses.

10 ‘‘(b) INFORMATION AND SERVICES.—The clearing-
11 house established under subsection (a) shall offer the fol-
12 lowing information and services:

13 ‘‘(1) Information on the importance of health
14 workforce diversity.

15 ‘‘(2) Statistical information relating to under-
16 represented minority representation in health and al-
17 lied health professions and occupations.

18 ‘‘(3) Model health workforce diversity practices
19 and programs.

20 ‘‘(4) Admissions policies that promote health
21 workforce diversity and are in compliance with Fed-
22 eral and State laws.

23 ‘‘(5) Lists of scholarship, loan repayment, and
24 loan cancellation grants as well as fellowship infor-
25 mation for underserved populations for health pro-
26 fessions schools.

1 "(6) Foundation and other large organizational
2 initiatives relating to health workforce diversity.
3 "(c) CONSULTATION.—In carrying out this section,
4 the Secretary shall consult with non-Federal entities which
5 may include minority health professional associations to
6 ensure the adequacy and accuracy of information.
7 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
8 is authorized to be appropriated to carry out this section,
9 such sums as may be necessary for each of fiscal years
10 2005 through 2010.

11 **"SEC. 2914. EVALUATION OF WORKFORCE DIVERSITY INI-**
12 **TIATIVES.**

13 "(a) IN GENERAL.—The Secretary, acting through
14 the Bureau of Health Professions within the Health Re-
15 sources and Services Administration, shall award grants
16 to eligible entities for the conduct of an evaluation of cur-
17 rent health workforce diversity initiatives funded by the
18 Department of Health and Human Services.
19 "(b) ELIGIBILITY.—To be eligible to receive a grant
20 under subsection (a) an entity shall—
21 "(1) be a city, county, Indian tribe, State, terri-
22 tory, community-based nonprofit organization,
23 health center, university, college, or other entity de-
24 termined appropriate by the Secretary;

1 ‘‘(2) with respect to an entity that is not an
2 academic medical center, university, or private re-
3 search institution, carry out activities under the
4 grant in partnership with an academic medical cen-
5 ter, university, or private research institution; and
6 ‘‘(3) submit to the Secretary an application at
7 such time, in such manner, and containing such in-
8 formation as the Secretary may require.
9 ‘‘(c) USE OF FUNDS.—Amounts awarded under a
10 grant under subsection (a) shall be used to support the
11 following evaluation activities:
12 ‘‘(1) Determinations of measures of health
13 workforce diversity success.
14 ‘‘(2) The short- and long-term tracking of par-
15 ticipants in health workforce diversity pipeline pro-
16 grams funded by the Department of Health and
17 Human Services.
18 ‘‘(3) Assessments of partnerships formed
19 through activities to increase health workforce diver-
20 sity.
21 ‘‘(4) Assessments of barriers to health work-
22 force diversity.
23 ‘‘(5) Assessments of policy changes at the Fed-
24 eral, State, and local levels.

1 ''(6) Assessments of coordination within and be-
2 tween Federal agencies and other institutions.
3 ''(7) Other activities determined appropriate by
4 the Secretary and the Working Group established
5 under section 2912.
6 ''(d) REPORT.—Not later than 1 year after the date
7 of enactment of this title, the Bureau of Health Profes-
8 sions within the Health Resources and Services Adminis-
9 tration shall prepare and make available for public com-
10 ment a report that summarizes the findings made by enti-
11 ties under grants under this section.
12 ''(e) AUTHORIZATION OF APPROPRIATIONS.—There
13 is authorized to be appropriated to carry out this section,
14 such sums as may be necessary for each of fiscal years
15 2005 through 2010.

16 **''SEC. 2915. DATA COLLECTION AND REPORTING BY**
17 **HEALTH PROFESSIONAL SCHOOLS.**

18 ''(a) IN GENERAL.—The Secretary, acting through
19 the Bureau of Health Professions of the Health Resources
20 and Services Administration and the Office of Minority
21 Health, shall establish an aggregated database on health
22 professional students.
23 ''(b) REQUIREMENT TO COLLECT DATA.—Each
24 health professional school (including medical, dental, and
25 nursing schools) and allied health profession school and

1 program that receives Federal funds shall collect race, eth-
2 nicity, and language proficiency data concerning those stu-
3 dents enrolled at such schools or in such programs. In col-
4 lecting such data, a school or program shall—

5 "(1) at a minimum, use the categories for race
6 and ethnicity described in the 1997 Office of Man-
7 agement and Budget Standards for Maintaining,
8 Collecting, and Presenting Federal Data on Race
9 and Ethnicity and available language standards; and

10 "(2) if practicable, collect data on additional
11 population groups if such data can be aggregated
12 into the minimum race and ethnicity data categories.

13 "(c) USE OF DATA.—Data on race, ethnicity, and
14 primary language collected under this section shall be re-
15 ported to the database established under subsection (a)
16 on an annual basis. Such data shall be available for public
17 use.

18 "(d) PRIVACY.—The Secretary shall ensure that all
19 data collected under this section is protected from inap-
20 propriate internal and external use by any entity that col-
21 lects, stores, or receives the data and that such data is
22 collected without personally identifiable information.

23 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years
2 2005 through 2010.

3 **"SEC. 2916. SUPPORT FOR INSTITUTIONS COMMITTED TO**
4 **WORKFORCE DIVERSITY.**

5 "(a) IN GENERAL.—The Secretary, acting through
6 the Administrator of the Health Resources and Services
7 Administration, shall award grants to eligible entities that
8 demonstrate a commitment to health workforce diversity.

9 "(b) ELIGIBILITY.—To be eligible to receive a grant
10 under subsection (a), an entity shall—

11 "(1) be an educational institution or entity that
12 historically produces or trains meaningful numbers
13 of underrepresented minority health professionals,
14 including—

15 "(A) Historically Black Colleges and Uni-
16 versities;

17 "(B) Hispanic-Serving Health Professions
18 Schools;

19 "(C) Hispanic-Serving Institutions;

20 "(D) Tribal Colleges and Universities;

21 "(E) Asian American and Pacific Islander-
22 serving institutions;

23 "(F) institutions that have programs to re-
24 cruit and retain underrepresented minority
25 health professionals, in which a significant

1 number of the enrolled participants are under-
2 represented minorities;
3 "(G) health professional associations,
4 which may include underrepresented minority
5 health professional associations; and
6 "(H) institutions—
7 "(i) located in communities with pre-
8 dominantly underrepresented minority pop-
9 ulations;
10 "(ii) with whom partnerships have
11 been formed for the purpose of increasing
12 workforce diversity; and
13 "(iii) in which at least 20 percent of
14 the enrolled participants are underrep-
15 resented minorities; and
16 "(2) submit to the Secretary an application at
17 such time, in such manner, and containing such in-
18 formation as the Secretary may require.
19 "(c) USE OF FUNDS.—Amounts received under a
20 grant under subsection (a) shall be used to expand existing
21 workforce diversity programs, implement new workforce
22 diversity programs, or evaluate existing or new workforce
23 diversity programs. Such programs shall enhance diversity
24 by considering minority status as part of an individualized

1 consideration of qualifications. Possible activities may in-
2 clude—
3 ‘‘(1) educational outreach programs relating to
4 opportunities in the health professions;
5 ‘‘(2) scholarship, fellowship, grant, loan repay-
6 ment, and loan cancellation programs;
7 ‘‘(3) post-baccalaureate programs;
8 ‘‘(4) academic enrichment programs, particu-
9 larly targeting those who would not be competitive
10 for health professions schools;
11 ‘‘(5) kindergarten through 12th grade and
12 other health pipeline programs;
13 ‘‘(6) mentoring programs;
14 ‘‘(7) internship or rotation programs involving
15 hospitals, health systems, health plans and other
16 health entities;
17 ‘‘(8) community partnership development for
18 purposes relating to workforce diversity; or
19 ‘‘(9) leadership training.
20 ‘‘(d) REPORTS.—Not later than 1 year after receiving
21 a grant under this section, and annually for the term of
22 the grant, a grantee shall submit to the Secretary a report
23 that summarizes and evaluates all activities conducted
24 under the grant.

1 ''(e) DEFINITION.—In this section, the term 'Asian
2 American and Pacific Islander-serving institutions' means
3 institutions—
4 ''(1) that are eligible institutions under section
5 312(b) of the Higher Education Act of 1965; and
6 ''(2) that, at the time of their application, have
7 an enrollment of undergraduate students that is
8 made up of at least 10 percent Asian American and
9 Pacific Islander students.
10 ''(f) AUTHORIZATION OF APPROPRIATIONS.—There
11 is authorized to be appropriated to carry out this section,
12 such sums as may be necessary for each of fiscal years
13 2005 through 2010.

14 **''SEC. 2917. CAREER DEVELOPMENT FOR SCIENTISTS AND**
15 **RESEARCHERS.**

16 ''(a) IN GENERAL.—The Secretary, acting through
17 the Director of the National Institutes of Health, the Di-
18 rector of the Centers for Disease Control and Prevention,
19 the Commissioner of the Food and Drug Administration,
20 and the Director of the Agency for Healthcare Research
21 and Quality, shall award grants that expand existing op-
22 portunities for scientists and researchers and promote the
23 inclusion of underrepresented minorities in the health pro-
24 fessions.

1 "(b) RESEARCH FUNDING.—The head of each entity
2 within the Department of Health and Human Services
3 shall establish or expand existing programs to provide re-
4 search funding to scientists and researchers in-training.
5 Under such programs, the head of each such entity shall
6 give priority in allocating research funding to support
7 health research in traditionally underserved communities,
8 including underrepresented minority communities, and re-
9 search classified as community or participatory.

10 "(c) DATA COLLECTION.—The head of each entity
11 within the Department of Health and Human Services
12 shall collect data on the number (expressed as an absolute
13 number and a percentage) of underrepresented minority
14 and nonminority applicants who receive and are denied
15 agency funding at every stage of review. Such data shall
16 be reported annually to the Secretary and the appropriate
17 committees of Congress.

18 "(d) STUDENT LOAN REIMBURSEMENT.—The Sec-
19 retary shall establish a student loan reimbursement pro-
20 gram to provide student loan reimbursement assistance to
21 researchers who focus on minority health issues or minor-
22 ity racial and ethnic disparities in health. The Secretary
23 shall promulgate regulations to define the scope and pro-
24 cedures for the program under this subsection.

1 "(e) STUDENT LOAN CANCELLATION.—The Sec-
2 retary shall establish a student loan cancellation program
3 to provide student loan cancellation assistance to research-
4 ers who focus on minority health issues or minority racial
5 and ethnic disparities in health. Students participating in
6 the program shall make a minimum 5-year commitment
7 to work at an accredited health profession school. The Sec-
8 retary shall promulgate additional regulations to define
9 the scope and procedures for the program under this sub-
10 section.

11 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
12 is authorized to be appropriated to carry out this section,
13 such sums as may be necessary for each of fiscal years
14 2005 through 2010.

15 **"SEC. 2918. CAREER SUPPORT FOR NON-RESEARCH**
16 **HEALTH PROFESSIONALS.**

17 "(a) IN GENERAL.—The Secretary, acting through
18 the Director of the Centers for Disease Control and Pre-
19 vention, the Administrator of the Substance Abuse and
20 Mental Health Services Administration, the Administrator
21 of the Health Resources and Services Administration, and
22 the Administrator of the Centers for Medicare and Med-
23 icaid Services shall establish a program to award grants
24 to eligible individuals for career support in non-research-
25 related healthcare.

1 ''(b) ELIGIBILITY.—To be eligible to receive a grant
2 under subsection (a) an individual shall—
3 ''(1) be a student in a health professions school,
4 a graduate of such a school who is working in a
5 health profession, or a faculty member of such a
6 school; and
7 ''(2) submit to the Secretary an application at
8 such time, in such manner, and containing such in-
9 formation as the Secretary may require.
10 ''(c) USE OF FUNDS.—An individual shall use
11 amounts received under a grant under this section to—
12 ''(1) support the individual's health activities or
13 projects that involve underserved communities, in-
14 cluding racial and ethnic minority communities;
15 ''(2) support health-related career advancement
16 activities; and
17 ''(3) to pay, or as reimbursement for payments
18 of, student loans for individuals who are health pro-
19 fessionals and are focused on health issues affecting
20 underserved communities, including racial and eth-
21 nic minority communities.
22 ''(d) DEFINITION.—In this section, the term 'career
23 in non-research-related healthcare' means employment or
24 intended employment in the field of public health, health
25 policy, health management, health administration, medi-

1 cine, nursing, pharmacy, allied health, community health,
2 or other fields determined appropriate by the Secretary,
3 other than in a position that involves research.

4 ''(e) AUTHORIZATION OF APPROPRIATIONS.—There
5 is authorized to be appropriated to carry out this section,
6 such sums as may be necessary for each of fiscal years
7 2005 through 2010.

8 **''SEC. 2919. RESEARCH ON THE EFFECT OF WORKFORCE DI-**
9 **VERSITY ON QUALITY.**

10 ''(a) IN GENERAL.—The Director of the Agency for
11 Healthcare Research and Quality, in collaboration with
12 the Director of the Office of Minority Health and the Di-
13 rector of the National Center on Minority Health and
14 Health Disparities, shall award grants to eligible entities
15 to expand research on the link between health workforce
16 diversity and quality healthcare.

17 ''(b) ELIGIBILITY.—To be eligible to receive a grant
18 under subsection (a) an entity shall—

19 ''(1) be a clinical, public health, or health serv-
20 ices research entity or other entity determined ap-
21 propriate by the Director; and

22 ''(2) submit to the Secretary an application at
23 such time, in such manner, and containing such in-
24 formation as the Secretary may require.

1 ‘‘(c) USE OF FUNDS.—Amounts received under a
2 grant awarded under subsection (a) shall be used to sup-
3 port research that investigates the effect of health work-
4 force diversity on—
5 ‘‘(1) language access;
6 ‘‘(2) cultural competence;
7 ‘‘(3) patient satisfaction;
8 ‘‘(4) timeliness of care;
9 ‘‘(5) safety of care;
10 ‘‘(6) effectiveness of care;
11 ‘‘(7) efficiency of care;
12 ‘‘(8) patient outcomes;
13 ‘‘(9) community engagement;
14 ‘‘(10) resource allocation;
15 ‘‘(11) organizational structure; or
16 ‘‘(12) other topics determined appropriate by
17 the Director.
18 ‘‘(d) PRIORITY.—In awarding grants under sub-
19 section (a), the Director shall give individualized consider-
20 ation to all relevant aspects of the applicant’s background.
21 Consideration of prior research experience involving the
22 health of underserved communities shall be such a factor.
23 ‘‘(e) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years
2 2005 through 2010.

3 **"SEC. 2920. HEALTH DISPARITIES EDUCATION PROGRAM.**

4 "(a) ESTABLISHMENT.—The Secretary, acting
5 through the National Center on Minority Health and
6 Health Disparities and in collaboration with the Office of
7 Minority Health, the Office for Civil Rights, the Centers
8 for Disease Control and Prevention, the Centers for Medi-
9 care and Medicaid Services, the Health Resources and
10 Services Administration, and other appropriate public and
11 private entities, shall establish and coordinate a health and
12 healthcare disparities education program to support, de-
13 velop, and implement educational initiatives and outreach
14 strategies that inform healthcare professionals and the
15 public about the existence of and methods to reduce racial
16 and ethnic disparities in health and healthcare.

17 "(b) ACTIVITIES.—The Secretary, through the edu-
18 cation program established under subsection (a) shall,
19 through the use of public awareness and outreach cam-
20 paigns targeting the general public and the medical com-
21 munity at large—

22 "(1) disseminate scientific evidence for the ex-
23 istence and extent of racial and ethnic disparities in
24 healthcare, including disparities that are not other-
25 wise attributable to known factors such as access to

1 care, patient preferences, or appropriateness of
2 intervention, as described in the 2002 Institute of
3 Medicine Report, Unequal Treatment;
4 ‘‘(2) disseminate new research findings to
5 healthcare providers and patients to assist them in
6 understanding, reducing, and eliminating health and
7 healthcare disparities;
8 ‘‘(3) disseminate information about the impact
9 of linguistic and cultural barriers on healthcare qual-
10 ity and the obligation of health providers who receive
11 Federal financial assistance to ensure that people
12 with limited English proficiency have access to lan-
13 guage access services;
14 ‘‘(4) disseminate information about the impor-
15 tance and legality of racial, ethnic, and primary lan-
16 guage data collection, analysis, and reporting;
17 ‘‘(5) design and implement specific educational
18 initiatives to health care providers relating to health
19 and health care disparities;
20 ‘‘(6) assess the impact of the programs estab-
21 lished under this section in raising awareness of
22 health and healthcare disparities and providing in-
23 formation on available resources.
24 ‘‘(c) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years
2 2005 through 2010.

3 **"SEC. 2920A. CULTURAL COMPETENCE TRAINING FOR**
4 **HEALTHCARE PROFESSIONALS.**

5 "(a) IN GENERAL.—The Secretary, acting through
6 the Administrator of the Health Resources and Services
7 Administration, the Director of the Office of Minority
8 Health, and the Director of the National Center for Mi-
9 nority Health and Health Disparities, shall award grants
10 to eligible entities to test, implement, and evaluate models
11 of cultural competence training for healthcare providers
12 in coordination with the initiative under section 2920A(a).

13 "(b) ELIGIBILITY.—To be eligible to receive a grant
14 under subsection (a), an entity shall—

15 "(1) be an academic medical center, a health
16 center or clinic, a hospital, a health plan, or a health
17 system;

18 "(2) partner with a minority serving institution,
19 minority professional association, or community-
20 based organization representing minority popu-
21 lations, in addition to a research institution to carry
22 out activities under this grant; and

23 "(3) prepare and submit to the Secretary an
24 application at such time, in such manner, and con-

taining such information as the Secretary may require.

"(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2005 through 2010.".

SEC. 302. HEALTH CAREERS OPPORTUNITY PROGRAM.

(a) PURPOSE.—It is the purpose of this section to diversify the healthcare workforce by increasing the number of individuals from disadvantaged backgrounds in the health and allied health professions by enhancing the academic skills of students from disadvantaged backgrounds and supporting them in successfully competing, entering, and graduating from health professions training programs.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 740(c) of the Public Health Service Act (42 U.S.C. 293d(c)) is amended by striking "$29,400,000" and all that follows through "2002" and inserting "$50,000,000 for fiscal year 2005, and such sums as may be necessary for each of fiscal years 2006 through 2010".

1 **SEC. 303. PROGRAM OF EXCELLENCE IN HEALTH PROFES-**
2 **SIONS EDUCATION FOR UNDERREP-**
3 **RESENTED MINORITIES.**

4 (a) PURPOSE.—It is the purpose of this section to
5 diversify the healthcare workforce by supporting programs
6 of excellence in designated health professions schools that
7 demonstrate a commitment to underrepresented minority
8 populations with a focus on minority health issues, cul-
9 tural and linguistic competence, and eliminating health
10 disparities.

11 (b) AUTHORIZATION OF APPROPRIATION.—Section
12 737(h)(1) of the Public Health Service Act (42 U.S.C.
13 293(h)(1)) is amended to read as follows:

14 "(1) AUTHORIZATION OF APPROPRIATIONS.—
15 For the purpose of making grants under subsection
16 (a), there are authorized to be appropriated
17 $50,000,000 for fiscal year 2005, and such sums as
18 may be necessary for each of the fiscal years 2006
19 through 2010.".

20 **SEC. 304. HISPANIC-SERVING HEALTH PROFESSIONS**
21 **SCHOOLS.**

22 Part B of title VII of the Public Health Service Act
23 (42 U.S.C. 293 et seq.) is amended by adding at the end
24 the following:

1 **"SEC. 742. HISPANIC-SERVING HEALTH PROFESSIONS**
2 **SCHOOLS.**

3 "(a) IN GENERAL.—The Secretary, acting through
4 the Administrator of the Health Resources and Services
5 Administration, shall award grants to Hispanic-serving
6 health professions schools for the purpose of carrying out
7 programs to recruit Hispanic individuals to enroll in and
8 graduate from such schools, which may include providing
9 scholarships and other financial assistance as appropriate.

10 "(b) ELIGIBILITY.—In subsection (a), the term 'His-
11 panic-serving health professions school' means an entity
12 that—

13 "(1) is a school or program under section
14 799B;

15 "(2) has an enrollment of full-time equivalent
16 students that is made up of at least 9 percent His-
17 panic students;

18 "(3) has been effective in carrying out pro-
19 grams to recruit Hispanic individuals to enroll in
20 and graduate from the school;

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

23 "(5) has a significant number of graduates who
24 are providing health services to medically under-
25 served populations or to individuals in health profes-
26 sional shortage areas.".

1 **SEC. 305. HEALTH PROFESSIONS STUDENT LOAN FUND; AU-**
2 **THORIZATIONS OF APPROPRIATIONS RE-**
3 **GARDING STUDENTS FROM DISADVANTAGED**
4 **BACKGROUNDS.**

5 Section 724(f)(1) of the Public Health Service Act
6 (42 U.S.C. 292t(f)(1)) is amended by striking
7 "$8,000,000" and all that follows and inserting
8 "$35,000,000 for fiscal year 2005, and such sums as may
9 be necessary for each of the fiscal years 2006 through
10 2010.".

11 **SEC. 306. NATIONAL HEALTH SERVICE CORPS; RECRUIT-**
12 **MENT AND FELLOWSHIPS FOR INDIVIDUALS**
13 **FROM DISADVANTAGED BACKGROUNDS.**

14 (a) IN GENERAL.—Section 331(b) of the Public
15 Health Service Act (42 U.S.C. 254d(b)) is amended by
16 adding at the end the following:

17 "(3) The Secretary shall ensure that the individuals
18 with respect to whom activities under paragraphs (1) and
19 (2) are carried out include individuals from disadvantaged
20 backgrounds, including activities carried out to provide
21 health professions students with information on the Schol-
22 arship and Repayment Programs.".

23 (b) ASSIGNMENT OF CORPS PERSONNEL.—Section
24 333(a) of the Public Health Service Act (42 U.S.C.
25 254f(a)) is amended by adding at the end the following:

"(4) In assigning Corps personnel under this section, the Secretary shall give preference to applicants who request assignment to a federally qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act) or to a provider organization that has a majority of patients who are minorities or individuals from low-income families (families with a family income that is less than 200 percent of the Official Poverty Line).".

SEC. 307. LOAN REPAYMENT PROGRAM OF CENTERS FOR DISEASE CONTROL AND PREVENTION.

Section 317F(c) of the Public Health Service Act (42 U.S.C. 247b–7(c)) is amended—

(1) by striking "and" after "1994,"; and

(2) by inserting before the period the following: "$750,000 for fiscal year 2005, and such sums as may be necessary for each of the fiscal years 2006 through 2010.".

SEC. 308. COOPERATIVE AGREEMENTS FOR ONLINE DEGREE PROGRAMS AT SCHOOLS OF PUBLIC HEALTH AND SCHOOLS OF ALLIED HEALTH.

Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.), as amended by section 304, is further amended by adding at the end the following:

1 **"SEC. 743. COOPERATIVE AGREEMENTS FOR ONLINE DE-**
2 **GREE PROGRAMS.**

3 "(a) COOPERATIVE AGREEMENTS.—The Secretary,
4 acting through the Administrator of the Health Resources
5 and Services Administration, in consultation with the Di-
6 rector of the Centers for Disease Control and Prevention,
7 the Director of the Agency for Healthcare Research and
8 Quality, and the Director of the Office of Minority Health,
9 shall award cooperative agreements to schools of public
10 health and schools of allied health to design and imple-
11 ment online degree programs.

12 "(b) PRIORITY.—In awarding cooperative agreements
13 under this section, the Secretary shall give priority to any
14 school of public health or school of allied health that is
15 located in a medically underserved community.

16 "(c) REQUIREMENTS.—Awardees must design and
17 implement an online degree program, that meet the fol-
18 lowing restrictions:

19 "(1) Enrollment of individuals who have ob-
20 tained a secondary school diploma or its recognized
21 equivalent.

22 "(2) Maintaining a significant enrollment of
23 underrepresented minority or disadvantaged stu-
24 dents.

25 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
26 are authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years
2 2005 through 2010.''.

3 **SEC. 309. MID-CAREER HEALTH PROFESSIONS SCHOLAR-**
4 **SHIP PROGRAM.**

5 Part B of title VII of the Public Health Service Act
6 (as amended by section 308) is further amended by adding
7 at the end the following:

8 **''SEC. 744. MID-CAREER HEALTH PROFESSIONS SCHOLAR-**
9 **SHIP PROGRAM.**

10 ''(a) IN GENERAL.—The Secretary may make grants
11 to eligible schools for awarding scholarships to eligible in-
12 dividuals to attend the school involved, for the purpose of
13 enabling the individuals to make a career change from a
14 non-health profession to a health profession.

15 ''(b) EXPENSES.—Amounts awarded as a scholarship
16 under this section may be expended only for tuition ex-
17 penses, other reasonable educational expenses, and reason-
18 able living expenses incurred in the attendance of the
19 school involved.

20 ''(c) DEFINITIONS.—In this section:

21 ''(1) ELIGIBLE SCHOOL.—The term 'eligible
22 school' means a school of medicine, osteopathic med-
23 icine, dentistry, nursing (as defined in section 801),
24 pharmacy, podiatric medicine, optometry, veterinary
25 medicine, public health, chiropractic, or allied health,

1 a school offering a graduate program in behavioral
2 and mental health practice, or an entity providing
3 programs for the training of physician assistants.

4 ''(2) ELIGIBLE INDIVIDUAL.—The term 'eligible
5 individual' means an individual who has obtained a
6 secondary school diploma or its recognized equiva-
7 lent.

8 ''(d) PRIORITY.—In providing scholarships to eligible
9 individuals, eligible schools shall give to individuals from
10 disadvantaged backgrounds.

11 ''(e) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated to carry out this section,
13 such sums as may be necessary for each of fiscal years
14 2005 through 2010.''.

15 **SEC. 310. NATIONAL REPORT ON THE PREPAREDNESS OF**
16 **HEALTH PROFESSIONALS TO CARE FOR DI-**
17 **VERSE POPULATIONS.**

18 The Secretary of Health and Human Services shall
19 include in the report prepared under section 1707(c) of
20 the Public Health Service Act (as added by section 603
21 of this Act), information relating to the preparedness of
22 health professionals to care for racially and ethnically di-
23 verse populations. Such information, which shall be col-
24 lected by the Bureau of Health Professions, shall in-
25 clude—

1 (1) with respect to health professions education,
2 the number and percentage of hours of classroom
3 discussion relating to minority health issues, includ-
4 ing cultural competence;
5 (2) a description of the coursework involved in
6 such education;
7 (3) a description of the results of an evaluation
8 of the preparedness of students in such education;
9 (4) a description of the types of exposure that
10 students have during their education to minority pa-
11 tient populations; and
12 (5) a description of model programs and prac-
13 tices.

14 **SEC. 311. SCHOLARSHIP AND FELLOWSHIP PROGRAMS.**

15 Subtitle B of title XXIX of the Public Health Service
16 Act, as amended by section 301, is further amended by
17 adding at the end the following:

18 **"SEC. 2920B. DAVID SATCHER PUBLIC HEALTH AND**
19 **HEALTH SERVICES CORPS.**

20 ''(a) IN GENERAL.—The Administrator of the Health
21 Resources and Services Administration and Director of
22 the Centers for Disease Control and Prevention, in col-
23 laboration with the Director of the Office of Minority
24 Health, shall award grants to eligible entities to increase

1 awareness among post-primary and post-secondary stu-
2 dents of career opportunities in the health professions.
3 ‘‘(b) ELIGIBILITY.—To be eligible to receive a grant
4 under subsection (a) an entity shall—
5 ‘‘(1) be a clinical, public health or health serv-
6 ices organization, community-based or non-profit en-
7 tity, or other entity determined appropriate by the
8 Director of the Centers for Disease Control and Pre-
9 vention;
10 ‘‘(2) serve a health professional shortage area,
11 as determined by the Secretary;
12 ‘‘(3) work with students, including those from
13 racial and ethnic minority backgrounds, that have
14 expressed an interest in the health professions; and
15 ‘‘(4) submit to the Secretary an application at
16 such time, in such manner, and containing such in-
17 formation as the Secretary may require.
18 ‘‘(c) USE OF FUNDS.—Grant awards under sub-
19 section (a) shall be used to support internships that will
20 increase awareness among students of non-research based
21 and career opportunities in the following health profes-
22 sions:
23 ‘‘(1) Medicine.
24 ‘‘(2) Nursing.
25 ‘‘(3) Public Health.

1 "(4) Pharmacy.
2 "(5) Health Administration and Management.
3 "(6) Health Policy.
4 "(7) Psychology.
5 "(8) Dentistry.
6 "(9) International Health.
7 "(10) Social Work.
8 "(11) Allied Health.
9 "(12) Other professions deemed appropriate by
10 the Director of the Centers for Disease Control and
11 Prevention.
12 "(d) PRIORITY.—In awarding grants under sub-
13 section (a), the Director of the Centers for Disease Con-
14 trol and Prevention shall give priority to those entities
15 that—
16 "(1) serve a high proportion of individuals from
17 disadvantaged backgrounds;
18 "(2) have experience in health disparity elimi-
19 nation programs;
20 "(3) facilitate the entry of disadvantaged indi-
21 viduals into institutions of higher education; and
22 "(4) provide counseling or other services de-
23 signed to assist disadvantaged individuals in success-
24 fully completing their education at the post-sec-
25 ondary level.

1 ‘‘(f) STIPENDS.—The Secretary may approve sti-
2 pends under this section for individuals for any period of
3 education in student-enhancement programs (other than
4 regular courses) at health professions schools, programs,
5 or entities, except that such a stipend may not be provided
6 to an individual for more than 6 months, and such a sti-
7 pend may not exceed $20 per day (notwithstanding any
8 other provision of law regarding the amount of stipends).
9 ‘‘(g) AUTHORIZATION OF APPROPRIATIONS.—There
10 is authorized to be appropriated to carry out this section,
11 such sums as may be necessary for each of fiscal years
12 2005 through 2010.

13 **‘‘SEC. 2920C. LOUIS STOKES PUBLIC HEALTH SCHOLARS**
14 **PROGRAM.**

15 ‘‘(a) IN GENERAL.—The Director of the Centers for
16 Disease Control and Prevention, in collaboration with the
17 Director of the Office of Minority Health, shall award
18 scholarships to postsecondary students who seek a career
19 in public health.
20 ‘‘(b) ELIGIBILITY.—To be eligible to receive a schol-
21 arship under subsection (a) an individual shall—
22 ‘‘(1) have experience in public health research
23 or public health practice, or other health professions
24 as determined appropriate by the Director of the
25 Centers for Disease Control and Prevention;

1 “(2) reside in a health professional shortage
2 area as determined by the Secretary;
3 “(3) have expressed an interest in public health;
4 “(4) demonstrate promise for becoming a leader
5 in public health;
6 “(5) secure admission to a 4-year institution of
7 higher education;
8 “(6) comply with subsection (f); and
9 “(7) submit to the Secretary an application at
10 such time, in such manner, and containing such in-
11 formation as the Secretary may require.
12 “(c) USE OF FUNDS.—Amounts received under an
13 award under subsection (a) shall be used to support oppor-
14 tunities for students to become public health professionals.
15 “(d) PRIORITY.—In awarding grants under sub-
16 section (a), the Director shall give priority to those stu-
17 dents that—
18 “(1) are from disadvantaged backgrounds;
19 “(2) have secured admissions to a minority
20 serving institution; and
21 “(3) have identified a health professional as a
22 mentor at their school or institution and an aca-
23 demic advisor to assist in the completion of their
24 baccalaureate degree.

1 ‘‘(e) SCHOLARSHIPS.—The Secretary may approve
2 payment of scholarships under this section for such indi-
3 viduals for any period of education in student under-
4 graduate tenure, except that such a scholarship may not
5 be provided to an individual for more than 4 years, and
6 such scholarships may not exceed $10,000 per academic
7 year (notwithstanding any other provision of law regard-
8 ing the amount of scholarship).

9 ‘‘(f) REQUIREMENTS.—To be eligible to receive as-
10 sistance under this section an individual shall—

11 ‘‘(1) have at minimum a grade point average of
12 2.75 at the time of entry to an entity described in
13 subsection (d)(2) and maintain such 2.75 average or
14 above throughout their tenure at such institutions;

15 ‘‘(2) receive academic instruction that prepares
16 the individual to enter the field of public health;

17 ‘‘(3) gain experience in public health through
18 working at non-profit, community-based health fa-
19 cilities or at Federal, State, or local governmental
20 healthcare institutions; and

21 ‘‘(4) meet at minimum twice a month with the
22 identified health professions mentor.

23 ‘‘(g) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years
2 2005 through 2010.

3 **"SEC. 2920D. PATSY MINK HEALTH AND GENDER RESEARCH**
4 **FELLOWSHIP PROGRAM.**

5 "(a) IN GENERAL.—The Director of the Centers for
6 Disease Control and Prevention, in collaboration with the
7 Director of the Office of Minority Health, the Adminis-
8 trator of the Substance Abuse and Mental Health Services
9 Administration, and the Director of the Indian Health
10 Services, shall award research fellowships to post-bacca-
11 laureate students to conduct research that will examine
12 gender and health disparities and to pursue a career in
13 the health professions.

14 "(b) ELIGIBILITY.—To be eligible to receive a fellow-
15 ship under subsection (a) an individual shall—

16 "(1) have experience in health research or pub-
17 lic health practice;

18 "(2) reside in a health professional shortage
19 area as determined by the Secretary;

20 "(3) have expressed an interest in the health
21 professions;

22 "(4) demonstrate promise for becoming a leader
23 in the field of women's health;

1 "(5) secure admission to a health professions
2 school or graduate program with an emphasis in
3 gender studies;
4 "(6) comply with subsection (f); and
5 "(7) submit to the Secretary an application at
6 such time, in such manner, and containing such in-
7 formation as the Secretary may require.
8 "(c) USE OF FUNDS.—Amounts received under an
9 award under subsection (a) shall be used to support oppor-
10 tunities for students to become researchers and advance
11 the research base on the intersection between gender and
12 health.
13 "(d) PRIORITY.—In awarding grants under sub-
14 section (a), the Director of the Centers for Disease Con-
15 trol and Prevention shall give priority to those applicants
16 that—
17 "(1) are from disadvantaged backgrounds; and
18 "(2) have identified a mentor and academic ad-
19 visor who will assist in the completion of their grad-
20 uate or professional degree and have secured a re-
21 search assistant position with a researcher working
22 in the area of gender and health.
23 "(e) FELLOWSHIPS.—The Director of the Centers for
24 Disease Control and Prevention may approve fellowships
25 for individuals under this section for any period of edu-

cation in the student's graduate or health profession tenure, except that such a fellowship may not be provided to an individual for more than 3 years, and such a fellowship may not exceed $18,000 per academic year (notwithstanding any other provision of law regarding the amount of fellowship).

"(f) REQUIREMENTS.—To be eligible to receive assistance under this section, an individual shall—

"(1) maintain a minimum a grade point average of 2.75 at the time of entry to an entity described in subsection (b)(5) and maintain a grade point average of 3.25 or above throughout their tenure at such institution;

"(2) undergo academic instruction to assist in completion of the health professions or graduate degree; and

"(3) attend twice-monthly meetings with an academic advisor throughout the tenure of the fellowship.

"(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2005 through 2010.

1 **“SEC. 2920E. PAUL DAVID WELLSTONE INTERNATIONAL**
2 **HEALTH FELLOWSHIP PROGRAM.**

3 ‘‘(a) IN GENERAL.—The Director of the Agency for
4 Healthcare Research and Quality, in collaboration with
5 the Director of the Office of Minority Health, shall award
6 research fellowships to college students or recent grad-
7 uates to advance their understanding of international
8 health.

9 ‘‘(b) ELIGIBILITY.—To be eligible to receive a fellow-
10 ship under subsection (a) an individual shall—

11 ‘‘(1) have educational experience in the field of
12 international health;

13 ‘‘(2) reside in a health professional shortage
14 area as determined by the Secretary;

15 ‘‘(3) demonstrate promise for becoming a leader
16 in the field of international health;

17 ‘‘(4) be a college senior or recent graduate of
18 a four year higher education institution;

19 ‘‘(5) comply with subsection (f); and

20 ‘‘(6) submit to the Secretary an application at
21 such time, in such manner, and containing such in-
22 formation as the Secretary may require.

23 ‘‘(c) USE OF FUNDS.—Amounts received under an
24 award under subsection (a) shall be used to support oppor-
25 tunities for students to become health professionals and

1 to advance their knowledge about international issues re-
2 lating to healthcare access and quality.

3 "(d) PRIORITY.—In awarding grants under sub-
4 section (a), the Director shall give priority to those appli-
5 cants that—

6 "(1) are from a disadvantaged background; and

7 "(2) have identified a mentor at a health pro-
8 fessions school or institution, an academic advisor to
9 assist in the completion of their graduate or profes-
10 sional degree, and an advisor from an international
11 health Non-Governmental Organization, Private Vol-
12 unteer Organization, or other international institu-
13 tion or program that focuses on increasing
14 healthcare access and quality for residents in devel-
15 oping countries.

16 "(e) FELLOWSHIPS.—The Secretary shall approve
17 fellowships for college seniors or recent graduates, except
18 that such a fellowship may not be provided to an indi-
19 vidual for more than 6 months, may not be awarded to
20 a graduate that has not been enrolled in school for more
21 than 1 year, and may not exceed $4,000 per academic year
22 (notwithstanding any other provision of law regarding the
23 amount of fellowship).

24 "(f) REQUIREMENTS.—To be eligible to receive as-
25 sistance under this section, an individual shall—

1 ''(1) maintain a minimum grade point average
2 of 2.75 at the time of application; and

3 ''(2) undergo academic instruction in global
4 health, and issues relating to access and quality of
5 healthcare;

6 ''(g) AUTHORIZATION OF APPROPRIATIONS.—There
7 is authorized to be appropriated to carry out this section,
8 such sums as may be necessary for each of fiscal years
9 2005 through 2010.

10 **''SEC. 2920F. EDWARD R. ROYBAL HEALTHCARE SCHOLAR**
11 **PROGRAM.**

12 ''(a) IN GENERAL.—The Director of the Agency for
13 Healthcare Research and Quality, the Director of the Cen-
14 ters for Medicaid and Medicare, and the Administrator for
15 Health Resources and Services Administration, in collabo-
16 ration with the Director of the Office of Minority Health,
17 shall award grants to eligible entities to expose entering
18 graduate students to the health professions.

19 ''(b) ELIGIBILITY.—To be eligible to receive a grant
20 under subsection (a) an entity shall—

21 ''(1) be a clinical, public health or health serv-
22 ices organization, community-based or non-profit en-
23 tity, or other entity determined appropriate by the
24 Director of the Agency for Healthcare Research and
25 Quality;

1 "(2) serve in a health professional shortage
2 area as determined by the Secretary;
3 "(3) work with students obtaining a degree in
4 the health professions; and
5 "(4) submit to the Secretary an application at
6 such time, in such manner, and containing such in-
7 formation as the Secretary may require.
8 "(c) USE OF FUNDS.—Amounts received under a
9 grant awarded under subsection (a) shall be used to sup-
10 port opportunities that expose students to non-research
11 based health professions, including—
12 "(1) public health policy;
13 "(2) healthcare and pharmaceutical policy;
14 "(3) healthcare administration and manage-
15 ment;
16 "(4) health economics; and
17 "(5) other professions determined appropriate
18 by the Director of the Agency for Healthcare Re-
19 search and Quality.
20 "(d) PRIORITY.—In awarding grants under sub-
21 section (a), the Director of the Agency for Healthcare Re-
22 search and Quality shall give priority to those entities
23 that—
24 "(1) have experience with health disparity elimi-
25 nation programs;

1 ‘‘(2) facilitate training in the fields described in
2 subsection (c); and
3 ‘‘(3) provide counseling or other services de-
4 signed to assist such individuals in successfully com-
5 pleting their education at the post-secondary level.
6 ‘‘(e) STIPENDS.—The Secretary may approve the
7 payment of stipends for individuals under this section for
8 any period of education in student-enhancement programs
9 (other than regular courses) at health professions schools
10 or entities, except that such a stipend may not be provided
11 to an individual for more than 2 months, and such a sti-
12 pend may not exceed $100 per day (notwithstanding any
13 other provision of law regarding the amount of stipends).
14 ‘‘(f) AUTHORIZATION OF APPROPRIATIONS.—There
15 is authorized to be appropriated to carry out this section
16 such sums as may be necessary for each of fiscal years
17 2005 through 2010.’’.

