

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.

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

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); and

13 (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; and

22 (B) the community partnership dem-
23 onstrates, to the Secretary's satisfaction, that
24 the community is a community of color that ex-
25periences disproportionate disparities in health
26 status and health care.

1 (3) GRANTS.—The Secretary shall make grants
2 to community partnerships of private and public en-
3 tities to establish health empowerment zone pro-
4 grams.

5 (4) USE OF FUNDS.—Grants under this section
6 shall be used for the establishment of a health em-
7 powerment zone program to assist individuals, busi-
8 nesses, schools, minority health associations, non-
9 profit organizations, community-based organizations,
10 hospitals, health care clinics, and foundations in a
11 health empowerment zone that are seeking—

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.

21 (5) ESTABLISHMENT IN TERRITORY OR POSSES-
22 SION.—The Secretary shall make at least 1 grant
23 under this section to a community partnership for a
24 health empowerment zone program in a health em-

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 dispropor-
8 tionate 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 dispropor-
8 tionate 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 dispropor-
12 tionate 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.

13 (ii) Each member has appropriate ex-
14 perience, including experience in the areas
15 of community development, cultural and
16 linguistic competency, reducing and elimi-
17 nating racial and ethnic disparities in
18 health and health care, or minority health.

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-

1 ation to the recommendations of the Congress,
2 industry leaders, the scientific community (in-
3 cluding the Institute of Medicine), academia,
4 community based nonprofit organizations, mi-
5 nority health and related organizations, the
6 education community, State and local govern-
7 ments, and other appropriate organizations.

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.

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

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

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.

