

109TH CONGRESS  
1ST SESSION

# H. R. 56

To direct the Secretary of Health and Human Services to establish health empowerment zone programs in communities that disproportionately experience disparities in health status and health care, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 4, 2005

Mrs. CHRISTENSEN (for herself, Mr. LEWIS of Georgia, Mr. CUMMINGS, Ms. CARSON, Mr. SCOTT of Virginia, Mr. PAYNE, Mr. WYNN, Mr. MEEK of Florida, Ms. WATSON, Mr. CLYBURN, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. CORRINE BROWN of Florida, and Ms. KILPATRICK of Michigan) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To direct the Secretary of Health and Human Services to establish health empowerment zone programs in communities that disproportionately experience disparities in health status and health care, and for other purposes.

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

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Health Empowerment  
5       Zone Act of 2005”.

1 **SEC. 2. HEALTH EMPOWERMENT ZONES.**2 (a) **HEALTH EMPOWERMENT ZONE PROGRAMS.—**3 (1) **IN GENERAL.—**The Secretary of Health and  
4 Human Services, acting through the Administrator  
5 of the Health Resources and Services Administration  
6 and the Director of the Office of Minority Health,  
7 and in cooperation with the Director of the Office of  
8 Community Services and the Director of the Na-  
9 tional Center for Minority Health and Health Dis-  
10 parities—11 (A) shall designate health empowerment  
12 zones in accordance with paragraph (2); and13 (B) shall make grants in accordance with  
14 paragraph (3).15 (2) **DESIGNATION OF HEALTH EMPOWERMENT**  
16 **ZONES.—**The Secretary may designate a community  
17 as a health empowerment zone if—18 (A) a community partnership seeking a  
19 grant under this section requests that the com-  
20 munity be designated as a health empowerment  
21 zone; and22 (B) the community partnership dem-  
23 onstrates, to the Secretary's satisfaction, that  
24 the community is a community of color that ex-  
25 periences disproportionate disparities in health  
26 status and health care.

12 (A) to effectively access Federal programs  
13 to improve the health or environment of 1 or  
14 more minority individuals in the community and  
15 eliminate racial and ethnic disparities in health  
16 status and health care; and

17 (B) to coordinate the efforts of govern-  
18 mental and private entities regarding the elimi-  
19 nation of racial and ethnic disparities in health  
20 status and health care.

1 powerment zone that is located in a territory or pos-  
2 session of the United States.

3 (6) APPLICATION.—To seek the designation of  
4 a community as a health empowerment zone and to  
5 obtain a grant under this section, a community part-  
6 nership shall submit to the Secretary an application  
7 in such form and in such manner as the Secretary  
8 may require. An application under this paragraph  
9 shall—

10 (A) demonstrate that the community to be  
11 served is a community of color that experiences  
12 disproportionate disparities in health status and  
13 health care;

14 (B) set forth a strategic plan for the pro-  
15 posed health empowerment zone program, by—

16 (i) describing the coordinated health,  
17 economic, human, community, and physical  
18 development plan and related activities  
19 proposed for the community involved;

20 (ii) describing the inclusion of the  
21 community involved as a full partner in the  
22 process of developing, implementing, moni-  
23 toring, and evaluating the strategic plan  
24 and the extent to which local institutions

1 and organizations have contributed to the  
2 planning process;

3 (iii) identifying the projected amount  
4 of Federal, State, local, and private re-  
5 sources that will be available in the area  
6 and the private and public community  
7 partnerships to be used (including any par-  
8 ticipation by or cooperation with univer-  
9 sities, colleges, foundations, nonprofit orga-  
10 nizations, medical centers, hospitals, health  
11 clinics, school districts, or other private  
12 and public entities);

13 (iv) identifying the funding requested  
14 under any Federal program in support of  
15 the proposed health, economic, human,  
16 community, and physical development, and  
17 related activities;

18 (v) identifying baselines, methods,  
19 health outcomes, and benchmarks for  
20 measuring the success of carrying out the  
21 strategic plan;