TITLE IV—REDUCING DISEASE AND DISEASE-RELATED COMPLICATIONS

Subtitle A—Eliminating Disparities in Prevention, Detection, and Treatment of Disease

CHAPTER 1—GENERAL PROVISIONS

SEC. 401. GUIDELINES FOR DISEASE SCREENING FOR MINORITY PATIENTS.

(a) IN GENERAL.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall convene a series of meetings to develop guidelines for disease screening for minority patient populations which have a higher than average risk for many chronic diseases and cancers.

(b) PARTICIPANTS.—In convening meetings under subsection (a), the Secretary shall ensure that meeting participants include representatives of—

(1) professional societies and associations;

(2) minority health organizations;

(3) healthcare researchers and providers, including those with expertise in minority health;

(4) Federal health agencies, including the Office of Minority Health and the National Institutes of Health; and

1 (5) other experts determined appropriate by the
2 Secretary.
3 (c) DISEASES.—Screening guidelines for minority
4 populations shall be developed under subsection (a) for—
5 (1) hypertension;
6 (2) hypercholesterolemia;
7 (3) diabetes;
8 (4) cardiovascular disease;
9 (5) prostate cancer;
10 (6) breast cancer;
11 (7) colon cancer;
12 (8) kidney disease;
13 (9) glaucoma; and
14 (10) other diseases determined appropriate by
15 the Secretary.
16 (d) DISSEMINATION.—Not later than 24 months
17 after the date of enactment of this title, the Secretary
18 shall publish and disseminate to healthcare provider orga-
19 nizations the guidelines developed under subsection (a).
20 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
21 authorized to be appropriated to carry out this section,
22 sums as may be necessary for each of fiscal years 2005
23 through 2010.

1 **SEC. 402. PREVENTIVE HEALTH SERVICES BLOCK GRANTS,**
2 **USE OF ALLOTMENTS.**

3 Section 1904(a)(1) of the Public Health Service Act
4 (42 U.S.C. 300w–3(a)(1)) is amended—
5 (1) in subparagraph (G)—
6 (A) by striking ''through (F)'' and insert-
7 ing ''through (G)''; and
8 (B) by redesignating such subparagraph as
9 subparagraph (H); and
10 (2) by inserting after subparagraph (F), the fol-
11 lowing:
12 ''(G) Community outreach and education pro-
13 grams and other activities designed to address and
14 prevent minority health conditions (as defined in
15 section 485E(c)(2)).''.

16 **SEC. 403. PROGRAM FOR INCREASING IMMUNIZATION**
17 **RATES FOR ADULTS AND ADOLESCENTS; COL-**
18 **LECTION OF ADDITIONAL IMMUNIZATION**
19 **DATA.**

20 (a) ACTIVITIES OF CENTERS FOR DISEASE CONTROL
21 AND PREVENTION.—Section 317(j) of the Public Health
22 Service Act (42 U.S.C. 247b(j)) is amended by adding at
23 the end the following paragraphs:
24 ''(3)(A) For the purpose of carrying out activities to-
25 ward increasing immunization rates for adults and adoles-
26 cents through the immunization program under this sub-

section, and for the purpose of carrying out subsection (k)(2), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2004 through 2010. Such authorization is in addition to amounts available under paragraphs (1) and (2) for such purposes.

"(B) In expending amounts appropriated under subparagraph (A), the Secretary shall give priority to adults and adolescents who are medically underserved and are at risk for vaccine-preventable diseases, including as appropriate populations identified through projects under subsection (k)(2)(E).

"(C) The purposes for which amounts appropriated under subparagraph (A) are available include (with respect to immunizations for adults and adolescents) payment of the costs of storing vaccines, outreach activities to inform individuals of the availability of the immunizations, and other program expenses necessary for the establishment or operation of immunization programs carried out or supported by States or other public entities pursuant to this subsection.

"(4) The Secretary shall annually submit to the Congress a report that—

"(A) evaluates the extent to which the immunization system in the United States has been effective

in providing for adequate immunization rates for adults and adolescents, taking into account the applicable year 2010 health objectives established by the Secretary regarding the health status of the people of the United States; and

"(B) describes any issues identified by the Secretary that may affect such rates.

"(5) In carrying out this subsection and paragraphs (1) and (2) of subsection (k), the Secretary shall consider recommendations regarding immunizations that are made in reports issued by the Institute of Medicine.".

(b) RESEARCH, DEMONSTRATIONS, AND EDUCATION.—Section 317(k) of the Public Health Service Act (42 U.S.C. 247b(k)) is amended—

(1) by redesignating paragraphs (2) through (4) as paragraphs (3) through (5), respectively; and

(2) by inserting after paragraph (1) the following paragraph:

"(2) The Secretary, directly and through grants under paragraph (1), shall provide for a program of research, demonstration projects, and education in accordance with the following:

"(A) The Secretary shall coordinate with public and private entities (including nonprofit private entities), and develop and disseminate

1 guidelines, toward the goal of ensuring that im-
2 munizations are routinely offered to adults and
3 adolescents by public and private health care
4 providers.
5 ‘‘(B) The Secretary shall cooperate with
6 public and private entities to obtain information
7 for the annual evaluations required in sub-
8 section (j)(4)(A).
9 ‘‘(C) The Secretary shall (relative to fiscal
10 year 2001) increase the extent to which the
11 Secretary collects data on the incidence, preva-
12 lence, and circumstances of diseases and ad-
13 verse events that are experienced by adults and
14 adolescents and may be associated with immu-
15 nizations, including collecting data in coopera-
16 tion with commercial laboratories.
17 ‘‘(D) The Secretary shall ensure that the
18 entities with which the Secretary cooperates for
19 purposes of subparagraphs (A) through (C) in-
20 clude managed care organizations, community
21 based organizations that provide health serv-
22 ices, and other health care providers.
23 ‘‘(E) The Secretary shall provide for
24 projects to identify racial and ethnic minority
25 groups and other health disparity populations

1 for which immunization rates for adults and
2 adolescents are below such rates for the general
3 population, and to determine the factors under-
4 lying such disparities.''.

5 **SEC. 404. INNOVATIVE CHRONIC DISEASE MANAGEMENT**
6 **PROGRAMS.**

7 (a) IN GENERAL.—The Secretary, acting in coordina-
8 tion with the Administrator of the Centers for Medicare
9 and Medicaid Services, the Administrator of the Health
10 Resources and Services Administration, the Director of
11 the National Institutes of Health, the Director of the Cen-
12 ters for Disease Control and Prevention, and the Director
13 of the Office of Minority Health, shall award grants to
14 eligible entities for the identification, implementation, and
15 evaluation of programs for patients with chronic disease.

16 (b) ELIGIBILITY.—To be eligible to receive a grant
17 under subsection (a), an entity shall—

18 (1) be a health center or clinic, public health
19 department, health plan, hospital, health system,
20 community-based or non-profit organization, or
21 other health entity determined appropriate by the
22 Secretary; and

23 (2) prepare and submit to the Secretary an ap-
24 plication at such time, in such manner, and con-

1 taining such information as the Secretary may re-
2 quire.
3 (c) USE OF FUNDS.—An entity shall use amounts re-
4 ceived under a grant under subsection (a) to identify, im-
5 plement, and evaluate chronic disease management pro-
6 grams that are tailored for racially and ethnically diverse
7 populations. In carrying out such activities, an entity shall
8 focus on—
9 (1) self-management training;
10 (2) patient empowerment;
11 (3) group visits;
12 (4) community health workers;
13 (5) case management;
14 (6) work- and school-based interventions;
15 (7) home visitation; or
16 (8) other activities determined appropriate by
17 the Secretary.
18 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section,
20 such sums as may be necessary for each of fiscal years
21 2004 through 2010.
22 **SEC. 405. GRANTS FOR RACIAL AND ETHNIC APPROACHES**
23 **TO COMMUNITY HEALTH.**
24 (a) PURPOSE.—It is the purpose of this section to
25 provide for the awarding of grants to assist communities

in mobilizing and organizing resources in support of effective and sustainable programs that will reduce or eliminate disparities in health and healthcare experienced by racial and ethnic minority individuals.

(b) AUTHORITY TO AWARD GRANTS.—The Secretary, acting through the Centers for Disease Control and Prevention and the Office of Minority Health, shall award planning, implementation, and evaluation grants to eligible entities to assist in designing, implementing, and evaluating culturally and linguistically appropriate, science-based, and community-driven strategies to eliminate racial and ethnic health and healthcare disparities.

(c) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall—

(1) represent a coalition—

(A) whose principal purpose is to develop and implement interventions to reduce or eliminate a health or healthcare disparity in a targeted racial or ethnic minority group in the community served by the coalition; and

(B) that includes—

(i) at least 3 members selected from among—

(I) public health departments;

1 (II) community-based organiza-
2 tions;
3 (III) university and/or research
4 organizations;
5 (IV) Indian tribal organizations
6 or national Indian organizations;
7 (V) Papa Ola Lokahi; and
8 (VI) interested public or private
9 sector healthcare providers or organi-
10 zations;
11 (ii) at least 1 member that is from a
12 community-based organization that rep-
13 resents the targeted racial or ethnic minor-
14 ity group; and
15 (iii) at least 1 member that is a Na-
16 tional Center for Minority Health and
17 Health Disparities Center of Excellence
18 (unless such a Center does not exist within
19 the community involved, declines or refuses
20 to participate, or the coalition dem-
21 onstrates to the Secretary that such par-
22 ticipation would not further the goals of
23 the program or would be unduly burden-
24 some); and

1 (2) submit to the Secretary an application, at
2 such time, in such manner, and containing such in-
3 formation as the Secretary may require, including—
4 (A) a description of the targeted racial or
5 ethnic population in the community to be served
6 under the grant;
7 (B) a description of at least 1 health dis-
8 parity that exists in the racial or ethnic tar-
9 geted population; and
10 (C) a demonstration of the proven record
11 of accomplishment of the coalition members in
12 serving and working with the targeted commu-
13 nity.
14 (d) PLANNING GRANTS.—
15 (1) IN GENERAL.—The Secretary shall award
16 grants to eligible entities described in subsection (c)
17 to support the planning and development of cul-
18 turally and linguistically appropriate programs that
19 utilize science-based and community-driven strate-
20 gies to reduce or eliminate a health or healthcare
21 disparity in the targeted population. Such grants
22 may be used to—
23 (A) expand the coalition that is rep-
24 resented by the entity through the identification
25 of additional partners, particularly among the

1 targeted community, and establish linkages with
2 national and State public and private partners;
3 (B) establish community working groups;
4 (C) conduct a needs assessment for the
5 targeted population in the area of the health
6 disparity using input from the targeted commu-
7 nity;
8 (D) participate in workshops sponsored by
9 the Office of Minority Health or the Centers for
10 Disease Control and Prevention for technical
11 assistance, planning, evaluation, and other pro-
12 grammatic issues;
13 (E) identify promising intervention strate-
14 gies; and
15 (F) develop a plan with the input of the
16 targeted community that includes strategies
17 for—
18 (i) implementing intervention strate-
19 gies that have the most promising potential
20 for reducing the health disparity in the
21 target population;
22 (ii) identifying other sources of rev-
23 enue and integrating current and proposed
24 funding sources to ensure long-term sus-
25 tainability of the program; and

1 (iii) evaluating the program, including
2 collecting data and measuring progress to-
3 ward reducing or eliminating the health
4 disparity in the targeted population that
5 takes into account the evaluation model de-
6 veloped by the Centers for Disease Control
7 and Prevention in collaboration with the
8 Office of Minority Health.

9 (2) DURATION.—The period during which pay-
10 ments may be made under a grant under paragraph
11 (1) shall not exceed 1 year, except where the Sec-
12 retary determines that extraordinary circumstances
13 exist as described in section 340(c)(3) of the Public
14 Health Service Act.

15 (e) IMPLEMENTATION GRANTS.—

16 (1) IN GENERAL.—The Secretary shall award
17 grants to eligible entities that have received a plan-
18 ning grant under subsection (d) to enable such enti-
19 ty to—

20 (A) implement a plan to address the se-
21 lected health disparity for the target population,
22 in an effective and timely manner;

23 (B) collect data appropriate for monitoring
24 and evaluating the program carried out under
25 the grant;

1 (C) analyze and interpret data, or collabo-
2 rate with academic or other appropriate institu-
3 tions, for such analysis and collection;
4 (D) participate in conferences and work-
5 shops for the purpose of informing and edu-
6 cating others regarding the experiences and les-
7 sons learned from the project;
8 (E) collaborate with appropriate partners
9 to publish the results of the project for the ben-
10 efit of the public health community;
11 (F) establish mechanisms with other public
12 or private groups to maintain financial support
13 for the program after the grant terminates; and
14 (G) maintain relationships with local part-
15 ners and continue to develop new relationships
16 with State and national partners.
17 (2) DURATION.—The period during which pay-
18 ments may be made under a grant under paragraph
19 (1) shall not exceed 4 years. Such payments shall be
20 subject to annual approval by the Secretary and to
21 the availability of appropriations for the fiscal year
22 involved.
23 (f) EVALUATION GRANTS.—
24 (1) IN GENERAL.—The Secretary shall award
25 grants to eligible entities that have received an im-

plementation grant under subsection (e) that require additional assistance for the purpose of rigorous data analysis, program evaluation (including process and outcome measures), or dissemination of findings.

(2) PRIORITY.—In awarding grants under this subsection, the Secretary shall give priority to—

(A) entities that in previous funding cycles—

(i) have received a planning grant under subsection (d); and

(ii) implemented activities of the type described in subsection (e)(1);

(B) entities that fulfilled the goals of their planning grant under subsection (d) in an especially timely manner;

(C) entities that incorporate best practices or build on successful models in their action plan, including the use of community health workers; and

(D) entities that would enable the Secretary to provide for an equitable distribution of such grants among the 5 categories for race and ethnicity described in the 1997 Office of Management and Budget Standards for Main-

1 taining, Collecting, and Presenting Federal
2 Data on Race and Ethnicity.

3 (g) MAINTENANCE OF EFFORT.—The Secretary may
4 not award a grant to an eligible entity under this section
5 unless the entity agrees that, with respect to the costs to
6 be incurred by the entity in carrying out the activities for
7 which the grant was awarded, the entity (and each of the
8 participating partners in the coalition represented by the
9 entity) will maintain its expenditures of non-Federal funds
10 for such activities at a level that is not less than the level
11 of such expenditures during the fiscal year immediately
12 preceding the first fiscal year for which the grant is
13 awarded.

14 (h) TECHNICAL ASSISTANCE.—The Secretary may,
15 either directly or by grant or contract, provide any entity
16 that receives a grant under this section with technical and
17 other nonfinancial assistance necessary to meet the re-
18 quirements of this section.

19 (i) ADMINISTRATIVE BURDENS.—The Secretary shall
20 make every effort to minimize duplicative or unnecessary
21 administrative burdens on grantees in the process of ap-
22 plying for grants under subsection (d), (e), or (f).

23 (j) REPORT.—Not later than September 30, 2007,
24 the Secretary shall publish a report that describes the ex-
25 tent to which the activities funded under this section have

1 been successful in reducing and eliminating disparities in
2 health and healthcare in targeted populations, and pro-
3 vides examples of best practices or model programs funded
4 under this section.

5 (k) AUTHORIZATION OF APPROPRIATIONS.—There is
6 authorized to be appropriated such sums as may be nec-
7 essary to carry out this section for each of fiscal years
8 2005 through 2010.

9 **SEC. 406. IOM STUDY REQUEST.**

10 (a) IN GENERAL.—The Secretary of Health and
11 Human Services shall request that the Institute of Medi-
12 cine conduct, or contract with another entity to conduct,
13 a study to investigate promising strategies for improving
14 minority health and reducing and eliminating racial and
15 ethnic disparities in health and healthcare.

16 (b) CONTENT.—The study under subsection (a)
17 shall—

18 (1) identify key stakeholders for intervention in
19 the public and private sector;

20 (2) identify the barriers to eliminating racial
21 and ethnic disparities in health and healthcare;

22 (3) explore approaches for addressing dispari-
23 ties in health and healthcare using a quality im-
24 provement framework;

1 (4) suggest an evaluation and research agenda
2 that will advance effective strategies for reducing
3 and eliminating racial and ethnic disparities in
4 health and healthcare; and

5 (5) assess the capacity of the Department of
6 Health and Human Services, as currently struc-
7 tured, to implement and evaluate promising strate-
8 gies to improve minority health and reduce and
9 eliminate racial and ethnic disparities in health and
10 healthcare.

11 (c) AGENDA.—The agenda described in subsection
12 (b)(4) shall include a focus on the following:

13 (1) Observational studies of race-discordant and
14 race-concordant physician-patient clinical encoun-
15 ters.

16 (2) Studies of the behaviors and expressed atti-
17 tudes toward race and ethnicity during education
18 and training of health professionals.

19 (3) Expansion of prospective studies of dispari-
20 ties in care, combining clinical data with qualitative
21 interviews with patients and providers.

22 (4) Studies of the natural history of social cat-
23 egorization in medical education and practice.

1 (5) Studies of the effectiveness of standard clin-
2 ical guidelines in reducing disparities across disease
3 categories.

4 (6) Exploration of health system characteristics
5 that may contribute to or mitigate disparities in
6 health care.

7 (7) Evaluation of cultural competency programs
8 and their impact on the attitudes, knowledge, skills,
9 and behaviors of healthcare providers.

10 (8) Expansion of community-participatory re-
11 search with a focus on such topics as increasing
12 trust and patient empowerment.

13 (9) Studies on appropriate indicators of socio-
14 economic status, and methods for incorporating such
15 indicators in patient records.

16 (10) Interventional studies designed to elimi-
17 nate disparities.

18 (d) REPORT.—Not later than 24 months after the
19 date of enactment of this Act, the Secretary of Health and
20 Human Services shall submit to the appropriate commit-
21 tees of Congress a report containing the results of the
22 study conducted under subsection (a).

23 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated to carry out this section,

such sums as may be necessary for each of fiscal years 2005 and 2006.

SEC. 407. STRATEGIC PLAN.

(a) IN GENERAL.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall formulate a strategic plan for implementing the 2001 report by the Surgeon General of the Public Health Service entitled 'Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General' and the 2003 report by the President's New Freedom Commission on Mental Health entitled 'Achieving the Promise: Transforming Mental Health Care in America'.

(b) SUBMISSION.—Not later than 6 months after the date of the enactment of this title, the Secretary shall submit to the Congress the strategic plan formulated under this section.

CHAPTER 2—ENVIRONMENTAL JUSTICE

SEC. 410. SHORT TITLE; PURPOSES.

(a) SHORT TITLE.—This chapter may be cited as the "Environmental Justice Act of 2003".

(b) PURPOSES.—The purposes of this chapter are—

(1) to ensure that all Federal health agencies develop practices that promote environmental justice;

1 (2) to provide minority, low-income, and Native
2 American communities greater access to public in-
3 formation and opportunity for participation in deci-
4 sionmaking affecting human health and the environ-
5 ment; and
6 (3) to mitigate the inequitable distribution of
7 the burdens and benefits of Federal programs hav-
8 ing significant impact on human health and the en-
9 vironment.

10 **SEC. 411. DEFINITIONS.**

11 For purposes of this chapter:
12 (1) ENVIRONMENTAL JUSTICE.—
13 (A) IN GENERAL.—The term ''environ-
14 mental justice'' means the fair treatment of
15 people of all races, cultures, and socioeconomic
16 groups with respect to the development, adop-
17 tion, implementation, and enforcement of laws,
18 regulations, and policies affecting the environ-
19 ment.
20 (B) FAIR TREATMENT.—The term ''fair
21 treatment'' means policies and practices that
22 will minimize the likelihood that a minority,
23 low-income, or Native American community will
24 bear a disproportionate share of the adverse en-
25 vironmental consequences, or be denied reason-

1 able access to the environmental benefits, re-
2 sulting from implementation of a Federal pro-
3 gram or policy.
4 (2) FEDERAL AGENCY.—The term "Federal
5 agency" means—
6 (A) each Federal entity represented on the
7 Working Group;
8 (B) any other entity that conducts any
9 Federal program or activity that substantially
10 affects human health or the environment; and
11 (C) each Federal agency that implements
12 any program, policy, or activity applicable to
13 Native Americans.
14 (3) WORKING GROUP.—The term "Working
15 Group" means the interagency working group estab-
16 lished by section 413.
17 (4) ADVISORY COMMITTEE.—The term "the Ad-
18 visory Committee" means the advisory committee es-
19 tablished by section 415.

20 **SEC. 412. ENVIRONMENTAL JUSTICE RESPONSIBILITIES OF**
21 **FEDERAL AGENCIES.**

22 (a) ENVIRONMENTAL JUSTICE MISSION.—To the
23 greatest extent practicable, the head of each Federal agen-
24 cy shall make achieving environmental justice part of its
25 mission by identifying and addressing, as appropriate, dis-

proportionately high and adverse human health or environmental effects of its programs, policies, and activities on minority and low-income populations in the United States and its territories and possessions, including the District of Columbia, the Commonwealth of Puerto Rico, Virgin Islands, Guam, and the Commonwealth of the Mariana Islands.

(b) NONDISCRIMINATION.—Each Federal agency shall conduct its programs, policies, and activities in a manner that ensures that such programs, policies, and activities do not have the effect of excluding any person or group from participation in, denying any person or group the benefits of, or subjecting any person or group to discrimination under, such programs, policies, and activities, because of race, color, national origin, or income.

SEC. 413. INTERAGENCY ENVIRONMENTAL JUSTICE WORKING GROUP.

(a) CREATION AND COMPOSITION.—There is hereby established the Interagency Working Group on Environmental Justice, comprising the heads of the following executive agencies and offices, or their designees:

(1) The Department of Defense.

(2) The Department of Health and Human Services.

1 (3) The Department of Housing and Urban De-
2 velopment.
3 (4) The Department of Homeland Security.
4 (5) The Department of Labor.
5 (6) The Department of Agriculture.
6 (7) The Department of Transportation.
7 (8) The Department of Justice;
8 (9) The Department of the Interior.
9 (10) The Department of Commerce.
10 (11) The Department of Energy.
11 (12) The Environmental Protection Agency.
12 (13) The Office of Management and Budget.
13 (14) Any other official of the United States
14 that the President may designate.
15 (b) FUNCTIONS.—The Working Group shall—
16 (1) provide guidance to Federal agencies on cri-
17 teria for identifying disproportionately high and ad-
18 verse human health or environmental effects on mi-
19 nority, low-income, and Native American popu-
20 lations;
21 (2) coordinate with, provide guidance to, and
22 serve as a clearinghouse for, each Federal agency as
23 it develops or revises an environmental justice strat-
24 egy as required by this chapter, in order to ensure
25 that the administration, interpretation and enforce-

1 ment of programs, activities, and policies are under-
2 taken in a consistent manner;
3 (3) assist in coordinating research by, and stim-
4 ulating cooperation among, the Environmental Pro-
5 tection Agency, the Department of Health and
6 Human Services, the Department of Housing and
7 Urban Development, and other Federal agencies
8 conducting research or other activities in accordance
9 with section 7;
10 (4) assist in coordinating data collection, main-
11 tenance, and analysis required by this chapter;
12 (5) examine existing data and studies on envi-
13 ronmental justice;
14 (6) hold public meetings and otherwise solicit
15 public participation and consider complaints as re-
16 quired under subsection (c);
17 (7) develop interagency model projects on envi-
18 ronmental justice that evidence cooperation among
19 Federal agencies; and
20 (8) in coordination with the Department of the
21 Interior and after consultation with tribal leaders,
22 coordinate steps to be taken pursuant to this chap-
23 ter that affect or involve federally-recognized Indian
24 Tribes.

1 (c) PUBLIC PARTICIPATION.—The Working Group
2 shall—
3 (1) hold public meetings and otherwise solicit
4 public participation, as appropriate, for the purpose
5 of fact-finding with regard to implementation of this
6 chapter, and prepare for public review a summary of
7 the comments and recommendations provided; and
8 (2) receive, consider, and in appropriate in-
9 stances conduct inquiries concerning complaints re-
10 garding environmental justice and the implementa-
11 tion of this chapter by Federal agencies.
12 (d) ANNUAL REPORTS.—
13 (1) IN GENERAL.—Each fiscal year following
14 enactment of this Act, the Working Group shall sub-
15 mit to the President, through the Office of the Dep-
16 uty Assistant to the President for Environmental
17 Policy and the Office of the Assistant to the Presi-
18 dent for Domestic Policy, a report that describes the
19 implementation of this chapter, including, but not
20 limited to, a report of the final environmental justice
21 strategies described in section 6 of this chapter and
22 annual progress made in implementing those strate-
23 gies.
24 (2) COPY OF REPORT.—The President shall
25 transmit to the Speaker of the House of Representa-

1 tives and the President of the Senate a copy of each
2 report submitted to the President pursuant to para-
3 graph (1).
4 (e) CONFORMING CHANGE.—The Interagency Work-
5 ing Group on Environmental Justice established under
6 Executive Order No. 12898, dated February 11, 1994, is
7 abolished.

8 **SEC. 414. FEDERAL AGENCY STRATEGIES.**

9 (a) AGENCY-WIDE STRATEGIES.—Each Federal
10 agency shall develop an agency-wide environmental justice
11 strategy that identifies and addresses disproportionally
12 high and adverse human health or environmental effects
13 or disproportionally low benefits of its programs, policies,
14 and activities with respect to minority, low-income, and
15 Native American populations.
16 (b) REVISIONS.—Each strategy developed pursuant
17 to subsection (a) shall identify programs, policies, plan-
18 ning, and public participation processes, rulemaking, and
19 enforcement activities related to human health or the envi-
20 ronment that should be revised to—
21 (1) promote enforcement of all health and envi-
22 ronmental statutes in areas with minority, low-in-
23 come, or Native American populations;
24 (2) ensure greater public participation;

1 (3) improve research and data collection relat-
2 ing to the health of and environment of minority,
3 low-income, and Native American populations; and
4 (4) identify differential patterns of use of nat-
5 ural resources among minority, low-income, and Na-
6 tive American populations.
7 (c) TIMETABLES.—Each strategy developed pursuant
8 to subsection (a) shall include, where appropriate, a time-
9 table for undertaking revisions identified pursuant to sub-
10 section (b).

11 **SEC. 415. FEDERAL ENVIRONMENTAL JUSTICE ADVISORY**
12 **COMMITTEE.**

13 (a) ESTABLISHMENT.—There is established a com-
14 mittee to be known as the ''Federal Environmental Justice
15 Advisory Committee''.
16 (b) DUTIES.—The Advisory Committee shall provide
17 independent advice and recommendations to the Environ-
18 mental Protection Agency and the Working Group on
19 areas relating to environmental justice, which may include
20 any of the following:
21 (1) Advice on Federal agencies' framework de-
22 velopment for integrating socioeconomic programs
23 into strategic planning, annual planning, and man-
24 agement accountability for achieving environmental
25 justice results agency-wide.

1 (2) Advice on measuring and evaluating agen-
2 cies' progress, quality, and adequacy in planning, de-
3 veloping, and implementing environmental justice
4 strategies, projects, and programs.
5 (3) Advice on agencies' existing and future in-
6 formation management systems, technologies, and
7 data collection, and the conduct of analyses that
8 support and strengthen environmental justice pro-
9 grams in administrative and scientific areas.
10 (4) Advice to help develop, facilitate, and con-
11 duct reviews of the direction, criteria, scope, and
12 adequacy of the Federal agencies' scientific research
13 and demonstration projects relating to environ-
14 mental justice.
15 (5) Advice for improving how the Environ-
16 mental Protection Agency and others participate, co-
17 operate, and communicate within that agency and
18 between other Federal agencies, State or local gov-
19 ernments, federally recognized Tribes, environmental
20 justice leaders, interest groups, and the public.
21 (6) Advice regarding the Environmental Protec-
22 tion Agency's administration of grant programs re-
23 lating to environmental justice assistance (not to in-
24 clude the review or recommendations of individual
25 grant proposals or awards).

1 (7) Advice regarding agencies' awareness, edu-
2 cation, training, and other outreach activities involv-
3 ing environmental justice.

4 (c) ADVISORY COMMITTEE.—The Advisory Com-
5 mittee shall be considered an advisory committee within
6 the meaning of the Federal Advisory Committee Act (5
7 U.S.C. App.).

8 (d) MEMBERSHIP.—

9 (1) IN GENERAL.—The Advisory Committee
10 shall be composed of 21 members to be appointed in
11 accordance with paragraph (2). Members shall in-
12 clude representatives of—

13 (A) community-based groups;

14 (B) industry and business;

15 (C) academic and educational institutions;

16 (D) minority health organizations;

17 (E) State and local governments, federally
18 recognized tribes, and indigenous groups; and

19 (F) nongovernmental and environmental
20 groups.

21 (2) APPOINTMENTS.—Of the members of the
22 Advisory Committee—

23 (A) five members shall be appointed by the
24 majority leader of the Senate;

1 (B) five members shall be appointed by the
2 minority leader of the Senate;
3 (C) five members shall be appointed by the
4 Speaker of the House of Representatives;
5 (D) five members shall be appointed by the
6 minority leader of the House of Representa-
7 tives; and
8 (E) one member to be appointed by the
9 President.
10 (e) MEETINGS.—The Advisory Committee shall meet
11 at least twice annually. Meetings shall occur as needed and
12 approved by the Director of the Office of Environmental
13 Justice of the Environmental Protection Agency, who shall
14 serve as the officer required to be appointed under section
15 10(e) of the Federal Advisory Committee Act (5 U.S.C.
16 App.) with respect to the Committee (in this subsection
17 referred to as the ''Designated Federal Officer''). The Ad-
18 ministrator of the Environmental Protection Agency may
19 pay travel and per diem expenses of members of the Advi-
20 sory Committee when determined necessary and appro-
21 priate. The Designated Federal Officer or a designee of
22 such Officer shall be present at all meetings, and each
23 meeting will be conducted in accordance with an agenda
24 approved in advance by such Officer. The Designated Fed-
25 eral Officer may adjourn any meeting when the Des-

1 ignated Federal Officer determines it is in the public inter-
2 est to do so. As required by the Federal Advisory Com-
3 mittee Act, meetings of the Advisory Committee shall be
4 open to the public unless the President determines that
5 a meeting or a portion of a meeting may be closed to the
6 public in accordance with subsection (c) of section 552b
7 of title 5, United States Code. Unless a meeting or portion
8 thereof is closed to the public, the Designated Federal Of-
9 ficer shall provide an opportunity for interested persons
10 to file comments before or after such meeting or to make
11 statements to the extent that time permits.

12 (f) DURATION.—The Advisory Committee shall re-
13 main in existence until otherwise provided by law.

14 **SEC. 416. HUMAN HEALTH AND ENVIRONMENTAL RE-**
15 **SEARCH, DATA COLLECTION AND ANALYSIS.**

16 (a) DISPROPORTIONATE IMPACT.—To the extent per-
17 mitted by other applicable law, including section 552a of
18 title 5, United States Code, popularly known as the Pri-
19 vacy Act of 1974, the Administrator of the Environmental
20 Protection Agency, or the head of such other Federal
21 agency as the President may direct, shall collect, maintain,
22 and analyze information assessing and comparing environ-
23 mental and human health risks borne by populations iden-
24 tified by race, national origin, or income. To the extent
25 practical and appropriate, Federal agencies shall use this

1 information to determine whether their programs, policies,
2 and activities have disproportionally high and adverse
3 human health or environmental effects on, or
4 disproportionally low benefits for, minority, low-income,
5 and Native American populations.

6 (b) INFORMATION RELATED TO NON-FEDERAL FA-
7 CILITIES.—In connection with the development and imple-
8 mentation of agency strategies in section 4, the Adminis-
9 trator of the Environmental Protection Agency, or the
10 head of such other Federal agency as the President may
11 direct, shall collect, maintain, and analyze information on
12 the race, national origin, and income level, and other read-
13 ily accessible and appropriate information, for areas sur-
14 rounding facilities or sites expected to have a substantial
15 environmental, human health, or economic effect on the
16 surrounding populations, if such facilities or sites become
17 the subject of a substantial Federal environmental admin-
18 istrative or judicial action.

19 (c) IMPACT FROM FEDERAL FACILITIES.—The Ad-
20 ministrator of the Environmental Protection Agency, or
21 the head of such other Federal agency as the President
22 may direct, shall collect, maintain, and analyze informa-
23 tion on the race, national origin, and income level, and
24 other readily accessible and appropriate information, for
25 areas surrounding Federal facilities that are—

1 (1) subject to the reporting requirements under
2 the Emergency Planning and Community Right-to-
3 Know Act (42 U.S.C. 11001 et seq.) as mandated
4 in Executive Order No. 12856; and
5 (2) expected to have a substantial environ-
6 mental, human health, or economic effect on sur-
7 rounding populations.
8 (d) INFORMATION SHARING.—
9 (1) IN GENERAL.—In carrying out the respon-
10 sibilities in this section, each Federal agency, to the
11 extent practicable and appropriate, shall share infor-
12 mation and eliminate unnecessary duplication of ef-
13 forts through the use of existing data systems and
14 cooperative agreements among Federal agencies and
15 with State, local, and tribal governments.
16 (2) PUBLIC AVAILABILITY.—Except as prohib-
17 ited by other applicable law, information collected or
18 maintained pursuant to this section shall be made
19 available to the public.
20 (e) PUBLIC COMMENT.—Federal agencies shall pro-
21 vide minority, low-income, and Native American popu-
22 lations the opportunity to participate in the development,
23 design, and conduct of activities undertaken pursuant to
24 this section.

1 **CHAPTER 3—BORDER HEALTH**

2 **SEC. 421. SHORT TITLE.**

3 This chapter may be cited as the ''Border Health Se-
4 curity Act of 2003''.

5 **SEC. 422. DEFINITIONS.**

6 In this chapter:

7 (1) BORDER AREA.—The term ''border area''
8 has the meaning given the term ''United States-
9 Mexico Border Area'' in section 8 of the United
10 States-Mexico Border Health Commission Act (22
11 U.S.C. 290n–6).

12 (2) SECRETARY.—The term ''Secretary'' means
13 the Secretary of Health and Human Services.

14 **SEC. 423. BORDER HEALTH GRANTS.**

15 (a) ELIGIBLE ENTITY DEFINED.—In this section,
16 the term ''eligible entity'' means a State, public institution
17 of higher education, local government, tribal government,
18 nonprofit health organization, community health center, or
19 community clinic receiving assistance under section 330
20 of the Public Health Service Act (42 U.S.C. 254b), that
21 is located in the border area.

22 (b) AUTHORIZATION.—From funds appropriated
23 under subsection (f), the Secretary, acting through the
24 United States members of the United States-Mexico Bor-
25 der Health Commission, shall award grants to eligible en-

1 tities to address priorities and recommendations to im-
2 prove the health of border area residents that are estab-
3 lished by—
4 (1) the United States members of the United
5 States-Mexico Border Health Commission;
6 (2) the State border health offices; and
7 (3) the Secretary.
8 (c) APPLICATION.—An eligible entity that desires a
9 grant under subsection (b) shall submit an application to
10 the Secretary at such time, in such manner, and con-
11 taining such information as the Secretary may require.
12 (d) USE OF FUNDS.—An eligible entity that receives
13 a grant under subsection (b) shall use the grant funds
14 for—
15 (1) programs relating to—
16 (A) maternal and child health;
17 (B) primary care and preventative health;
18 (C) public health and public health infra-
19 structure;
20 (D) health education and promotion;
21 (E) oral health;
22 (F) behavioral and mental health;
23 (G) substance abuse;
24 (H) health conditions that have a high
25 prevalence in the border area;

1 (I) medical and health services research;
2 (J) workforce training and development;
3 (K) community health workers or
4 promotoras;
5 (L) health care infrastructure problems in
6 the border area (including planning and con-
7 struction grants);
8 (M) health disparities in the border area;
9 (N) environmental health; and
10 (O) outreach and enrollment services with
11 respect to Federal programs (including pro-
12 grams authorized under titles XIX and XXI of
13 the Social Security Act (42 U.S.C. 1396 and
14 1397aa)); and
15 (2) other programs determined appropriate by
16 the Secretary.
17 (e) SUPPLEMENT, NOT SUPPLANT.—Amounts pro-
18 vided to an eligible entity awarded a grant under sub-
19 section (b) shall be used to supplement and not supplant
20 other funds available to the eligible entity to carry out the
21 activities described in subsection (d).
22 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
23 authorized to be appropriated to carry out this section,
24 $200,000,000 for fiscal year 2005, and such sums as may
25 be necessary for each succeeding fiscal year.

1 **SEC. 424. UNITED STATES-MEXICO BORDER HEALTH COM-**
2 **MISSION ACT AMENDMENTS.**

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

6 **"SEC. 9. AUTHORIZATION OF APPROPRIATIONS.**

7 ''There is authorized to be appropriated to carry out
8 this Act $10,000,000 for fiscal year 2005 and such sums
9 as may be necessary for each succeeding fiscal year.''.

10 CHAPTER 4—PATIENT NAVIGATOR, OUT-
11 REACH, AND CHRONIC DISEASE PRE-
12 VENTION

13 **SEC. 425. SHORT TITLE.**

14 This chapter may be cited as the ''Patient Navigator,
15 Outreach, and Chronic Disease Prevention Act of 2003''.

16 **SEC. 426. HRSA GRANTS FOR MODEL COMMUNITY CANCER**
17 **AND CHRONIC DISEASE CARE AND PREVEN-**
18 **TION; HRSA GRANTS FOR PATIENT NAVIGA-**
19 **TORS.**

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

1 **"SEC. 330I. MODEL COMMUNITY CANCER AND CHRONIC**
2 **DISEASE CARE AND PREVENTION; PATIENT**
3 **NAVIGATORS.**

4 "(a) MODEL COMMUNITY CANCER AND CHRONIC
5 DISEASE CARE AND PREVENTION.—

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

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

1 ‘‘(B) ensure that the health services are
2 provided to such individuals in a culturally com-
3 petent manner;

4 ‘‘(C) assign patient navigators, in accord-
5 ance with applicable criteria of the Secretary,
6 for managing the care of individuals of health
7 disparity populations to—

8 ‘‘(i) accomplish, to the extent possible,
9 the follow-up and diagnosis of an abnormal
10 finding and the treatment and appropriate
11 follow-up care of cancer or other chronic
12 disease; and

13 ‘‘(ii) facilitate access to appropriate
14 healthcare services within the healthcare
15 system to ensure optimal patient utiliza-
16 tion of such services, including aid in co-
17 ordinating and scheduling appointments
18 and referrals, community outreach, assist-
19 ance with transportation arrangements,
20 and assistance with insurance issues and
21 other barriers to care and providing infor-
22 mation about clinical trials;

23 ‘‘(D) require training for patient naviga-
24 tors employed through such model programs to
25 ensure the ability of navigators to perform all

1 of the duties required in this subsection and in
2 subsection (b), including training to ensure that
3 navigators are informed about health insurance
4 systems and are able to aid patients in resolv-
5 ing access issues; and

6 "(E) ensure that consumers have direct ac-
7 cess to patient navigators during regularly
8 scheduled hours of business operation.

9 "(2) OUTREACH SERVICES.—A condition for
10 the receipt of a grant under paragraph (1) is that
11 the applicant involved agree to provide ongoing out-
12 reach activities while receiving the grant, in a man-
13 ner that is culturally competent for the health dis-
14 parity population served by the program, to inform
15 the public and the specific community that the pro-
16 gram is serving, about the services of the model pro-
17 gram under the grant. Such activities shall include
18 facilitating access to appropriate healthcare services
19 and patient navigators within the healthcare system
20 to ensure optimal patient utilization of these serv-
21 ices.

22 "(3) DATA COLLECTION AND REPORT.—In
23 order to allow for effective program evaluation, the
24 grantee shall collect specific patient data recording
25 services provided to each patient served by the pro-

1 gram and shall establish and implement procedures
2 and protocols, consistent with applicable Federal and
3 State laws (including 45 C.F.R. 160 and 164) to en-
4 sure the confidentiality of all information shared by
5 a participant in the program, or their personal rep-
6 resentative and their healthcare providers, group
7 health plans, or health insurance insurers with the
8 program. The program may, consistent with applica-
9 ble Federal and State confidentiality laws, collect,
10 use or disclose aggregate information that is not in-
11 dividually identifiable (as defined in 45 C.F.R. 160
12 and 164). With this data, the grantee shall submit
13 an annual report to the Secretary that summarizes
14 and analyzes these data, provides information on
15 needs for navigation services, types of access difficul-
16 ties resolved, sources of repeated resolution and
17 flaws in the system of access, including insurance
18 barriers.
19 ‘‘(4) APPLICATION FOR GRANT.—A grant may
20 be made under paragraph (1) only if an application
21 for the grant is submitted to the Secretary and the
22 application is in such form, is made in such manner,
23 and contains such agreements, assurances, and in-
24 formation as the Secretary determines to be nec-
25 essary to carry out this section.

