

# Calendar No. 115

109TH CONGRESS  
1ST SESSION

# S. 898

**[Report No. 109-73]**

To amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, and for other purposes.

---

## IN THE SENATE OF THE UNITED STATES

APRIL 25, 2005

Mrs. HUTCHISON (for herself, Mr. BINGAMAN, Mr. BROWNBACK, Mr. KENNEDY, and Mr. COCHRAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

MAY 25, 2005

Reported by Mr. ENZI, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

---

## A BILL

To amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the "Patient Navigator Out-  
3 reach and Chronic Disease Prevention Act of 2005".

4 **SEC. 2. PATIENT NAVIGATOR GRANTS.**

5 Subpart V of part D of title III of the Public Health  
6 Service Act (42 U.S.C. 256) is amended by adding at the  
7 end the following:

8 **"SEC. 340A. PATIENT NAVIGATOR GRANTS.**

9 ~~(a) GRANTS.~~—The Secretary, acting through the  
10 Administrator of the Health Resources and Services Ad-  
11 ministration, may make grants to eligible entities for the  
12 development and operation of demonstration programs to  
13 provide patient navigator services to improve health care  
14 outcomes. The Secretary shall coordinate with, and ensure  
15 the participation of, the Indian Health Service, the Na-  
16 tional Cancer Institute, the Office of Rural Health Policy,  
17 and such other offices and agencies as deemed appropriate  
18 by the Secretary, regarding the design and evaluation of  
19 the demonstration programs.

20 ~~(b) USE OF FUNDS.~~—The Secretary shall require  
21 each recipient of a grant under this section to use the  
22 grant to recruit, assign, train, and employ patient naviga-  
23 tors who have direct knowledge of the communities they  
24 serve to facilitate the care of individuals, including by per-  
25 forming each of the following duties:

1           “(1) Acting as contacts, including by assisting  
2           in the coordination of health care services and pro-  
3           vider referrals, for individuals who are seeking pre-  
4           vention or early detection services for, or who fol-  
5           lowing a screening or early detection service are  
6           found to have a symptom, abnormal finding, or diag-  
7           nosis of, cancer or other chronic disease.

8           “(2) Facilitating the involvement of community  
9           organizations in assisting individuals who are at risk  
10           for or who have cancer or other chronic diseases to  
11           receive better access to high-quality health care serv-  
12           ices (such as by creating partnerships with patient  
13           advocacy groups, charities, health care centers, com-  
14           munity hospice centers, other health care providers,  
15           or other organizations in the targeted community).

16           “(3) Notifying individuals of clinical trials and,  
17           on request, facilitating enrollment of eligible individ-  
18           uals in these trials.

19           “(4) Anticipating, identifying, and helping pa-  
20           tients to overcome barriers within the health care  
21           system to ensure prompt diagnostic and treatment  
22           resolution of an abnormal finding of cancer or other  
23           chronic disease.

24           “(5) Coordinating with the relevant health in-  
25           surance ombudsman programs to provide informa-

1       tion to individuals who are at risk for or who have  
2       cancer or other chronic diseases about health cov-  
3       erage, including private insurance, health care sav-  
4       ings accounts, and other publicly funded programs  
5       (such as Medicare, Medicaid, health programs oper-  
6       ated by the Department of Veterans Affairs or the  
7       Department of Defense, the State children's health  
8       insurance program, and any private or governmental  
9       prescription assistance programs).

10       “(6) Conducting ongoing outreach to health dis-  
11       parity populations, including the uninsured, rural  
12       populations, and other medically underserved popu-  
13       lations, in addition to assisting other individuals who  
14       are at risk for or who have cancer or other chronic  
15       diseases to seek preventative care.

16       “(e) PROHIBITIONS.—

17       “(1) REFERRAL FEES.—The Secretary shall re-  
18       quire each recipient of a grant under this section to  
19       prohibit any patient navigator providing services  
20       under the grant from accepting any referral fee,  
21       kickback, or other thing of value in return for refer-  
22       ring an individual to a particular health care pro-  
23       vider.