22 (vi) demonstrating the ability to effec-  
23 tively reach and service the targeted under-  
24 served minority community populations in

1                   a culturally appropriate and linguistically  
2                   responsive manner;

3                   (vii) demonstrating a capacity and in-  
4                   frastructure to provide long-term commu-  
5                   nity response that is culturally appropriate  
6                   and linguistically responsive to a commu-  
7                   nity of color that experiences dispro-  
8                   portionate disparities in health status and  
9                   health care; and

10                  (viii) identifying the individuals who  
11                  have agreed to serve as members of a  
12                  health empowerment zone coordinating  
13                  committee for the community involved; and  
14                  (C) include such other information as the  
15                  Secretary may require.

16                  (7) PREFERENCE.—In awarding grants under  
17                  this subsection, the Secretary shall give preference  
18                  to proposals from indigenous community entities  
19                  that have an expertise in providing culturally appro-  
20                  priate and linguistically responsive services to com-  
21                  munities of color that experience disproportionate  
22                  disparities in health status and health care.

23                  (b) FEDERAL ASSISTANCE FOR HEALTH EMPOWER-  
24                  MENT ZONE GRANT PROGRAMS.—The Secretary of  
25                  Health and Human Services, the Administrator of the

1 Small Business Administration, the Secretary of Agri-  
2 culture, the Secretary of Education, the Secretary of  
3 Labor, and the Secretary of Housing and Urban Develop-  
4 ment shall each—

5 (1) where appropriate, provide entity-specific  
6 technical assistance and evidence-based strategies to  
7 communities of color that experience disproportionate  
8 disparities in health status and health care  
9 to further the purposes of a health empowerment  
10 zone program described in subsection (a)(5);

11 (2) identify all programs administered by the  
12 Department of Health and Human Services, the  
13 Small Business Administration, the Department of  
14 Agriculture, the Department of Education, the De-  
15 partment of Labor, and the Department of Housing  
16 and Urban Development, respectively, that may be  
17 used to further the purposes of a health empower-  
18 ment zone program described in subsection (a)(5);  
19 and

20 (3) in administering any program identified  
21 under paragraph (2), give priority to any individual  
22 or entity located in a community served by a health  
23 empowerment zone program under subsection (a) if  
24 such priority would further the purposes of the

1       health empowerment zone program described in sub-  
2       section (a)(5).

3       (c) HEALTH EMPOWERMENT ZONE COORDINATING  
4       COMMITTEE.—

5               (1) ESTABLISHMENT.—For each health em-  
6       powerment zone program established with a grant  
7       under subsection (a), the Secretary, acting through  
8       the Director of the Office of Minority Health and  
9       the Administrator of the Health Resources and Serv-  
10       ices Administration, shall establish a health em-  
11       powerment zone coordinating committee.

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

22               (3) MEMBERSHIP.—

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

1 ministration, in consultation with the respective  
2 grant recipient, shall appoint the members of  
3 each coordinating committee.

4 (B) COMPOSITION.—The Director of the  
5 Office of Minority Health and the Adminis-  
6 trator of the Health Resources and Services Ad-  
7 ministration shall ensure that each coordinating  
8 committee—

9 (i) has not more than 20 members;  
10 (ii) includes individuals from commu-  
11 nities of color that experience dispro-  
12 portionate disparities in health status and  
13 health care;

14 (iii) includes community leaders and  
15 leaders of community-based organizations;

16 (iv) includes representatives of aca-  
17 demia and lay and professional organiza-  
18 tions and associations including those hav-  
19 ing expertise in medicine, technical, social  
20 and behavioral science, health policy, advo-  
21 cacy, cultural and linguistic competency,  
22 research management, and organization;  
23 and

24 (v) represents a reasonable cross-sec-  
25 tion of knowledge, views, and application

1 of expertise on societal, ethical, behavioral,  
2 educational, policy, legal, cultural, lin-  
3 guistic, and workforce issues related to  
4 eliminating disparities in health and health  
5 care.