1 "(5) EVALUATIONS.—

2 "(A) IN GENERAL.—The Secretary, acting
3 through the Administrator of the Health Re-
4 sources and Services Administration, shall, di-
5 rectly or through grants or contracts, provide
6 for evaluations to determine which outreach ac-
7 tivities under paragraph (2) were most effective
8 in informing the public and the specific commu-
9 nity that the program is serving, about the
10 model program services and to determine the
11 extent to which such programs were effective in
12 providing culturally competent services to the
13 health disparity population served by the pro-
14 grams.

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

19 "(6) COORDINATION WITH OTHER PRO-
20 GRAMS.—The Secretary shall coordinate the pro-
21 gram under this subsection with the program under
22 subsection (b), with the program under section
23 417D, and to the extent practicable, with programs
24 for prevention centers that are carried out by the

1 Director of the Centers for Disease Control and Pre-
2 vention.
3 "(b) PROGRAM FOR PATIENT NAVIGATORS.—
4 "(1) IN GENERAL.—The Secretary, acting
5 through the Administrator of the Health Resources
6 and Services Administration, may make grants to
7 public and nonprofit private health centers (includ-
8 ing health centers under section 330, Indian Health
9 Service Centers, tribal governments, urban Indian
10 organizations, tribal organizations, clinics serving
11 Asian Americans and Pacific Islanders and Alaska
12 Natives, and rural health clinics and qualified non-
13 profit entities that partner with one or more centers
14 providing healthcare to provide navigation services,
15 which demonstrate the ability to perform all of the
16 functions outlined in this subsection and subsections
17 (a) and (c)) for the development and operation of
18 programs to pay the costs of such health centers
19 in—
20 "(A) assigning patient navigators, in ac-
21 cordance with applicable criteria of the Sec-
22 retary, for managing the care of individuals of
23 health disparity populations for the duration of
24 receiving health services from the health cen-
25 ters, including aid in coordinating and sched-

1 uling appointments and referrals, community
2 outreach, assistance with transportation ar-
3 rangements, and assistance with insurance
4 issues and other barriers to care and providing
5 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,
18 including psychosocial assessment and
19 care;

20 ‘‘(ii) appropriate follow-up care, in-
21 cluding psychosocial assessment and care;

22 ‘‘(iii) determining coverage under
23 health insurance and health plans for all
24 services;

1 "(iv) ensuring the initiation, continu-
2 ation and/or sustained access to care pre-
3 scribed by the patients' healthcare pro-
4 viders; and

5 "(v) aiding patients with health insur-
6 ance coverage issues;

7 "(E) requiring training for patient naviga-
8 tors to ensure the ability of navigators to per-
9 form all of the duties required in this sub-
10 section and in subsection (a), including training
11 to ensure that navigators are informed about
12 health insurance systems and are able to aid
13 patients in resolving access issues; and

14 "(F) ensuring that consumers have direct
15 access to patient navigators during regularly
16 scheduled hours of business operation.

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

1 "(3) DATA COLLECTION AND REPORT.—In
2 order to allow for effective patient navigator pro-
3 gram evaluation, the grantee shall collect specific pa-
4 tient data recording navigation services provided to
5 each patient served by the program and shall estab-
6 lish and implement procedures and protocols, con-
7 sistent with applicable Federal and State laws (in-
8 cluding 45 C.F.R. 160 and 164) to ensure the con-
9 fidentiality of all information shared by a participant
10 in the program, or their personal representative and
11 their healthcare providers, group health plans, or
12 health insurance insurers with the program. The pa-
13 tient navigator program may, consistent with appli-
14 cable Federal and State confidentiality laws, collect,
15 use or disclose aggregate information that is not in-
16 dividually identifiable (as defined in 45 C.F.R. 160
17 and 164). With this data, the grantee shall submit
18 an annual report to the Secretary that summarizes
19 and analyzes these data, provides information on
20 needs for navigation services, types of access difficul-
21 ties resolved, sources of repeated resolution and
22 flaws in the system of access, including insurance
23 barriers.
24 "(4) APPLICATION FOR GRANT.—A grant may
25 be made under paragraph (1) only if an application

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

6 ‘‘(5) EVALUATIONS.—

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

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

20 ‘‘(6) COORDINATION WITH OTHER PRO-
21 GRAMS.—The Secretary shall coordinate the pro-
22 gram under this subsection with the program under
23 subsection (a) and with the program under section
24 417D.

25 ‘‘(c) REQUIREMENTS REGARDING FEES.—

1 “(1) IN GENERAL.—A condition for the receipt
2 of a grant under subsection (a)(1) or (b)(1) is that
3 the program for which the grant is made have in ef-
4 fect—
5 “(A) a schedule of fees or payments for
6 the provision of its healthcare services related
7 to the prevention and treatment of disease that
8 is consistent with locally prevailing rates or
9 charges and is designed to cover its reasonable
10 costs of operation; and
11 “(B) a corresponding schedule of discounts
12 to be applied to the payment of such fees or
13 payments, which discounts are adjusted on the
14 basis of the ability of the patient to pay.
15 “(2) RULE OF CONSTRUCTION.—Nothing in
16 this section shall be construed to require payment
17 for navigation services or to require payment for
18 healthcare services in cases where care is provided
19 free of charge, including the case of services pro-
20 vided through programs of the Indian Health Serv-
21 ice.
22 “(d) MODEL.—Not later than five years after the
23 date of the enactment of this section, the Secretary shall
24 develop a peer-reviewed model of systems for the services
25 provided by this section. The Secretary shall update such

1 model as may be necessary to ensure that the best prac-
2 tices are being utilized.

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

12 "(f) DEFINITIONS.—For purposes of this section:

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

19 "(2) The term 'appropriate follow-up care' in-
20 cludes palliative and end-of-life care.

21 "(3) The term 'health disparity population'
22 means a population in which there exists a signifi-
23 cant disparity in the overall rate of disease inci-
24 dence, morbidity, mortality, or survival rates in the

1 population as compared to the health status of the
2 general population. Such term includes—
3 ‘‘(A) racial and ethnic minority groups as
4 defined in section 1707; and
5 ‘‘(B) medically underserved groups, such
6 as rural and low-income individuals and individ-
7 uals with low levels of literacy.
8 ‘‘(4)(A) The term ‘patient navigator’ means an
9 individual whose functions include—
10 ‘‘(i) assisting and guiding patients with a
11 symptom or an abnormal finding or diagnosis of
12 cancer or other chronic disease within the
13 healthcare system to accomplish the follow-up
14 and diagnosis of an abnormal finding as well as
15 the treatment and appropriate follow-up care of
16 cancer or other chronic disease including pro-
17 viding information about clinical trials; and
18 ‘‘(ii) identifying, anticipating, and helping
19 patients overcome barriers within the healthcare
20 system to ensure prompt diagnostic and treat-
21 ment resolution of an abnormal finding of can-
22 cer or other chronic disease.
23 ‘‘(B) Such term includes representatives of the
24 target health disparity population, such as nurses,

1 social workers, cancer survivors, and patient advo-
2 cates.
3 ‘‘(g) AUTHORIZATION OF APPROPRIATIONS.—
4 ‘‘(1) IN GENERAL.—
5 ‘‘(A) MODEL PROGRAMS.—For the purpose
6 of carrying out subsection (a) (other than the
7 purpose described in paragraph (2)(A)), there
8 are authorized to be appropriated such sums as
9 may be necessary for each of the fiscal years
10 2005 through 2010.
11 ‘‘(B) PATIENT NAVIGATORS.—For the pur-
12 pose of carrying out subsection (b) (other than
13 the purpose described in paragraph (2)(B)),
14 there are authorized to be appropriated such
15 sums as may be necessary for each of the fiscal
16 years 2005 through 2010.
17 ‘‘(C) BUREAU OF PRIMARY
18 HEALTHCARE.—Amounts appropriated under
19 subparagraph (A) or (B) shall be administered
20 through the Bureau of Primary Health Care.
21 ‘‘(2) PROGRAMS IN RURAL AREAS.—
22 ‘‘(A) MODEL PROGRAMS.—For the purpose
23 of carrying out subsection (a) by making grants
24 under such subsection for model programs in
25 rural areas, there are authorized to be appro-

1 priated such sums as may be necessary for each
2 of the fiscal years 2005 through 2010.
3 "(B) PATIENT NAVIGATORS.—For the pur-
4 pose of carrying out subsection (b) by making
5 grants under such subsection for programs in
6 rural areas, there are authorized to be appro-
7 priated such sums as may be necessary for each
8 of the fiscal years 2005 through 2010.
9 "(C) OFFICE OF RURAL HEALTH POL-
10 ICY.—Amounts appropriated under subpara-
11 graph (A) or (B) shall be administered through
12 the Office of Rural Health Policy.
13 "(3) RELATION TO OTHER AUTHORIZATIONS.—
14 Authorizations of appropriations under paragraphs
15 (1) and (2) are in addition to other authorizations
16 of appropriations that are available for the purposes
17 described in such paragraphs.".

18 **SEC. 427. NCI GRANTS FOR MODEL COMMUNITY CANCER**
19 **AND CHRONIC DISEASE CARE AND PREVEN-**
20 **TION; NCI GRANTS FOR PATIENT NAVIGA-**
21 **TORS.**

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

1 **"SEC. 417D. MODEL COMMUNITY CANCER AND CHRONIC**
2 **DISEASE CARE AND PREVENTION; PATIENT**
3 **NAVIGATORS.**

4 ''(a) MODEL COMMUNITY CANCER AND CHRONIC
5 DISEASE CARE AND PREVENTION.—

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

9 ''(A) provide to individuals of health dis-
10 parity populations prevention, early detection,
11 treatment, and appropriate follow-up care serv-
12 ices for cancer and chronic diseases;

13 ''(B) ensure that the health services are
14 provided to such individuals in a culturally com-
15 petent manner;

16 ''(C) assign patient navigators, in accord-
17 ance with applicable criteria of the Secretary,
18 for managing the care of individuals of health
19 disparity populations to—

20 ''(i) accomplish, to the extent possible,
21 the follow-up and diagnosis of an abnormal
22 finding and the treatment and appropriate
23 follow-up care of cancer or other chronic
24 disease; and

25 ''(ii) facilitate access to appropriate
26 healthcare services within the healthcare

1 system to ensure optimal patient utiliza-
2 tion of such services, including aid in co-
3 ordinating and scheduling appointments
4 and referrals, community outreach, assist-
5 ance with transportation arrangements,
6 and assistance with insurance issues and
7 other barriers to care and providing infor-
8 mation about clinical trials;

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

17 ‘‘(E) ensure that consumers have direct ac-
18 cess to patient navigators during regularly
19 scheduled hours of business operation.

20 ‘‘(2) ELIGIBLE ENTITIES.—For purposes of this
21 section, an eligible entity is a designated cancer cen-
22 ter of the Institute, an academic institution, Indian
23 Health Service Clinics, tribal governments, urban In-
24 dian organizations, tribal organizations, a hospital, a
25 qualified nonprofit entity that partners with one or

1 more centers providing healthcare to provide naviga-
2 tion services, which demonstrates the ability to per-
3 form all of the functions outlined in this subsection
4 and subsections (b) and (c), or any other public or
5 private entity determined to be appropriate by the
6 Director of the Institute, that provides services de-
7 scribed in paragraph (1)(A) for cancer and chronic
8 diseases.

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

1 and analyzes these data, provides information on
2 needs for navigation services, types of access difficul-
3 ties resolved, sources of repeated resolution and
4 flaws in the system of access, including insurance
5 barriers.

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

18 ''(5) 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 ''(6) EVALUATIONS.—

1 "(A) IN GENERAL.—The Director of the
2 Institute, directly or through grants or con-
3 tracts, shall provide for evaluations to deter-
4 mine which outreach activities under paragraph
5 (3) were most effective in informing the public
6 and the specific community that the program is
7 serving of the model program services and to
8 determine the extent to which such programs
9 were effective in providing culturally competent
10 services to the health disparity population
11 served by the programs.
12 "(B) DISSEMINATION OF FINDINGS.—The
13 Director of the Institute shall as appropriate
14 disseminate to public and private entities the
15 findings made in evaluations under subpara-
16 graph (A).
17 "(7) COORDINATION WITH OTHER PRO-
18 GRAMS.—The Secretary shall coordinate the pro-
19 gram under this subsection with the program under
20 subsection (b), with the program under section 330I,
21 and to the extent practicable, with programs for pre-
22 vention centers that are carried out by the Director
23 of the Centers for Disease Control and Prevention.
24 "(b) PROGRAM FOR PATIENT NAVIGATORS.—

1 "(1) IN GENERAL.—The Director of the Insti-
2 tute may make grants to eligible entities for the de-
3 velopment and operation of programs to pay the
4 costs of such entities in—
5 "(A) assigning patient navigators, in ac-
6 cordance with applicable criteria of the Sec-
7 retary, for managing the care of individuals of
8 health disparity populations for the duration of
9 receiving health services from the health cen-
10 ters, including aid in coordinating and sched-
11 uling appointments and referrals, community
12 outreach, assistance with transportation ar-
13 rangements, and assistance with insurance
14 issues and other barriers to care and providing
15 information about clinical trials;
16 "(B) ensuring that the services provided by
17 the patient navigators to such individuals in-
18 clude case management and psychosocial as-
19 sessment and care or information and referral
20 to such services;
21 "(C) ensuring that the patient navigators
22 with direct knowledge of the communities they
23 serve provide services to such individuals in a
24 culturally competent manner;

1 "(D) developing model practices for patient
2 navigators, including with respect to—
3 "(i) coordination of health services,
4 including psychosocial assessment and
5 care;
6 "(ii) follow-up services, including psy-
7 chosocial assessment and care;
8 "(iii) determining coverage under
9 health insurance and health plans for all
10 services;
11 "(iv) ensuring the initiation, continu-
12 ation and/or sustained access to care pre-
13 scribed by the patients' healthcare pro-
14 viders; and
15 "(v) aiding patients with health insur-
16 ance coverage issues;
17 "(E) requiring training for patient naviga-
18 tors to ensure the ability of navigators to per-
19 form all of the duties required in this sub-
20 section and in subsection (a), including training
21 to ensure that navigators are informed about
22 health insurance systems and are able to aid
23 patients in resolving access issues; and

1 "(F) ensuring that consumers have direct
2 access to patient navigators during regularly
3 scheduled hours of business operation.
4 "(2) OUTREACH SERVICES.—A condition for
5 the receipt of a grant under paragraph (1) is that
6 the applicant involved agree to provide ongoing out-
7 reach activities while receiving the grant, in a man-
8 ner that is culturally competent for the health dis-
9 parity population served by the program, to inform
10 the public and the specific community that the pa-
11 tient navigator is serving of the services of the model
12 program under the grant.
13 "(3) DATA COLLECTION AND REPORT.—In
14 order to allow for effective patient navigator pro-
15 gram evaluation, the grantee shall collect specific pa-
16 tient data recording navigation services provided to
17 each patient served by the program and shall estab-
18 lish and implement procedures and protocols, con-
19 sistent with applicable Federal and State laws (in-
20 cluding 45 C.F.R. 160 and 164) to ensure the con-
21 fidentiality of all information shared by a participant
22 in the program, or their personal representative and
23 their healthcare providers, group health plans, or
24 health insurance insurers with the program. The pa-
25 tient navigator program may, consistent with appli-

1 cable Federal and State confidentiality laws, collect,
2 use or disclose aggregate information that is not in-
3 dividually identifiable (as defined in 45 C.F.R. 160
4 and 164). With this data, the grantee shall submit
5 an annual report to the Secretary that summarizes
6 and analyzes these data, provides information on
7 needs for navigation services, types of access difficul-
8 ties resolved, sources of repeated resolution and
9 flaws in the system of access, including insurance
10 barriers.

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

18 ''(5) EVALUATIONS.—

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

1 account the matters referred to in paragraph
2 (1)(C).
3 ‘‘(B) DISSEMINATION OF FINDINGS.—The
4 Director of the Institute shall as appropriate
5 disseminate to public and private entities the
6 findings made in evaluations under subpara-
7 graph (A).
8 ‘‘(6) COORDINATION WITH OTHER PRO-
9 GRAMS.—The Secretary shall coordinate the pro-
10 gram under this subsection with the program under
11 subsection (a) and with the program under section
12 330I.
13 ‘‘(c) REQUIREMENTS REGARDING FEES.—
14 ‘‘(1) IN GENERAL.—A condition for the receipt
15 of a grant under subsection (a)(1) or (b)(1) is that
16 the program for which the grant is made have in ef-
17 fect—
18 ‘‘(A) a schedule of fees or payments for
19 the provision of its healthcare services related
20 to the prevention and treatment of disease that
21 is consistent with locally prevailing rates or
22 charges and is designed to cover its reasonable
23 costs of operation; and
24 ‘‘(B) a corresponding schedule of discounts
25 to be applied to the payment of such fees or

1 payments, which discounts are adjusted on the
2 basis of the ability of the patient to pay.
3 "(2) RULE OF CONSTRUCTION.—Nothing in
4 this section shall be construed to require payment
5 for navigation services or to require payment for
6 healthcare services in cases where care is provided
7 free of charge, including the case of services pro-
8 vided through programs of the Indian Health Serv-
9 ice.
10 "(d) MODEL.—Not later than five years after the
11 date of the enactment of this section, the Director of the
12 Institute shall develop a peer-reviewed model of systems
13 for the services provided by this section. The Director shall
14 update such model as may be necessary to ensure that
15 the best practices are being utilized.
16 "(e) DURATION OF GRANT.—The period during
17 which payments are made to an entity from a grant under
18 subsection (a)(1) or (b)(1) may not exceed five years. The
19 provision of such payments are subject to annual approval
20 by the Director of the Institute of the payments and sub-
21 ject to the availability of appropriations for the fiscal year
22 involved to make the payments. This subsection may not
23 be construed as establishing a limitation on the number
24 of grants under such subsection that may be made to an
25 entity.

1 ‘‘(f) DEFINITIONS.—For purposes of this section:
2 ‘‘(1) The term ‘culturally competent’, with re-
3 spect to providing health-related services, means
4 services that, in accordance with standards and
5 measures of the Secretary, are designed to effec-
6 tively and efficiently respond to the cultural and lin-
7 guistic needs of patients.
8 ‘‘(2) the term ‘appropriate follow-up care’ in-
9 cludes palliative and end-of-life care.
10 ‘‘(3) the term ‘health disparity population’
11 means a population where there exists a significant
12 disparity in the overall rate of disease incidence,
13 morbidity, mortality, or survival rates in the popu-
14 lation as compared to the health status of the gen-
15 eral population. Such term includes—
16 ‘‘(A) racial and ethnic minority groups as
17 defined in section 1707; and
18 ‘‘(B) medically underserved groups, such
19 as rural and low-income individuals and individ-
20 uals with low levels of literacy.
21 ‘‘(4)(A) the term ‘patient navigator’ means an
22 individual whose functions include—
23 ‘‘(i) assisting and guiding patients with a
24 symptom or an abnormal finding or diagnosis of
25 cancer or other chronic disease within the

1 healthcare system to accomplish the follow-up
2 and diagnosis of an abnormal finding as well as
3 the treatment and appropriate follow-up care of
4 cancer or other chronic disease, including pro-
5 viding information about clinical trials; and
6 ''(ii) identifying, anticipating, and helping
7 patients overcome barriers within the healthcare
8 system to ensure prompt diagnostic and treat-
9 ment resolution of an abnormal finding of can-
10 cer or other chronic disease.
11 ''(B) Such term includes representatives of the
12 target health disparity population, such as nurses,
13 social workers, cancer survivors, and patient advo-
14 cates.
15 ''(g) AUTHORIZATION OF APPROPRIATIONS.—
16 ''(1) MODEL PROGRAMS.—For the purpose of
17 carrying out subsection (a), there are authorized to
18 be appropriated such sums as may be necessary for
19 each of the fiscal years 2005 through 2010.
20 ''(2) PATIENT NAVIGATORS.—For the purpose
21 of carrying out subsection (b), there are authorized
22 to be appropriated such sums as may be necessary
23 for each of the fiscal years 2005 through 2010.
24 ''(3) RELATION TO OTHER AUTHORIZATIONS.—
25 Authorizations of appropriations under paragraphs

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

4 **SEC. 428. IHS GRANTS FOR MODEL COMMUNITY CANCER**
5 **AND CHRONIC DISEASE CARE AND PREVEN-**
6 **TION; IHS GRANTS FOR PATIENT NAVIGA-**
7 **TORS.**

8 (a) MODEL COMMUNITY CANCER AND CHRONIC DIS-
9 EASE CARE AND PREVENTION.—

10 (1) IN GENERAL.—The Director of the Indian
11 Health Service may make grants to Indian Health
12 Service Centers, tribal governments, urban Indian
13 organizations, tribal organizations, and qualified
14 nonprofit entities demonstrating the ability to per-
15 form all of the functions outlined in this subsection
16 and subsections (b) and (c) that partner with pro-
17 viders or centers providing healthcare serving Native
18 American populations to provide navigation services,
19 for the development and operation of model pro-
20 grams that—

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

1 (B) ensure that the health services are pro-
2 vided to such individuals in a culturally com-
3 petent manner;
4 (C) assign patient navigators, in accord-
5 ance with applicable criteria of the Secretary,
6 for managing the care of individuals of health
7 disparity populations to—
8 (i) accomplish, to the extent possible,
9 the follow-up and diagnosis of an abnormal
10 finding and the treatment and appropriate
11 follow-up care of cancer or other chronic
12 disease; and
13 (ii) facilitate access to appropriate
14 healthcare services within the healthcare
15 system to ensure optimal patient utiliza-
16 tion of such services, including aid in co-
17 ordinating and scheduling appointments
18 and referrals, community outreach, assist-
19 ance with transportation arrangements,
20 and assistance with insurance issues and
21 other barriers to care and providing infor-
22 mation about clinical trials;
23 (D) require training for patient navigators
24 employed through such model programs to en-
25 sure the ability of navigators to perform all of

1 the duties required in this subsection and in
2 subsection (b), including training to ensure that
3 navigators are informed about health insurance
4 systems and are able to aid patients in resolv-
5 ing access issues; and

6 (E) ensure that consumers have direct ac-
7 cess to patient navigators during regularly
8 scheduled hours of business operation.

9 (2) OUTREACH SERVICES.—A condition for the
10 receipt of a grant under paragraph (1) is that the
11 applicant involved agree to provide ongoing outreach
12 activities while receiving the grant, in a manner that
13 is culturally competent for the health disparity popu-
14 lation served by the program, to inform the public
15 and the specific community that the program is
16 serving of the services of the model program under
17 the grant. Such activities shall include facilitating
18 access to appropriate healthcare services and patient
19 navigators within the healthcare system to ensure
20 optimal patient utilization of these services.

21 (3) DATA COLLECTION AND REPORT.—In order
22 to allow for effective program evaluation, the grantee
23 shall collect specific patient data recording services
24 provided to each patient served by the program and
25 shall establish and implement procedures and proto-

1 cols, consistent with applicable Federal and State
2 laws (including 45 C.F.R. 160 and 164) to ensure
3 the confidentiality of all information shared by a
4 participant in the program, or their personal rep-
5 resentative and their healthcare providers, group
6 health plans, or health insurance insurers with the
7 program. The program may, consistent with applica-
8 ble 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 be
19 made under paragraph (1) only if an application for
20 the grant is submitted to the Secretary and the ap-
21 plication is in such form, is made in such manner,
22 and contains such agreements, assurances, and in-
23 formation as the Secretary determines to be nec-
24 essary to carry out this section.

25 (5) EVALUATIONS.—

1 (A) IN GENERAL.—The Secretary, acting
2 through the Director of the Indian Health Serv-
3 ice, shall, directly or through grants or con-
4 tracts, provide for evaluations to determine
5 which outreach activities under paragraph (2)
6 were most effective in informing the public and
7 the specific community that the program is
8 serving of the model program services and to
9 determine the extent to which such programs
10 were effective in providing culturally competent
11 services to the health disparity population
12 served by the programs.
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 (b), with the program under section 417D, and to
21 the extent practicable, with programs for prevention
22 centers that are carried out by the Director of the
23 Centers for Disease Control and Prevention.
24 (b) PROGRAM FOR PATIENT NAVIGATORS.—

1 (1) In general.—The Secretary, acting
2 through the Director of the Indian Health Service,
3 may make grants to Indian Health Service Centers,
4 tribal governments, urban Indian organizations, trib-
5 al organizations, and qualified nonprofit entities
6 demonstrating the ability to perform all of the func-
7 tions outlined in this subsection and subsections (a)
8 and (c) that partner with providers or centers pro-
9 viding healthcare serving Native American popu-
10 lations to provide navigation services, for the devel-
11 opment and operation of model programs to pay the
12 costs of such organizations in—
13 (A) assigning patient navigators, in accord-
14 ance with applicable criteria of the Secretary,
15 for individuals of health disparity populations
16 for the duration of receiving health services
17 from the health centers, including aid in coordi-
18 nating and scheduling appointments and refer-
19 rals, community outreach, assistance with
20 transportation arrangements, and assistance
21 with insurance issues and other barriers to care
22 and providing information about clinical trials;
23 (B) ensuring that the services provided by
24 the patient navigators to such individuals in-
25 clude case management and psychosocial as-

1 sessment and care or information and referral
2 to such services;
3 (C) ensuring that patient navigators with
4 direct knowledge of the communities they serve
5 provide services to such individuals in a cul-
6 turally competent manner;
7 (D) developing model practices for patient
8 navigators, including with respect to—
9 (i) coordination of health services, in-
10 cluding psychosocial assessment and care;
11 (ii) appropriate follow-up care, includ-
12 ing psychosocial assessment and care;
13 (iii) determining coverage under
14 health insurance and health plans for all
15 services;
16 (iv) ensuring the initiation, continu-
17 ation and/or sustained access to care pre-
18 scribed by the patients' healthcare pro-
19 viders; and
20 (v) aiding patients with health insur-
21 ance coverage issues;
22 (E) requiring training for patient naviga-
23 tors to ensure the ability of navigators to per-
24 form all of the duties required in this sub-
25 section and in subsection (a), including training

1 to ensure that navigators are informed about
2 health insurance systems and are able to aid
3 patients in resolving access issues; and

4 (F) ensuring that consumers have direct
5 access to patient navigators during regularly
6 scheduled hours of business operation.

7 (2) OUTREACH SERVICES.—A condition for the
8 receipt of a grant under paragraph (1) is that the
9 applicant involved agree to provide ongoing outreach
10 activities while receiving the grant, in a manner that
11 is culturally competent for the health disparity popu-
12 lation served by the program, to inform the public
13 and the specific community that the patient navi-
14 gator is serving of the services of the model program
15 under the grant.

16 (3) DATA COLLECTION AND REPORT.—In order
17 to allow for effective patient navigator program eval-
18 uation, the grantee shall collect specific patient data
19 recording navigation services provided to each pa-
20 tient served by the program and shall establish and
21 implement procedures and protocols, consistent with
22 applicable Federal and State laws (including 45
23 C.F.R. 160 and 164) to ensure the confidentiality of
24 all information shared by a participant in the pro-
25 gram, or their personal representative and their

1 healthcare providers, group health plans, or health
2 insurance insurers with the program. The patient
3 navigator program may, consistent with applicable
4 Federal and State confidentiality laws, collect, use or
5 disclose aggregate information that is not individ-
6 ually identifiable (as defined in 45 C.F.R. 160 and
7 164). With this data, the grantee shall submit an
8 annual report to the Secretary that summarizes and
9 analyzes these data, provides information on needs
10 for navigation services, types of access difficulties re-
11 solved, sources of repeated resolution and flaws in
12 the system of access, including insurance barriers.
13 (4) APPLICATION FOR GRANT.—A grant may be
14 made under paragraph (1) only if an application for
15 the grant is submitted to the Secretary and the ap-
16 plication is in such form, is made in such manner,
17 and contains such agreements, assurances, and in-
18 formation as the Secretary determines to be nec-
19 essary to carry out this section.
20 (5) EVALUATIONS.—
21 (A) IN GENERAL.—The Secretary, acting
22 through the Director of the Indian Health Serv-
23 ice, shall, directly or through grants or con-
24 tracts, provide for evaluations to determine the
25 effects of the services of patient navigators on

1 the individuals of health disparity populations
2 for whom the services were provided, taking
3 into account the matters referred to in para-
4 graph (1)(C).
5 (B) DISSEMINATION OF FINDINGS.—The
6 Secretary shall as appropriate disseminate to
7 public and private entities the findings made in
8 evaluations under subparagraph (A).
9 (6) COORDINATION WITH OTHER PROGRAMS.—
10 The Secretary shall coordinate the program under
11 this subsection with the program under subsection
12 (a) and with the program under section 417D.
13 (c) REQUIREMENTS REGARDING FEES.—
14 (1) IN GENERAL.—A condition for the receipt
15 of a grant under subsection (a)(1) or (b)(1) is that
16 the program for which the grant is made have in ef-
17 fect—
18 (A) a schedule of fees or payments for the
19 provision of its healthcare services related to
20 the prevention and treatment of disease that is
21 consistent with locally prevailing rates or
22 charges and is designed to cover its reasonable
23 costs of operation; and
24 (B) a corresponding schedule of discounts
25 to be applied to the payment of such fees or

1 payments, which discounts are adjusted on the
2 basis of the ability of the patient to pay.
3 (2) RULE OF CONSTRUCTION.—Nothing in this
4 section shall be construed to require payment for
5 navigation services or to require payment for
6 healthcare services in cases, such as with the Indian
7 Health Service, where care is provided free of
8 charge.
9 (d) MODEL.—Not later than five years after the date
10 of the enactment of this section, the Secretary shall de-
11 velop a peer-reviewed model of systems for the services
12 provided by this section. The Secretary shall update such
13 model as may be necessary to ensure that the best prac-
14 tices are being utilized.
15 (e) DURATION OF GRANT.—The period during which
16 payments are made to an entity from a grant under sub-
17 section (a)(1) or (b)(1) may not exceed five years. The
18 provision of such payments are subject to annual approval
19 by the Secretary of the payments and subject to the avail-
20 ability of appropriations for the fiscal year involved to
21 make the payments. This subsection may not be construed
22 as establishing a limitation on the number of grants under
23 such subsection that may be made to an entity.
24 (f) DEFINITIONS.—For purposes of this section:

1 (1) The term ''culturally competent'', with re-
2 spect to providing health-related services, means
3 services that, in accordance with standards and
4 measures of the Secretary, are designed to effec-
5 tively and efficiently respond to the cultural and lin-
6 guistic needs of patients.
7 (2) The term ''appropriate follow-up care'' in-
8 cludes palliative and end-of-life care.
9 (3) The term ''health disparity population''
10 means a population where there exists a significant
11 disparity in the overall rate of disease incidence,
12 morbidity, mortality, or survival rates in the popu-
13 lation as compared to the health status of the gen-
14 eral population. Such term includes—
15 (A) racial and ethnic minority groups as
16 defined in section 1707; and
17 (B) medically underserved groups, such as
18 rural and low-income individuals and individ-
19 uals with low levels of literacy.
20 (4)(A) The term ''patient navigator'' means an
21 individual whose functions include—
22 (i) assisting and guiding patients with a
23 symptom or an abnormal finding or diagnosis of
24 cancer or other chronic disease within the
25 healthcare system to accomplish the follow-up

1 and diagnosis of an abnormal finding as well as
2 the treatment and appropriate follow-up care of
3 cancer or other chronic disease, including pro-
4 viding information about clinical trials; and
5 (ii) identifying, anticipating, and helping
6 patients overcome barriers within the healthcare
7 system to ensure prompt diagnostic and treat-
8 ment resolution of an abnormal finding of can-
9 cer or other chronic disease.
10 (B) Such term includes representatives of the
11 target health disparity population, such as nurses,
12 social workers, cancer survivors, and patient advo-
13 cates.
14 (g) AUTHORIZATION OF APPROPRIATIONS.—
15 (1) IN GENERAL.—
16 (A) MODEL PROGRAMS.—For the purpose
17 of carrying out subsection (a) (other than the
18 purpose described in paragraph (2)(A)), there
19 are authorized to be appropriated such sums as
20 may be necessary for each of the fiscal years
21 2005 through 2010.
22 (B) PATIENT NAVIGATORS.—For the pur-
23 pose of carrying out subsection (b) (other than
24 the purpose described in paragraph (2)(B)),
25 there are authorized to be appropriated such

1 sums as may be necessary for each of the fiscal
2 years 2005 through 2010.
3 (C) BUREAU OF PRIMARY HEALTH 13
4 CARE.—Amounts appropriated under subpara-
5 graph (A) or (B) shall be administered through
6 the Bureau of Primary Health Care.
7 (2) PROGRAMS IN RURAL AREAS.—
8 (A) MODEL PROGRAMS.—For the purpose
9 of carrying out subsection (a) by making grants
10 under such subsection for model programs in
11 rural areas, there are authorized to be appro-
12 priated such sums as may be necessary for each
13 of the fiscal years 2005 through 2010.
14 (B) PATIENT NAVIGATORS.—For the pur-
15 pose of carrying out subsection (b) by making
16 grants under such subsection for programs in
17 rural areas, there are authorized to be appro-
18 priated such sums as may be necessary for each
19 of the fiscal years 2005 through 2010.
20 (C) OFFICE OF RURAL HEALTH POLICY.—
21 Amounts appropriated under subparagraph (A)
22 or (B) shall be administered through the Office
23 of Rural Health Policy.
24 (3) RELATION TO OTHER AUTHORIZATIONS.—
25 Authorizations of appropriations under paragraphs

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

CHAPTER 5—COMMUNITY HEALTH WORKERS

SEC. 431. SHORT TITLE.

This chapter may be cited as the ''Community Health Workers Act of 2003''.

SEC. 432. GRANTS TO PROMOTE POSITIVE HEALTH BEHAVIORS IN WOMEN.

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

''SEC. 399O. GRANTS TO PROMOTE POSITIVE HEALTH BEHAVIORS IN WOMEN.

''(a) GRANTS AUTHORIZED.—The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention and other Federal officials determined appropriate by the Secretary, is authorized to award grants to States or local or tribal units, to promote positive health behaviors for women in target populations, especially racial and ethnic minority women in medically underserved communities.

1 "(b) USE OF FUNDS.—Grants awarded pursuant to
2 subsection (a) may be used to support community health
3 workers—
4 "(1) to educate, guide, and provide outreach in
5 a community setting regarding health problems prev-
6 alent among women and especially among racial and
7 ethnic minority women;
8 "(2) to educate, guide, and provide experiential
9 learning opportunities that target behavioral risk
10 factors;
11 "(3) to educate and guide regarding effective
12 strategies to promote positive health behaviors with-
13 in the family;
14 "(4) to educate and provide outreach regarding
15 enrollment in health insurance including the State
16 Children's Health Insurance Program under title
17 XXI of the Social Security Act, medicare under title
18 XVIII of such Act and medicaid under title XIX of
19 such Act;
20 "(5) to promote community wellness and aware-
21 ness; and
22 "(6) to educate and refer target populations to
23 appropriate health care agencies and community-
24 based programs and organizations in order to in-

1 crease access to quality health care services, includ-
2 ing preventive health services.
3 ‘‘(c) APPLICATION.—
4 ‘‘(1) IN GENERAL.—Each State or local or trib-
5 al unit (including federally recognized tribes and
6 Alaska native villages) that desires to receive a grant
7 under subsection (a) shall submit an application to
8 the Secretary, at such time, in such manner, and ac-
9 companied by such additional information as the
10 Secretary may require.
11 ‘‘(2) CONTENTS.—Each application submitted
12 pursuant to paragraph (1) shall—
13 ‘‘(A) describe the activities for which as-
14 sistance under this section is sought;
15 ‘‘(B) contain an assurance that with re-
16 spect to each community health worker pro-
17 gram receiving funds under the grant awarded,
18 such program provides training and supervision
19 to community health workers to enable such
20 workers to provide authorized program services;
21 ‘‘(C) contain an assurance that the appli-
22 cant will evaluate the effectiveness of commu-
23 nity health worker programs receiving funds
24 under the grant;

1 "(D) contain an assurance that each com-
2 munity health worker program receiving funds
3 under the grant will provide services in the cul-
4 tural context most appropriate for the individ-
5 uals served by the program;

6 "(E) contain a plan to document and dis-
7 seminate project description and results to
8 other States and organizations as identified by
9 the Secretary; and

10 "(F) describe plans to enhance the capac-
11 ity of individuals to utilize health services and
12 health-related social services under Federal,
13 State, and local programs by—

14 "(i) assisting individuals in estab-
15 lishing eligibility under the programs and
16 in receiving the services or other benefits
17 of the programs; and

18 "(ii) providing other services as the
19 Secretary determines to be appropriate,
20 that may include transportation and trans-
21 lation services.

22 "(d) PRIORITY.—In awarding grants under sub-
23 section (a), the Secretary shall give priority to those appli-
24 cants—

25 "(1) who propose to target geographic areas—

1 "(A) with a high percentage of residents
2 who are eligible for health insurance but are
3 uninsured or underinsured;
4 "(B) with a high percentage of families for
5 whom English is not their primary language;
6 and
7 "(C) that encompass the United States-
8 Mexico border region;
9 "(2) with experience in providing health or
10 health-related social services to individuals who are
11 underserved with respect to such services; and
12 "(3) with documented community activity and
13 experience with community health workers.
14 "(e) COLLABORATION WITH ACADEMIC INSTITU-
15 TIONS.—The Secretary shall encourage community health
16 worker programs receiving funds under this section to col-
17 laborate with academic institutions. Nothing in this sec-
18 tion shall be construed to require such collaboration.
19 "(f) QUALITY ASSURANCE AND COST-EFFECTIVE-
20 NESS.—The Secretary shall establish guidelines for assur-
21 ing the quality of the training and supervision of commu-
22 nity health workers under the programs funded under this
23 section and for assuring the cost-effectiveness of such pro-
24 grams.

1 "(g) MONITORING.—The Secretary shall monitor
2 community health worker programs identified in approved
3 applications and shall determine whether such programs
4 are in compliance with the guidelines established under
5 subsection (e).

6 "(h) TECHNICAL ASSISTANCE.—The Secretary may
7 provide technical assistance to community health worker
8 programs identified in approved applications with respect
9 to planning, developing, and operating programs under the
10 grant.

11 "(i) REPORT TO CONGRESS.—

12 "(1) IN GENERAL.—Not later than 4 years
13 after the date on which the Secretary first awards
14 grants under subsection (a), the Secretary shall sub-
15 mit to Congress a report regarding the grant
16 project.

17 "(2) CONTENTS.—The report required under
18 paragraph (1) shall include the following:

19 "(A) A description of the programs for
20 which grant funds were used.

21 "(B) The number of individuals served.

22 "(C) An evaluation of—

23 "(i) the effectiveness of these pro-
24 grams;

25 "(ii) the cost of these programs; and

1 ''(iii) the impact of the project on the
2 health outcomes of the community resi-
3 dents.

4 ''(D) Recommendations for sustaining the
5 community health worker programs developed
6 or assisted under this section.

7 ''(E) Recommendations regarding training
8 to enhance career opportunities for community
9 health workers.

10 ''(j) DEFINITIONS.—In this section:

11 ''(1) COMMUNITY HEALTH WORKER.—The term
12 'community health worker' means an individual who
13 promotes health or nutrition within the community
14 in which the individual resides—

15 ''(A) by serving as a liaison between com-
16 munities and health care agencies;

17 ''(B) by providing guidance and social as-
18 sistance to community residents;

19 ''(C) by enhancing community residents'
20 ability to effectively communicate with health
21 care providers;

22 ''(D) by providing culturally and linguis-
23 tically appropriate health or nutrition edu-
24 cation;

1 ''(E) by advocating for individual and community health or nutrition needs; and

3 ''(F) by providing referral and followup services.

5 ''(2) COMMUNITY SETTING.—The term 'community setting' means a home or a community organization located in the neighborhood in which a participant resides.

9 ''(3) MEDICALLY UNDERSERVED COMMUNITY.—The term 'medically underserved community' means a community identified by a State—

12 ''(A) that has a substantial number of individuals who are members of a medically underserved population, as defined by section 330(b)(3); and

16 ''(B) a significant portion of which is a health professional shortage area as designated under section 332.