24       “(2) LEGAL FEES AND COSTS.—The Secretary  
25       shall prohibit the use of any grant funds received

1 under this section to pay any fees or costs resulting  
2 from any litigation, arbitration, mediation, or other  
3 proceeding to resolve a legal dispute.

4 **“(d) GRANT PERIOD.—**

5 **“(1) IN GENERAL.**—Subject to paragraphs (2)  
6 and (3), the Secretary may award grants under this  
7 section for periods of not more than 3 years.

8 **“(2) EXTENSIONS.**—Subject to paragraph (3),  
9 the Secretary may extend the period of a grant  
10 under this section. Each such extension shall be for  
11 a period of not more than 1 year.

12 **“(3) LIMITATIONS ON GRANT PERIOD.**—In car-  
13 rying out this section, the Secretary—

14 **“(A)** shall ensure that the total period of  
15 a grant does not exceed 4 years; and

16 **“(B)** may not authorize any grant period  
17 ending after September 30, 2010.

18 **“(e) APPLICATION.—**

19 **“(1) IN GENERAL.**—To seek a grant under this  
20 section, an eligible entity shall submit an application  
21 to the Secretary in such form, in such manner, and  
22 containing such information as the Secretary may  
23 require.

24 **“(2) CONTENTS.**—At a minimum, the Secretary  
25 shall require each such application to outline how

1 the eligible entity will establish baseline measures  
2 and benchmarks that meet the Secretary's require-  
3 ments to evaluate program outcomes.

4 **“(f) UNIFORM BASELINE MEASURES.”** The Sec-  
5 retary shall establish uniform baseline measures in order  
6 to properly evaluate the impact of the demonstration  
7 projects under this section.

8 **“(g) PREFERENCE.”** In making grants under this  
9 section, the Secretary shall give preference to eligible enti-  
10 ties that demonstrate in their applications plans to utilize  
11 patient navigator services to overcome significant barriers  
12 in order to improve health care outcomes in their respec-  
13 tive communities.

14 **“(h) DUPLICATION OF SERVICES.”** An eligible entity  
15 that is receiving Federal funds for activities described in  
16 subsection (b) on the date on which the entity submits  
17 an application under subsection (e), may not receive a  
18 grant under this section unless the entity can demonstrate  
19 that amounts received under the grant will be utilized to  
20 expand services or provide new services to individuals who  
21 would not otherwise be served.

22 **“(i) COORDINATION WITH OTHER PROGRAMS.”** The  
23 Secretary shall ensure coordination of the demonstration  
24 grant program under this section with existing authorized

1 programs in order to facilitate access to high-quality  
2 health care services.

3       **“(j) STUDY, REPORTS.—**

4           **“(1) FINAL REPORT BY SECRETARY.—** Not later  
5 than 6 months after the completion of the demon-  
6 stration grant program under this section, the  
7 Secretary shall conduct a study of the results of the  
8 program and submit to the Congress a report on  
9 such results that includes the following:

10           **“(A) An evaluation of the program out-  
11           comes, including—**

12           **“(i) quantitative analysis of baseline  
13           and benchmark measures; and**

14           **“(ii) aggregate information about the  
15           patients served and program activities.**

16           **“(B) Recommendations on whether patient  
17           navigator programs could be used to improve  
18           patient outcomes in other public health areas.**

19           **“(2) REPORTS BY SECRETARY.—** The Secretary  
20 may provide interim reports to the Congress on the  
21 demonstration grant program under this section at  
22 such intervals as the Secretary determines to be ap-  
23 propriate.

24           **“(3) INTERIM REPORTS BY GRANTEES.—** The  
25 Secretary may require grant recipients under this

1 section to submit interim and final reports on grant  
2 program outcomes.

3 **“(k) RULE OF CONSTRUCTION.”** This section shall  
4 not be construed to authorize funding for the delivery of  
5 health care services (other than the patient navigator du-  
6 ties listed in subsection (b)).