6 (C) **QUALIFICATIONS.**—The Director of  
7 the Office of Minority Health and the Adminis-  
8 trator of the Health Resources and Services Ad-  
9 ministration shall ensure that the members of  
10 each coordinating committee meet the following:

11 (i) No member is employed by the  
12 Federal Government.

19 (iii) A majority of the members reside  
20 in the health empowerment zone involved.

21 (D) SELECTION.—In selecting individuals  
22 to serve on a coordinating committee, the Di-  
23 rector of the Office of Minority Health and the  
24 Administrator of the Health Resources and  
25 Services Administration shall give due consider-

8 (E) CHAIRPERSON.—The Director of the  
9 Office of Minority Health and the Adminis-  
10 trator of the Health Resources and Services Ad-  
11 ministration, in consultation with the members  
12 of the coordinating committee involved, shall  
13 designate a chairperson of the coordinating  
14 committee, who shall serve for a term of 3  
15 years and who may be reappointed at the expi-  
16 ration of each such term.

17 (F) TERMS.—Each member of a coordi-  
18 nating committee shall be appointed for a term  
19 of 1 to 3 years in overlapping staggered terms,  
20 as determined by the Director of the Office of  
21 Minority Health and the Administrator of the  
22 Health Resources and Services Administration  
23 at the time of appointment, and may be re-  
24 appointed at the expiration of each such term.

1 (G) VACANCIES.—A vacancy on a coordi-  
2 nating committee shall be filled in the same  
3 manner in which the original appointment was  
4 made.

(H) COMPENSATION.—The members of a coordinating committee shall serve without pay.

13 (4) STAFF; EXPERTS AND CONSULTANTS.—

14 (A) STAFF.—The chairperson of a coordi-  
15 nating committee may appoint and fix the pay  
16 of additional personnel as the chairperson con-  
17 siders appropriate.

18 (B) EXPERTS AND CONSULTANTS.—The  
19 chairperson of a coordinating committee may  
20 procure temporary and intermittent services  
21 under section 3109(b) of title 5, United States  
22 Code.

23 (5) MEETINGS.—A coordinating committee  
24 shall meet 3 to 5 times each year, at the call of the  
25 coordinating committee's chairperson and in con-

1 sultation with the Director of the Office of Minority  
2 Health and the Administrator of the Health Re-  
3 sources and Services Administration.

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

8 (A) A review of the program's effectiveness  
9 in achieving stated goals and outcomes, and  
10 overcoming challenges.

11 (B) A review of the program's manage-  
12 ment and coordination of the entities involved.

13 (C) A review of the activities in the pro-  
14 gram's portfolio and components.

15 (D) An identification of policy issues raised  
16 by the program.

17 (E) An assessment of program's results in-  
18 cluding that of capacity, infrastructure, number  
19 of underserved minority communities reached  
20 and retained in the effort in a defined time  
21 frame.

22 (F) Recommendations for new program  
23 goals, research areas, enhanced approaches,  
24 community partnerships, coordination and man-  
25 agement mechanisms, and projects to be estab-

1 lished to achieve the program's stated goals, to  
2 improve outcomes, assessments, monitoring,  
3 and evaluation.

4 (G) A review of the degree of minority en-  
5 tities participation in the program, and an iden-  
6 tification of a strategy to increase such partici-  
7 pation.

8 (H) Any other reviews or recommendations  
9 determined to be appropriate by the coordi-  
10 nating committee.

11 (d) REPORT.—The Director of the Office of Minority  
12 Health and the Administrator of the Health Resources  
13 and Services Administration shall submit a joint annual  
14 report to the appropriate committees of the Congress on  
15 the results of the implementation of programs under this  
16 section.

17 (e) DEFINITIONS.—In this section:

18 (1) COORDINATING COMMITTEE.—The term  
19 “coordinating committee” means a health empower-  
20 ment zone coordinating committee established under  
21 this section.

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

24 (f) AUTHORIZATION OF APPROPRIATIONS.—There  
25 are authorized to be appropriated to carry out this section

- 1 \$100,000,000 for fiscal year 2006, and such sums as may
- 2 be necessary for each of fiscal years 2007 through 2012.

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