19 ''(4) SUPPORT.—The term 'support' means the provision of training, supervision, and materials needed to effectively deliver the services described in subsection (b), reimbursement for services, and other benefits.

1 "(5) TARGET POPULATION.—The term 'target
2 population' means women of reproductive age, re-
3 gardless of their current childbearing status.
4 "(k) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated to carry out this section,
6 such sums as may be necessary for each of fiscal years
7 2005 through 2010.".

8 CHAPTER 6—HEALTH EMPOWERMENT
9 ZONES

10 SEC. 440. HEALTH EMPOWERMENT ZONES.

11 (a) HEALTH EMPOWERMENT ZONE PROGRAMS.—
12 (1) GRANTS.—The Secretary, acting through
13 the Administrator of the Health Resources and Serv-
14 ices Administration and the Director of the Office of
15 Minority Health, and in cooperation with the Direc-
16 tor of the Office of Community Services and the Di-
17 rector of the National Center for Minority Health
18 and Health Disparities, shall make grants to part-
19 nerships of private and public entities to establish
20 health empowerment zone programs in communities
21 that disproportionately experience disparities in
22 health status and healthcare for the purpose de-
23 scribed in paragraph (2).
24 (2) USE OF FUNDS.—

1 (A) IN GENERAL.—Subject to subpara-
2 graph (B), the purpose of a health empower-
3 ment zone program under this section shall be
4 to assist individuals, businesses, schools, minor-
5 ity health associations, non-profit organizations,
6 community-based organizations, hospitals,
7 healthcare clinics, foundations, and other enti-
8 ties in communities that disproportionately ex-
9 perience disparities in health status and
10 healthcare which are seeking—
11 (i) to improve the health or environ-
12 ment of minority individuals in the com-
13 munity and to reduce disparities in health
14 status and healthcare by assisting individ-
15 uals in accessing Federal programs; and
16 (ii) to coordinate the efforts of gov-
17 ernmental and private entities regarding
18 the elimination of racial and ethnic dispari-
19 ties in health status and healthcare.
20 (B) MEDICARE AND MEDICAID.—A health
21 empowerment zone program under this section
22 shall not provide any assistance (other than re-
23 ferral and follow-up services) that is duplicative
24 of programs under title XVIII or XIX of the

1 Social Security Act (42 U.S.C. 1395 and 1396
2 et seq.).
3 (3) DISTRIBUTION.—The Secretary shall make
4 at least 1 grant under this section to a partnership
5 for a health empowerment zone program in commu-
6 nities that disproportionately experience disparities
7 in health status and healthcare that is located in a
8 territory or possession of the United States.
9 (4) APPLICATION.—To obtain a grant under
10 this section, a partnership shall submit to the Sec-
11 retary an application in such form and in such man-
12 ner as the Secretary may require. An application
13 under this paragraph shall—
14 (A) demonstrate that the communities to
15 be served by the health empowerment zone pro-
16 gram are those that disproportionately experi-
17 ence disparities in health status and healthcare;
18 (B) set forth a strategic plan for accom-
19 plishing the purpose described in paragraph (2),
20 by—
21 (i) describing the coordinated health,
22 economic, human, community, and physical
23 development plan and related activities
24 proposed for the community;

1 (ii) describing the extent to which
2 local institutions and organizations have
3 contributed and will contribute to the plan-
4 ning process and implementation;
5 (iii) identifying the projected amount
6 of Federal, State, local, and private re-
7 sources that will be available in the area
8 and the private and public partnerships to
9 be used (including any participation by or
10 cooperation with universities, colleges,
11 foundations, non-profit organizations, med-
12 ical centers, hospitals, health clinics, school
13 districts, or other private and public enti-
14 ties);
15 (iv) identifying the funding requested
16 under any Federal program in support of
17 the proposed activities;
18 (v) identifying benchmarks for meas-
19 uring the success of carrying out the stra-
20 tegic plan;
21 (vi) demonstrating the ability to reach
22 and service the targeted underserved mi-
23 nority community populations in a cul-
24 turally appropriate and linguistically re-
25 sponsive manner; and

1 (vii) demonstrating a capacity and in-
2 frastructure to provide long-term commu-
3 nity response that is culturally appropriate
4 and linguistically responsive to commu-
5 nities that disproportionately experience
6 disparities in health and healthcare; and
7 (C) include such other information as the
8 Secretary may require.
9 (5) PREFERENCE.—In awarding grants under
10 this subsection, the Secretary shall give preference
11 to proposals from indigenous community entities
12 that have an expertise in providing culturally appro-
13 priate and linguistically responsive services to com-
14 munities that disproportionately experience dispari-
15 ties in health and health care.
16 (b) FEDERAL ASSISTANCE FOR HEALTH EMPOWER-
17 MENT ZONE GRANT PROGRAMS.—The Secretary, the Ad-
18 ministrator of the Small Business Administration, the
19 Secretary of Agriculture, the Secretary of Education, the
20 Secretary of Labor, and the Secretary of Housing and
21 Urban Development shall each—
22 (1) where appropriate, provide entity-specific
23 technical assistance and evidence-based strategies to
24 communities that disproportionately experience dis-
25 parities in health status and healthcare to further

1 the purposes served by a health empowerment zone
2 program established with a grant under subsection
3 (a);
4 (2) identify all programs administered by the
5 Department of Health and Human Services, Small
6 Business Administration, Department of Agri-
7 culture, Department of Education, Department of
8 Labor, and the Department of Housing and Urban
9 Development, respectively, that may be used to fur-
10 ther the purpose of a health empowerment zone pro-
11 gram established with a grant under subsection (a);
12 and
13 (3) in administering any program identified
14 under paragraph (2), consider the appropriateness of
15 giving priority to any individual or entity located in
16 communities that disproportionately experience dis-
17 parities in health status and healthcare served by a
18 health empowerment zone program established with
19 a grant under subsection (a), if such priority would
20 further the purpose of the health empowerment zone
21 program.
22 (c) HEALTH EMPOWERMENT ZONE COORDINATING
23 COMMITTEE.—
24 (1) ESTABLISHMENT.—For each health em-
25 powerment zone program established with a grant

1 under subsection (a), the Secretary acting through
2 the Director of Office of Minority Health and the
3 Administrator of the Health Resources and Services
4 Administration shall establish a health empowerment
5 zone coordinating committee.

6 (2) DUTIES.—Each coordinating committee es-
7 tablished, in coordination with the Director of the
8 Office of Minority Health and the Administrator of
9 the Health Resources and Services Administration,
10 shall provide technical assistance and evidence-based
11 strategies to the grant recipient involved, including
12 providing guidance on research, strategies, health
13 outcomes, program goals, management, implementa-
14 tion, monitoring, assessment, and evaluation proc-
15 esses.

16 (3) MEMBERSHIP.—

17 (A) APPOINTMENT.—The Director of the
18 Office of Minority Health and the Adminis-
19 trator of the Health Resources and Services Ad-
20 ministration, in consultation with the respective
21 grant recipient shall appoint the members of
22 each coordinating committee.

23 (B) COMPOSITION.—The Director of the
24 Office of Minority Health, and the Adminis-
25 trator of the Health Resources and Services Ad-

1 ministration shall ensure that each coordinating
2 committee established—
3 (i) has not more than 20 members;
4 (ii) includes individuals from commu-
5 nities that disproportionately experience
6 disparities in health status and healthcare;
7 (iii) includes community leaders and
8 leaders of community-based organizations;
9 (iv) includes representatives of aca-
10 demia and lay and professional organiza-
11 tions and associations including those hav-
12 ing expertise in medicine, technical, social
13 and behavioral science, health policy, advo-
14 cacy, cultural and linguistic competency,
15 research management, and organization;
16 and
17 (v) represents a reasonable cross-sec-
18 tion of knowledge, views, and application
19 of expertise on societal, ethical, behavioral,
20 educational, policy, legal, cultural, lin-
21 guistic, and workforce issues related to
22 eliminating disparities in health and
23 healthcare.
24 (C) INDIVIDUAL QUALIFICATIONS.—The
25 Director of the Office of Minority Health and

1 the Administrator of the Health Resources and
2 Services Administration may not appoint an in-
3 dividual to serve on a coordinating committee
4 unless the individual meets the following quali-
5 fications:
6 (i) The individual is not employed by
7 the Federal Government.
8 (ii) The individual has appropriate ex-
9 perience, including experience in the areas
10 of community development, cultural and
11 linguistic competency, reducing and elimi-
12 nating racial and ethnic disparities in
13 health and health care, or minority health.
14 (D) SELECTION.—In selecting individuals
15 to serve on a coordinating committee, the Di-
16 rector of Office of Minority Health and the Ad-
17 ministrator Health Resources and Services Ad-
18 ministration shall give due consideration to the
19 recommendations of the Congress, industry
20 leaders, the scientific community (including the
21 Institute of Medicine), academia, community
22 based non-profit organizations, minority health
23 and related organizations, the education com-
24 munity, State and local governments, and other
25 appropriate organizations.

1 (E) CHAIRPERSON.—The Director of the
2 Office of Minority Health and the Adminis-
3 trator of the Health Resources and Services Ad-
4 ministration, in consultation with the members
5 of the coordinating committee involved, shall
6 designate a chairperson of the coordinating
7 committee, who shall serve for a term of 3
8 years and who may be reappointed at the expi-
9 ration of each such term.

10 (F) TERMS.—Each member of a coordi-
11 nating committee shall be appointed for a term
12 of 1 to 3 years in overlapping staggered terms,
13 as determined by the Director of the Office of
14 Minority Health and the Administrator of the
15 Health Resources and Services Administration
16 at the time of appointment, and may be re-
17 appointed at the expiration of each such term.

18 (G) VACANCIES.—A vacancy on a coordi-
19 nating committee shall be filled in the same
20 manner in which the original appointment was
21 made.

22 (H) COMPENSATION.—Each member of a
23 coordinating committee shall be compensated at
24 a rate equal to the daily equivalent of the an-
25 nual rate of basic pay for level IV of the Execu-

1 tive Schedule for each day (including travel
2 time) during which such member is engaged in
3 the performance of the duties of the coordi-
4 nating committee.

5 (I) TRAVEL EXPENSES.—Each member of
6 a coordinating committee shall receive travel ex-
7 penses, including per diem in lieu of subsist-
8 ence, in accordance with applicable provisions
9 under subchapter I of chapter 57 of title 5,
10 United States Code.

11 (4) MEETINGS.—A coordinating committee
12 shall meet 3 to 5 times each year, at the call of the
13 coordinating committee's chairperson and in con-
14 sultation with the Director of Office of Minority
15 Health and the Administrator Health Resources and
16 Services Administration.

17 (5) REPORT.—Each coordinating committee
18 shall transmit to the Congress an annual report
19 that, with respect to the health empowerment zone
20 program involved, includes the following:

21 (A) A review of the program's effectiveness
22 in achieving stated goals and outcomes.

23 (B) A review of the program's manage-
24 ment and the coordination of the entities in-
25 volved.

1 (C) A review of the activities in the pro-
2 gram's portfolio and components.
3 (D) An identification of policy issues raised
4 by the program.
5 (E) An assessment of the program's capac-
6 ity, infrastructure, and number of underserved
7 minority communities reached.
8 (F) Recommendations for new program
9 goals, research areas, enhanced approaches,
10 partnerships, coordination and management
11 mechanisms, and projects to be established to
12 achieve the program's stated goals, to improve
13 outcomes, monitoring, and evaluation.
14 (G) A review of the degree of minority en-
15 tity participation in the program, and an identi-
16 fication of a strategy to increase such participa-
17 tion.
18 (H) Any other reviews or recommendations
19 determined to be appropriate by the coordi-
20 nating committee.
21 (d) REPORT.—The Director of the Office of Minority
22 Health and the Administrator of the Health Resources
23 and Services Administration shall submit a joint annual
24 report to the appropriate committees of Congress on the

1 results of the implementation of programs under this sec-
2 tion.

3 (e) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section,
5 such sums as may be necessary for each of fiscal years
6 2005 through 2010.

7 Subtitle B—Targeting Diseases and 8 Conditions with Particularly 9 Disparate Impact

10 CHAPTER 1—CANCER REDUCTION

11 SEC. 441. CANCER REDUCTION.

12 (a) PREVENTIVE HEALTH MEASURES WITH RE-
13 SPECT TO BREAST AND CERVICAL CANCER.—

14 (1) IN GENERAL.—Section 1510(a) of the Pub-
15 lic Health Service Act (42 U.S.C. 300n–5(a)) is
16 amended by striking "2003" and inserting "2008".

17 (2) SUPPLEMENTAL GRANTS FOR ADDITIONAL
18 PREVENTIVE HEALTH SERVICES.—Section
19 1509(d)(1) of the Public Health Service Act (42
20 U.S.C. 300n–4a(d)(1)) is amended by striking
21 "2003" and inserting "2008".

22 (b) TREATMENT AND PREVENTION.—Title XXIX of
23 the Public Health Service Act, as amended by section 302,
24 is further amended by adding at the end the following:

“Subtitle C—Reducing Disease and Disease-Related Complications

“CHAPTER 1—CANCER REDUCTION

“SEC. 2921. CANCER PREVENTION AND TREATMENT FOR UNDERSERVED MINORITY OR OTHER POPULATIONS.

“(a) GRANTS.—The Secretary may make grants to qualifying health centers, non-profit organizations, and public institutions for the development, expansion, or operation of programs that, for individuals otherwise served by such centers, provide—

“(1) information and education on cancer prevention;

“(2) screenings for cancer;

“(3) counseling on cancer, including counseling upon a diagnosis of cancer; and

“(4) treatment for cancer.

“(b) QUALIFYING HEALTH CENTERS AND PUBLIC INSTITUTIONS.—For purposes of this section:

“(1) QUALIFYING HEALTH CENTERS.—The term ‘qualifying health center’ includes community health centers, migrant health centers, health centers for the homeless, health centers for residents of public housing, and community clinics.

1 ‘‘(2) QUALIFYING PUBLIC INSTITUTIONS.—The
2 term ‘qualifying public institutions’ means an entity
3 that meets the requirements of section 2971(b)(1).
4 ‘‘(c) PREFERENCE IN MAKING GRANTS.—In making
5 grants under subsection (a), the Secretary shall give pref-
6 erence to applicants that—
7 ‘‘(1) have service populations that include a sig-
8 nificant number of low-income minority individuals
9 who are at-risk for cancer;
10 ‘‘(2) will, through programs under subsection
11 (b)—
12 ‘‘(A) emphasize early detection of and com-
13 prehensive treatment for cancer;
14 ‘‘(B) provide comprehensive treatment
15 services for cancer in its earliest stages; and
16 ‘‘(C) carry out subparagraphs (A) and (B)
17 for two or more types of cancer; and
18 ‘‘(3) in order to provide treatment for cancer,
19 have established or will establish referral arrange-
20 ments with entities that provide screenings for low-
21 income individuals.
22 ‘‘(d) APPROPRIATE CULTURAL CONTEXT.—As a con-
23 dition for the receipt of a grant under subsection (a), the
24 applicant shall agree that, in the program carried out with
25 the grant, services will be provided in the languages most

1 appropriate for, and with consideration for the cultural
2 background of, the individuals for whom the services are
3 provided.

4 "(e) OUTREACH SERVICES.—As a condition for the
5 receipt of a grant under subsection (a), the applicant shall
6 agree to provide outreach activities to inform the public
7 of the services of the program, and to provide information
8 on cancer; and

9 "(f) APPLICATION FOR GRANT.—A grant may be
10 made under subsection (a) only if an application for the
11 grant is submitted to the Secretary and the application
12 is in such form, is made in such manner, and contains
13 such agreements, assurances, and information as the Sec-
14 retary determines to be necessary to carry out this section.

15 "(g) DESIGNATION OF TYPE OF CANCER.—In mak-
16 ing a grant under subsection (a), the Secretary shall des-
17 ignate the type or types of cancer with respect to which
18 the grant is being made.

19 "(h) AUTHORIZATION OF APPROPRIATIONS.—For the
20 purpose of carrying out this section, there are authorized
21 to be appropriated such sums as may be necessary for
22 each of the fiscal years 2005 through 2010.".

1 **CHAPTER 2—HIV/AIDS REDUCTION**

2 **SEC. 442. HIV/AIDS REDUCTION.**

3 Subtitle C of title XXIX of the Public Health Service
4 Act, as added by section 441, is amended by adding at
5 the end the following:

6 **“CHAPTER 2—HIV/AIDS REDUCTION**

7 **“SEC. 2922. HIV/AIDS REDUCTION IN THE MINORITY COM-**
8 **MUNITY.**

9 ‘‘(a) EXPANDED FUNDING.—The Secretary, in col-
10 laboration with the Director of the Office of Minority
11 Health, the Director of the Centers for Disease Control
12 and Prevention, the Administrator of the Health Re-
13 sources and Services Administration, and the Adminis-
14 trator of the Substance Abuse and Mental Health Admin-
15 istration, shall provide funds and carry out activities to
16 expand the Minority HIV/AIDS Initiative.

17 ‘‘(b) USE OF FUNDS.—The additional funds made
18 available under this section may be used, through the Mi-
19 nority HIV/AIDS Initiative, to support the following ac-
20 tivities:

21 ‘‘(1) The provision of technical assistance and
22 infrastructure support to reduce HIV/AIDS in mi-
23 nority populations.

24 ‘‘(2) To increase minority populations’ access to
25 HIV/AIDS prevention and care services.

1 “(3) To build stronger community programs
2 and partnerships to address HIV prevention and the
3 healthcare needs of specific minority racial and eth-
4 nic populations.
5 “(c) PRIORITY INTERVENTIONS.—Within the minor-
6 ity populations referred to in subsection (b), priority in
7 conducting intervention services shall be given to—
8 “(1) women;
9 “(2) youth;
10 “(3) men who engage in homosexual activity;
11 “(4) persons who engage in intravenous drug
12 abuse;
13 “(5) homeless individuals; and
14 “(6) individuals incarcerated or in the penal
15 system.
16 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out this section, there are authorized
18 to be appropriated $610,000,000 for fiscal year 2005, and
19 such sums as may be necessary for each of the fiscal years
20 2006 through 2010.”.

CHAPTER 3—INFANT MORTALITY REDUCTION

SEC. 443. INFANT MORTALITY REDUCTION.

Subtitle C of title XXIX of the Public Health Service Act, as amended by section 442, is further amended by adding at the end the following:

"CHAPTER 3—INFANT MORTALITY REDUCTION

"SEC. 2923. INFANT MORTALITY REDUCTION.

"(a) BACK TO SLEEP CAMPAIGN.—

"(1) IN GENERAL.—The Secretary shall support collaborations through the National Institute of Child Health and Human Development.

"(2) USE OF FUNDS.—Collaborations funded under paragraph (1) shall be directed towards the goal of reducing the incidence of Sudden Infant Death Syndrome in minority communities, particularly the African American and American Indian and Native Alaskan communities, through increased education on the importance of back sleeping for infants. Such increased education shall include child care centers and other secondary child caregivers.

"(b) GUIDELINES FOR CHILD CARE LICENSURE.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the National Institute of

1 Child Health and Human Development, shall con-
2 vene a working group to develop health guidelines
3 relating to infant mortality reduction for use by
4 child care licensing entities, including State, terri-
5 torial, tribal, and local governments.

6 "(2) FOCUS.—The guidelines developed under
7 paragraph (1) shall focus specifically on appropriate
8 actions to reduce the incidence of Sudden Infant
9 Death Syndrome in child care settings.

10 "(3) REPORT.—Not later than 1 year after the
11 date of enactment of this title, the Secretary shall
12 submit to the appropriate committees of Congress
13 and the States a report that describes the guidelines
14 developed under this subsection.

15 "(c) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section,
17 such sums as may be necessary for each of fiscal years
18 2005 through 2010.".

19 CHAPTER 4—FETAL ALCOHOL SYNDROME
20 TREATMENT AND DIAGNOSIS

21 SEC. 444. FETAL ALCOHOL SYNDROME.

22 Subtitle C of title XXIX of the Public Health Service
23 Act, as amended added by section 443, is further amended
24 by adding at the end the following:

"CHAPTER 4—FETAL ALCOHOL SYNDROME TREATMENT AND DIAGNOSIS

"SEC. 2924. FETAL ALCOHOL SYNDROME.

"(a) SURVEILLANCE AND IDENTIFICATION RESEARCH.—The Secretary shall direct the National Center for Birth Defects and Developmental Disabilities (referred to in this section as the 'Center') to—

"(1) develop a uniform surveillance case definition for Fetal Alcohol Syndrome (referred to in this section as 'FAS') and a uniform surveillance definition for Alcohol Related Neurodevelopmental Disorder (referred to in this section as 'ARND');

"(2) develop a comprehensive screening process for FAS and ARND to include all age groups; and

"(3) disseminate the screening process developed under paragraph (2) to—

"(A) hospitals, outpatient programs, and other healthcare providers;

"(B) incarceration and detainment facilities;

"(C) primary and secondary schools;

"(D) social work and child welfare offices;

"(E) State offices and others providing services to individuals with disabilities; and

1 ''(F) others determined appropriate by the
2 Secretary.
3 ''(b) CLINICAL CHARACTERIZATION OF FAS AND RE-
4 LATED DISEASES.—The Secretary shall direct the Na-
5 tional Institute of Alcohol Abuse and Alcoholism to—
6 ''(1) research methods to quantify the central
7 nervous system impairments associated with fetal al-
8 cohol exposure and to develop clinical diagnostic
9 tools for the intellectual and behavioral problems as-
10 sociated with FAS and related diseases;
11 ''(2) develop a neurocognitive phenotype for
12 FAS and ARND; and
13 ''(3) include all relevant scientific and clinical
14 characterizations of FAS and related diseases in rel-
15 evant diagnostic codes.
16 ''(c) COMMUNITY-BASED AND SUPPORT SERVICES
17 COORDINATION GRANTS.—The Secretary shall award
18 grants to States, Indian tribes and tribal organizations,
19 and nongovernmental organizations for the establishment
20 of—
21 ''(1) pilot projects to identify and implement
22 best practices for—
23 ''(A) educating children with fetal alcohol
24 spectrum disorders, including—

1 "(i) activities and programs designed
2 specifically for the identification, treat-
3 ment, and education of such children; and
4 "(ii) curricula development and
5 credentialing of teachers, administrators,
6 and social workers who implement such
7 programs;
8 "(B) educating judges, attorneys, child ad-
9 vocates, law enforcement officers, prison war-
10 dens, alternative incarceration administrators,
11 and incarceration officials on how to treat and
12 support individuals suffering from a fetal alco-
13 hol spectrum disorder within the criminal jus-
14 tice system, including—
15 "(i) programs designed specifically for
16 the identification, treatment, and education
17 of those with a fetal alcohol spectrum dis-
18 order; and
19 "(ii) curricula development and
20 credentialing within justice system for indi-
21 viduals who implement such programs; and
22 "(C) educating adoption or foster care
23 agency officials about available and necessary
24 services for children with fetal alcohol spectrum
25 disorders, including—

1 "(i) programs designed specifically for
2 the identification, treatment, and education
3 of those with a fetal alcohol spectrum dis-
4 order; and
5 "(ii) education and training for poten-
6 tial parents of an adopted child with a
7 fetal alcohol spectrum disorder;
8 "(2) nationally coordinated systems that inte-
9 grate transitional services for those affected by pre-
10 natal alcohol exposure such as housing assistance,
11 vocational training and placement, and medication
12 monitoring by—
13 "(A) providing training and support to
14 family services programs, children's mental
15 health programs, and other local efforts;
16 "(B) recruiting and training mentors for
17 teenagers with a fetal alcohol spectrum dis-
18 order; and
19 "(C) maintaining a clearinghouse including
20 all relevant neurobehavioral information needed
21 for supporting individuals with a fetal alcohol
22 spectrum disorder; and
23 "(3) programs to disseminate and coordinate
24 fetal alcohol spectrum disorder awareness and iden-

tification efforts by community health centers, including—

“(A) education of health professionals regarding available support services; and

“(B) implementation of a tracking system targeting the rates of fetal alcohol spectrum disorders among individuals from certain racial, ethnic, and economic backgrounds.

“(d) APPLICATION.—To be eligible to receive a grant under subsection (d), an entity shall submit to the Secretary an application in such form, in such manner, and containing such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2005 through 2010.”.

CHAPTER 5—DIABETES PREVENTION AND TREATMENT

SEC 445. MONITORING THE QUALITY OF AND DISPARITIES IN DIABETES CARE.

Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended by adding at the end the following:

1 **"SEC. 904. AREAS OF SPECIAL EMPHASIS.**

2 ''The Secretary, acting through the Director, shall in-
3 corporate within the annual quality report required under
4 section 913(b)(2) and the annual disparities report re-
5 quired under section 903(a)(6), scientific evidence and in-
6 formation appropriate for monitoring the quality and safe-
7 ty of diabetes care and identifying, understanding, and re-
8 ducing disparities in care.''.

9 **SEC. 446. DIABETES PREVENTION, TREATMENT, AND CON-**
10 **TROL.**

11 (a) DETERMINATION.—The Secretary, in consulta-
12 tion with Indian tribes and tribal organizations, shall de-
13 termine—

14 (1) by tribe, tribal organization, and service
15 unit of the Service, the prevalence of, and the types
16 of complications resulting from, diabetes among In-
17 dians; and

18 (2) based on paragraph (1), the measures (in-
19 cluding patient education) each service unit should
20 take to reduce the prevalence of, and prevent, treat,
21 and control the complications resulting from, diabe-
22 tes among Indian tribes within that service unit.

23 (b) SCREENING.—The Secretary shall screen each In-
24 dian who receives services from the Service for diabetes
25 and for conditions which indicate a high risk that the indi-
26 vidual will become diabetic. Such screening may be done

1 by an Indian tribe or tribal organization operating
2 healthcare programs or facilities with funds from the Serv-
3 ice under the Indian Self-Determination and Education
4 Assistance Act.

5 (c) CONTINUED FUNDING.—The Secretary shall con-
6 tinue to fund, through fiscal year 2015, each effective
7 model diabetes project in existence on the date of the en-
8 actment of this Act and such other diabetes programs op-
9 erated by the Secretary or by Indian tribes and tribal or-
10 ganizations and any additional programs added to meet
11 existing diabetes needs. Indian tribes and tribal organiza-
12 tions shall receive recurring funding for the diabetes pro-
13 grams which they operate pursuant to this section. Model
14 diabetes projects shall consult, on a regular basis, with
15 tribes and tribal organizations in their regions regarding
16 diabetes needs and provide technical expertise as needed.

17 (d) DIALYSIS PROGRAMS.—The Secretary shall pro-
18 vide funding through the Service, Indian tribes and tribal
19 organizations to establish dialysis programs, including
20 funds to purchase dialysis equipment and provide nec-
21 essary staffing.

22 (e) OTHER ACTIVITIES.—The Secretary shall, to the
23 extent funding is available—

24 (1) in each area office of the Service, consult
25 with Indian tribes and tribal organizations regarding

1 programs for the prevention, treatment, and control
2 of diabetes;
3 (2) establish in each area office of the Service
4 a registry of patients with diabetes to track the
5 prevalence of diabetes and the complications from
6 diabetes in that area; and
7 (3) ensure that data collected in each area of-
8 fice regarding diabetes and related complications
9 among Indians is disseminated to tribes, tribal orga-
10 nizations, and all other area offices.
11 (f) DEFINITIONS.—For purposes of this section, the
12 definitions contained in section 4 of the Indian Health
13 Care Improvement Act shall apply.

14 **SEC. 447. GENETICS OF DIABETES.**

15 Title IV of the Public Health Service Act (42 U.S.C.
16 281 et seq.) is amended by inserting after section 430 the
17 following:

18 **"SEC. 430A. GENETICS OF DIABETES.**

19 "The Diabetes Mellitus Interagency Coordinating
20 Committee, in collaboration with the Directors of the Na-
21 tional Human Genome Research Institute, the National
22 Institute of Diabetes and Digestive and Kidney Diseases,
23 and the National Institute of Environmental Health
24 Sciences, and other voluntary organizations and interested
25 parties, shall—

1 "(1) coordinate and assist efforts of the Type
2 1 Diabetes Genetics Consortium, which will collect
3 and share valuable DNA information from type 1 di-
4 abetes patients from studies around the world; and
5 "(2) provide continued coordination and sup-
6 port for the consortia of laboratories investigating
7 the genomics of diabetes.".

8 **SEC. 448. RESEARCH AND TRAINING ON DIABETES IN UN-**
9 **DERSERVED AND MINORITY POPULATIONS.**

10 (a) RESEARCH.—Subpart 3 of part C of title IV of
11 the Public Health Service Act (42 U.S.C. 285c et seq.)
12 is amended by adding at the end the following:

13 **"SEC. 434B. RESEARCH ON DIABETES IN UNDERSERVED**
14 **AND MINORITY POPULATIONS.**

15 "(a) IN GENERAL.—The Director of the Institute, in
16 coordination with the Director of the National Center on
17 Minority Health and Health Disparities, the Director of
18 the Office of Minority Health, and other appropriate insti-
19 tutes and centers, shall expand, intensify, and coordinate
20 research programs on pre-diabetes, type 1 diabetes and
21 type 2 diabetes in underserved populations and minority
22 groups.

23 "(b) RESEARCH.—The research described in sub-
24 section (a) shall include research on—

1 ‘‘(1) behavior, including diet and physical activ-
2 ity and other aspects of behavior;
3 ‘‘(2) environmental factors related to type 2 di-
4 abetes that are unique to, more serious, or more
5 prevalent, among underserved or high-risk popu-
6 lations;
7 ‘‘(3) research on the prevention of complica-
8 tions, which are unique to, more serious, or more
9 prevalent among minorities, as well as research on
10 how to effectively translate the findings of clinical
11 trials and research to improve methods for self-man-
12 agement and health-care delivery; and
13 ‘‘(4) genetic studies of diabetes, consistent with
14 research conducted under section 430A.
15 ‘‘(c) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated for purposes of carrying
17 out this section, such sums as may be necessary for each
18 of fiscal years 2005 through 2010.’’.
19 (b) DIVISION DIRECTORS.—Section 428(b)(1) of the
20 Public Health Service Act (42 U.S.C. 285c–2(b)(1)) is
21 amended by inserting ‘‘(including research training of
22 members of minority populations in order to facilitate
23 their conduct of diabetes-related research in underserved
24 populations and minority groups)’’ after ‘‘research pro-
25 grams’’.

1 **SEC. 449. AUTHORIZATION OF APPROPRIATIONS.**

2 Subpart 3 of part C of title IV of the Public Health
3 Service Act (42 U.S.C. 285c et seq.) (as amended by sec-
4 tion 448(a)) is amended by adding at the end the fol-
5 lowing:

6 **"SEC. 434C. AUTHORIZATION OF APPROPRIATIONS.**

7 "For the purpose of carrying out this subpart with
8 respect to the programs of the National Institute of Diabe-
9 tes and Digestive and Kidney Diseases, other than section
10 434B, there are authorized to be appropriated such sums
11 as may be necessary for each of fiscal years 2005 through
12 2010.".

13 **SEC. 450. MODEL COMMUNITY DIABETES AND CHRONIC**
14 **DISEASE CARE AND PREVENTION AMONG PA-**
15 **CIFIC ISLANDERS AND NATIVE HAWAIIANS.**

16 Part P of title III of the Public Health Service Act
17 (42 U.S.C. 280g et seq.), as amended by section 432, is
18 further amended by adding at the end the following:

19 **"SEC. 399P. MODEL COMMUNITY DIABETES AND CHRONIC**
20 **DISEASE CARE AND PREVENTION AMONG PA-**
21 **CIFIC ISLANDERS AND NATIVE HAWAIIANS.**

22 "(a) IN GENERAL.—The Secretary, acting through
23 the Director of the Centers for Disease Control and Pre-
24 vention, may award grants and enter into cooperative
25 agreements and contracts with eligible entities to establish
26 a model community demonstration project to provide

1 training and support for community-based prevention and
2 control programs targeting diabetes, hypertension, cardio-
3 vascular disease, and other related health problems in
4 American Samoa, the Commonwealth of the Northern
5 Mariana Islands, Guam, the Federated States of Micro-
6 nesia, Hawaii, the Republic of the Marshall Islands, and
7 the Republic of Palau.

8 ''(b) ELIGIBLE ENTITY DEFINED.—In this section
9 the term 'eligible entity' means any organization described
10 in section 501(c)(3) of the Internal Revenue Code of 1986
11 and exempt from tax under section 501(a) of such Code.

12 ''(c) PRIORITY.—The Secretary shall give priority for
13 grants, agreements, and contracts under this section to
14 eligible entities that have previously administered cul-
15 turally appropriate Centers for Disease Control and Pre-
16 vention programs intended to prevent and control diabetes
17 in the areas described in subsection (a).

18 ''(d) REGULATIONS.—The Secretary is authorized to
19 promulgate such regulations as may be necessary to carry
20 out this section.

21 ''(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section,
23 such sums as may be necessary for fiscal years 2005
24 through 2010.''.

1 **SEC. 451. PROGRAMS OF CENTERS FOR DISEASE CONTROL**
2 **AND PREVENTION.**

3 Part B of title III of the Public Health Service Act
4 (42 U.S.C. 243 et seq.) is amended by striking section
5 317H and inserting the following:

6 **"SEC. 317H. DIABETES IN CHILDREN AND YOUTH.**

7 "(a) SURVEILLANCE ON TYPE 1 DIABETES.—The
8 Secretary, acting through the Director of the Centers for
9 Disease Control and Prevention and in consultation with
10 the Director of the National Institutes of Health, shall de-
11 velop a sentinel system to collect data on type 1 diabetes,
12 including the incidence and prevalence of type 1 diabetes
13 and shall establish a national database for such data.

14 "(b) TYPE 2 DIABETES IN YOUTH.—The Secretary
15 shall implement a national public health effort to address
16 type 2 diabetes in youth, including—

17 "(1) enhancing surveillance systems and ex-
18 panding research to better assess the prevalence and
19 incidence of type 2 diabetes in youth and determine
20 the extent to which type 2 diabetes is incorrectly di-
21 agnosed as type 1 diabetes among children;

22 "(2) standardizing and improving methods to
23 assist in diagnosis, treatment, and prevention of dia-
24 betes including developing less invasive ways to mon-
25 itor blood glucose to prevent hypoglycemia such as

nonmydriatic retinal imaging and improving existing glucometers that measure blood glucose; and

"(3) developing methods to identify obstacles facing children in traditionally underserved populations to obtain care to prevent or treat type 2 diabetes.

"(c) LONG-TERM EPIDEMIOLOGICAL STUDIES ON DIABETES IN CHILDREN.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institute of Diabetes and Digestive and Kidney Diseases, shall conduct or support long-term epidemiology studies in children with diabetes or at risk for diabetes. Such studies shall investigate the causes and characteristics of the disease and its complications.

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2005 through 2010.".

CHAPTER 6—HEART DISEASE AND STROKE PREVENTION AND TREATMENT

SEC. 455. SYSTEMS FOR HEART DISEASE AND STROKE.

Title XXIX of the Public Health Service Act, as amended by section 443, is further amended by adding at the end the following:

“Subtitle D—Systems for Heart Disease and Stroke

“CHAPTER 1—HEART DISEASE

“SEC. 2941. HEART DISEASE.

“(a) IN GENERAL.—The Secretary, acting through the National Heart, Lung and Blood Institute and the Centers for Disease Control, shall award competitive grants to eligible entities to provide for community-based interventions to encourage healthy lifestyles to reduce morbidity and mortality from heart disease.

“(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under subsection (a), an entity shall—

“(1) be a community-based or non-profit organization, academic medical institution, hospital, health center, health plan, health department, or other health-related entity determined appropriate by the Secretary; and

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

“(c) USE OF FUNDS.—An entity shall use amounts received under a grant under this section to—

“(1) carry out interventions that address primary prevention of heart disease in the minority

1 community, including educational outreach efforts
2 concerning risk factors for, and the prevention of,
3 heart disease;

4 ''(2) carry out activities to facilitate healthy
5 lifestyles in minority populations through—

6 ''(A) behavioral change interventions to in-
7 crease physical activity and improve nutrition;

8 ''(B) the increased use of community facili-
9 ties and public spaces for exercise;

10 ''(C) school, after-school, or intramural
11 physical activity or sports programs for children
12 and youth;

13 ''(D) employment-based interventions to
14 increase physical activity or nutrition; or

15 ''(3) expand or evaluate existing programs of
16 the type described in paragraphs (1) and (2).

17 ''(d) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section,
19 such sums as may be necessary for each of fiscal years
20 2005 through 2010.

21 **''CHAPTER 2—STROKE EDUCATION**
22 **CAMPAIGN**

23 **''SEC. 2945. STROKE EDUCATION CAMPAIGN.**

24 ''(a) IN GENERAL.—The Secretary shall carry out a
25 national education and information campaign to promote

1 stroke prevention and increase the number of stroke pa-
2 tients who seek immediate treatment. In implementing
3 such education and information campaign, the Secretary
4 shall avoid duplicating existing stroke education efforts by
5 other Federal Government agencies and may consult with
6 national and local associations that are dedicated to in-
7 creasing the public awareness of stroke, consumers of
8 stroke awareness products, and providers of stroke care.
9 ''(b) USE OF FUNDS.—The Secretary may use
10 amounts appropriated to carry out the campaign described
11 in subsection (a)—
12 ''(1) to make public service announcements
13 about the warning signs of stroke and the impor-
14 tance of treating stroke as a medical emergency;
15 ''(2) to provide education regarding ways to
16 prevent stroke and the effectiveness of stroke treat-
17 ment;
18 ''(3) to purchase media time and space;
19 ''(4) to pay for advertising production costs;
20 ''(5) to test and evaluate advertising and edu-
21 cational materials for effectiveness, especially among
22 groups at high risk for stroke, including women,
23 older adults, and African-Americans;
24 ''(6) to develop alternative campaigns that are
25 targeted to unique communities, including rural and

1 urban communities, and States with a particularly
2 high incidence of stroke;
3 ''(7) to measure public awareness prior to the
4 start of the campaign on a national level and in tar-
5 geted communities to provide baseline data that will
6 be used to evaluate the effectiveness of the public
7 awareness efforts; and
8 ''(8) to carry out other activities that the Sec-
9 retary determines will promote prevention practices
10 among the general public and increase the number
11 of stroke patients who seek immediate care.
12 ''(c) CONSULTATIONS.—In carrying out this section,
13 the Secretary shall consult with medical, surgical, rehabili-
14 tation, and nursing specialty groups, hospital associations,
15 voluntary health organizations, emergency medical serv-
16 ices, State directors, and associations, experts in the use
17 of telecommunication technology to provide stroke care,
18 national disability, minority health professional organiza-
19 tions and consumer organizations representing individuals
20 with disabilities and chronic illnesses, concerned advo-
21 cates, and other interested parties.
22 ''(d) STROKE.—In this section, the term 'stroke'
23 means a 'brain attack' in which blood flow to the brain
24 is interrupted or in which a blood vessel or aneurysm in
25 the brain breaks or ruptures.

1 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out subsection
3 (b), such sums as may be necessary for each of fiscal years
4 2005 through 2010.".

5 CHAPTER 7—OBESITY AND OVERWEIGHT
6 REDUCTION

7 SEC. 461. OVERWEIGHT AND OBESITY PREVENTION AND
8 TREATMENT.

9 (a) IN GENERAL.—The Secretary, in collaboration
10 with the Director of the Centers for Disease Control and
11 Prevention, the Administrator of the National Center for
12 Minority Health and Health Disparities, and the Adminis-
13 trator of the Health Resources and Services Administra-
14 tion, shall establish grant programs for the purpose of pre-
15 venting and treating overweight and obesity in under-
16 served minority populations.

17 (b) DEFINITIONS.—In this section, with respect to an
18 individual:

19 (1) OBESITY.—The term "obesity" means a
20 Body Mass Index greater than or equal to 30.0 kg/
21 m^2.

22 (2) OVERWEIGHT.—The term "overweight"
23 means a Body Mass Index of 25 to 29.9 kg/m^2.

24 (c) CENTERS FOR DISEASE CONTROL AND PREVEN-
25 TION.—The Director of the Centers for Disease Control

1 and Prevention shall expand overweight and obesity reduc-
2 tion activities that include the following:

3 (1) Surveillance in minority racial and ethnic
4 populations.

5 (2) Communication strategies, including the use
6 of social marketing for minority populations, about
7 the dangers of obesity.

8 (3) Creation of partnerships with State health
9 departments in developing obesity prevention and
10 treatment interventions.

11 (4) Development of work-based wellness pro-
12 grams to encourage adoption of healthy lifestyles by
13 employees.