7 **“(l) DEFINITIONS.”** In this section:

8       **“(1)** The term ‘eligible entity’ means a public  
9 or nonprofit private health center (including a Fed-  
10 erally qualified health center (as that term is defined  
11 in section 1861(aa)(4) of the Social Security Act)),  
12 a health facility operated by or pursuant to a con-  
13 tract with the Indian Health Service, a hospital, a  
14 cancer center, a rural health clinic, an academic  
15 health center, or a nonprofit entity that enters into  
16 a partnership or coordinates referrals with such a  
17 center, clinic, facility, or hospital to provide patient  
18 navigator services.

19       **“(2)** The term ‘health disparity population’

20 means a population that, as determined by the Sec-  
21 retary, has a significant disparity in the overall rate  
22 of disease incidence, prevalence, morbidity, mor-  
23 tality, or survival rates as compared to the health  
24 status of the general population.

1           “(3) The term ‘patient navigator’ means an in-  
2 dividual who has completed a training program ap-  
3 proved by the Secretary to perform the duties listed  
4 in subsection (b).

5           “(m) AUTHORIZATION OF APPROPRIATIONS.—

6           “(1) IN GENERAL.—To carry out this section,  
7 there are authorized to be appropriated \$2,000,000  
8 for fiscal year 2006, \$5,000,000 for fiscal year  
9 2007, \$8,000,000 for fiscal year 2008, \$6,500,000  
10 for fiscal year 2009, and \$3,500,000 for fiscal year  
11 2010.

12           “(2) AVAILABILITY.—The amounts appro-  
13 priated pursuant to paragraph (1) shall remain  
14 available for obligation through the end of fiscal year  
15 2010.”.

16 **SECTION 1. SHORT TITLE.**

17           *This Act may be cited as the “Patient Navigator Out-  
18 reach and Chronic Disease Prevention Act of 2005”.*

19 **SEC. 2. PATIENT NAVIGATOR GRANTS.**

20           *Subpart V of part D of title III of the Public Health  
21 Service Act (42 U.S.C. 256) is amended by adding at the  
22 end the following:*

23 **“SEC. 340A. PATIENT NAVIGATOR GRANTS.**

24           “(a) GRANTS.—The Secretary, acting through the Ad-  
25 ministrator of the Health Resources and Services Adminis-

1 *tration, may make grants to eligible entities for the develop-*  
2 *ment and operation of demonstration programs to provide*  
3 *patient navigator services to improve health care outcomes.*  
4 *The Secretary shall coordinate with, and ensure the partici-*  
5 *pation of, the Indian Health Service, the National Cancer*  
6 *Institute, the Office of Rural Health Policy, and such other*  
7 *offices and agencies as deemed appropriate by the Sec-*  
8 *retary, regarding the design and evaluation of the dem-*  
9 *onstration programs.*

10       “(b) *USE OF FUNDS.*—The Secretary shall require  
11 *each recipient of a grant under this section to use the grant*  
12 *to recruit, assign, train, and employ patient navigators*  
13 *who have direct knowledge of the communities they serve*  
14 *to facilitate the care of individuals, including by per-*  
15 *forming each of the following duties:*

16       “(1) *Acting as contacts, including by assisting*  
17 *in the coordination of health care services and pro-*  
18 *vider referrals, for individuals who are seeking pre-*  
19 *vention or early detection services for, or who fol-*  
20 *lowing a screening or early detection service are*  
21 *found to have a symptom, abnormal finding, or diag-*  
22 *nosis of, cancer or other chronic disease.*

23       “(2) *Facilitating the involvement of community*  
24 *organizations in assisting individuals who are at risk*  
25 *for or who have cancer or other chronic diseases to re-*

1       ceive better access to high-quality health care services  
2       (such as by creating partnerships with patient advo-  
3       cacy groups, charities, health care centers, community  
4       hospice centers, other health care providers, or other  
5       organizations in the targeted community).