14 (d) NATIONAL CENTER FOR MINORITY HEALTH AND
15 HEALTH DISPARITIES.—The Director of the Centers for
16 Disease Control and Prevention shall establish and imple-
17 ment a grant program to support research in the following
18 areas:

19 (1) Behavioral and environmental causes of
20 overweight and obesity in minority populations.

21 (2) Prevention and treatment interventions for
22 overweight and obesity, tailored for minority popu-
23 lations.

1 (3) Disparities in the prevalence of overweight
2 and obesity among racial and ethnic minority
3 groups.

4 (4) Development and dissemination of best
5 practice guidelines for treatment of overweight and
6 obesity, tailored for gender and age groups within
7 minority populations.

8 (5) Data collection and reporting relating to
9 overweight and obesity in minority populations.

10 (e) HEALTH RESOURCES AND SERVICES ADMINIS-
11 TRATION.—The Administrator of the Health Resources
12 and Services Administration, in collaboration with the Di-
13 rector of the Office of Minority Health, the Secretary of
14 Education, and the Secretary of Agriculture, shall estab-
15 lish and implement a school-based obesity prevention and
16 treatment program that may include the following activi-
17 ties:

18 (1) Projects to change the perception of over-
19 weight and obesity of children from racially and eth-
20 nically diverse backgrounds at all ages.

21 (2) Culturally appropriate student education
22 about healthy eating habits, based on the Dietary
23 Guidelines for Americans.

1 (3) Student programs to increase knowledge,
2 attitudes, skills, behaviors, and confidence needed to
3 be physically active for life.

4 (4) Student peer advisor programs to increase
5 awareness and model healthy lifestyles among fellow
6 students.

7 (5) Teacher education using scientifically evalu-
8 ated physical education and nutrition curricula tai-
9 lored to minority populations.

10 (6) Family-focused initiatives to encourage the
11 adoption of strategies relating to healthy lifestyles
12 for parents (or guardians) and children.

13 (7) The creation of partnerships with commu-
14 nity, fitness, or health organizations that will pro-
15 mote healthy eating and physical activity among
16 children.

17 (8) Incentive programs to ensure the provision
18 of healthful foods and beverages on school campuses
19 and at school events.

20 (f) EVALUATION.—A grantee under this section shall
21 submit to the Secretary an evaluation, in collaboration
22 with an academic health center or other qualified entity,
23 that describes activities carried out with funds received
24 under the grant and the effectiveness of such activities in
25 preventing or treating overweight and obesity.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section,
3 such sums as may be necessary for each of fiscal years
4 2005 through 2010.

5 CHAPTER 8—TUBERCULOSIS CONTROL,
6 PREVENTION, AND TREATMENT

7 SEC. 465. ADVISORY COUNCIL FOR THE ELIMINATION OF
8 TUBERCULOSIS.

9 Section 317E(f) of the Public Health Service Act (42
10 U.S.C. 247b–6(f)) is amended—
11 (1) by redesignating paragraph (5) as para-
12 graph (6); and
13 (2) by striking paragraphs (2) through (4), and
14 inserting the following:
15 ‘‘(2) DUTIES.—For the purpose of making
16 progress toward the goal of eliminating tuberculosis
17 from the United States, the Council shall provide to
18 the Secretary and other appropriate Federal officials
19 advice on coordinating the activities of the Public
20 Health Service and other Federal agencies that re-
21 late to such disease and on efficiently utilizing the
22 Federal resources involved.
23 ‘‘(3) NATIONAL PLAN.—In carrying out para-
24 graph (2), the Council, in consultation with appro-
25 priate public and private entities, shall make rec-

1 ommendations on the development, revision, and im-
2 plementation of a national plan to eliminate tuber-
3 culosis in the United States. In carrying out this
4 paragraph, the Council shall—

5 “(A) consider the recommendations of the
6 Institute of Medicine regarding the elimination
7 of tuberculosis;

8 “(B) address the development and applica-
9 tion of new technologies; and

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

12 “(4) GLOBAL ACTIVITIES.—In carrying out
13 paragraph (2), the Council, in consultation with ap-
14 propriate public and private entities, shall make rec-
15 ommendations for the development and implementa-
16 tion of a plan to guide the involvement of the United
17 States in global and cross border tuberculosis-control
18 activities, including recommendations regarding poli-
19 cies, strategies, objectives, and priorities. Such rec-
20 ommendations for the plan shall have a focus on
21 countries where a high incidence of tuberculosis di-
22 rectly affects the United States, such as Mexico, and
23 on access to a comprehensive package of tuberculosis
24 control measures, as defined by the World Health

1 Organization directly observed treatment, short
2 course strategy (commonly known as DOTS).
3 "(5) COMPOSITION.—The Council shall be com-
4 posed of—
5 "(A) representatives from the Centers for
6 Disease Control and Prevention, the National
7 Institutes of Health, the Agency for Healthcare
8 Research and Quality, the Health Resources
9 and Services Administration, the U.S.-Mexico
10 Border Health Commission, and other Federal
11 departments and agencies that carry out signifi-
12 cant activities relating to tuberculosis; and
13 "(B) members appointed from among indi-
14 viduals who are not officers or employees of the
15 Federal Government.".

16 **SEC. 466. NATIONAL PROGRAM FOR TUBERCULOSIS ELIMI-**
17 **NATION.**

18 Section 317E of the Public Health Service Act (42
19 U.S.C. 247b–6) is amended—
20 (1) by striking the heading for the section and
21 inserting the following:
22 "NATIONAL PROGRAM FOR TUBERCULOSIS
23 ELIMINATION";
24 (2) by amending subsection (b) to read as fol-
25 lows:

1 ‘‘(b) RESEARCH, DEMONSTRATION PROJECTS, EDU-
2 CATION, AND TRAINING.—With respect to the prevention,
3 control, and elimination of tuberculosis, the Secretary
4 may, directly or through grants to public or nonprofit pri-
5 vate entities, carry out the following:
6 ‘‘(1) Research, with priority given to research
7 concerning—
8 ‘‘(A) diagnosis and treatment of latent in-
9 fection of tuberculosis;
10 ‘‘(B) strains of tuberculosis resistant to
11 drugs;
12 ‘‘(C) cases of tuberculosis that affect cer-
13 tain high-risk populations; and
14 ‘‘(D) clinical trials, including those con-
15 ducted through the Tuberculosis Trials Consor-
16 tium.
17 ‘‘(2) Demonstration projects, including for—
18 ‘‘(A) the development of regional capabili-
19 ties for the prevention, control, and elimination
20 of tuberculosis particularly in low-incidence re-
21 gions; and
22 ‘‘(B) collaboration with the Immigration
23 and Naturalization Service to identify and treat
24 immigrants with active or latent tuberculosis in-
25 fection.

1 “(3) Public information and education pro-
2 grams.

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

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

8 “(6) Collaboration with international organiza-
9 tions and foreign countries, including Mexico, in co-
10 ordination with the United States Agency for Inter-
11 national Development, in carrying out such activi-
12 ties, including coordinating activities through the
13 Advisory Council for the Elimination of Tuber-
14 culosis.

15 “(7) Capacity support to States and large cities
16 for strengthening tuberculosis programs.”; and

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

19 “(g) REPORTS.—The Secretary, acting through the
20 Director of the Centers for Disease Control and Preven-
21 tion and in consultation with the Advisory Council for the
22 Elimination of Tuberculosis, shall biennially prepare and
23 submit to the Committee on Health, Education, Labor,
24 and Pensions of the Senate and the Committee on Energy
25 and Commerce of the House of Representatives, a report

on the activities carried out under this section. Each report shall include the opinion of the Council on the extent to which its recommendations under section 317E(f)(3) regarding tuberculosis have been implemented.

"(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2005 through 2010.".

SEC. 467. INCLUSION OF INPATIENT HOSPITAL SERVICES FOR THE TREATMENT OF TB-INFECTED INDIVIDUALS.

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

"(G) Inpatient hospital services.".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) takes effect on October 1, 2004.

CHAPTER 9—ASTHMA

SEC. 471. PROVISIONS REGARDING NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM OF NATIONAL HEART, LUNG, AND BLOOD INSTITUTE.

In addition to any other authorization of appropriations that is available to the National Heart, Lung, and Blood Institute for the purpose of carrying out the Na-

1 tional Asthma Education and Prevention Program, there
2 is authorized to be appropriated to such Institute for such
3 purpose such sums as may be necessary for each of fiscal
4 years 2005 through 2010. Amounts appropriated under
5 the preceding sentence shall be expended to expand such
6 Program.

7 **SEC. 472. ASTHMA-RELATED ACTIVITIES OF CENTERS FOR**
8 **DISEASE CONTROL AND PREVENTION.**

9 (a) EXPANSION OF PUBLIC HEALTH SURVEILLANCE
10 ACTIVITIES; PROGRAM FOR PROVIDING INFORMATION
11 AND EDUCATION TO PUBLIC.—The Secretary of Health
12 and Human Services, acting through the Director of the
13 Centers for Disease Control and Prevention, shall collabo-
14 rate with the States to expand the scope of—

15 (1) activities that are carried out to determine
16 the incidence and prevalence of asthma; and

17 (2) activities that are carried out to prevent the
18 health consequences of asthma, including through
19 the provision of information and education to the
20 public regarding asthma, which may include the use
21 of public service announcements through the media
22 and such other means as such Director determines
23 to be appropriate.

24 (b) COMPILATION OF DATA.—The Secretary of
25 Health and Human Services, acting through the Director

1 of the Centers for Disease Control and Prevention and in
2 consultation with the National Asthma Education Preven-
3 tion Program Coordinating Committee, shall—
4 (1) conduct local asthma surveillance activities
5 to collect data on the prevalence and severity of
6 asthma and the quality of asthma management, in-
7 cluding—
8 (A) telephone surveys to collect sample
9 household data on the local burden of asthma;
10 and
11 (B) health care facility specific surveillance
12 to collect asthma data on the prevalence and se-
13 verity of asthma, and on the quality of asthma
14 care; and
15 (2) compile and annually publish data on—
16 (A) the prevalence of children suffering
17 from asthma in each State; and
18 (B) the childhood mortality rate associated
19 with asthma nationally and in each State.
20 (c) ADDITIONAL FUNDING.—In addition to any other
21 authorization of appropriations that is available to the
22 Centers for Disease Control and Prevention for the pur-
23 pose of carrying out this section, there is authorized to
24 be appropriated to such Centers for such purpose such

1 sums as may be necessary for each of fiscal years 2005
2 through 2010.

3 **SEC. 473. GRANTS FOR COMMUNITY OUTREACH REGARD-**
4 **ING ASTHMA INFORMATION, EDUCATION,**
5 **AND SERVICES.**

6 (a) IN GENERAL.—The Secretary may make grants
7 to nonprofit private entities for projects to carry out, in
8 communities identified by entities applying for the grants,
9 outreach activities to provide for residents of the commu-
10 nities the following:

11 (1) Information and education on asthma.

12 (2) Referrals to health programs of public and
13 nonprofit private entities that provide asthma-re-
14 lated services, including such services for low-income
15 individuals. The grant may be expended to make ar-
16 rangements to coordinate the activities of such enti-
17 ties in order to establish and operate networks or
18 consortia regarding such referrals.

19 (b) PREFERENCES IN MAKING GRANTS.—In making
20 grants under subsection (a), the Secretary shall give pref-
21 erence to applicants that will carry out projects under such
22 subsection in communities that are disproportionately af-
23 fected by asthma or underserved with respect to the activi-
24 ties described in such subsection and in which a significant
25 number of low-income individuals reside.

1 (c) EVALUATIONS.—A condition for a grant under
2 subsection (a) is that the applicant for the grant agree
3 to provide for the evaluation of the projects carried out
4 under such subsection by the applicant to determine the
5 extent to which the projects have been effective in carrying
6 out the activities referred to in such subsection.

7 (d) FUNDING.—For the purpose of carrying out this
8 section, there is authorized to be appropriated such sums
9 as may be necessary for each of fiscal years 2005 through
10 2010.

11 **SEC. 474. ACTION PLANS OF LOCAL EDUCATIONAL AGEN-**
12 **CIES REGARDING ASTHMA.**

13 (a) IN GENERAL.—

14 (1) SCHOOL-BASED ASTHMA ACTIVITIES.—The
15 Secretary of Education (in this section referred to as
16 the ''Secretary''), in consultation with the Director
17 of the Centers for Disease Control and Prevention
18 and the Director of the National Institutes of
19 Health, may make grants to local educational agen-
20 cies for programs to carry out at elementary and
21 secondary schools specified in paragraph (2) asthma-
22 related activities for children who attend such
23 schools.

24 (2) ELIGIBLE SCHOOLS.—The elementary and
25 secondary schools referred to in paragraph (1) are

1 such schools that are located in communities with a
2 significant number of low-income or underserved in-
3 dividuals (as defined by the Secretary).

4 (b) DEVELOPMENT OF PROGRAMS.—Programs under
5 subsection (a) shall include grants under which local edu-
6 cation agencies and State public health officials collabo-
7 rate to develop programs to improve the management of
8 asthma in school settings.

9 (c) CERTAIN GUIDELINES.—Programs under sub-
10 section (a) shall be carried out in accordance with applica-
11 ble guidelines or other recommendations of the National
12 Institutes of Health (including the National Heart, Lung,
13 and Blood Institute) and the Environmental Protection
14 Agency.

15 (d) CERTAIN ACTIVITIES.—Activities that may be
16 carried out in programs under subsection (a) include the
17 following:

18 (1) Identifying and working directly with local
19 hospitals, community clinics, advocacy organizations,
20 parent-teacher associations, minority health organi-
21 zations, and asthma coalitions.

22 (2) Identifying asthmatic children and training
23 them and their families in asthma self-management.

24 (3) Purchasing asthma equipment.

25 (4) Hiring school nurses.

1 (5) Training teachers, nurses, coaches, and
2 other school personnel in asthma-symptom recogni-
3 tion and emergency responses.
4 (6) Simplifying procedures to improve students'
5 safe access to their asthma medications.
6 (7) Such other asthma-related activities as the
7 Secretary determines to be appropriate.
8 (e) DEFINITIONS.—For purposes of this section, the
9 terms ''elementary school'', ''local educational agency'',
10 and ''secondary school'' have the meanings given such
11 terms in the Elementary and Secondary Education Act of
12 1965.
13 (f) FUNDING.—For the purpose of carrying out this
14 section, there is authorized to be appropriated such sums
15 as may be necessary for each of fiscal years 2005 through
16 2010.

17 CHAPTER 10—SICKLE CELL DISEASE

18 SEC. 481. DEMONSTRATION PROGRAM FOR THE DEVELOP-
19 MENT AND ESTABLISHMENT OF SYSTEMIC
20 MECHANISMS FOR THE PREVENTION AND
21 TREATMENT OF SICKLE CELL DISEASE.

22 (a) AUTHORITY TO CONDUCT DEMONSTRATION PRO-
23 GRAM.—
24 (1) IN GENERAL.—The Administrator, through
25 the Bureau of Primary Health Care and the Mater-

1 nal and Child Health Bureau, shall conduct a dem-
2 onstration program by making grants to up to 40 el-
3 igible entities for each fiscal year in which the pro-
4 gram is conducted under this section for the purpose
5 of developing and establishing systemic mechanisms
6 to improve the prevention and treatment of Sickle
7 Cell Disease, including through—

8 (A) the coordination of service delivery for
9 individuals with Sickle Cell Disease;

10 (B) genetic counseling and testing;

11 (C) bundling of technical services related
12 to the prevention and treatment of Sickle Cell
13 Disease;

14 (D) training of health professionals; and

15 (E) identifying and establishing other ef-
16 forts related to the expansion and coordination
17 of education, treatment, pain management, and
18 continuity of care programs for individuals with
19 Sickle Cell Disease.

20 (2) GRANT AWARD REQUIREMENTS.—

21 (A) GEOGRAPHIC DIVERSITY.—The Ad-
22 ministrator shall, to the extent practicable,
23 award grants under this section to eligible enti-
24 ties located in different regions of the United
25 States.

1 (B) PRIORITY.—In awarding grants under
2 this section, the Administrator shall give pri-
3 ority to awarding grants to eligible entities that
4 are—
5 (i) Federally-qualified health centers
6 that have a partnership or other arrange-
7 ment with a comprehensive Sickle Cell Dis-
8 ease treatment center that does not receive
9 funds from the National Institutes of
10 Health; or
11 (ii) Federally-qualified health centers
12 that intend to develop a partnership or
13 other arrangement with a comprehensive
14 Sickle Cell Disease treatment center that
15 does not receive funds from the National
16 Institutes of Health.
17 (b) ADDITIONAL REQUIREMENTS.—An eligible entity
18 awarded a grant under this section shall use funds made
19 available under the grant to carry out, in addition to the
20 activities described in subsection (a)(1), the following ac-
21 tivities:
22 (1) To facilitate and coordinate the delivery of
23 education, treatment, and continuity of care for indi-
24 viduals with Sickle Cell Disease under—

1 (A) the entity's collaborative agreement
2 with a community-based Sickle Cell Disease or-
3 ganization or a nonprofit entity that works with
4 individuals who have Sickle Cell Disease;
5 (B) the Sickle Cell Disease newborn
6 screening program for the State in which the
7 entity is located; and
8 (C) the maternal and child health program
9 under title V of the Social Security Act (42
10 U.S.C. 701 et seq.) for the State in which the
11 entity is located.
12 (2) To train nursing and other health staff who
13 specialize in pediatrics, obstetrics, internal medicine,
14 or family practice to provide healthcare and genetic
15 counseling for individuals with the sickle cell trait.
16 (3) To enter into a partnership with adult or
17 pediatric hematologists in the region and other re-
18 gional experts in Sickle Cell Disease at tertiary and
19 academic health centers and State and county health
20 offices.
21 (c) NATIONAL COORDINATING CENTER.—
22 (1) ESTABLISHMENT.—The Administrator shall
23 enter into a contract with an entity to serve as the
24 National Coordinating Center for the demonstration
25 program conducted under this section.

1 (2) ACTIVITIES DESCRIBED.—The National Co-
2 ordinating Center shall—
3 (A) collect, coordinate, monitor, and dis-
4 tribute data, best practices, and findings re-
5 garding the activities funded under grants made
6 to eligible entities under the demonstration pro-
7 gram;
8 (B) develop a model protocol for eligible
9 entities with respect to the prevention and
10 treatment of Sickle Cell Disease;
11 (C) develop educational materials regard-
12 ing the prevention and treatment of Sickle Cell
13 Disease; and
14 (D) prepare and submit to Congress a
15 final report that includes recommendations re-
16 garding the effectiveness of the demonstration
17 program conducted under this section and such
18 direct outcome measures as—
19 (i) the number and type of healthcare
20 resources utilized (such as emergency room
21 visits, hospital visits, length of stay, and
22 physician visits for individuals with Sickle
23 Cell Disease); and

1 (ii) the number of individuals that
2 were tested and subsequently received ge-
3 netic counseling for the sickle cell trait.
4 (d) APPLICATION.—An eligible entity desiring a
5 grant under this section shall submit an application to the
6 Administrator at such time, in such manner, and con-
7 taining such information as the Administrator may re-
8 quire.
9 (e) DEFINITIONS.—In this section:
10 (1) ADMINISTRATOR.—The term ''Adminis-
11 trator'' means the Administrator of the Health Re-
12 sources and Services Administration.
13 (2) ELIGIBLE ENTITY.—The term ''eligible enti-
14 ty'' means a Federally-qualified health center, a non-
15 profit hospital or clinic, or a university health center
16 that provides primary healthcare, that—
17 (A) has a collaborative agreement with a
18 community-based Sickle Cell Disease organiza-
19 tion or a nonprofit entity with experience in
20 working with individuals who have Sickle Cell
21 Disease; and
22 (B) demonstrates to the Administrator
23 that either the Federally-qualified health center,
24 the nonprofit hospital or clinic, the university
25 health center, the organization or entity de-

1 scribed in subparagraph (A), or the experts de-
2 scribed in subsection (b)(3), has at least 5
3 years of experience in working with individuals
4 who have Sickle Cell Disease.

5 (3) FEDERALLY-QUALIFIED HEALTH CEN-
6 TER.—The term ''Federally-qualified health center''
7 has the meaning given that term in section
8 1905(l)(2)(B) of the Social Security Act (42 U.S.C.
9 1396d(l)(2)(B)).

10 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
11 authorized to be appropriated to carry out this section,
12 such sums as may be necessary for each of fiscal years
13 2005 through 2010.

14 CHAPTER 11—AUTOIMMUNE DISEASE IN 15 MINORITY POPULATIONS

16 SEC. 482. RESEARCH FUNDING FOR AUTOIMMUNE DISEASE 17 IN MINORITY POPULATIONS.

18 Part B of title IV of the Public Health Service Act
19 is amended by inserting after section 409E (42 U.S.C.
20 284i) the following:

21 **''SEC. 490E–1. RESEARCH FUNDING FOR AUTOIMMUNE DIS-**
22 **EASE IN MINORITY POPULATIONS.**

23 ''(a) EXPANSION AND INTENSIFICATION OF ACTIVI-
24 TIES REGARDING AUTOIMMUNE DISEASES ON MINORI-
25 TIES.—With respect to the plan under section 409E(c)(1),

1 the Coordinating Committee shall ensure that provisions
2 of the plan developed under paragraph (2) of such sub-
3 section include provisions for the following:
4 "(1)(A) Basic research, epidemiological re-
5 search, and other appropriate research concerning
6 the etiology and causes of autoimmune diseases in
7 all minorities, including genetic, hormonal, and envi-
8 ronmental factors.
9 "(B)(i) Giving priority under subparagraph (A)
10 to research regarding environmental factors.
11 "(ii) The coordination of (to the extent prac-
12 ticable and appropriate), and providing additional
13 support for, research described in clause (i) that is
14 conducted by public or nonprofit private entities.
15 "(2)(A) The development of information and
16 education programs for patients, healthcare pro-
17 viders, and others as appropriate on genetic, hor-
18 monal, and environmental risk factors associated
19 with autoimmune diseases in minorities, and on the
20 importance of the prevention or control of such risk
21 factors and timely referral with appropriate diag-
22 nosis and treatment.
23 "(B) The inclusion in programs under subpara-
24 graph (A) of information and education on the prev-
25 alence and nature of autoimmune diseases, on risk

1 factors, and on health-related behaviors that can im-
2 prove health status in minority populations.
3 "(3) Outreach programs for purposes of para-
4 graphs (1) and (2) that—
5 "(A) are directed toward minority individ-
6 uals, particularly those who are at-risk for auto-
7 immune diseases; and
8 "(B) are carried out through community
9 health centers, community clinics, or other
10 health centers under section 330, through
11 State, territory, or local health departments, In-
12 dian tribes, or through primary care physicians.
13 "(b) AUTHORIZATION OF APPROPRIATIONS.—There
14 is authorized to be appropriated to carry out this section,
15 such sums as may be necessary for each of fiscal years
16 2005 through 2010.".

17 CHAPTER 12—PREVENTION AND CON-
18 TROL OF SEXUALLY TRANSMITTED
19 DISEASES

20 SEC. 485. PREVENTION AND CONTROL OF SEXUALLY
21 TRANSMITTED DISEASES.

22 (a) IN GENERAL.—Section 318(e)(1) of the Public
23 Health Service Act (42 U.S.C. 247c(e)(1)) is amended by
24 striking "1998" and inserting "2008".

1 (b) PREVENTABLE CASES OF INFERTILITY.—Section
2 318A of the Public Health Service Act (42 U.S.C. 247c–
3 1) is amended—

4 (1) in subsection (q), by striking ''1998'' and
5 inserting ''2010''; and

6 (2) in subsection (r)(2), by striking ''1998'' and
7 inserting ''2010''.

8 CHAPTER 13—DENTAL DISEASE

9 SEC. 486. GRANTS TO IMPROVE THE PROVISION OF DENTAL
10 SERVICES UNDER MEDICAID AND SCHIP.

11 Title V of the Social Security Act (42 U.S.C. 701
12 et seq.) is amended by adding at the end the following:

13 ''SEC. 511. GRANTS TO IMPROVE THE PROVISION OF DEN-
14 TAL SERVICES UNDER MEDICAID AND SCHIP.

15 ''(a) AUTHORITY TO MAKE GRANTS.—In addition to
16 any other payments made under this title to a State, the
17 Secretary shall award grants to States that satisfy the re-
18 quirements of subsection (b) to improve the provision of
19 dental services to children who are enrolled in a State plan
20 under title XIX or a State child health plan under title
21 XXI (in this section, collectively referred to as the 'State
22 plans').

23 ''(b) REQUIREMENTS.—In order to be eligible for a
24 grant under this section, a State shall provide the Sec-
25 retary with the following assurances:

1 “(1) IMPROVED SERVICE DELIVERY.—The
2 State shall have a plan to improve the delivery of
3 dental services to children, including children with
4 special health care needs, who are enrolled in the
5 State plans, including providing outreach and ad-
6 ministrative case management, improving collection
7 and reporting of claims data, and providing incen-
8 tives, in addition to raising reimbursement rates, to
9 increase provider participation.
10 “(2) ADEQUATE PAYMENT RATES.—The State
11 has provided for payment under the State plans for
12 dental services for children at levels consistent with
13 the market-based rates and sufficient enough to en-
14 list providers to treat children in need of dental serv-
15 ices.
16 “(3) ENSURED ACCESS.—The State shall en-
17 sure it will make dental services available to children
18 enrolled in the State plans to the same extent as
19 such services are available to the general population
20 of the State.
21 “(c) USE OF FUNDS.—
22 “(1) IN GENERAL.—Funds provided under this
23 section may be used to provide administrative re-
24 sources (such as program development, provider
25 training, data collection and analysis, and research-

1 related tasks) to assist States in providing and as-
2 sessing services that include preventive and thera-
3 peutic dental care regimens.

4 ''(2) LIMITATION.—Funds provided under this
5 section may not be used for payment of direct den-
6 tal, medical, or other services or to obtain Federal
7 matching funds under any Federal program.

8 ''(d) APPLICATION.—A State shall submit an applica-
9 tion to the Secretary for a grant under this section in such
10 form and manner and containing such information as the
11 Secretary may require.

12 ''(e) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to make grants under
14 this section, such sums as may be necessary for fiscal year
15 2005 and each fiscal year thereafter.

16 ''(f) APPLICATION OF OTHER PROVISIONS OF
17 TITLE.—

18 ''(1) IN GENERAL.—Except as provided in para-
19 graph (2), the other provisions of this title shall not
20 apply to a grant made under this section.

21 ''(2) EXCEPTIONS.—The following provisions of
22 this title shall apply to a grant made under sub-
23 section (a) to the same extent and in the same man-
24 ner as such provisions apply to allotments made
25 under section 502(c):

1 "(A) Section 504(b)(6) (relating to prohi-
2 bition on payments to excluded individuals and
3 entities).
4 "(B) Section 504(c) (relating to the use of
5 funds for the purchase of technical assistance).
6 "(C) Section 504(d) (relating to a limita-
7 tion on administrative expenditures).
8 "(D) Section 506 (relating to reports and
9 audits), but only to the extent determined by
10 the Secretary to be appropriate for grants made
11 under this section.
12 "(E) Section 507 (relating to penalties for
13 false statements).
14 "(F) Section 508 (relating to non-
15 discrimination).
16 "(G) Section 509 (relating to the adminis-
17 tration of the grant program).".

18 **SEC. 487. STATE OPTION TO PROVIDE WRAP-AROUND**
19 **SCHIP COVERAGE TO CHILDREN WHO HAVE**
20 **OTHER HEALTH COVERAGE.**

21 (a) IN GENERAL.—
22 (1) SCHIP.—
23 (A) STATE OPTION TO PROVIDE WRAP-
24 AROUND COVERAGE.—Section 2110(b) of the

1 Social Security Act (42 U.S.C. 1397jj(b)) is
2 amended—
3 (i) in paragraph (1)(C), by inserting
4 ", subject to paragraph (5)," after "under
5 title XIX or"; and
6 (ii) by adding at the end the fol-
7 lowing:
8 "(5) STATE OPTION TO PROVIDE WRAP-AROUND
9 COVERAGE.—A State may waive the requirement of
10 paragraph (1)(C) that a targeted low-income child
11 may not be covered under a group health plan or
12 under health insurance coverage, if the State satis-
13 fies the conditions described in subsection (c)(8).
14 The State may waive such requirement in order to
15 provide—
16 "(A) dental services;
17 "(B) cost-sharing protection; or
18 "(C) all services.
19 In waiving such requirement, a State may limit the
20 application of the waiver to children whose family in-
21 come does not exceed a level specified by the State,
22 so long as the level so specified does not exceed the
23 maximum income level otherwise established for
24 other children under the State child health plan.".

1 (B) CONDITIONS DESCRIBED.—Section
2 2105(c) of the Social Security Act (42 U.S.C.
3 1397ee(c)) is amended by adding at the end the
4 following:
5 ‘‘(8) CONDITIONS FOR PROVISION OF WRAP-
6 AROUND COVERAGE.—For purposes of section
7 2110(b)(5), the conditions described in this para-
8 graph are the following:
9 ‘‘(A) INCOME ELIGIBILITY.—The State
10 child health plan (whether implemented under
11 title XIX or this XXI)—
12 ‘‘(i) has the highest income eligibility
13 standard permitted under this title as of
14 January 1, 2002;
15 ‘‘(ii) subject to subparagraph (B),
16 does not limit the acceptance of applica-
17 tions for children; and
18 ‘‘(iii) provides benefits to all children
19 in the State who apply for and meet eligi-
20 bility standards.
21 ‘‘(B) NO WAITING LIST IMPOSED.—With
22 respect to children whose family income is at or
23 below 200 percent of the poverty line, the State
24 does not impose any numerical limitation, wait-
25 ing list, or similar limitation on the eligibility of

1 such children for child health assistance under
2 such State plan.
3 "(C) NO MORE FAVORABLE TREATMENT.—
4 The State child health plan may not provide
5 more favorable coverage of dental services to
6 the children covered under section 2110(b)(5)
7 than to children otherwise covered under this
8 title.".
9 (C) STATE OPTION TO WAIVE WAITING PE-
10 RIOD.—Section 2102(b)(1)(B) of the Social Se-
11 curity Act (42 U.S.C. 1397bb(b)(1)(B)) is
12 amended—
13 (i) in clause (i), by striking "and" at
14 the end;
15 (ii) in clause (ii), by striking the pe-
16 riod and inserting "; and"; and
17 (iii) by adding at the end the fol-
18 lowing:
19 "(iii) at State option, may not apply
20 a waiting period in the case of a child de-
21 scribed in section 2110(b)(5), if the State
22 satisfies the requirements of section
23 2105(c)(8).".

1 (2) APPLICATION OF ENHANCED MATCH UNDER
2 MEDICAID.—Section 1905 of the Social Security Act
3 (42 U.S.C. 1396d) is amended—
4 (A) in subsection (b), in the fourth sen-
5 tence, by striking "or subsection (u)(3)" and
6 inserting "(u)(3), or (u)(4)"; and
7 (B) in subsection (u)—
8 (i) by redesignating paragraph (4) as
9 paragraph (5); and
10 (ii) by inserting after paragraph (3)
11 the following:
12 "(4) For purposes of subsection (b), the ex-
13 penditures described in this paragraph are expendi-
14 tures for items and services for children described in
15 section 2110(b)(5), but only in the case of a State
16 that satisfies the requirements of section
17 2105(c)(8).".
18 (3) APPLICATION OF SECONDARY PAYOR PROVI-
19 SIONS.—Section 2107(e)(1) of the Social Security
20 Act (42 U.S.C. 1397gg(e)(1)) is amended—
21 (A) by redesignating subparagraphs (B)
22 through (D) as subparagraphs (C) through (E),
23 respectively; and
24 (B) by inserting after subparagraph (A)
25 the following:

1 "(B) Section 1902(a)(25) (relating to co-
2 ordination of benefits and secondary payor pro-
3 visions) with respect to children covered under
4 a waiver described in section 2110(b)(5).".
5 (b) EFFECTIVE DATE.—The amendments made by
6 subsection (a) shall take effect on January 1, 2004, and
7 shall apply to child health assistance and medical assist-
8 ance provided on or after that date.

9 **SEC. 488. GRANTS TO IMPROVE THE PROVISION OF DENTAL**
10 **HEALTH SERVICES THROUGH COMMUNITY**
11 **HEALTH CENTERS AND PUBLIC HEALTH DE-**
12 **PARTMENTS.**

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

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

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

1 ‘‘(1) ENTITIES.—To be eligible to receive a
2 grant under this section an entity—
3 ‘‘(A) shall be—
4 ‘‘(i) a health center receiving funds
5 under section 330 or designated as a Fed-
6 erally qualified health center;
7 ‘‘(ii) a county or local public health
8 department, if located in a federally-des-
9 ignated dental health professional shortage
10 area;
11 ‘‘(iii) an Indian tribe or tribal organi-
12 zation (as defined in section 4 of the In-
13 dian Self-Determination and Education
14 Assistance Act (25 U.S.C. 450b));
15 ‘‘(iv) a dental education program ac-
16 credited by the Commission on Dental Ac-
17 creditation; or
18 ‘‘(v) a community-based program
19 whose child service population is made up
20 of at least 33 percent of children who are
21 eligible children, including at least 25 per-
22 cent of such children being children with
23 mental retardation or related develop-
24 mental disabilities, unless specific docu-

1 mentation of a lack of need for access by
2 this sub-population is established; and
3 ‘‘(B) shall prepare and submit to the Sec-
4 retary an application at such time, in such
5 manner, and containing such information as the
6 Secretary may require, including information
7 concerning dental provider capacity to serve in-
8 dividuals with developmental disabilities.
9 ‘‘(2) INDIVIDUALS.—To be eligible to receive a
10 grant under this section an individual shall—
11 ‘‘(A) be a dental health professional li-
12 censed or certified in accordance with the laws
13 of State in which such individual provides den-
14 tal services;
15 ‘‘(B) prepare and submit to the Secretary
16 an application at such time, in such manner,
17 and containing such information as the Sec-
18 retary may require; and
19 ‘‘(C) provide assurances that—
20 ‘‘(i) the individual will practice in a
21 federally-designated dental health profes-
22 sional shortage area; or
23 ‘‘(ii) not less than 25 percent of the
24 patients of such individual are—

1 "(I) receiving assistance under a
2 State plan under title XIX of the So-
3 cial Security Act (42 U.S.C. 1396 et
4 seq.);
5 "(II) receiving assistance under a
6 State plan under title XXI of the So-
7 cial Security Act (42 U.S.C. 1397aa
8 et seq.); or
9 "(III) uninsured.
10 "(c) USE OF FUNDS.—
11 "(1) ENTITIES.—An entity shall use amounts
12 received under a grant under this section to provide
13 for the increased availability of primary dental serv-
14 ices in the areas described in subsection (a). Such
15 amounts may be used to supplement the salaries of-
16 fered for individuals accepting employment as den-
17 tists in such areas.
18 "(2) INDIVIDUALS.—A grant to an individual
19 under subsection (a) shall be in the form of a
20 $1,000 bonus payment for each month in which such
21 individual is in compliance with the eligibility re-
22 quirements of subsection (b)(2)(C).
23 "(d) AUTHORIZATION OF APPROPRIATIONS.—
24 "(1) IN GENERAL.—Notwithstanding any other
25 amounts appropriated under section 330 for health

1 centers, there is authorized to be appropriated such
2 sums as may be necessary for each of fiscal years
3 2005 through 2010 to hire and retain dental
4 healthcare providers under this section.

5 ''(2) USE OF FUNDS.—Of the amount appro-
6 priated for a fiscal year under paragraph (1), the
7 Secretary shall use—

8 ''(A) not less than 65 percent of such
9 amount to make grants to eligible entities; and

10 ''(B) not more than 35 percent of such
11 amount to make grants to eligible individuals.''.

12 CHAPTER 14—PREVENTION AND 13 CONTROL OF INJURIES

14 SEC. 491. PREVENTION AND CONTROL OF INJURIES.

15 (a) IN GENERAL.—Section 394A of the Public
16 Health Service Act (42 U.S.C. 280b–3) is amended—

17 (1) by striking ''and'' after ''1994,'';

18 (2) by striking ''and'' after ''1998,''; and

19 (3) by striking ''through 2005'' and all that fol-
20 lows and inserting the following: ''through 2004,
21 $300,000,000 for fiscal year 2005, and such sums
22 as may be necessary for each of the fiscal years
23 2006 through 2010.''.

24 (b) DEMONSTRATION PROJECTS IN URBAN AREAS.—
25 Section 394A of the Public Health Service Act (42 U.S.C.

1 280b–3) is amended by adding at the end the following
2 sentence: ''For the purpose of carrying out section
3 393(a)(6) in urban areas, there are authorized to be ap-
4 propriated such sums as may be necessary for each of the
5 fiscal years 2005 through 2010, in addition to amounts
6 available for such purpose pursuant to the preceding sen-
7 tence.''.

8 (c) DEMONSTRATION PROJECTS REGARDING VIO-
9 LENCE.—Section 393 of the Public Health Service Act (42
10 U.S.C. 280b–1a) is amended—

11 (1) by redesignating subsection (b) as sub-
12 section (c); and

13 (2) by inserting after subsection (a) the fol-
14 lowing subsection:

15 ''(b) Grants under subsection (a)(6) shall include
16 grants to public or nonprofit private trauma centers for
17 demonstration projects to reduce violence.''.

18 CHAPTER 15—UTERINE FIBROID 19 RESEARCH AND EDUCATION

20 SEC. 495. RESEARCH WITH RESPECT TO UTERINE 21 FIBROIDS.

22 (a) IN GENERAL.—The Director of the National In-
23 stitutes of Health (in this section referred to as the ''Di-
24 rector of NIH'') shall expand, intensify, and coordinate

1 programs for the conduct and support of research with
2 respect to uterine fibroids.
3 (b) ADMINISTRATION.—
4 (1) IN GENERAL.—The Director of NIH shall
5 carry out this section through the appropriate insti-
6 tutes, offices, and centers, including the National In-
7 stitute of Child Health and Human Development,
8 the National Institute of Environmental Health
9 Sciences, the Office of Research on Women's Health,
10 the National Center on Minority Health and Health
11 Disparities, and any other agencies that the Director
12 of NIH determines to be appropriate.
13 (2) COORDINATION OF ACTIVITIES.—The Office
14 of Research on Women's Health shall coordinate ac-
15 tivities under paragraph (1) among the institutes,
16 offices, and centers of the National Institutes of
17 Health.
18 (c) AUTHORIZATION OF APPROPRIATIONS.—For the
19 purpose of carrying out this section, there are authorized
20 to be appropriated such sums as may be necessary for
21 each of the fiscal years 2005 through 2010.

22 **SEC. 496. INFORMATION AND EDUCATION WITH RESPECT**
23 **TO UTERINE FIBROIDS.**

24 (a) UTERINE FIBROIDS PUBLIC EDUCATION PRO-
25 GRAM.—

1 (1) IN GENERAL.—The Secretary of Health and
2 Human Services (referred to in this section as the
3 "Secretary"), acting through the Director of the
4 Centers for Disease Control and Prevention, shall
5 develop and disseminate to the public information
6 regarding uterine fibroids, including information
7 on—
8 (A) the incidence and prevalence of uterine
9 fibroids;
10 (B) the elevated risk for minority women;
11 and
12 (C) the availability, as medically appro-
13 priate, of a range of treatment options for
14 symptomatic uterine fibroids.
15 (2) DISSEMINATION.—The Secretary may dis-
16 seminate information under paragraph (1) directly,
17 or through arrangements with nonprofit organiza-
18 tions, consumer groups, institutions of higher edu-
19 cation (as defined in section 101 of the Higher Edu-
20 cation Act of 1965 (20 U.S.C. 1001)), Federal,
21 State, or local agencies, or the media.
22 (3) AUTHORIZATION OF APPROPRIATIONS.—For
23 the purpose of carrying out this subsection, there
24 are authorized to be appropriated such sums as may

1 be necessary for each of the fiscal years 2005
2 through 2010.
3 (b) UTERINE FIBROIDS INFORMATION PROGRAM FOR
4 HEALTH CARE PROVIDERS.—
5 (1) IN GENERAL.—The Secretary, acting
6 through the Administrator of the Health Resources
7 and Services Administration, shall develop and dis-
8 seminate to health care providers information on
9 uterine fibroids, including information on the ele-
10 vated risk for minority women and the range of
11 available options for the treatment of symptomatic
12 uterine fibroids.
13 (2) AUTHORIZATION OF APPROPRIATIONS.—For
14 the purpose of carrying out this subsection, there
15 are authorized to be appropriated such sums as may
16 be necessary for each of the fiscal years 2005
17 through 2010.
18 (c) DEFINITION.—For purposes of this section, the
19 term ''minority'', with respect to women, means women
20 who are members of racial or ethnic minority groups with-
21 in the meaning of section 1707 of the Public Health Serv-
22 ice Act (42 U.S.C. 300u–6).

TITLE V—DATA COLLECTION AND REPORTING.

Subtitle A—General Provisions

SEC. 501. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

(a) PURPOSE.—It is the purpose of this section to promote data collection, analysis, and reporting by race, ethnicity, and primary language among federally supported health programs.

(b) AMENDMENT.—Title XXIX of the Public Health Service Act, as amended by section 463, is further amended by adding at the end the following:

"Subtitle E—Data Collection and Reporting

"SEC. 2951. DATA ON RACE, ETHNICITY AND PRIMARY LANGUAGE.

"(a) REQUIREMENTS.—

"(1) IN GENERAL.—Each health-related program operated by or that receives funding or reimbursement, in whole or in part, either directly or indirectly from the Department of Health and Human Services shall—

"(A) require the collection, by the agency or program involved, of data on the race, ethnicity, and primary language of each applicant

1 for and recipient of health-related assistance
2 under such program—
3 "(i) using, at a minimum, the cat-
4 egories for race and ethnicity described in
5 the 1997 Office of Management and Budg-
6 et Standards for Maintaining, Collecting,
7 and Presenting Federal Data on Race and
8 Ethnicity;
9 "(ii) using the standards developed
10 under subsection (e) for the collection of
11 language data;
12 "(iii) where practicable, collecting
13 data for additional population groups if
14 such groups can be aggregated into the
15 minimum race and ethnicity categories;
16 and
17 "(iv) where practicable, through self-
18 report;
19 "(B) with respect to the collection of the
20 data described in subparagraph (A) for appli-
21 cants and recipients who are minors or other-
22 wise legally incapacitated, require that—
23 "(i) such data be collected from the
24 parent or legal guardian of such an appli-
25 cant or recipient; and

1 “(ii) the preferred language of the
2 parent or legal guardian of such an appli-
3 cant or recipient be collected;
4 “(C) systematically analyze such data
5 using the smallest appropriate units of analysis
6 feasible to detect racial and ethnic disparities in
7 health and healthcare and when appropriate,
8 for men and women separately, and report the
9 results of such analysis to the Secretary, the
10 Director of the Office for Civil Rights, the Com-
11 mittee on Health, Education, Labor, and Pen-
12 sions and the Committee on Finance of the
13 Senate, and the Committee on Energy and
14 Commerce and the Committee on Ways and
15 Means of the House of Representatives;
16 “(D) provide such data to the Secretary on
17 at least an annual basis; and
18 “(E) ensure that the provision of assist-
19 ance to an applicant or recipient of assistance
20 is not denied or otherwise adversely affected be-
21 cause of the failure of the applicant or recipient
22 to provide race, ethnicity, and primary language
23 data.
24 “(2) RULES OF CONSTRUCTION.—Nothing in
25 this subsection shall be construed to—

1 "(A) permit the use of information col-
2 lected under this subsection in a manner that
3 would adversely affect any individual providing
4 any such information; and

5 "(B) require health care providers to col-
6 lect data.

7 "(b) PROTECTION OF DATA.—The Secretary shall
8 ensure (through the promulgation of regulations or other-
9 wise) that all data collected pursuant to subsection (a) is
10 protected—

11 "(1) under the same privacy protections as the
12 Secretary applies to other health data under the reg-
13 ulations promulgated under section 264(c) of the
14 Health Insurance Portability and Accountability Act
15 of 1996 (Public Law 104–191; 110 Stat. 2033) re-
16 lating to the privacy of individually identifiable
17 health information and other protections; and

18 "(2) from all inappropriate internal use by any
19 entity that collects, stores, or receives the data, in-
20 cluding use of such data in determinations of eligi-
21 bility (or continued eligibility) in health plans, and
22 from other inappropriate uses, as defined by the
23 Secretary.

24 "(c) NATIONAL PLAN OF THE DATA COUNCIL.—The
25 Secretary shall develop and implement a national plan to

1 improve the collection, analysis, and reporting of racial,
2 ethnic, and primary language data at the Federal, State,
3 territorial, Tribal, and local levels, including data to be
4 collected under subsection (a). The Data Council of the
5 Department of Health and Human Services, in consulta-
6 tion with the National Committee on Vital Health Statis-
7 tics, the Office of Minority Health, and other appropriate
8 public and private entities, shall make recommendations
9 to the Secretary concerning the development, implementa-
10 tion, and revision of the national plan. Such plan shall
11 include recommendations on how to—

12 "(1) implement subsection (a) while minimizing
13 the cost and administrative burdens of data collec-
14 tion and reporting;

15 "(2) expand awareness among Federal agencies,
16 States, territories, Indian tribes, health providers,
17 health plans, health insurance issuers, and the gen-
18 eral public that data collection, analysis, and report-
19 ing by race, ethnicity, and primary language is legal
20 and necessary to assure equity and non-discrimina-
21 tion in the quality of healthcare services;

22 "(3) ensure that future patient record systems
23 have data code sets for racial, ethnic, and primary
24 language identifiers and that such identifiers can be

1 retrieved from clinical records, including records
2 transmitted electronically;
3 "(4) improve health and healthcare data collec-
4 tion and analysis for more population groups if such
5 groups can be aggregated into the minimum race
6 and ethnicity categories, including exploring the fea-
7 sibility of enhancing collection efforts in States for
8 racial and ethnic groups that comprise a significant
9 proportion of the population of the State;
10 "(5) provide researchers with greater access to
11 racial, ethnic, and primary language data, subject to
12 privacy and confidentiality regulations; and
13 "(6) safeguard and prevent the misuse of data
14 collected under subsection (a).
15 "(d) COMPLIANCE WITH STANDARDS.—Data col-
16 lected under subsection (a) shall be obtained, maintained,
17 and presented (including for reporting purposes) in ac-
18 cordance with the 1997 Office of Management and Budget
19 Standards for Maintaining, Collecting, and Presenting
20 Federal Data on Race and Ethnicity (at a minimum).
21 "(e) LANGUAGE COLLECTION STANDARDS.—Not
22 later than 1 year after the date of enactment of this title,
23 the Director of the Office of Minority Health, in consulta-
24 tion with the Office for Civil Rights of the Department
25 of Health and Human Services, shall develop and dissemi-

1 nate Standards for the Classification of Federal Data on
2 Preferred Written and Spoken Language.
3 "(f) TECHNICAL ASSISTANCE FOR THE COLLECTION
4 AND REPORTING OF DATA.—
5 "(1) IN GENERAL.—The Secretary may, either
6 directly or through grant or contract, provide tech-
7 nical assistance to enable a healthcare program or
8 an entity operating under such program to comply
9 with the requirements of this section.
10 "(2) TYPES OF ASSISTANCE.—Assistance pro-
11 vided under this subsection may include assistance
12 to—
13 "(A) enhance or upgrade computer tech-
14 nology that will facilitate racial, ethnic, and pri-
15 mary language data collection and analysis;
16 "(B) improve methods for health data col-
17 lection and analysis including additional popu-
18 lation groups beyond the Office of Management
19 and Budget categories if such groups can be
20 aggregated into the minimum race and ethnicity
21 categories;
22 "(C) develop mechanisms for submitting
23 collected data subject to existing privacy and
24 confidentiality regulations; and

1 ‘‘(D) develop educational programs to in-
2 form health insurance issuers, health plans,
3 health providers, health-related agencies, and
4 the general public that data collection and re-
5 porting by race, ethnicity, and preferred lan-
6 guage are legal and essential for eliminating
7 health and healthcare disparities.

8 ‘‘(g) ANALYSIS OF RACIAL AND ETHNIC DATA.—The
9 Secretary, acting through the Director of the Agency for
10 Healthcare Research and Quality and in coordination with
11 the Administrator of the Centers for Medicare and Med-
12 icaid Services, shall provide technical assistance to agen-
13 cies of the Department of Health and Human Services in
14 meeting Federal standards for race, ethnicity, and pri-
15 mary language data collection and analysis of racial and
16 ethnic disparities in health and healthcare in public pro-
17 grams by—

18 ‘‘(1) identifying appropriate quality assurance
19 mechanisms to monitor for health disparities;

20 ‘‘(2) specifying the clinical, diagnostic, or thera-
21 peutic measures which should be monitored;

22 ‘‘(3) developing new quality measures relating
23 to racial and ethnic disparities in health and
24 healthcare;

1 "(4) identifying the level at which data analysis
2 should be conducted; and
3 "(5) sharing data with external organizations
4 for research and quality improvement purposes.
5 "(h) NATIONAL CONFERENCE.—
6 "(1) IN GENERAL.—The Secretary shall spon-
7 sor a biennial national conference on racial, ethnic,
8 and primary language data collection to enhance co-
9 ordination, build partnerships, and share best prac-
10 tices in racial, ethnic, and primary language data
11 collection, analysis, and reporting.
12 "(2) REPORTS.—Not later than 6 months after
13 the date on which a national conference has con-
14 vened under paragraph (1), the Secretary shall pub-
15 lish in the Federal Register and submit to the Com-
16 mittee on Health, Education, Labor, and Pensions
17 and the Committee on Finance of the Senate and
18 the Committee on Energy and Commerce and the
19 Committee on Ways and Means of the House of
20 Representatives a report concerning the proceedings
21 and findings of the conference.
22 "(i) REPORT.—Not later than 2 years after the date
23 of enactment of this title, and biennially thereafter, the
24 Secretary shall submit to the appropriate committees of
25 Congress a report on the effectiveness of data collection,

analysis, and reporting on race, ethnicity, and primary language under the programs and activities of the Department of Health and Human Services and under other Federal data collection systems with which the Department interacts to collect relevant data on race and ethnicity. The report shall evaluate the progress made in the Department with respect to the national plan under subsection (c) or subsequent revisions thereto.

''(j) GRANTS FOR DATA COLLECTION BY HEALTH PLANS, HEALTH CENTERS, AND HOSPITALS.—

''(1) IN GENERAL.—The Secretary, in consultation with the Administrator of the Centers for Medicare and Medicaid Services, is authorized to award grants for the conduct of 20 demonstration programs by health plans, health centers, or hospitals to enhance their ability to collect, analyze, and report the data required under subsection (a).

''(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1), a health plan or hospital shall—

''(A) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan to eliminate racial, ethnic, and primary language dis-

1 parities in health and healthcare through one or
2 more of the activities described in paragraph
3 (3); and

4 ''(B) provide assurances that the health
5 plan or hospital will use, at a minimum, the ra-
6 cial and ethnic categories and the standards for
7 collection described in the 1997 Office of Man-
8 agement and Budget Standards for Maintain-
9 ing, Collecting, and Presenting Federal Data on
10 Race and Ethnicity and available standards for
11 language.

12 ''(3) ACTIVITIES.—A grantee shall use amounts
13 received under a grant under paragraph (1) to—

14 ''(A) collect, analyze, and report data by
15 race, ethnicity, and primary language for pa-
16 tients served by the hospital (including emer-
17 gency room patients and patients served on an
18 outpatient basis) or health center, or, in the
19 case of a private health plan, such data for en-
20 rollees;

21 ''(B) enhance or upgrade computer tech-
22 nology that will facilitate racial, ethnic, and pri-
23 mary language data collection and analysis;

24 ''(C) provide analyses of racial and ethnic
25 disparities in health and healthcare, including

1 specific disease conditions, diagnostic and
2 therapeutic procedures, or outcomes;
3 "(D) improve health data collection and
4 analysis for additional population groups be-
5 yond the Office of Management and Budget
6 categories if such groups can be aggregated into
7 the minimum race and ethnicity categories;
8 "(E) develop mechanisms for sharing col-
9 lected data subject to privacy and confiden-
10 tiality regulations;
11 "(F) develop educational programs to in-
12 form health insurance issuers, health plans,
13 health providers, health-related agencies, pa-
14 tients, enrollees, and the general public that
15 data collection, analysis, and reporting by race,
16 ethnicity, and preferred language are legal and
17 essential for eliminating disparities in health
18 and healthcare; and
19 "(G) develop quality assurance systems de-
20 signed to track disparities and quality improve-
21 ment systems designed to eliminate disparities.
22 "(l) DEFINITION.—In this section, the term 'health-
23 related program' mean a program—

1 "(1) under the Social Security Act (42 U.S.C.
2 301 et seq.) that pay for healthcare and services;
3 and

4 "(2) under this Act that provide Federal finan-
5 cial assistance for healthcare, biomedical research,
6 health services research, and programs designed to
7 improve the public's health.

8 "(m) AUTHORIZATION OF APPROPRIATIONS.—There
9 is authorized to be appropriated to carry out this section,
10 such sums as may be necessary for each of fiscal years
11 2005 through 2010.

12 **"SEC. 2952. PROVISIONS RELATING TO NATIVE AMERICANS.**

13 "(a) EPIDEMIOLOGY CENTERS.—

14 "(1) ESTABLISHMENT.—

15 "(A) IN GENERAL.—In addition to those
16 centers operating 1 day prior to the date of en-
17 actment of this title, (including those centers
18 for which funding is currently being provided
19 through funding agreements under the Indian
20 Self-Determination and Education Assistance
21 Act), the Secretary shall, not later than 180
22 days after such date of enactment, establish
23 and fund an epidemiology center in each service
24 area which does not have such a center to carry
25 out the functions described in subparagraph

1 (B). Any centers established under the pre-
2 ceding sentence may be operated by Indian
3 tribes or tribal organizations pursuant to fund-
4 ing agreements under the Indian Self-Deter-
5 mination and Education Assistance Act, but
6 funding under such agreements may not be di-
7 visible.

8 "(B) FUNCTIONS.—In consultation with
9 and upon the request of Indian tribes, tribal or-
10 ganizations and urban Indian organizations,
11 each area epidemiology center established under
12 this subsection shall, with respect to such area
13 shall—

14 "(i) collect data related to the health
15 status objective described in section 3(b) of
16 the Indian Health Care Improvement Act,
17 and monitor the progress that the Service,
18 Indian tribes, tribal organizations, and
19 urban Indian organizations have made in
20 meeting such health status objective;

21 "(ii) evaluate existing delivery sys-
22 tems, data systems, and other systems that
23 impact the improvement of Indian health;

24 "(iii) assist Indian tribes, tribal orga-
25 nizations, and urban Indian organizations

in identifying their highest priority health status objectives and the services needed to achieve such objectives, based on epidemiological data;

"(iv) make recommendations for the targeting of services needed by tribal, urban, and other Indian communities;

"(v) make recommendations to improve healthcare delivery systems for Indians and urban Indians;

"(vi) provide requested technical assistance to Indian tribes and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community; and

"(vii) provide disease surveillance and assist Indian tribes, tribal organizations, and urban Indian organizations to promote public health.

"(C) TECHNICAL ASSISTANCE.—The director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out the requirements of this subsection.

1 ‘‘(2) FUNDING.—The Secretary may make
2 funding available to Indian tribes, tribal organiza-
3 tions, and eligible intertribal consortia or urban In-
4 dian organizations to conduct epidemiological studies
5 of Indian communities.

6 ‘‘(b) DEFINITIONS.—For purposes of this section, the
7 definitions contained in section 4 of the Indian Health
8 Care Improvement Act shall apply.’’.

9 **SEC. 502. COLLECTION OF RACE AND ETHNICITY DATA BY**
10 **THE SOCIAL SECURITY ADMINISTRATION.**

11 Part A of title XI of the Social Security Act (42
12 U.S.C. 1301 et seq.) is amended by adding at the end
13 the following:

14 **‘‘SEC. 1150A. COLLECTION OF RACE AND ETHNICITY DATA**
15 **BY THE SOCIAL SECURITY ADMINISTRATION.**

16 ‘‘(a) REQUIREMENT.—The Commissioner of the So-
17 cial Security Administration in consultation with the Ad-
18 ministrator of the Centers for Medicare and Medicaid
19 Services shall—

20 ‘‘(1) require the collection of data on the race,
21 ethnicity, and primary language of all applicants for
22 social security numbers, social security income, so-
23 cial security disability, and medicare—

24 ‘‘(A) using, at a minimum, the categories
25 for race and ethnicity described in the 1997 Of-

1 fice of Management and Budget Standards for
2 Maintaining, Collecting, and Presenting Federal
3 Data on Race and Ethnicity and available lan-
4 guage standards; and

5 ‘‘(B) where practicable, collecting data for
6 additional population groups if such groups can
7 be aggregated into the minimum race and eth-
8 nicity categories;

9 ‘‘(2) with respect to the collection of the data
10 described in paragraph (1) for applicants who are
11 under 18 years of age or otherwise legally incapaci-
12 tated, require that—

13 ‘‘(A) such data be collected from the par-
14 ent or legal guardian of such an applicant; and

15 ‘‘(B) the primary language of the parent
16 or legal guardian of such an applicant or recipi-
17 ent be used;

18 ‘‘(3) require that such data be uniformly ana-
19 lyzed and reported at least annually to the Commis-
20 sioner of Social Security;

21 ‘‘(4) be responsible for storing the data re-
22 ported under paragraph (3);

23 ‘‘(5) ensure transmission to the Centers for
24 Medicare and Medicaid Services and other Federal
25 health agencies;

1 "(6) provide such data to the Secretary on at
2 least an annual basis; and
3 "(7) ensure that the provision of assistance to
4 an applicant is not denied or otherwise adversely af-
5 fected because of the failure of the applicant to pro-
6 vide race, ethnicity, and primary language data.
7 "(b) PROTECTION OF DATA.—The Commissioner of
8 Social Security shall ensure (through the promulgation of
9 regulations or otherwise) that all data collected pursuant
10 subsection (a) is protected—
11 "(1) under the same privacy protections as the
12 Secretary applies to other health data under the reg-
13 ulations promulgated under section 264(c) of the
14 Health Insurance Portability and Accountability Act
15 of 1996 (Public Law 104–191; 110 Stat. 2033) re-
16 lating to the privacy of individually identifiable
17 health information and other protections; and
18 "(2) from all inappropriate internal use by any
19 entity that collects, stores, or receives the data, in-
20 cluding use of such data in determinations of eligi-
21 bility (or continued eligibility) in health plans, and
22 from other inappropriate uses, as defined by the
23 Secretary.
24 "(c) NATIONAL EDUCATION PROGRAM.—Not later
25 than 18 months after the date of enactment of this sec-

1 tion, the Secretary, acting through the Director of the Of-
2 fice of Minority Health and in collaboration with the Com-
3 missioner of the Social Security Administration, shall de-
4 velop and implement a program to educate all populations
5 about the purpose and uses of racial, ethnic, and primary
6 language health data collection.

7 ''(d) RULE OF CONSTRUCTION.—Nothing in this sec-
8 tion shall be construed to permit the use of information
9 collected under this section in a manner that would ad-
10 versely affect any individual providing any such informa-
11 tion.

12 ''(e) TECHNICAL ASSISTANCE.—The Secretary may,
13 either directly or by grant or contract, provide technical
14 assistance to enable any health entity to comply with the
15 requirements of this section.

16 ''(f) AUTHORIZATION OF APPROPRIATIONS.—There
17 is authorized to be appropriated to carry out this section,
18 such sums as may be necessary for each of fiscal years
19 2005 through 2010.''.

20 **SEC. 503. REVISION OF HIPAA CLAIMS STANDARDS.**

21 (a) IN GENERAL.—Not later than 1 year after the
22 date of enactment of this Act, the Secretary of Health and
23 Human Services shall revise the regulations promulgated
24 under part C of title XI of the Social Security Act (42
25 U.S.C. 1320d et seq.), as added by the Health Insurance

1 Portability and Accountability Act of 1996 (Public Law
2 104–191), relating to the collection of data on race, eth-
3 nicity, and primary language in a health-related trans-
4 action to require—

5 (1) the use, at a minimum, of the categories for
6 race and ethnicity described in the 1997 Office of
7 Management and Budget Standards for Maintain-
8 ing, Collecting, and Presenting Federal Data on
9 Race and Ethnicity;

10 (2) the establishment of a new data code set for
11 primary language; and

12 (3) the designation of the racial, ethnic, and
13 primary language code sets as ''required'' for claims
14 and enrollment data.

15 (b) DISSEMINATION.—The Secretary of Health and
16 Human Services shall disseminate the new standards de-
17 veloped under subsection (a) to all health entities that are
18 subject to the regulations described in such subsection and
19 provide technical assistance with respect to the collection
20 of the data involved.

21 (c) COMPLIANCE.—The Secretary of Health and
22 Human Services shall require that health entities comply
23 with the new standards developed under subsection (a) not
24 later than 2 years after the final promulgation of such
25 standards.

1 **SEC. 504. NATIONAL CENTER FOR HEALTH STATISTICS.**

2 Section 306(n) of the Public Health Service Act (42
3 U.S.C. 242k(n)) is amended—

4 (1) in paragraph (1), by striking ''2003'' and
5 inserting ''2010'';

6 (2) in paragraph (2), in the first sentence, by
7 striking ''2003'' and inserting ''2010''; and

8 (3) in paragraph (3), by striking ''2002'' and
9 inserting ''2010''.

10 Subtitle B—Minority Health and 11 Genomics Commission

12 **SEC. 511. SHORT TITLE.**

13 This subtitle may be cited as the ''Minority Health
14 and Genomics Act of 2003''.

15 **SEC. 512. MINORITY HEALTH AND GENOMICS COMMISSION.**

16 (a) ESTABLISHMENT.—There is established a com-
17 mission to be known as the Minority Health and Genomics
18 Commission (in this subtitle referred to as the ''Commis-
19 sion'').

20 (b) DUTIES.—

21 (1) STUDY.—The Commission shall conduct a
22 thorough study of, and develop recommendations on,
23 issues relating to genomic research as applied to mi-
24 nority groups and, under section 516, submit a re-
25 port to the appropriate committees of Congress that
26 recommends policies that the Commission finds will

1 ultimately improve healthcare and promote the elimi-
2 nation of health disparities.

3 (2) ISSUES.—The study under paragraph (1)
4 shall address specific issues and the needs of each
5 minority group described in subparagraph (A) in ad-
6 dition to issues involving genomic research that af-
7 fect the groups as a whole. In conducting such study
8 the Commission shall carry out the following:

9 (A) Establish standards in genomic re-
10 search and services that will promote the im-
11 provement of health and health-related services
12 for the following groups: American Indians and
13 Alaska Natives, African Americans, Asian
14 Americans, Hispanics, and Native Hawaiians
15 and other Pacific Islanders.

16 (B) Recommend minimum requirements
17 and standards for the equitable use of genetics
18 research in patient care and public health serv-
19 ices for racial and ethnic minority patients.

20 (C) Examine the accessibility, effective-
21 ness, availability, and cost efficiency of genomic
22 research, genetic testing, genetic counseling,
23 and genetic screening to minority populations.

24 (D) Determine and recommend procedures
25 and policies to address the need for cultural,

1 linguistic, and religious sensitivity training for
2 genetic counselors and researchers who work
3 with minority groups.

4 (E) Evaluate whether minority persons are
5 provided with informed consent that is cul-
6 turally and linguistically appropriate to allow a
7 fully informed decision about their healthcare,
8 availability of treatments or options, or partici-
9 pation in any clinical trial involving the collec-
10 tion of genetic material.

11 (F) Recommend how population sampling
12 studies of genetic information can be improved
13 to aid in the elimination of health disparities
14 and improve healthcare for minority commu-
15 nities.

16 (G) Examine how genetic material or in-
17 formation derived from individual minorities is
18 used the help minority groups with the use of
19 highly specific drug therapies.

20 (H) Identify the accessibility, effectiveness,
21 availability, privacy, and benefit of genetic data-
22 bases and depositories to minority communities.

23 (I) Identify the accessibility, effectiveness,
24 and affordability of reproductive technologies to
25 minority groups.

1 (J) Recommend an incentives program for
2 genomic researchers that will encourage the
3 study of disease and genetic ailments that dis-
4 proportionately affect minority communities.

5 **SEC. 513. REPORT.**

6 Not later than 2 years after the date of the enact-
7 ment of this Act, the Commission shall prepare and sub-
8 mit to the appropriate committees of Congress, the Presi-
9 dent, and the general public a report containing a detailed
10 statement of the findings and conclusions of the Commis-
11 sion with respect to matters described in section
12 512(b)(2), together with such recommendations as the
13 Commission considers appropriate that may be specific to
14 each minority group.

15 **SEC. 514. MEMBERSHIP.**

16 (a) NUMBER AND APPOINTMENT.—The Commission
17 shall be composed of 17 members to be appointed as fol-
18 lows:

19 (1) Four members shall be appointed by the
20 Speaker of the House of Representatives.

21 (2) Four members shall be appointed by the mi-
22 nority leader of the House of Representatives.

23 (3) Four members shall be appointed by the
24 majority leader of the Senate.

1 (4) Four members shall be appointed by the mi-
2 nority leader of the Senate.
3 (5) One member shall be appointed by the
4 President.
5 (b) PERSONS ELIGIBLE.—
6 (1) IN GENERAL.—The members of the Com-
7 mission shall be individuals who have knowledge or
8 expertise, whether by experience or training, in mat-
9 ters to be studied by the Commission. The members
10 may be from the public or private sector, and may
11 include employees of the Federal Government or of
12 State, territory, tribal, or local governments, mem-
13 bers of academia, legal scholars and practitioners,
14 tribal leaders, representatives of nonprofit organiza-
15 tions, or other interested individuals who dem-
16 onstrate a dedication to the use of genomics to im-
17 prove minority healthcare and the elimination of
18 health disparities among minorities.
19 (2) DIVERSITY.—It is the intent of Congress
20 that individuals appointed to the Commission rep-
21 resent diverse interests, ethnicities, various profes-
22 sional backgrounds, and are from different regions
23 of the United States.
24 (c) CONSULTATION AND APPOINTMENT.—

1 (1) IN GENERAL.—The President, Speaker of
2 the House of Representatives, minority leader of the
3 House of Representatives, majority leader of the
4 Senate, and minority leader of the Senate shall con-
5 sult among themselves before appointing the mem-
6 bers of the Commission in order to achieve, to the
7 maximum extent practicable, fair and equitable rep-
8 resentation of various points of view with respect to
9 matters studied by the Commission.
10 (2) DATE OF APPOINTMENT.—The appoint-
11 ments of the members of the Commission shall be
12 made not later than 90 days after the date of enact-
13 ment of this Act.
14 (d) TERMS.—
15 (1) IN GENERAL.—Each member of the Com-
16 mission shall be appointed for the life of the Com-
17 mission.
18 (2) VACANCIES.—A vacancy in the Commission
19 shall be filled in the manner in which the original
20 appointment was made.
21 (e) BASIC PAY.—Members of the Commission shall
22 serve without pay.
23 (f) TRAVEL EXPENSES.—Each member of the Com-
24 mission shall receive travel expenses, including per diem
25 in lieu of subsistence, in accordance with applicable provi-

1 sions under subchapter I of chapter 57 of title 5, United
2 States Code.
3 (g) CHAIRPERSON AND VICE CHAIRPERSON.—The
4 members of the Commission shall elect a Chairperson and
5 Vice Chairperson of the Commission from among the
6 members.
7 (h) MEETINGS.—
8 (1) IN GENERAL.—The Commission shall meet
9 at the call of the Chairperson or a majority of its
10 members.
11 (2) INITIAL MEETING.—Not later than 30 days
12 after the date on which all members of the Commis-
13 sion have been appointed, the Commission shall hold
14 its first meeting.
15 **SEC. 515. POWERS OF COMMISSION.**
16 (a) HEARINGS AND SESSIONS.—The Commission
17 may, for the purpose of carrying out this subtitle, hold
18 hearings, sit and act at times and places, take testimony,
19 and receive evidence as the Commission considers appro-
20 priate to carry out this subtitle.
21 (b) POWERS OF MEMBERS AND AGENTS.—Any mem-
22 ber or agent of the Commission may, if authorized by the
23 Commission, take any action that the Commission is au-
24 thorized to take by this section.

1 (c) OBTAINING OFFICIAL DATA.—Notwithstanding
2 sections 552 and 552a of title 5, United States Code, the
3 Commission may secure directly from any department or
4 agency of the United States information necessary to en-
5 able it to carry out this subtitle. Upon request of the Com-
6 mission, the head of that department or agency shall fur-
7 nish that information to the Commission.

8 (d) POSTAL SERVICES.—The Commission may use
9 the United States mails in the same manner and under
10 the same conditions as other departments and agencies of
11 the United States.

12 (e) WEBSITE.—For purposes of conducting the study
13 under section 512(b)(1), the Commission shall establish
14 and maintain a website to facilitate public comment and
15 participation.

16 (f) STAFF OF FEDERAL AGENCIES.—Upon request
17 of the Commission, the head of any Federal department
18 or agency may detail, on a nonreimbursable basis, any of
19 the personnel of that department or agency to the Com-
20 mission to assist it in carrying out its duties under this
21 subtitle.

22 (g) ADMINISTRATIVE SUPPORT SERVICES.—Upon
23 the request of the Commission, the Administrator of Gen-
24 eral Services may provide to the Commission, on a non-
25 reimbursable basis, the administrative support services

necessary for the Commission to carry out its responsibilities under this subtitle.

SEC. 516. TERMINATION.

The Commission shall terminate 1 year after submitting its final report pursuant to section 513.

TITLE VI—ACCOUNTABILITY

SEC. 601. REPORT ON WORKFORCE DIVERSITY.

(a) IN GENERAL.—Not later than July 1, 2005, and annually thereafter, the Secretary, acting through the director of each entity within the Department of Health and Human Services, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on healthcare workforce diversity.

(b) REQUIREMENT.—The report under subsection (a) shall contain the following information:

(1) The response of the entity involved to the upcoming 2004 Institute of Medicine report on workforce diversity, the 2002 Institute of Medicine report entitled The Future of the Public Health in the 21st Century, and the Healthy People 2010 initiative.

1 (2) A description of the personnel in each such
2 entity who are responsible for overseeing workforce
3 diversity initiatives.
4 (3) The level of workforce diversity achieved
5 within each such entity, including absolute numbers
6 and percentages of minority employees as well as the
7 rank of such employees.
8 (4) A description of any grant support that is
9 provided by each entity for workforce diversity ini-
10 tiatives, including the amount of the grants and the
11 percentage of grant funds as compared to overall en-
12 tity funding;
13 (c) PUBLIC AVAILABILITY.—The report under sub-
14 section (a) shall be made available for public review and
15 comment.
16 **SEC. 602. FEDERAL AGENCY PLAN TO ELIMINATE DISPARI-**
17 **TIES AND IMPROVE THE HEALTH OF MINOR-**
18 **ITY POPULATIONS.**
19 (a) IN GENERAL.—Not later than September 1,
20 2005, each Federal health agency shall develop and imple-
21 ment a national strategic action plan to eliminate dispari-
22 ties on the basis of race, ethnicity, and primary language
23 and improve the health and healthcare of minority popu-
24 lations, through programs relevant to the mission of the
25 agency.

1 (b) PUBLICATION.—Each action plan described in
2 paragraph (1) shall—
3 (1) be publicly reported in draft form for public
4 review and comment;
5 (2) include a response to the review and com-
6 ment described in paragraph (1) in the final plan;
7 (3) include the agency response to the 2002 In-
8 stitute of Medicine report, Unequal Treatment—
9 Confronting Racial and Ethnic Disparities in
10 Healthcare;
11 (4) demonstrate progress in meeting the
12 Healthy People 2010 objectives; and
13 (5) be updated, including progress reports, for
14 inclusion in an annual report to Congress.

15 **SEC. 603. ACCOUNTABILITY WITHIN THE DEPARTMENT OF**
16 **HEALTH AND HUMAN SERVICES.**

17 Title XXIX of the Public Health Service Act, as
18 amended by section 502(b), is further amended by adding
19 at the end the following:

20 **"Subtitle F—Accountability**

21 **"SEC. 2961. ELEVATION OF THE OFFICE OF CIVIL RIGHTS.**

22 "(a) IN GENERAL.—The Secretary shall establish
23 within the Office for Civil Rights an Office of Health Dis-
24 parities, which shall be headed by a director to be ap-
25 pointed by the Secretary.

1 "(b) PURPOSE.—The Office of Health Disparities
2 shall ensure that the health programs, activities, and oper-
3 ations of health entities which receive Federal financial as-
4 sistance are in compliance with title VI of the Civil Rights
5 Act, which prohibits discrimination on the basis of race,
6 color, or national origin. The activities of the Office shall
7 include the following:

8 "(1) The development and implementation of
9 an action plan to address racial and ethnic
10 healthcare disparities, which shall address concerns
11 relating to the Office for Civil Rights as released by
12 the United States Commission on Civil Rights in the
13 report entitled 'Health Care Challenge: Acknowl-
14 edging Disparity, Confronting Discrimination, and
15 Ensuring Equity' (September, 1999). This plan shall
16 be publicly disclosed for review and comment and
17 the final plan shall address any comments or con-
18 cerns that are received by the Office.

19 "(2) Investigative and enforcement actions
20 against intentional discrimination and policies and
21 practices that have a disparate impact on minorities.

22 "(3) The review of racial, ethnic, and primary
23 language health data collected by Federal health
24 agencies to assess healthcare disparities related to

1 intentional discrimination and policies and practices
2 that have a disparate impact on minorities.
3 ‘‘(4) Outreach and education activities relating
4 to compliance with title VI of the Civil Rights Act.
5 ‘‘(5) The provision of technical assistance for
6 health entities to facilitate compliance with title VI
7 of the Civil Rights Act.
8 ‘‘(6) Coordination and oversight of activities of
9 the civil rights compliance offices established under
10 section 2962.
11 ‘‘(7) Ensuring compliance with the 1997 Office
12 of Management and Budget Standards for Maintain-
13 ing, Collecting, and Presenting Federal Data on
14 Race, Ethnicity and the available language stand-
15 ards.
16 ‘‘(c) FUNDING AND STAFF.—The Secretary shall en-
17 sure the effectiveness of the Office of Health Disparities
18 by ensuring that the Office is provided with—
19 ‘‘(1) adequate funding to enable the Office to
20 carry out its duties under this section; and
21 ‘‘(2) staff with expertise in—
22 ‘‘(A) epidemiology;
23 ‘‘(B) statistics;
24 ‘‘(C) health quality assurance;

1 "(D) minority health and health dispari-
2 ties; and
3 "(E) civil rights.
4 "(d) REPORT.—Not later than December 31, 2005,
5 and annually thereafter, the Secretary, in collaboration
6 with the Director of the Office for Civil Rights, shall sub-
7 mit a report to the Committee on Health, Education,
8 Labor, and Pensions of the Senate and the Committee on
9 Energy and Commerce of the House of Representatives
10 that includes—
11 "(1) the number of cases filed, broken down by
12 category;
13 "(2) the number of cases investigated and
14 closed by the office;
15 "(3) the outcomes of cases investigated; and
16 "(4) the staffing levels of the office including
17 staff credentials.
18 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section,
20 such sums as may be necessary for each of fiscal years
21 2005 through 2010.

1 **“SEC. 2962. ESTABLISHMENT OF HEALTH PROGRAM OF-**
2 **FICES FOR CIVIL RIGHTS WITHIN FEDERAL**
3 **HEALTH AND HUMAN SERVICES AGENCIES.**

4 “(a) IN GENERAL.—The Secretary shall establish
5 civil rights compliance offices in each agency within the
6 Department of Health and Human Services that admin-
7 isters health programs.

8 “(b) PURPOSE OF OFFICES.—Each office established
9 under subsection (a) shall ensure that recipients of Fed-
10 eral financial assistance under Federal health programs
11 administer their programs, services, and activities in a
12 manner that—

13 “(1) does not discriminate, either intentionally
14 or in effect, on the basis of race, national origin, lan-
15 guage, ethnicity, sex, age, or disability; and

16 “(2) promotes the reduction and elimination of
17 disparities in health and healthcare based on race,
18 national origin, language, ethnicity, sex, age, and
19 disability.

20 “(c) POWERS AND DUTIES.—The offices established
21 in subsection (a) shall have the following powers and du-
22 ties:

23 “(1) The establishment of compliance and pro-
24 gram participation standards for recipients of Fed-
25 eral financial assistance under each program admin-
26 istered by an agency within the Department of

1 Health and Human Services including the establish-
2 ment of disparity reduction standards to encompass
3 disparities in health and healthcare related to race,
4 national origin, language, ethnicity, sex, age, and
5 disability.

6 "(2) The development and implementation of
7 program-specific guidelines that interpret and apply
8 Department of Health and Human Services guid-
9 ance under title VI of the Civil Rights Act of 1964
10 to each Federal health program administered by the
11 agency.

12 "(3) The development of a disparity-reduction
13 impact analysis methodology that shall be applied to
14 every rule issued by the agency and published as
15 part of the formal rulemaking process under sections
16 555, 556, and 557 of title 5, United States Code.

17 "(4) Oversight of data collection, analysis, and
18 publication requirements for all recipients of Federal
19 financial assistance under each Federal health pro-
20 gram administered by the agency, and compliance
21 with the 1997 Office of Management and Budget
22 Standards for Maintaining, Collecting, and Pre-
23 senting Federal Data on Race and Ethnicity and the
24 available language standards.

1 "(5) The conduct of publicly available studies
2 regarding discrimination within Federal health pro-
3 grams administered by the agency as well as dis-
4 parity reduction initiatives by recipients of Federal
5 financial assistance under Federal health programs.
6 "(6) Annual reports to the Committee on
7 Health, Education, Labor, and Pensions and the
8 Committee on Finance of the Senate and the Com-
9 mittee on Energy and Commerce and the Committee
10 on Ways and Means of the House of Representatives
11 on the progress in reducing disparities in health and
12 healthcare through the Federal programs adminis-
13 tered by the agency.
14 "(d) RELATIONSHIP TO OFFICE FOR CIVIL RIGHTS
15 IN THE DEPARTMENT OF JUSTICE.—
16 "(1) DEPARTMENT OF HEALTH AND HUMAN
17 SERVICES.—The Office for Civil Rights in the De-
18 partment of Health and Human Services shall pro-
19 vide standard-setting and compliance review inves-
20 tigation support services to the Civil Rights Compli-
21 ance Office for each agency.
22 "(2) DEPARTMENT OF JUSTICE.—The Office
23 for Civil Rights in the Department of Justice shall
24 continue to maintain the power to institute formal
25 proceedings when an agency Office for Civil Rights

1 determines that a recipient of Federal financial as-
2 sistance is not in compliance with the disparity re-
3 duction standards of the agency.

4 "(e) DEFINITION.—In this section, the term 'Federal
5 health programs' mean programs—

6 "(1) under the Social Security Act (42 U.S.C.
7 301 et seq.) that pay for healthcare and services;
8 and

9 "(2) under this Act that provide Federal finan-
10 cial assistance for healthcare, biomedical research,
11 health services research, and programs designed to
12 improve the public's health.".

13 **SEC. 604. OFFICE OF MINORITY HEALTH.**

14 Section 1707 of the Public Health Service Act (42
15 U.S.C. 300u–6) is amended—

16 (1) by striking the section heading and insert-
17 ing the following:

18 "OFFICE OF MINORITY HEALTH AND RACIAL, ETHNIC,
19 AND PRIMARY LANGUAGE HEALTH DISPARITY ELIMI-
20 NATION";

21 (2) by striking "Office of Minority Health"
22 each place that such appears and inserting "Office
23 of Minority Health and Racial, Ethnic, and Primary
24 Language Health Disparities Elimination";

25 (3) by striking subsection (b) and inserting the
26 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 and Racial, Ethnic, and Primary Language Health
5 Disparities Elimination (in this section referred to as the
6 'Deputy Assistant Secretary'), shall carry out the fol-
7 lowing:

8 "(1) Establish, implement, monitor, and evalu-
9 ate short-range and long-range goals and objectives
10 and oversee all other activities within the Public
11 Health Service that relate to disease prevention,
12 health promotion, service delivery, and research con-
13 cerning minority groups. The heads of each of the
14 agencies of the Service shall consult with the Deputy
15 Assistant Secretary to ensure the coordination of
16 such activities.