6       “(3) *Notifying individuals of clinical trials and,*  
7       *on request, facilitating enrollment of eligible individ-*  
8       *uals in these trials.*

9       “(4) *Anticipating, identifying, and helping pa-*  
10       *tients to overcome barriers within the health care sys-*  
11       *tem to ensure prompt diagnostic and treatment reso-*  
12       *lution of an abnormal finding of cancer or other*  
13       *chronic disease.*

14       “(5) *Coordinating with the relevant health insur-*  
15       *ance ombudsman programs to provide information to*  
16       *individuals who are at risk for or who have cancer*  
17       *or other chronic diseases about health coverage, in-*  
18       *cluding private insurance, health care savings ac-*  
19       *counts, and other publicly funded programs (such as*  
20       *Medicare, Medicaid, health programs operated by the*  
21       *Department of Veterans Affairs or the Department of*  
22       *Defense, the State children’s health insurance pro-*  
23       *gram, and any private or governmental prescription*  
24       *assistance programs).*

1           “(6) *Conducting ongoing outreach to health dis-*  
2           *parity populations, including the uninsured, rural*  
3           *populations, and other medically underserved popu-*  
4           *lations, in addition to assisting other individuals who*  
5           *are at risk for or who have cancer or other chronic*  
6           *diseases to seek preventative care.*

7           “(c) *PROHIBITIONS.*—

8           “(1) *REFERRAL FEES.*—*The Secretary shall re-*  
9           *quire each recipient of a grant under this section to*  
10           *prohibit any patient navigator providing services*  
11           *under the grant from accepting any referral fee, kick-*  
12           *back, or other thing of value in return for referring*  
13           *an individual to a particular health care provider.*

14           “(2) *LEGAL FEES AND COSTS.*—*The Secretary*  
15           *shall prohibit the use of any grant funds received*  
16           *under this section to pay any fees or costs resulting*  
17           *from any litigation, arbitration, mediation, or other*  
18           *proceeding to resolve a legal dispute.*

19           “(d) *GRANT PERIOD.*—

20           “(1) *IN GENERAL.*—*Subject to paragraphs (2)*  
21           *and (3), the Secretary may award grants under this*  
22           *section for periods of not more than 3 years.*

23           “(2) *EXTENSIONS.*—*Subject to paragraph (3),*  
24           *the Secretary may extend the period of a grant under*

1       *this section. Each such extension shall be for a period*  
2       *of not more than 1 year.*

3           “(3) *LIMITATIONS ON GRANT PERIOD.*—*In car-*  
4       *rying out this section, the Secretary—*

5           “(A) *shall ensure that the total period of a*  
6       *grant does not exceed 4 years; and*

7           “(B) *may not authorize any grant period*  
8       *ending after September 30, 2010.*

9           “(e) *APPLICATION.*—

10           “(1) *IN GENERAL.*—*To seek a grant under this*  
11       *section, an eligible entity shall submit an application*  
12       *to the Secretary in such form, in such manner, and*  
13       *containing such information as the Secretary may re-*  
14       *quire.*

15           “(2) *CONTENTS.*—*At a minimum, the Secretary*  
16       *shall require each such application to outline how the*  
17       *eligible entity will establish baseline measures and*  
18       *benchmarks that meet the Secretary’s requirements to*  
19       *evaluate program outcomes.*

20           “(f) *UNIFORM BASELINE MEASURES.*—*The Secretary*  
21       *shall establish uniform baseline measures in order to prop-*  
22       *erly evaluate the impact of the demonstration projects under*  
23       *this section.*

24           “(g) *PREFERENCE.*—*In making grants under this sec-*  
25       *tion, the Secretary shall give preference to eligible entities*

1 *that demonstrate in their applications plans to utilize pa-*  
2 *tient navigator services to overcome significant barriers in*  
3 *order to improve health care outcomes in their respective*  
4 *communities.*