17 "(2) Oversee all activities within the Depart-
18 ment of Health and Human Services that relate to
19 reducing or eliminating disparities in health and
20 healthcare in racial and ethnic minority populations,
21 including coordinating—

22 "(A) the design of programs, support for
23 programs, and the evaluation of programs;

24 "(B) the monitoring of trends in health
25 and healthcare;

1 ‘‘(C) research efforts;
2 ‘‘(D) the training of health providers; and
3 ‘‘(E) information and education programs
4 and campaigns.
5 ‘‘(3) Enter into interagency and intra-agency
6 agreements with other agencies of the Public Health
7 Service.
8 ‘‘(4) Ensure that the Federal health agencies
9 and the National Center for Health Statistics collect
10 data on the health status and healthcare of each mi-
11 nority group, using at a minimum the categories
12 specified in the 1997 OMB Standards for Maintain-
13 ing, Collecting, and Presenting Federal Data on
14 Race and Ethnicity as required under subtitle B and
15 available language standards.
16 ‘‘(5) Provide technical assistance to States,
17 local agencies, territories, Indian tribes, and entities
18 for activities relating to the elimination of racial and
19 ethnic disparities in health and healthcare.
20 ‘‘(6) Support a national minority health re-
21 source center to carry out the following:
22 ‘‘(A) Facilitate the exchange of informa-
23 tion regarding matters relating to health infor-
24 mation, health promotion and wellness, preven-

1 tive health services, and education in the appro-
2 priate use of health services.

3 ‘‘(B) Facilitate timely access to culturally
4 and linguistically appropriate information.

5 ‘‘(C) Assist in the analysis of such infor-
6 mation.

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

11 ‘‘(7) Carry out programs to improve access to
12 healthcare services for individuals with limited
13 English proficiency, including developing and car-
14 rying out programs to provide bilingual or interpre-
15 tive services through the development and support of
16 a National Center for Cultural and Linguistic Com-
17 petence in Healthcare as provided for in section
18 2903.

19 ‘‘(8) Carry out programs to improve access to
20 healthcare services and to improve the quality of
21 healthcare services for individuals with low func-
22 tional health literacy. As used in the preceding sen-
23 tence, the term ‘functional health literacy’ means the
24 ability to obtain, process, and understand basic

1 health information and services needed to make ap-
2 propriate health decisions.
3 "(9) Advise in matters related to the develop-
4 ment, implementation, and evaluation of health pro-
5 fessions education on decreasing disparities in
6 healthcare outcomes, with focus on cultural com-
7 petency as a method of eliminating disparities in
8 health and healthcare in racial and ethnic minority
9 populations.
10 "(10) Assist healthcare professionals, commu-
11 nity and advocacy organizations, academic centers
12 and public health departments in the design and im-
13 plementation of programs that will improve the qual-
14 ity of health outcomes by strengthening the pro-
15 vider-patient relationship.".
16 (2) by redesignating subsections (c) through (f)
17 and subsections (g) and (h) as subsections (d)
18 through (g) and subsections (j) and (k), respectively;
19 (3) by inserting after subsection (b), the fol-
20 lowing:
21 "(c) NATIONAL PLAN TO ELIMINATE RACIAL AND
22 ETHNIC HEALTH AND HEALTHCARE DISPARITIES.—
23 "(1) IN GENERAL.—The Secretary, acting
24 through the Deputy Assistant Secretary, shall—

1 "(A) not later than 1 year after the date
2 of enactment of the Healthcare Equality and
3 Accountability Act, establish and implement a
4 comprehensive plan to achieve the goal of
5 Healthy People 2010 to eliminate health dis-
6 parities in the United States;
7 "(B) establish the plan referred to in sub-
8 paragraph (A) in consultation with—
9 "(i) the Director of the Centers for
10 Disease Control and Prevention;
11 "(ii) the Director of the National In-
12 stitutes of Health;
13 "(iii) the Director of the National
14 Center on Minority Health and Health
15 Disparities;
16 "(iv) the Director of the Agency for
17 Healthcare Research and Quality;
18 "(v) the Administrator of the Health
19 Resources and Services Administration;
20 "(vi) the Administrator of the Centers
21 for Medicare and Medicaid Services;
22 "(vii) the Director of the Office for
23 Civil Rights;

1 "(viii) the Administrator of the Sub-
2 stance Abuse and Mental Health Services
3 Administration;
4 "(ix) the Commissioner of the Food
5 and Drug Administration; and
6 "(x) the heads of other appropriate
7 public and private entities;
8 "(C) ensure that the plan includes measur-
9 able objectives, describes the means for achiev-
10 ing such objectives, and designates a date by
11 which such objectives are expected to be
12 achieved;
13 "(D) ensure that all amounts appropriated
14 for such activities are expended in accordance
15 with the plan;
16 "(E) review the plan on at least an annual
17 basis and revise the plan as appropriate;
18 "(F) ensure that the plan will serve as a
19 binding statement of policy with respect to the
20 agencies' activities related to disparities in
21 health and healthcare; and
22 "(G) not later than March 1 of each year,
23 submit the plan (or any revisions to the plan),
24 to the Committee on Health, Education, Labor,
25 and Pensions of the Senate and the Committee

1 on Energy and Commerce of the House of Rep-
2 resentatives.

3 "(2) COMPONENTS OF THE PLAN.—The Deputy
4 Assistant Secretary shall ensure that the comprehen-
5 sive plan established under paragraph (1) address-
6 es—

7 "(A) the recommendations of the 2002 In-
8 stitute of Medicine report (Unequal Treatment)
9 with respect to racial and ethnic disparities in
10 healthcare;

11 "(B) health and disease prevention edu-
12 cation for racial, ethnic, and primary language
13 health disparity populations;

14 "(C) research to identify sources of health
15 and healthcare disparities in minority groups;

16 "(D) the implementation and assessment
17 of promising intervention strategies;

18 "(E) data collection and the monitoring of
19 the healthcare and health status of health dis-
20 parity populations;

21 "(F) care of individuals who lack pro-
22 ficiency with the English language;

23 "(G) care of individuals with low func-
24 tional health literacy;

1 "(H) the training, recruitment, and reten-
2 tion of minority health professionals;
3 "(I) programs to expand and facilitate ac-
4 cess to healthcare services, including the use of
5 telemedicine, National Health Service Scholars,
6 community health workers, and case managers;
7 "(J) public and health provider awareness
8 of racial and ethnic disparities in healthcare;
9 "(K) methods to evaluate and measure
10 progress toward the goal of eliminating dispari-
11 ties in health and healthcare in racial and eth-
12 nic minority populations;
13 "(L) the promotion of interagency and
14 intra-agency coordination and collaboration and
15 public-private and community partnerships; and
16 "(M) the preparedness of health profes-
17 sionals to care for racially, ethnically, and lin-
18 guistically diverse populations and low func-
19 tional health literacy populations including eval-
20 uations as required under section 606 of the
21 Healthcare Equality and Accountability Act.";
22 (4) in subsection (d) (as so redesignated)—
23 (A) in paragraph (1), by inserting "and
24 Racial, Ethnic, and Primary Language Health

1 Disparities Elimination'' after ''Minority
2 Health''; and
3 (B) in paragraph (2)—
4 (i) by striking ''Deputy Assistant'';
5 and
6 (ii) by striking ''(10) of subsection
7 (b)'' and inserting ''(9) of subsection (c)'';
8 (5) in subsection (e)(1) (as so redesignated)—
9 (A) in subparagraph (A), by striking ''sub-
10 section (b)(9)'' and inserting ''subsection
11 (b)(7)''; and
12 (B) in subparagraph (B), by striking ''sub-
13 section (b)(10)'' and inserting ''subsection
14 (b)(8)'';
15 (6) in subsection (f)(3) (as so redesignated), by
16 striking ''subsection (f)'' and inserting ''subsection
17 (g)'';
18 (7) in subsection (g)(1) (as so redesignated)—
19 (A) by striking ''1999 and each second''
20 and inserting ''2004 and each'';
21 (B) by striking ''Labor and Human Re-
22 sources'' and inserting ''Health, Education,
23 Labor, and Pensions'';
24 (C) by striking ''2 fiscal years'' and insert-
25 ing ''fiscal year''; and

1 (D) by inserting after ''improving the
2 health of racial and ethnic minority groups'' the
3 following: ''reducing and eliminating disparities
4 in health and healthcare in racial and ethnic
5 minority populations, in accordance with the
6 national plan specified under subsection (c) and
7 the goals of Healthy People 2010'';
8 (8) by inserting after subsection (g) (as so re-
9 designated) the following:
10 ''(h) FEDERAL PARTNERSHIP WITH ACCREDITATION
11 ENTITIES.—
12 ''(1) IN GENERAL.—Not later than 1 year after
13 the date of enactment of the Healthcare Equality
14 and Accountability Act, the Secretary, in collabora-
15 tion with the Director of the Agency for Healthcare
16 Research and Quality, the Administrator of the Cen-
17 ters for Medicare and Medicaid Services, the Direc-
18 tor of the Office for Minority Health, and the heads
19 of appropriate State agencies, shall convene a work-
20 ing group with members of accreditation organiza-
21 tions and other quality standard setting organiza-
22 tions to develop guidelines to evaluate and report on
23 the health and healthcare of minority populations
24 served by health centers, health plans, hospitals, and
25 other federally funded health entities.

1 "(2) REPORT.—Not later than 6 months after
2 the convening of the working group under paragraph
3 (1), the working group shall submit a report to the
4 Secretary at such time, in such manner, and con-
5 taining such information as the Secretary may re-
6 quire, including guidelines and recommendations on
7 how each accreditation body will work with con-
8 stituent members to ensure the adoption of such
9 guidelines.
10 "(3) DEMONSTRATION PROJECTS.—The Sec-
11 retary, acting through the Administrator of the Cen-
12 ters for Medicare and Medicaid Services, shall award
13 grants for the establishment of demonstration
14 projects to assess the impact of providing financial
15 incentives for the reporting and analysis of the qual-
16 ity of minority healthcare by hospitals, health plans,
17 health centers, and other healthcare entities.
18 "(4) AUTHORIZATION OF APPROPRIATIONS.—
19 There are authorized to be appropriated to carry out
20 this subsection, such sums as may be necessary for
21 each of fiscal years 2005 through 2010.
22 "(i) PREPARATION OF HEALTH PROFESSIONALS TO
23 PROVIDE HEALTHCARE TO MINORITY POPULATIONS.—
24 The Secretary, in collaboration with the Director of the
25 Bureau of Health Professions and the Director of the Of-

1 fice of Minority Health, shall require that health profes-
2 sional schools that receive Federal funds train future
3 health professionals to provide culturally and linguistically
4 appropriate healthcare to diverse populations.''; and
5 (9) by striking subsection (k) (as so redesig-
6 nated) and inserting the following:
7 ''(k) AUTHORIZATION OF APPROPRIATIONS.—For the
8 purpose of carrying out this section (other than subsection
9 (h)), there is authorized to be appropriated $100,000,000
10 for fiscal year 2004, and such sums as may be necessary
11 for each of fiscal years 2005 through 2010.''.

12 **SEC. 605. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**
13 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**
14 **SERVICE.**

15 (a) ESTABLISHMENT.—
16 (1) IN GENERAL.—In order to more effectively
17 and efficiently carry out the responsibilities, authori-
18 ties, and functions of the United States to provide
19 healthcare services to Indians and Indian tribes, as
20 are or may be hereafter provided by Federal statute
21 or treaties, there is established within the Public
22 Health Service of the Department of Health and
23 Human Services the Indian Health Service.
24 (2) ASSISTANT SECRETARY OF INDIAN
25 HEALTH.—The Service shall be administered by an

1 Assistant Secretary of Indian Health, who shall be
2 appointed by the President, by and with the advice
3 and consent of the Senate. The Assistant Secretary
4 shall report to the Secretary. Effective with respect
5 to an individual appointed by the President, by and
6 with the advice and consent of the Senate the term
7 of service of the Assistant Secretary shall be 4 years.
8 An Assistant Secretary may serve more than 1 term.
9 (b) AGENCY.—The Service shall be an agency within
10 the Public Health Service of the Department, and shall
11 not be an office, component, or unit of any other agency
12 of the Department.
13 (c) FUNCTIONS AND DUTIES.—The Secretary shall
14 carry out through the Assistant Secretary of the Service—
15 (1) all functions which were, on the day before
16 the date of enactment of the Indian Health Care
17 Amendments of 1988, carried out by or under the
18 direction of the individual serving as Director of the
19 Service on such day;
20 (2) all functions of the Secretary relating to the
21 maintenance and operation of hospital and health fa-
22 cilities for Indians and the planning for, and provi-
23 sion and utilization of, health services for Indians;
24 (3) all health programs under which healthcare
25 is provided to Indians based upon their status as In-

1 dians which are administered by the Secretary, in-
2 cluding programs under—
3 (A) the Indian Health Care Improvement
4 Act;
5 (B) the Act of November 2, 1921 (25
6 U.S.C. 13);
7 (C) the Act of August 5, 1954 (42 U.S.C.
8 2001, et seq.);
9 (D) the Act of August 16, 1957 (42
10 U.S.C. 2005 et seq.);
11 (E) the Indian Self-Determination Act (25
12 U.S.C. 450f, et seq.); and
13 (F) title XXIX of the Public Health Serv-
14 ice Act; and
15 (4) all scholarship and loan functions carried
16 out under title I of the Indian Health Care Improve-
17 ment Act.
18 (d) AUTHORITY.—
19 (1) IN GENERAL.—The Secretary, acting
20 through the Assistant Secretary, shall have the au-
21 thority—
22 (A) except to the extent provided for in
23 paragraph (2), to appoint and compensate em-
24 ployees for the Service in accordance with title
25 5, United States Code;

1 (B) to enter into contracts for the procure-
2 ment of goods and services to carry out the
3 functions of the Service; and
4 (C) to manage, expend, and obligate all
5 funds appropriated for the Service.
6 (2) PERSONNEL ACTIONS.—Notwithstanding
7 any other provision of law, the provisions of section
8 12 of the Act of June 18, 1934 (48 Stat. 986; 25
9 U.S.C. 472), shall apply to all personnel actions
10 taken with respect to new positions created within
11 the Service as a result of its establishment under
12 subsection (a).
13 (e) RATE OF PAY.—
14 (1) POSITIONS AT LEVEL IV.—Section 5315 of
15 title 5, United States Code, is amended by striking
16 the following: ''Assistant Secretaries of Health and
17 Human Services (6).'' and inserting ''Assistant Sec-
18 retaries of Health and Human Services (7).''.
19 (2) POSITIONS AT LEVEL V.—Section 5316 of
20 such title is amended by striking the following: ''Di-
21 rector, Indian Health Service, Department of Health
22 and Human Services.''.
23 (f) DUTIES OF ASSISTANT SECRETARY FOR INDIAN
24 HEALTH.—Section 601 of the Indian Health Care Im-

1 provement Act (25 U.S.C. 1661) is amended in subsection
2 (a)—
3 (1) by inserting ''(1)'' after ''(a)'';
4 (2) in the second sentence of paragraph (1), as
5 so designated, by striking ''a Director,'' and insert-
6 ing ''the Assistant Secretary for Indian Health,'';
7 (3) by striking the third sentence of paragraph
8 (1), as so designated, and all that follows through
9 the end of the subsection (a) of such section and in-
10 serting the following: ''The Assistant Secretary for
11 Indian Health shall carry out the duties specified in
12 paragraph (2).''; and
13 (4) by adding after paragraph (1) the following:
14 ''(2) The Assistant Secretary for Indian Health
15 shall—
16 ''(A) report directly to the secretary con-
17 cerning all policy and budget-related matters
18 affecting Indian health;
19 ''(B) collaborate with the Assistant Sec-
20 retary for Health concerning appropriate mat-
21 ters of Indian health that affect the agencies of
22 the Public Health Service;
23 ''(C) advise each Assistant Secretary of the
24 Department of Health and Human Services
25 concerning matters of Indian health with re-

1 spect to which that Assistant Secretary has au-
2 thority and responsibility;
3 ‘‘(D) advise the heads of other agencies
4 and programs of the Department of Health and
5 Human Services concerning matters of Indian
6 health with respect to which those heads have
7 authority and responsibility; and
8 ‘‘(E) coordinate the activities of the De-
9 partment of Health and Human Services con-
10 cerning matters of Indian health.’’.
11 (g) CONTINUED SERVICE BY INCUMBENT.—The indi-
12 vidual serving in the position of Director of the Indian
13 Health Service on the date preceding the date of enact-
14 ment of this Act may serve as Assistant Secretary for In-
15 dian Health, at the pleasure of the President after the
16 date of enactment of this Act.
17 (h) CONFORMING AMENDMENTS.—
18 (1) AMENDMENTS TO INDIAN HEALTH CARE IM-
19 PROVEMENT ACT.—The Indian Health Care Im-
20 provement Act (25 U.S.C. 1601 et seq.) is amend-
21 ed—
22 (A) in section 601—
23 (i) in subsection (c), by striking ‘‘Di-
24 rector of the Indian Health Service’’ both

1 places it appears and inserting "Assistant
2 Secretary for Indian Health"; and
3 (ii) in subsection (d), by striking "Di-
4 rector of the Indian Health Service" and
5 inserting "Assistant Secretary for Indian
6 Health"; and
7 (B) in section 816(c)(1), by striking "Di-
8 rector of the Indian Health Service" and insert-
9 ing "Assistant Secretary for Indian Health".
10 (2) AMENDMENTS TO OTHER PROVISIONS OF
11 LAW.—The following provisions are each amended
12 by striking "Director of the Indian Health Service"
13 each place it appears and inserting "Assistant Sec-
14 retary for Indian Health":
15 (A) Section 203(a)(1) of the Rehabilitation
16 Act of 1973 (29 U.S.C. 761b(a)(1)).
17 (B) Subsections (b) and (e) of section 518
18 of the Federal Water Pollution Control Act (33
19 U.S.C. 1377 (b) and (e)).
20 (C) Section 803B(d)(1) of the Native
21 American Programs Act of 1974 (42 U.S.C.
22 2991b–2(d)(1)).
23 (i) REFERENCES.—Reference in any other Federal
24 law, Executive order, rule, regulation, or delegation of au-
25 thority, or any document of or relating to the Director

1 of the Indian Health Service shall be deemed to refer to
2 the Assistant Secretary for Indian Health.

3 (j) DEFINITIONS.—For purposes of this section, the
4 definitions contained in section 4 of the Indian Health
5 Care Improvement Act shall apply.

6 **SEC. 606. OFFICE OF MINORITY HEALTH AT THE CENTERS**
7 **FOR MEDICARE AND MEDICAID SERVICES.**

8 (a) IN GENERAL.—Not later than 60 days after the
9 date of enactment of this Act, the Secretary of Health and
10 Human Services shall establish within the Centers for
11 Medicare and Medicaid Services an Office of Minority
12 Health (referred to in this section as the "Office").

13 (b) DUTIES.—The Office shall be responsible for the
14 coordination and facilitation of activities of the Centers
15 for Medicare and Medicaid Services to improve minority
16 health and healthcare and to reduce racial and ethnic dis-
17 parities in health and healthcare, which shall include—

18 (1) creating a strategic plan, which shall be
19 made available for public review, to improve the
20 health and healthcare of Medicare, Medicaid, and
21 SCHIP beneficiaries;

22 (2) promoting agency-wide policies relating to
23 healthcare delivery and financing that could have a
24 beneficial impact on the health and healthcare of mi-
25 nority populations;

1 (3) assisting health plans, hospitals, and other
2 health entities in providing culturally and linguis-
3 tically appropriate healthcare services;
4 (4) increasing awareness and outreach activities
5 for minority healthcare consumers and providers
6 about the causes and remedies for health and
7 healthcare disparities;
8 (5) developing grant programs and demonstra-
9 tion projects to identify, implement and evaluate in-
10 novative approaches to improving the health and
11 healthcare of minority beneficiaries in the Medicare,
12 Medicaid, and SCHIP programs;
13 (6) considering incentive programs relating to
14 reimbursement that would reward health entities for
15 providing quality healthcare for minority populations
16 using established benchmarks for quality of care;
17 (7) collaborating with the compliance office to
18 ensure compliance with the anti-discrimination provi-
19 sions under title VI of the Civil Rights Act of 1964;
20 (8) identifying barriers to enrollment in public
21 programs under the jurisdiction of the Centers for
22 Medicare and Medicaid Services;
23 (9) monitoring and evaluating on a regular
24 basis the success of minority health programs and
25 initiatives;

1 (10) publishing an annual report about the ac-
2 tivities of the Centers for Medicare and Medicaid
3 Services relating to minority health improvement;
4 and
5 (11) other activities determined appropriate by
6 the Secretary of Health and Human Services.
7 (c) STAFF.—The staff at the Office shall include—
8 (1) one or more individuals with expertise in
9 minority health and racial and ethnic health dispari-
10 ties; and
11 (2) one or more individuals with expertise in
12 healthcare financing and delivery in underserved
13 communities.
14 (d) COORDINATION.—In carrying out its duties under
15 this section, the Office shall coordinate with—
16 (1) the Office of Minority Health in the Office
17 of the Secretary of Health and Human Services;
18 (2) the National Centers for Minority Health
19 and Health Disparities in the National Institutes of
20 Health; and
21 (3) the Office of Minority Health in the Centers
22 for Disease Control and Prevention.
23 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
24 purpose of carrying out this section, there are authorized
25 to be appropriated $10,000,000 for fiscal year 2004, and

1 such sums may be necessary for each of fiscal years 2005
2 through 2010.

3 **SEC. 607. OFFICE OF MINORITY AFFAIRS AT THE FOOD AND**
4 **DRUG ADMINISTRATION.**

5 Chapter IX of the Federal Food, Drug, and Cosmetic
6 Act (21 U.S.C. 391 et seq.) is amended by adding at the
7 end the following:

8 **"SEC. 908. OFFICE OF MINORITY AFFAIRS.**

9 "(a) IN GENERAL.—Not later than 60 days after the
10 date of enactment of this section, the Secretary shall es-
11 tablish within the Office of the Commissioner of the Food
12 and Drug Administration an Office of Minority Affairs
13 (referred to in this section as the 'Office').

14 "(b) DUTIES.—The Office shall be responsible for the
15 coordination and facilitation of activities of the Food and
16 Drug Administration to improve minority health and
17 healthcare and to reduce racial and ethnic disparities in
18 health and healthcare, which shall include—

19 "(1) promoting policies in the development and
20 review of medical products that reduce racial and
21 ethnic disparities in health and healthcare;

22 "(2) encouraging appropriate data collection,
23 analysis, and dissemination of racial and ethnic dif-
24 ferences using, at a minimum, the categories de-
25 scribed in the 1997 Office of Management and

1 Budget standards, in response to different therapies
2 in both adult and pediatric populations;

3 ‘‘(3) providing, in coordination with other ap-
4 propriate government agencies, education, training,
5 and support to increase participation of minority pa-
6 tients and physicians in clinical trials;

7 ‘‘(4) collecting and analyzing data using, at a
8 minimum, the categories described in the 1997 Of-
9 fice of Management and Budget standards, on the
10 number of participants from minority racial and eth-
11 nic backgrounds in clinical trials used to support
12 medical product approvals;

13 ‘‘(5) the identification of methods to reduce lan-
14 guage and literacy barriers; and

15 ‘‘(6) publishing an annual report about the ac-
16 tivities of the Food and Drug Administration per-
17 taining to minority health.

18 ‘‘(c) STAFF.—The staff of the Office shall include—

19 ‘‘(1) one or more individuals with expertise in
20 the design and conduct of clinical trials of drugs, bi-
21 ological products, and medical devices; and

22 ‘‘(2) one or more individuals with expertise in
23 therapeutic classes or disease states for which med-
24 ical evidence suggests a difference based on race or
25 ethnicity.

1 “(d) COORDINATION.—In carrying out its duties
2 under this section, the Office shall coordinate with—
3 “(1) the Office of Minority Health in the Office
4 of the Secretary of Health and Human Services;
5 “(2) the National Center for Minority Health
6 and Health Disparities in the National Institutes of
7 Health; and
8 “(3) the Office of Minority Health in the Cen-
9 ters for Disease Control and Prevention.
10 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated such sums as may be necessary for
13 each of the fiscal years 2005 through 2010.”.
14 **SEC. 608. SAFETY AND EFFECTIVENESS OF DRUGS WITH**
15 **RESPECT TO RACIAL AND ETHNIC BACK-**
16 **GROUND.**
17 (a) IN GENERAL.—Chapter V of the Federal Food,
18 Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amend-
19 ed by adding after section 505B the following:
20 **“SEC. 505C. SAFETY AND EFFECTIVENESS OF DRUGS WITH**
21 **RESPECT TO RACIAL AND ETHNIC BACK-**
22 **GROUND.**
23 “(a) PRE-APPROVAL STUDIES.—If there is evidence
24 that there may be a disparity on the basis of racial or

1 ethnic background as to the safety or effectiveness of a
2 drug, then—
3 "(1)(A) the investigations required under sec-
4 tion 505(b)(1)(A) shall include adequate and well-
5 controlled investigations of the disparity; or
6 "(B) the evidence required under section 351(a)
7 of the Public Health Service Act for approval of a
8 biologics license application for the drug shall in-
9 clude adequate and well-controlled investigations of
10 the disparity; and
11 "(2) if the investigations confirm that there is
12 a disparity, the labeling of the drug shall include ap-
13 propriate information about the disparity.
14 "(b) POST-MARKET STUDIES.—
15 "(1) IN GENERAL.—If there is evidence that
16 there may be a disparity on the basis of racial or
17 ethnic background as to the safety or effectiveness
18 of a drug for which there is an approved application
19 under section 505 or a license under section 351 of
20 the Public Health Service Act, the Secretary may by
21 order require the holder of the approved application
22 or license to conduct, by a date specified by the Sec-
23 retary, post-marketing studies to investigate the dis-
24 parity.

1 “(2) LABELING.—If the Secretary determines
2 that the post-market studies confirm that there is a
3 disparity described in paragraph (1), the labeling of
4 the drug shall include appropriate information about
5 the disparity.

6 “(3) STUDY DESIGN.—The Secretary may
7 specify all aspects of study design, including the
8 number of studies and study participants, in the
9 order requiring post-market studies of the drug.

10 “(4) MODIFICATIONS OF STUDY DESIGN.—The
11 Secretary may by order modify any aspect of the
12 study design as necessary after issuing an order
13 under paragraph (1).

14 “(5) STUDY RESULTS.—The results from stud-
15 ies required under paragraph (1) shall be submitted
16 to the Secretary as supplements to the drug applica-
17 tion or biological license application.

18 “(c) DISPARITY.—The term ‘evidence that there may
19 be a disparity on the basis of racial or ethnic background
20 for adult and pediatric populations as to the safety or ef-
21 fectiveness of a drug’ includes—

22 “(1) evidence that there is a disparity on the
23 basis of racial or ethnic background as to safety or
24 effectiveness of a drug in the same chemical class as
25 the drug;

1 “(2) evidence that there is a disparity on the
2 basis of racial or ethnic background in the way the
3 drug is metabolized; and

4 “(3) other evidence as the Secretary may deter-
5 mine.

6 “(d) APPLICATIONS UNDER SECTION 505(b)(2) AND
7 505(j).—

8 “(1) IN GENERAL.—A drug for which an appli-
9 cation has been submitted or approved under section
10 505(j) shall not be considered ineligible for approval
11 under that section or misbranded under section 502
12 on the basis that the labeling of the drug omits in-
13 formation relating to a disparity on the basis of ra-
14 cial or ethnic background as to the safety or effec-
15 tiveness of the drug, whether derived from investiga-
16 tions or studies required under this section or de-
17 rived from other sources, when the omitted informa-
18 tion is protected by patent or by exclusivity under
19 clause (iii) or (iv) of section 505(j)(5)(D).

20 “(2) LABELING.—Notwithstanding clauses (iii)
21 and (iv) of section 505(j)(5)(D), the Secretary may
22 require that the labeling of a drug approved under
23 section 505(j) that omits information relating to a
24 disparity on the basis of racial or ethnic background
25 as to the safety or effectiveness of the drug include

1 a statement of any appropriate contraindications,
2 warnings, or precautions related to the disparity
3 that the Secretary considers necessary.''.
4 (b) ENFORCEMENT.—Section 502 of the Federal
5 Food, Drug, and Cosmetic Act (21 U.S.C. 352) is amend-
6 ed by adding at the end the following:
7 ''(w)(1) If it is a drug and the holder of the approved
8 application under section 505 or license under section 351
9 of the Public Health Service Act for the drug has failed
10 to complete the investigations or studies, or comply with
11 any other requirement, of section 505C.''.
12 (c) DRUG FEES.—Section 736(a)(1)(A)(ii) of the
13 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379h)
14 is amended by adding after ''required'' the following: '',
15 including supplements required under section 505C of the
16 Act''.
17 **SEC. 609. UNITED STATES COMMISSION ON CIVIL RIGHTS.**
18 (a) COORDINATION WITHIN DEPARTMENT OF JUS-
19 TICE OF ACTIVITIES REGARDING HEALTH DISPARI-
20 TIES.—Section 3 of the Civil Rights Commission Act of
21 1983 (42 U.S.C. 1975a) is amended—
22 (1) in paragraph (1)(B), by striking ''and'' at
23 the end;

1 (2) in paragraph (2), in the matter after and
2 below subparagraph (D), by striking the period and
3 inserting ''; and''; and

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

5 ''(3) shall, with respect to activities carried out
6 in healthcare and correctional facilities toward the
7 goal of eliminating health disparities between the
8 general population and members of racial or ethnic
9 minority groups, coordinate such activities of—

10 ''(A) the Office for Civil Rights within the
11 Department of Justice;

12 ''(B) the Office of Justice Programs within
13 the Department of Justice;

14 ''(C) the Office for Civil Rights within the
15 Department of Health and Human Services;
16 and

17 ''(D) the Office of Minority Health within
18 the Department of Health and Human Services
19 (headed by the Deputy Assistant Secretary for
20 Minority Health).''.

21 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
22 5 of the Civil Rights Commission Act of 1983 (42 U.S.C.
23 1975c) is amended by striking the first sentence and in-
24 serting the following: ''For the purpose of carrying out
25 this Act, there are authorized to be appropriated

1 $30,000,000 for fiscal year 2005, and such sums as may
2 be necessary for each of the fiscal years 2006 through
3 2010.''.

4 **SEC. 610. SENSE OF CONGRESS CONCERNING FULL FUND-**
5 **ING OF ACTIVITIES TO ELIMINATE RACIAL**
6 **AND ETHNIC HEALTH DISPARITIES.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

9 (1) The health status of the American populace
10 is declining and the United States currently ranks
11 below most industrialized nations in health status
12 measured by longevity, sickness, and mortality.

13 (2) Within the spectrum of declining health, ra-
14 cial and ethnic minority populations tend to be in
15 the poorest of health and face substantial cultural,
16 social, and economic barriers to obtaining quality
17 healthcare.

18 (3) The problems affecting minority health have
19 been exacerbated by the fact that adequate resources
20 (funding, staffing, stewardship, and accountability)
21 have not been devoted to initiatives designed to ex-
22 amine and eliminate racial and ethnic disparities in
23 health.

24 (b) SENSE OF CONGRESS.—It is the sense of Con-
25 gress that—

1 (1) funding should be doubled by fiscal year
2 2005 for the National Center for Minority Health
3 Disparities, the Office of Civil Rights in the Depart-
4 ment of Health and Human Services, the National
5 Institute of Nursing Research, and the Office of Mi-
6 nority Health;

7 (2) adequate funding by fiscal year 2005, and
8 subsequent funding increases, should be provided for
9 health professions training programs, the Racial and
10 Ethnic Approaches to Community Health (REACH)
11 at the Center for Disease Control and Prevention,
12 the Minority HIV/AIDS Initiative, and the Excel-
13 lence Centers to Eliminate Ethnic/Racial Disparities
14 (EXCEED) Program at the Agency for Healthcare
15 Research and Quality;

16 (3) current and newly-created health disparity
17 elimination incentives, programs, agencies, and de-
18 partments under this Act (and the amendments
19 made by this Act) should receive adequate staffing
20 and funding by fiscal year 2005; and

21 (4) stewardship and accountability should be
22 provided by Congress and the President for health
23 disparity elimination.

TITLE VII—STRENGTHENING HEALTH INSTITUTIONS THAT PROVIDE HEALTHCARE TO MINORITY POPULATIONS

SEC. 701. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Title XXIX of the Public Health Service Act, as amended by section 602, is further amended by adding at the end the following:

“Subtitle G—Strengthening Health Institutions That Provide Healthcare to Minority Populations

“CHAPTER 1—GENERAL PROGRAMS

“SEC. 2971. GRANT SUPPORT FOR QUALITY IMPROVEMENT INITIATIVES.

“(a) IN GENERAL.—The Secretary, in collaboration with the Administrator of the Health Resources and Services Administration, the Director of the Agency for Healthcare Research and Quality, and the Administrator of the Centers for Medicare and Medicaid Services, shall award grants to eligible entities for the conduct of demonstration projects to improve the quality of and access to healthcare.

1 ''(b) ELIGIBILITY.—To be eligible to receive a grant
2 under subsection (a), an entity shall—
3 ''(1) be a health center, hospital, health plan,
4 health system, community clinic. or other health en-
5 tity determined appropriate by the Secretary—
6 ''(A) that, by legal mandate or explicitly
7 adopted mission, provides patients with access
8 to services regardless of their ability to pay;
9 ''(B) that provides care or treatment for a
10 substantial number of patients who are unin-
11 sured, are receiving assistance under a State
12 program under title XIX of the Social Security
13 Act, or are members of vulnerable populations,
14 as determined by the Secretary; and
15 ''(C)(i) with respect to which, not less than
16 50 percent of the entity's patient population is
17 made up of racial and ethnic minorities; or
18 ''(ii) that—
19 ''(I) serves a disproportionate percent-
20 age of local, minority racial and ethnic pa-
21 tients, or that has a patient population, at
22 least 50 percent of which is limited English
23 proficient; and
24 ''(II) provides an assurance that
25 amounts received under the grant will be

1 used only to support quality improvement
2 activities in the racial and ethnic popu-
3 lation served; and

4 "(2) prepare and submit to the Secretary an
5 application at such time, in such manner, and con-
6 taining such information as the Secretary may re-
7 quire.

8 "(c) PRIORITY.—In awarding grants under sub-
9 section (a), the Secretary shall give priority to applicants
10 under subsection (b)(2) that—

11 "(1) demonstrate an intent to operate as part
12 of a healthcare partnership, network, collaborative,
13 coalition, or alliance where each member entity con-
14 tributes to the design, implementation, and evalua-
15 tion of the proposed intervention; or

16 "(2) intend to use funds to carry out system-
17 wide changes with respect to healthcare quality im-
18 provement, including—

19 "(A) improved systems for data collection
20 and reporting;

21 "(B) innovative collaborative or similar
22 processes;

23 "(C) group programs with behavioral or
24 self-management interventions;

25 "(D) case management services;

1 "(E) physician or patient reminder sys-
2 tems;
3 "(F) educational interventions; or
4 "(G) other activities determined appro-
5 priate by the Secretary.
6 "(d) USE OF FUNDS.—An entity shall use amounts
7 received under a grant under subsection (a) to support
8 the implementation and evaluation of healthcare quality
9 improvement activities or minority health and healthcare
10 disparity reduction activities that include—
11 "(1) with respect to healthcare systems, activi-
12 ties relating to improving—
13 "(A) patient safety;
14 "(B) timeliness of care;
15 "(C) effectiveness of care;
16 "(D) efficiency of care; and
17 "(E) patient centeredness; and
18 "(2) with respect to patients, activities relating
19 to—
20 "(A) staying healthy;
21 "(B) getting well;
22 "(C) living with illness or disability; and
23 "(D) coping with end of life issues.
24 "(e) COMMON DATA SYSTEMS.—The Secretary shall
25 provide financial and other technical assistance to grant-

1 ees under this section for the development of common data
2 systems.
3 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
4 is authorized to be appropriated to carry out this section,
5 such sums as may be necessary for each of fiscal years
6 2005 through 2010.

7 **"SEC. 2971A. CENTERS OF EXCELLENCE.**

8 "(a) IN GENERAL.—The Secretary, acting through
9 the Administrator of the Health Resources and Services
10 Administration, shall designate centers of excellence at
11 public hospitals, and other health systems serving large
12 numbers of minority patients, that—
13 "(1) meet the requirements of section
14 2971(b)(1);
15 "(2) demonstrate excellence in providing care to
16 minority populations; and
17 "(3) demonstrate excellence in reducing dispari-
18 ties in health and healthcare.
19 "(b) REQUIREMENTS.—A hospital or health system
20 that serves as a Center of Excellence under subsection (a)
21 shall—
22 "(1) design, implement, and evaluate programs
23 and policies relating to the delivery of care in ra-
24 cially, ethnically, and linguistically diverse popu-
25 lations;

1 "(2) provide training and technical assistance
2 to other hospitals and health systems relating to the
3 provision of quality healthcare to minority popu-
4 lations; and

5 "(3) develop activities for graduate or con-
6 tinuing medical education that institutionalize a
7 focus on cultural competence training for health care
8 providers.

9 "(c) AUTHORIZATION OF APPROPRIATIONS.—There
10 is authorized to be appropriated to carry out this section,
11 such sums as may be necessary for each of fiscal years
12 2005 through 2010.

13 **"SEC. 2971B. CONSULTATION, CONSTRUCTION AND REN-**
14 **OVATION OF AMERICAN INDIAN AND ALASKA**
15 **NATIVE FACILITIES; REPORTS.**

16 "(a) CONSULTATION.—Prior to the expenditure of, or
17 the making of any firm commitment to expend, any funds
18 appropriated for the planning, design, construction, or
19 renovation of facilities pursuant to the Act of November
20 2, 1921 (25 U.S.C. 13) (commonly known as the Snyder
21 Act), the Secretary, acting through the Service, shall—

22 "(1) consult with any Indian tribe that would
23 be significantly affected by such expenditure for the
24 purpose of determining and, whenever practicable,
25 honoring tribal preferences concerning size, location,

1 type, and other characteristics of any facility on
2 which such expenditure is to be made; and
3 ‘‘(2) ensure, whenever practicable, that such fa-
4 cility meets the construction standards of any na-
5 tionally recognized accrediting body by not later
6 than 1 year after the date on which the construction
7 or renovation of such facility is completed.
8 ‘‘(b) CLOSURE OF FACILITIES.—
9 ‘‘(1) IN GENERAL.—Notwithstanding any provi-
10 sion of law other than this subsection, no Service
11 hospital or outpatient healthcare facility or any inpa-
12 tient service or special care facility operated by the
13 Service, may be closed if the Secretary has not sub-
14 mitted to the Congress at least 1 year prior to the
15 date such proposed closure an evaluation of the im-
16 pact of such proposed closure which specifies, in ad-
17 dition to other considerations—
18 ‘‘(A) the accessibility of alternative
19 healthcare resources for the population served
20 by such hospital or facility;
21 ‘‘(B) the cost effectiveness of such closure;
22 ‘‘(C) the quality of healthcare to be pro-
23 vided to the population served by such hospital
24 or facility after such closure;

1 ''(D) the availability of contract healthcare
2 funds to maintain existing levels of service;
3 ''(E) the views of the Indian tribes served
4 by such hospital or facility concerning such clo-
5 sure;
6 ''(F) the level of utilization of such hos-
7 pital or facility by all eligible Indians; and
8 ''(G) the distance between such hospital or
9 facility and the nearest operating Service hos-
10 pital.
11 ''(2) TEMPORARY CLOSURE.—Paragraph (1)
12 shall not apply to any temporary closure of a facility
13 or of any portion of a facility if such closure is nec-
14 essary for medical, environmental, or safety reasons.
15 ''(c) PRIORITY SYSTEM.—
16 ''(1) ESTABLISHMENT.—The Secretary shall es-
17 tablish a healthcare facility priority system, that
18 shall—
19 ''(A) be developed with Indian tribes and
20 tribal organizations through negotiated rule-
21 making;
22 ''(B) give the needs of Indian tribes the
23 highest priority, with additional priority being
24 given to those service areas where the health
25 status of Indians within the area, as measured

1 by life expectancy based upon the most recent
2 data available, is significantly lower than the
3 average health status for Indians in all service
4 areas; and

5 ''(C) at a minimum, include the lists re-
6 quired in paragraph (2)(B) and the method-
7 ology required in paragraph (2)(E);

8 except that the priority of any project established
9 under the construction priority system in effect on
10 the date of this Act shall not be affected by any
11 change in the construction priority system taking
12 place thereafter if the project was identified as one
13 of the top 10 priority inpatient projects or one of the
14 top 10 outpatient projects in the Indian Health
15 Service budget justification for fiscal year 2004, or
16 if the project had completed both Phase I and Phase
17 II of the construction priority system in effect on
18 the date of this title.

19 ''(2) REPORT.—The Secretary shall submit to
20 the President and Congress a report that includes—

21 ''(A) a description of the healthcare facility
22 priority system of the Service, as established
23 under paragraph (1);

24 ''(B) healthcare facility lists, including—

1 "(i) the total healthcare facility planning, design, construction and renovation needs for Indians;

4 "(ii) the 10 top-priority inpatient care facilities;

6 "(iii) the 10 top-priority outpatient care facilities;

8 "(iv) the 10 top-priority specialized care facilities (such as long-term care and alcohol and drug abuse treatment); and

11 "(v) any staff quarters associated with such prioritized facilities;

13 "(C) the justification for the order of priority among facilities;

15 "(D) the projected cost of the projects involved; and

17 "(E) the methodology adopted by the Service in establishing priorities under its healthcare facility priority system.

20 "(3) CONSULTATION.—In preparing each report required under paragraph (2) (other than the initial report) the Secretary shall annually—

23 "(A) consult with, and obtain information on all healthcare facilities needs from, Indian tribes and tribal organizations including those

1 tribes or tribal organizations operating health
2 programs or facilities under any funding agree-
3 ment entered into with the Service under the
4 Indian Self-Determination and Education As-
5 sistance Act; and

6 "(B) review the total unmet needs of all
7 tribes and tribal organizations for healthcare
8 facilities (including staff quarters), including
9 needs for renovation and expansion of existing
10 facilities.

11 "(4) CRITERIA.—For purposes of this sub-
12 section, the Secretary shall, in evaluating the needs
13 of facilities operated under any funding agreement
14 entered into with the Service under the Indian Self-
15 Determination and Education Assistance Act, use
16 the same criteria that the Secretary uses in evalu-
17 ating the needs of facilities operated directly by the
18 Service.

19 "(5) EQUITABLE INTEGRATION.—The Secretary
20 shall ensure that the planning, design, construction,
21 and renovation needs of Service and non-Service fa-
22 cilities, operated under funding agreements in ac-
23 cordance with the Indian Self-Determination and
24 Education Assistance Act are fully and equitably in-
25 tegrated into the healthcare facility priority system.

1 "(d) REVIEW OF NEED FOR FACILITIES.—

2 "(1) REPORT.—Beginning in 2005, the Sec-
3 retary shall annually submit to the President and
4 Congress a report which sets forth the needs of the
5 Service and all Indian tribes and tribal organiza-
6 tions, including urban Indian organizations, for in-
7 patient, outpatient and specialized care facilities, in-
8 cluding the needs for renovation and expansion of
9 existing facilities.

10 "(2) CONSULTATION.—In preparing each report
11 required under paragraph (1) (other than the initial
12 report), the Secretary shall consult with Indian
13 tribes and tribal organizations including those tribes
14 or tribal organizations operating health programs or
15 facilities under any funding agreement entered into
16 with the Service under the Indian Self-Determina-
17 tion and Education Assistance Act, and with urban
18 Indian organizations.

19 "(3) CRITERIA.—For purposes of this sub-
20 section, the Secretary shall, in evaluating the needs
21 of facilities operated under any funding agreement
22 entered into with the Service under the Indian Self-
23 Determination and Education Assistance Act, use
24 the same criteria that the Secretary uses in evalu-

1 ating the needs of facilities operated directly by the
2 Service.
3 ''(4) EQUITABLE INTEGRATION.—The Secretary
4 shall ensure that the planning, design, construction,
5 and renovation needs of facilities operated under
6 funding agreements, in accordance with the Indian
7 Self-Determination and Education Assistance Act,
8 are fully and equitably integrated into the develop-
9 ment of the health facility priority system.
10 ''(5) ANNUAL NOMINATIONS.—Each year the
11 Secretary shall provide an opportunity for the nomi-
12 nation of planning, design, and construction projects
13 by the Service and all Indian tribes and tribal orga-
14 nizations for consideration under the healthcare fa-
15 cility priority system.
16 ''(e) INCLUSION OF CERTAIN PROGRAMS.—All funds
17 appropriated under the Act of November 2, 1921 (25
18 U.S.C. 13), for the planning, design, construction, or ren-
19 ovation of health facilities for the benefit of an Indian
20 tribe or tribes shall be subject to the provisions of section
21 102 of the Indian Self-Determination and Education As-
22 sistance Act.
23 ''(f) INNOVATIVE APPROACHES.—The Secretary shall
24 consult and cooperate with Indian tribes, tribal organiza-
25 tions and urban Indian organizations in developing inno-

1 vative approaches to address all or part of the total unmet
2 need for construction of health facilities, including those
3 provided for in other sections of this title and other ap-
4 proaches.

5 ‘‘(g) LOCATION OF FACILITIES.—

6 ‘‘(1) PRIORITY.—The Bureau of Indian Affairs
7 and the Service shall, in all matters involving the re-
8 organization or development of Service facilities, or
9 in the establishment of related employment projects
10 to address unemployment conditions in economically
11 depressed areas, give priority to locating such facili-
12 ties and projects on Indian lands if requested by the
13 Indian owner and the Indian tribe with jurisdiction
14 over such lands or other lands owned or leased by
15 the Indian tribe or tribal organization so long as pri-
16 ority is given to Indian land owned by an Indian
17 tribe or tribes.

18 ‘‘(2) DEFINITION.—In this subsection, the term
19 ‘Indian lands’ means—

20 ‘‘(A) all lands within the exterior bound-
21 aries of any Indian reservation;

22 ‘‘(B) any lands title to which is held in
23 trust by the United States for the benefit of
24 any Indian tribe or individual Indian, or held by
25 any Indian tribe or individual Indian subject to

restriction by the United States against alienation and over which an Indian tribe exercises governmental power; and

"(C) all lands in Alaska owned by any Alaska Native village, or any village or regional corporation under the Alaska Native Claims Settlement Act, or any land allotted to any Alaska Native.

"(h) DEFINITIONS.—For purposes of this section, the definitions contained in section 4 of the Indian Health Care Improvement Act shall apply.

"SEC. 2971C. RECONSTRUCTION AND IMPROVEMENT GRANTS FOR PUBLIC HEALTH CARE FACILITIES SERVING PACIFIC ISLANDERS AND THE INSULAR AREAS.

"(a) IN GENERAL.—The Secretary shall provide direct financial assistance to designated healthcare providers and community health centers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, Puerto Rico, and Hawaii for the purposes of reconstructing and improving health care facilities and services.

"(b) ELIGIBILITY.—To be eligible to receive direct financial assistance under subsection (a), an entity shall be a public health facility or community health center located

1 in American Samoa, Guam, or the Commonwealth of the
2 Northern Mariana Islands, the United States Virgin Is-
3 lands, Puerto Rico, and Hawaii that—
4 ‘‘(1) is owned or operated by—
5 ‘‘(A) the government of American Samoa,
6 Guam, or the Commonwealth of the Northern
7 Mariana Islands, the United States Virgin Is-
8 lands, Puerto Rico, and Hawaii or a unit of
9 local government; or
10 ‘‘(B) a nonprofit organization; and
11 ‘‘(2)(A) provides care or treatment for a sub-
12 stantial number of patients who are uninsured, re-
13 ceiving assistance under a State program under a
14 title XVIII of the Social Security Act, or a State
15 program under title XIX of such Act, or who are
16 members of a vulnerable population, as determined
17 by the Secretary; or
18 ‘‘(B) serves a disproportionate percentage of
19 local, minority racial and ethnic patients.
20 ‘‘(c) REPORT.—Not later than 180 days after the
21 date of enactment of this title and annually thereafter, the
22 Secretary shall submit to the Congress and the President
23 a report that includes an assessment of health resources
24 and facilities serving populations in American Samoa,
25 Guam, and the Commonwealth of the Northern Mariana

1 Islands, the United States Virgin Islands, Puerto Rico,
2 and Hawaii. In preparing such report, the Secretary
3 shall—

4 ''(1) consult with and obtain information on all
5 healthcare facilities needs from the entities described
6 in subsection (b); and

7 ''(2) include all amounts of Federal assistance
8 received by each entity in the preceding fiscal year;

9 ''(3) review the total unmet needs of each juris-
10 diction for healthcare facilities, including needs for
11 renovation and expansion of existing facilities; and

12 ''(4) include a strategic plan for addressing the
13 needs of each jurisdiction identified in the report.

14 ''(d) AUTHORIZATION OF APPROPRIATIONS.—There
15 is authorized to be appropriated such sums as necessary
16 to carry out this section.

17 ''CHAPTER 2—NATIONAL HEALTH SAFETY
18 NET INFRASTRUCTURE.

19 ''Subchapter A—General Provisions

20 ''SEC. 2972. PAYMENTS TO HEALTHCARE FACILITIES.

21 ''(a) IN GENERAL.—The Secretary, with the approval
22 of the Health Safety Net Infrastructure Trust Fund
23 Board of Trustees described in section 2972C(d) (here-
24 after in this subtitle referred to as the 'Trust Fund
25 Board'), shall make payments, from amounts in the

1 Health Safety Net Infrastructure Trust Fund established
2 under section 2972C(a) (hereafter in this subtitle referred
3 to as the 'Trust Fund'), for capital financing assistance
4 to eligible healthcare facilities whose applications for as-
5 sistance have been approved under this subtitle.

6 ''(b) GENERAL ELIGIBILITY REQUIREMENTS FOR AS-
7 SISTANCE.—

8 ''(1) ELIGIBLE HEALTHCARE FACILITIES DE-
9 SCRIBED.—

10 ''(A) IN GENERAL.—A healthcare facility
11 shall be generally eligible for capital financing
12 assistance under this subtitle if the healthcare
13 facility—

14 ''(i) receives an additional payment
15 under section 1886(d)(5)(F) of the Social
16 Security Act and is described in clause
17 (i)(II) or clause (vii)(I) of such section, or
18 is deemed a disproportionate share hospital
19 under a State plan for medical assistance
20 under title XIX of the Social Security Act
21 on the basis described in section
22 1923(b)(1) of such Act;

23 ''(ii) is a hospital which meets the cri-
24 teria for designation by the Secretary as
25 an essential access community hospital

1 under section 1820(i)(1) of such Act or a
2 rural primary care hospital under section
3 1820(i)(2) of such Act (whether or not
4 such hospital is actually designated under
5 such section);
6 ‘‘(iii) is a Federally qualified health
7 center (as defined in section 1905(l)(2)(B)
8 of such Act);
9 ‘‘(iv) is a hospital which—
10 ‘‘(I) is a sole community pro-
11 vider; or
12 ‘‘(II) has closed within the pre-
13 ceding 12 months;
14 ‘‘(v) is a facility which—
15 ‘‘(I) provides service to ill or in-
16 jured individuals prior to the trans-
17 portation of such individuals to a hos-
18 pital or provides inpatient care to in-
19 dividuals needing such care for a pe-
20 riod not longer than 96 hours;
21 ‘‘(II) is located in a county (or
22 equivalent unit of local government)
23 with fewer than 6 residents per
24 square mile or is located more than

1 35 road miles from the nearest hos-
2 pital;
3 ‘‘(III) permits a physician assist-
4 ant or nurse practitioner to admit and
5 treat patients under the supervision of
6 a physician not present in such facil-
7 ity; and
8 ‘‘(IV) has obtained a waiver from
9 the Secretary permitting the facility
10 to participate in the medicare pro-
11 gram under title XVIII of the Social
12 Security Act; or
13 ‘‘(vi) is a hospital that the Secretary
14 otherwise determines to be an appropriate
15 recipient of assistance under this subtitle
16 on the basis of the existence of a patient
17 care operating deficit, a demonstrated in-
18 ability to secure or repay financing for a
19 qualifying project on reasonable terms, or
20 such other criteria as the Secretary con-
21 siders appropriate.
22 ‘‘(B) DEVELOPMENT OF CRITERIA.—For
23 purposes of subparagraph (A)(vi), with respect
24 to rural hospitals which are at risk or critical
25 to healthcare access, the Prospective Payment

1 Review Commission, not later than January 1,
2 1994, shall develop criteria to assist the Sec-
3 retary in deciding if such hospitals deserve as-
4 sistance, after considering, at a minimum, the
5 following factors:

6 "(i) AT-RISK RURAL HOSPITALS.—In
7 the case of rural hospitals the closure of
8 which within the next year is imminent or
9 the continued operation of which over a 2-
10 to 5-year period is questionable, such fac-
11 tors as the level of health resources avail-
12 able in a community as measured by physi-
13 cian supply, the population base of the
14 area served by the hospital and utilization
15 of services by such population as measured
16 by service area population, and financial
17 indicators predictive of closure.

18 "(ii) RURAL HOSPITALS CRITICAL TO
19 HEALTHCARE ACCESS.—In the case of
20 rural hospitals which provide access to es-
21 sential health services within a service area
22 where no other provider of such essential
23 services exists, such factors as the market
24 share of the hospital for an area or popu-
25 lation, the number of outpatient visits, the

1 proximity of the next closest provider of
2 such services, and the degree to which the
3 area population is medically underserved.

4 "(2) OWNERSHIP REQUIREMENTS.—In order to
5 be eligible for assistance under this subtitle, a
6 healthcare facility (other than a healthcare facility
7 described in clauses (ii) and (v) of paragraph (1))
8 must—

9 "(A) be owned or operated by a unit of
10 State or local government;

11 "(B) be a quasi-public corporation, defined
12 as a private, nonprofit corporation or public
13 benefit corporation which is formally granted
14 one or more governmental powers by legislative
15 action through (or is otherwise partially funded
16 by) the State legislature, city or county council;

17 "(C) be a private nonprofit healthcare fa-
18 cility which has contracted with, or is otherwise
19 funded by, a governmental agency to provide
20 healthcare services to low income individuals
21 not eligible for assistance under title XVIII or
22 title XIX of the Social Security Act, where rev-
23 enue from such contracts constitute at least 10
24 percent of the facility's operating revenues over
25 the prior 3 fiscal years; or

1 ''(D) be a nonprofit small rural healthcare
2 facility (as determined by the Secretary).
3 ''(3) PRIORITY.—In making payments under
4 this section, the Secretary shall give priority to eligi-
5 ble healthcare entities that are federally qualified
6 health centers (as defined in section 1905(l)(2)(B)
7 of the Social Security Act), or other similar entities
8 at least 50 percent of the patients of which are mi-
9 nority or low-income individuals.
10 ''(c) MEETING ADDITIONAL SPECIFIC CRITERIA.—
11 Healthcare facilities that are generally eligible for assist-
12 ance under this subtitle under subsection (b) may apply
13 for the specific programs described in this subtitle and
14 must meet any additional criteria for participation in such
15 programs.
16 ''(d) ASSISTANCE AVAILABLE.—Capital financing as-
17 sistance available under this subtitle shall include loan
18 guarantees, interest rate subsidies, matching loans and di-
19 rect grants. Healthcare facilities determined to be gen-
20 erally eligible for assistance under this subtitle may apply
21 for and receive more than one type of assistance under
22 this subtitle.

1 **"SEC. 2972A. APPLICATION FOR ASSISTANCE.**

2 "(a) IN GENERAL.—No healthcare facilities may re-
3 ceive assistance for a qualifying project under this subtitle
4 unless the healthcare facility—

5 "(1) has filed with the Secretary, in a form and
6 manner specified by the Secretary, with the advice
7 and approval of the Trust Fund Board (as described
8 in section 2972C(d)), an application for assistance
9 under this subtitle;

10 "(2) establishes in its application (for its most
11 recent cost reporting period) that it meets the cri-
12 teria for general eligibility under this subtitle;

13 "(3) includes a description of the project, in-
14 cluding the community in which it is located, and
15 describes utilization and services characteristics of
16 the project and the healthcare facility, and the pa-
17 tient population that is to be served;

18 "(4) describes the extent to which the project
19 will include the financial participation of State and
20 local governments if assistance is granted under this
21 subtitle, and all other sources of financing sought
22 for the project; and

23 "(5) establishes, to the satisfaction of the Sec-
24 retary and the Trust Fund Board, that the project
25 meets the additional criteria for each type of capital
26 financing assistance for which it is applying.

1 “(b) CRITERIA FOR APPROVAL.—The Secretary, with
2 the approval of the Trust Fund Board, shall determine
3 for each application for assistance under this subtitle—
4 “(1) whether the healthcare facility meets the
5 general eligibility criteria under section 2972(b);
6 “(2) whether the healthcare facility meets the
7 specific eligibility criteria of each type of assistance
8 for which it has applied, including whether the
9 healthcare facility meets any criteria for priority
10 consideration for the type of assistance for which it
11 has applied;
12 “(3) whether the capital project for which as-
13 sistance is being requested is a qualifying project
14 under this subtitle; and
15 “(4) whether funds are available, pursuant to
16 the limitations of each program, to fully fund the re-
17 quest for assistance.
18 “(c) PRIORITY OF APPLICATIONS.—In addition to
19 meeting the criteria otherwise described in this subtitle,
20 at the discretion of the Trust Fund Board, the Secretary
21 shall give preference to those applications for qualifying
22 projects that—
23 “(1)(A) are necessary to bring existing safety
24 net healthcare facilities into compliance with accredi-
25 tation standards of fire and life safety, seismic, or

1 other related Federal, State or local regulatory
2 standards;
3 ‘‘(B) improve the provision of essential services
4 such as emergency medical and trauma services,
5 AIDS and infectious disease, perinatal, burn, pri-
6 mary care, and other services which the Trust Fund
7 Board may designate; or
8 ‘‘(C) provide access to otherwise unavailable es-
9 sential health services to the indigent and other
10 needy persons within the healthcare facility’s terri-
11 torial area;
12 ‘‘(2) include specific State or local governmental
13 or other non-Federal assurances of financial support
14 if assistance for a qualifying project is granted
15 under this subtitle; and
16 ‘‘(3) are unlikely to be financed without assist-
17 ance granted under this subtitle.
18 ‘‘(d) SUBMISSION OF APPLICATIONS.—Applications
19 under this subtitle shall be submitted to the Secretary
20 through the Trust Fund Board. If two or more healthcare
21 facilities join in the project, the application shall be sub-
22 mitted by all participating healthcare facilities jointly.
23 Such applications shall set forth all of the descriptions,
24 plans, specifications, and assurances as required by this

1 subtitle and contain other such information as the Trust
2 Fund Board shall require.

3 ''(e) OPPORTUNITY FOR APPEAL.—The Trust Fund
4 Board shall afford a healthcare facility applying for a loan
5 guarantee under this section an opportunity for a hearing
6 if the guarantee is denied.

7 ''(f) APPLICATIONS FOR AMENDMENTS.—Amend-
8 ment of an approved application shall be subject to ap-
9 proval in the same manner as an original application.

10 **''SEC. 2972B. PUBLIC SERVICE RESPONSIBILITIES.**

11 ''(a) IN GENERAL.—Any healthcare facility accepting
12 capital financing assistance under this subtitle shall
13 agree—

14 ''(1) to make the services of the facility or por-
15 tion thereof to be constructed, acquired, or modern-
16 ized available to all persons; and

17 ''(2) to provide a significant volume of services
18 to persons unable to pay therefore, consistent with
19 other provisions of this Act and the amount of as-
20 sistance received under this subtitle.

21 ''(b) ENFORCEMENT.—The Director of the Office for
22 Civil Rights of the Department of Health and Human
23 Services shall be given the power to enforce the public
24 service responsibilities described in this section.

1 **"SEC. 2972C. HEALTH SAFETY NET INFRASTRUCTURE**
2 **TRUST FUND.**

3 ''(a) CREATION OF TRUST FUND.—There is estab-
4 lished in the Treasury of the United States a trust fund
5 to be known as the Health Safety Net Infrastructure
6 Trust Fund, consisting of such amounts as may be trans-
7 ferred, appropriated, or credited to such Trust Fund as
8 provided in this subtitle.

9 ''(b) AUTHORIZATION OF APPROPRIATIONS TO
10 TRUST FUND.—There are authorized to be appropriated
11 to the Trust Fund such sums as may be necessary to carry
12 out the purposes of this subtitle.

13 ''(c) EXPENDITURES FROM TRUST FUND.—Amounts
14 in the Trust Fund shall be available, pursuant to appro-
15 priations Acts, only for making expenditures to carry out
16 the purposes of this subtitle.

17 ''(d) BOARD OF TRUSTEES; COMPOSITION; MEET-
18 INGS; DUTIES.—

19 ''(1) IN GENERAL.—There shall be created a
20 Health Safety Net Infrastructure Trust Fund Board
21 of Trustees composed of the Secretary of Health and
22 Human Services, the Secretary of the Treasury, the
23 Assistant Secretary for Health, the Director of the
24 Office of Minority Health, and the Administrator of
25 the Centers for Medicare and Medicaid Services (all
26 serving in their ex officio capacities), and 5 public

1 members who shall be appointed for 4 year terms by
2 the President, from the following categories—
3 ‘‘(A) one chief health officer from a State;
4 ‘‘(B) one chief executive officer of a
5 healthcare facility that meets the general eligi-
6 bility criteria of this subtitle;
7 ‘‘(C) one representative of the financial
8 community; and
9 ‘‘(D) two additional public or consumer
10 representatives.
11 ‘‘(2) DUTIES.—The Board of Trustees shall
12 meet no less than quarterly and shall have the re-
13 sponsibility to approve implementing regulations, to
14 establish criteria, and to recommend and approve ex-
15 penditures by the Secretary under the programs set
16 forth in this subtitle.
17 ‘‘(3) MANAGING TRUSTEE.—The Secretary of
18 the Treasury shall serve as the Managing Trustee of
19 the Trust Fund, and shall be responsible for the in-
20 vestment of funds. The provisions of subsections (b)
21 through (e) of section 1817 of the Social Security
22 Act shall apply to the Trust Fund and the Managing
23 Trustee of the Trust Fund in the same manner as
24 they apply to the Federal Hospital Insurance Trust

1 Fund and the Managing Trustee of that Trust
2 Fund.

3 **"SEC. 2972D. ADMINISTRATION.**

4 "(a) IN GENERAL.—The Administrator of the Cen-
5 ters for Medicare and Medicaid Services shall serve as Sec-
6 retary of the Board of Trustees and shall administer the
7 programs under this subtitle.

8 "(b) LIMITATION ON ADMINISTRATIVE EXPENSES.—
9 Not more than 5 percent of the funds annually appro-
10 priated to the Trust Fund may be available for adminis-
11 tration of the Trust Fund or programs under this subtitle.

12 "Subchapter B—Loan Guarantees

13 **"SEC. 2973. PROVISION OF LOAN GUARANTEES TO SAFETY**
14 **NET HEALTHCARE FACILITIES.**

15 "(a) IN GENERAL.—The Safety Net Infrastructure
16 Trust Fund will provide a Federal guarantee of loan re-
17 payment, including guarantees of repayment of refi-
18 nancing loans, to non-Federal lenders making loans to eli-
19 gible healthcare facilities for healthcare facility replace-
20 ment (either by construction or acquisition), moderniza-
21 tion and renovation projects, and capital equipment acqui-
22 sition.

23 "(b) PURPOSES.—The loan guarantee program shall
24 be designed by the Trust Fund Board with the goal of
25 rebuilding and maintaining the essential health services of

healthcare facilities eligible for assistance under this subtitle.

"SEC. 2973A. ELIGIBLE LOANS.

"(a) IN GENERAL.—Loan guarantees under this chapter are available for loans made to eligible healthcare facilities for replacement facilities (either newly constructed or acquired), modernization and renovation of existing facilities, and for capital equipment acquisition.

"(b) LOAN GUARANTEE MUST BE ESSENTIAL TO BOND FINANCING.—Eligible healthcare facilities must demonstrate that a Federal loan guarantee is essential to obtaining bond financing from non-Federal lenders at a reasonably affordable rate of interest.

"(c) ADDITIONAL ELIGIBILITY CRITERIA FOR LOAN GUARANTEES.—In order to be eligible for assistance under this chapter, a healthcare facility must demonstrate that the following criteria are met:

"(1) The healthcare facility has evidence of an ability to meet debt service.

"(2) The assistance, when considered with other resources available to the project, is necessary and will restore, improve, or maintain the financial or physical soundness of the healthcare facility.

"(3) The applicant agrees to assume the public service responsibilities described in section 2972B.

1 "(4) The project is being, or will be, operated
2 and managed in accordance with a management-im-
3 provement-and-operating plan which is designed to
4 reduce the operating costs of the project, which has
5 been approved by the Trust Fund Board, and which
6 includes—
7 "(A) a detailed maintenance schedule;
8 "(B) a schedule for correcting past defi-
9 ciencies in maintenance, repairs, and replace-
10 ments;
11 "(C) a plan to upgrade the project to meet
12 cost-effective energy efficiency standards pre-
13 scribed by the Trust Fund Board;
14 "(D) a plan to improve financial and man-
15 agement control systems;
16 "(E) a detailed annual operating budget
17 taking into account such standards for oper-
18 ating costs in the area as may be determined by
19 the Trust Fund Board; and
20 "(F) such other requirements as the Trust
21 Fund Board may determine.
22 "(5) The application includes stringent provi-
23 sions for continued State or local support of the pro-
24 gram, both with respect to operating and financial
25 capital.

1 “(6) The terms, conditions, maturity, security
2 (if any), and schedule and amount of repayments
3 with respect to the loan are sufficient to protect the
4 financial interests of the United States and are oth-
5 erwise reasonable and in accord with regulation, in-
6 cluding a determination that the rate of interest
7 does not exceed such annual percentage on the prin-
8 cipal obligation outstanding as the Trust Fund
9 Board determines to be reasonable, taking into ac-
10 count the range of interest rates prevailing in the
11 private market for similar loans and the risks as-
12 sumed by the United States.

13 “(7) The healthcare facility must meet such
14 other additional criteria as the Secretary may im-
15 pose.

16 “(e) STATE OR LOCAL PARTICIPATION.—Projects in
17 which State or local governmental entities participate in
18 the form of first guarantees of part or all of the total loan
19 value shall be given a preference for loan guarantees under
20 this chapter.

21 **“SEC. 2973B. GUARANTEE ALLOTMENTS.**

22 “(a) IN GENERAL.—$150,000,000 shall be annually
23 allocated within the Trust Fund to the loan guarantee pro-
24 gram established by this chapter in order to create a cu-
25 mulative reserve in support of loan guarantees.

1 “(b) LOAN GUARANTEES FOR RURAL HEALTHCARE
2 FACILITIES.—At least 20 percent of the dollar value of
3 loan guarantees made under this program during any
4 given year shall be allocated for eligible rural healthcare
5 facilities, to the extent a sufficient number of applications
6 are made by such healthcare facilities.

7 “(c) GUARANTEES FOR SMALL LOANS.—At least
8 $200,000,000 of the annual dollar value of loan guaran-
9 tees made under the program shall be reserved for loans
10 of under $50,000,000, if there are a sufficient number of
11 applicants for loans of that size.

12 “(d) SPECIAL RULE FOR REFINANCING LOANS.—
13 Not more than 20 percent of the amount allocated each
14 year to the loan guarantee program established by this
15 chapter may be allocated to guarantee refinancing loans
16 during the year.

17 **“SEC. 2973C. TERMS AND CONDITIONS OF LOAN GUARAN-**
18 **TEES.**

19 “(a) IN GENERAL.—The principal amount of the
20 guaranteed loan, when added to any Federal grant assist-
21 ance made under this subtitle, may not exceed 95 percent
22 of the total value of the project, including land.

23 “(b) GUARANTEES PROVIDED MAY NOT SUPPLANT
24 OTHER FUNDS.—Guarantees provided under this chapter

1 may not be used to supplant other forms of State or local
2 support.

3 "(c) RIGHT TO RECOVER FUNDS.—The United
4 States shall be entitled to recover from any applicant
5 healthcare facility the amount of payments made pursuant
6 to any loan guarantee under this chapter, unless the Trust
7 Fund Board for good cause waives its right of recovery,
8 and the United States shall, upon making any such pay-
9 ment pursuant to any such loan guarantee be subrogated
10 to all of the rights of the recipients of the payments.

11 "(d) MODIFICATION OF TERMS.—Loan guarantees
12 made under this chapter shall be subject to further terms
13 and conditions as the Trust Fund Board determines to
14 be necessary to assure that the purposes of this Act will
15 be achieved, and any such terms and conditions may be
16 modified by the Trust Fund Board to the extent that it
17 determines such modifications to be consistent with the
18 financial interest of the United States.

19 "(e) TERMS ARE INCONTESTABLE ABSENT FRAUD
20 OR MISREPRESENTATION.—Any loan guarantee made by
21 the Trust Fund Board pursuant to this chapter shall be
22 incontestable in the hands of an applicant on whose behalf
23 such guarantee is made, and as to any person who makes
24 or contracts to make a loan to such applicant in reliance

1 thereon, except for fraud or misrepresentation on the part
2 of such applicant or other person.

3 **“SEC. 2973D. PREMIUMS FOR LOAN GUARANTEES.**

4 “(a) IN GENERAL.—The Trust Fund Board shall de-
5 termine a reasonable loan insurance premium which shall
6 be charged for loan guarantees under this chapter, taking
7 into account the availability of the reserves created under
8 section 2973B. Premium charges shall be payable in cash
9 to the Trust Fund Board, either in full upon issuance,
10 or annually in advance. In addition to the premium charge
11 herein provided for, the Trust Fund Board is authorized
12 to charge and collect such amount as it may deem reason-
13 able for the appraisal of a property or project offered for
14 insurance and for the inspection of such property or
15 project.

16 “(b) PAYMENT IN ADVANCE.—In the event that the
17 principal obligation of any loan accepted for insurance
18 under this chapter is paid in full prior to the maturity
19 date, the Trust Fund Board is authorized in its discretion
20 to require the payment by the borrower of an adjusted
21 premium charge in such amount as the Board determines
22 to be equitable, but not in excess of the aggregate amount
23 of the premium charges that the healthcare facility would
24 otherwise have been required to pay if the loan had contin-
25 ued to be insured until maturity date.

1 "(c) TRUST FUND BOARD MAY WAIVE PREMIUMS.—
2 The Trust Fund Board may in its discretion partially or
3 totally waive premiums charged for loan insurance under
4 this section for financially distressed healthcare facilities
5 (as described by the Secretary).

6 **"SEC. 2973E. PROCEDURES IN THE EVENT OF LOAN DE-**
7 **FAULT.**

8 "(a) IN GENERAL.—Failure of the borrower to make
9 payments due under or provided by the terms of a loan
10 accepted for insurance under this chapter shall constitute
11 a default.

12 "(b) ASSIGNMENT OF DEFAULTED LOANS.—If a de-
13 fault continues for 30 days, then, upon the lender's trans-
14 fer to the Trust Fund Board of all its rights and interests
15 arising under the defaulted loan or in connection with the
16 loan transaction, the lender shall be entitled to debentures
17 which, together with a certificate of claim, are equal in
18 value to the amount the lender would have received if, on
19 the date of transfer, the borrower had repaid the loan in
20 full, together with the amount of necessary expenses in-
21 curred by the lender in connection with the default.

22 "(c) FORECLOSURE BY LENDER.—Subject to the ap-
23 proval of the Trust Fund Board, or as provided in regula-
24 tions, the lender may foreclose on the property securing
25 the defaulted loan.

1 "(d) FORECLOSURE BY TRUST FUND BOARD.—The
2 Trust Fund Board is authorized to—
3 "(1) acquire possession of and title to any prop-
4 erty securing a defaulted loan by voluntary convey-
5 ance in extinguishment of the indebtedness, or
6 "(2) institute proceedings for foreclosure on the
7 property securing any such defaulted loan and pros-
8 ecute such proceedings to conclusion.
9 "(e) HANDLING AND DISPOSAL OF PROPERTY; SET-
10 TLEMENT OF CLAIMS.—
11 "(1) PAYMENT FOR CERTAIN EXPENSES.—Not-
12 withstanding any other provision of law relating to
13 the acquisition, handling, or disposal of real and
14 other property by the United States, the Trust Fund
15 Board shall also have power, for the protection of
16 the interests of the Trust Fund, to pay out of the
17 Trust Fund all expenses or charges in connection
18 with, and to deal with, complete, reconstruct, rent,
19 renovate, modernize, insure, make contracts for the
20 management of, or establish suitable agencies for
21 the management of, or sell for cash or credit or lease
22 in its discretion, any property acquired by the Trust
23 Fund under this section.
24 "(2) SETTLEMENT OF CLAIMS.—Notwith-
25 standing any other provision of law, the Trust Fund

1 Board shall also have the power to pursue to final
2 collection by way of compromise or otherwise all
3 claims assigned and transferred to the Trust Fund
4 in connection with the assignment, transfer, and de-
5 livery provided for in this section, and at any time,
6 upon default, to foreclose or refrain from foreclosing
7 on any property secured by any defaulted loan as-
8 signed and transferred to or held by the Trust
9 Fund.

10 ‘‘(3) LIMITATIONS ON AUTHORITY.—Sub-
11 sections (a) and (b) shall not be construed to apply
12 to any contract for hazard insurance, or to any pur-
13 chase or contract for services or supplies on account
14 of such property if the amount thereof does not ex-
15 ceed $1,000.

16 ‘‘(f) REGULATIONS.—The Trust Fund Board shall
17 propose and the Secretary shall promulgate regulations
18 governing procedures in the event of a default on a loan
19 accepted for insurance under this chapter.

20 **“Subchapter C—Grants for Urgent Capital**
21 **Needs**

22 **“SEC. 2976. PROVISION OF GRANTS.**

23 ‘‘(a) IN GENERAL.—The Trust Fund Board shall
24 make available $400,000,000 in direct grants annually.
25 The Secretary, with the approval of the Trust Fund

1 Board, shall make direct grants to eligible healthcare fa-
2 cilities with urgent capital needs.
3 "(b) PURPOSES.—Direct grants shall be available to
4 eligible healthcare facilities for 3 types of projects:
5 "(1) Emergency certification and licensure
6 grants would be available to eligible healthcare facili-
7 ties that are threatened with closure or loss of ac-
8 creditation or certification of a facility or of essential
9 services as a result of life or safety code violations
10 or similar facility or equipment failures. Such grants
11 would provide limited funding for repair and renova-
12 tion where failure to fund would disrupt the provi-
13 sion of essential public health services such as emer-
14 gency care.
15 "(2) Emergency grants would be available for
16 capital renovation, expansion, or replacement nec-
17 essary to the maintenance or expansion of essential
18 safety and health services such as obstetrics,
19 perinatal, emergency and trauma, primary care and
20 preventive health services.
21 "(3) Planning grants would be available to eli-
22 gible healthcare facilities who require pre-approval
23 assistance to meet regulatory requirements related
24 to management and finance in order to apply for

1 loans, loan guarantees, and interest subsidies under
2 this subtitle.
3 “(c) PRIORITY TO FINANCIALLY DISTRESSED
4 HEALTHCARE FACILITIES.—Priority for direct grants
5 under this section would be given to financially distressed
6 healthcare facilities (as described by the Secretary).
7 “(d) APPLICATION PROCESS.—The Secretary, with
8 the approval of the Trust Fund Board, shall create an
9 expedited application process for direct grants.
10 **“SEC. 2976B. ELIGIBLE PROJECTS.**
11 “(a) MATCHING GRANTS.—
12 “(1) LIMITATION ON AMOUNT.—Grants for cap-
13 ital expenditures by eligible healthcare facilities will
14 be limited to $25,000,000.
15 “(2) MATCHING REQUIREMENT.—At least half
16 of the projects funded in a year must receive at least
17 50 percent of their funding from State or local
18 sources. The remaining projects funded during the
19 year could be financed up to 90 percent with a com-
20 bination of Federal grants and loans.
21 “(3) RESERVATION FOR RURAL HEALTHCARE
22 FACILITIES.—No less than 20 percent of the grant
23 funds in any given year would be reserved for rural
24 healthcare facilities, provided that a sufficient num-
25 ber of applications are approved.

1 ‘‘(b) PLANNING GRANTS.—Applicants who can dem-
2 onstrate general qualification for the direct matching loan,
3 loan guarantee, or interest subsidy programs under this
4 subtitle or eligibility for mortgage insurance under section
5 242 of the National Housing Act will be eligible for a
6 grant of up to $500,000 to assist in implementation of
7 key budgetary and financial systems as well as manage-
8 ment and governance restructuring.’’.

9 TITLE VIII—MISCELLANEOUS
10 PROVISIONS

11 SEC. 801. DEFINITIONS.

12 For purposes of this Act (including the amendments
13 made by this Act other than the amendments made by
14 subtitles A through G of title I):

15 (1) APPROPRIATE HEALTHCARE SERVICES.—
16 The term ‘‘appropriate healthcare services’’ includes
17 services or treatments to address physical, mental,
18 and behavioral diseases, conditions, or syndromes.
19 The definition contained in this paragraph shall not
20 apply for purposes of sections 206 and 606.

21 (2) HISPANIC.—The term ‘‘Hispanic’’ means
22 individuals whose origin is Mexican, Puerto Rican,
23 Cuban, Central or South American, or any other
24 Spanish-speaking country.

1 (3) INDIAN.—The term ''Indian'', unless other-
2 wise designated, means any person who is a member
3 of an Indian tribe
4 (4) INDIAN TRIBE.—The term ''Indian tribe''
5 means any Indian tribe, band, nation, or other orga-
6 nized group or community, including any Alaska Na-
7 tive village or group or regional or village corpora-
8 tion as defined in or established pursuant to the
9 Alaska Native Claims Settlement Act (85 Stat. 688)
10 (43 U.S.C. 1601 et seq.), which is recognized as eli-
11 gible for the special programs and services provided
12 by the United States to Indians because of their sta-
13 tus as Indians.
14 (5) LIMITED ENGLISH PROFICIENT.—The term
15 ''limited English proficient'' with respect to an indi-
16 vidual means an individual who cannot speak, read,
17 write, or understand the English language at a level
18 that permits them to interact effectively with clinical
19 or nonclinical staff at a healthcare organization.
20 (6) MINORITY.—
21 (A) IN GENERAL.—The terms ''minority''
22 and ''minorities'' refer to individuals from a mi-
23 nority group.

1 (B) POPULATIONS.—The term ''minority'',
2 with respect to populations, refers to racial and
3 ethnic minority groups.
4 (7) MINORITY GROUP.—The term ''minority
5 group'' has the meaning given the term ''racial and
6 ethnic minority group''.
7 (8) RACIAL AND ETHNIC MINORITY GROUP.—
8 The term ''racial and ethnic minority group'' means
9 American Indians and Alaska Natives, African
10 Americans (including Blacks), Asian Americans,
11 Hispanics (including Latinos), and Native Hawai-
12 ians and other Pacific Islanders.
13 (9) SECRETARY.—The term ''Secretary'' means
14 the Secretary of Health and Human Services.
15 (10) STATE.—The term ''State'' means each of
16 the several states, the District of Columbia, the
17 Commonwealth of Puerto Rico, the Indian tribes,
18 the Virgin Islands, Guam, American Samoa, and the
19 Commonwealth of the Northern Mariana Islands.
20 (11) TRIBAL ORGANIZATION.—The term ''tribal
21 organization'' means the elected governing body of
22 any Indian tribe or any legally established organiza-
23 tion of Indians which is controlled by one or more
24 such bodies or by a board of directors elected or se-
25 lected by one or more such bodies (or elected by the

1 Indian population to be served by such organization)
2 and which includes the maximum participation of
3 Indians in all phases of its activities.

4 (12) UNDERREPRESENTED MINORITY.—The
5 terms ''underrepresented minority'' and ''underrep-
6 resented minorities'' refer to individuals who are
7 members of racial or ethnic minority groups that are
8 underrepresented in the health professions relative
9 to their numbers in the general population.

10 (13) UNDERSERVED POPULATIONS.—The term
11 ''underserved population'' means the population of
12 an urban or rural area designated by the Secretary
13 as an area with a shortage of personal health serv-
14 ices or a population group designated by the Sec-
15 retary as having a shortage of such services.

16 **SEC. 802. DAVIS-BACON ACT.**

17 All laborers and mechanics employed by contractors
18 or subcontractors in the performance of construction work
19 financed in whole or in part with assistance under this
20 Act (or an amendment made by this Act), including cap-
21 ital financing assistance, or grants or loan guarantees
22 from the Safety Net Infrastructure Trust Fund (estab-
23 lished under section 2972C of the Public Health Service
24 Act), shall be paid wages at rates not less than those pre-
25 vailing on similar work in the locality involved as deter-

1 mined by the Secretary of Labor in accordance with sub-
2 chapter IV of chapter 31 of title 40, United States Code
3 (commonly referred to as the Davis-Bacon Act). The Sec-
4 retary of Labor shall have, with respect to such labor
5 standards, the authority and functions set forth in Reor-
6 ganization Plan Numbered 14 of 1950 (15 F.R. 3176; 64
7 Stat 1267) and section 3145 of title 40, United States
8 Code.

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