5       “(h) *DUPLICATION OF SERVICES.*—*An eligible entity*  
6 *that is receiving Federal funds for activities described in*  
7 *subsection (b) on the date on which the entity submits an*  
8 *application under subsection (e), may not receive a grant*  
9 *under this section unless the entity can demonstrate that*  
10 *amounts received under the grant will be utilized to expand*  
11 *services or provide new services to individuals who would*  
12 *not otherwise be served.*

13       “(i) *COORDINATION WITH OTHER PROGRAMS.*—*The*  
14 *Secretary shall ensure coordination of the demonstration*  
15 *grant program under this section with existing authorized*  
16 *programs in order to facilitate access to high-quality health*  
17 *care services.*

18       “(j) *STUDY; REPORTS.*—

19       “(1) *FINAL REPORT BY SECRETARY.*—*Not later*  
20 *than 180 days after the completion of the demonstra-*  
21 *tion grant program under this section, the Secretary*  
22 *shall conduct a study of the results of the program*  
23 *and submit to the Congress a report on such results*  
24 *that includes the following:*

1                   “(A) An evaluation of the program out-  
2                   comes, including—

3                   “(i) quantitative analysis of baseline  
4                   and benchmark measures; and  
5                   “(ii) aggregate information about the  
6                   patients served and program activities.

7                   “(B) Recommendations on whether patient  
8                   navigator programs could be used to improve pa-  
9                   tient outcomes in other public health areas.

10                  “(2) REPORTS BY SECRETARY.—The Secretary  
11                  may provide interim reports to the Congress on the  
12                  demonstration grant program under this section at  
13                  such intervals as the Secretary determines to be ap-  
14                  propriate.

15                  “(3) INTERIM REPORTS BY GRANTEES.—The Sec-  
16                  retary may require grant recipients under this section  
17                  to submit interim and final reports on grant program  
18                  outcomes.

19                  “(k) RULE OF CONSTRUCTION.—This section shall not  
20                  be construed to authorize funding for the delivery of health  
21                  care services (other than the patient navigator duties listed  
22                  in subsection (b)).

23                  “(l) DEFINITIONS.—In this section:

24                  “(1) The term ‘eligible entity’ means a public or  
25                  nonprofit private health center (including a Federally

1       *qualified health center (as that term is defined in sec-*  
2       *tion 1861(aa)(4) of the Social Security Act)), a health*  
3       *facility operated by or pursuant to a contract with*  
4       *the Indian Health Service, a hospital, a cancer cen-*  
5       *ter, a rural health clinic, an academic health center,*  
6       *or a nonprofit entity that enters into a partnership*  
7       *or coordinates referrals with such a center, clinic, fa-*  
8       *cility, or hospital to provide patient navigator serv-*  
9       *ices.*

10       “(2) *The term ‘health disparity population’*  
11       *means a population that, as determined by the Sec-*  
12       *retary, has a significant disparity in the overall rate*  
13       *of disease incidence, prevalence, morbidity, mortality,*  
14       *or survival rates as compared to the health status of*  
15       *the general population.*

16       “(3) *The term ‘patient navigator’ means an in-*  
17       *dividual who has completed a training program ap-*  
18       *proved by the Secretary to perform the duties listed*  
19       *in subsection (b).*

20       “(m) *AUTHORIZATION OF APPROPRIATIONS.—*

21       “(1) *IN GENERAL.—To carry out this section,*  
22       *there are authorized to be appropriated \$2,000,000 for*  
23       *fiscal year 2006, \$5,000,000 for fiscal year 2007,*  
24       *\$8,000,000 for fiscal year 2008, \$6,500,000 for fiscal*  
25       *year 2009, and \$3,500,000 for fiscal year 2010.*

1           “(2) AVAILABILITY.—*The amounts appropriated*  
2        *pursuant to paragraph (1) shall remain available for*  
3        *obligation through the end of fiscal year 2010.*”.

**Calendar No. 115**

109TH CONGRESS  
1ST SESSION  
**S. 898**

**[Report No. 109-73]**

---

---

**A BILL**

To amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, and for other purposes.

---

---

MAY 25, 2005

Reported with an amendment