

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-

tion to individuals who are at risk for or who have cancer or other chronic diseases about health coverage, including private insurance, health care savings accounts, and other publicly funded programs (such as Medicare, Medicaid, health programs operated by the Department of Veterans Affairs or the Department of Defense, the State children's health insurance program, and any private or governmental prescription assistance programs).

“(6) Conducting ongoing outreach to health disparity populations, including the uninsured, rural populations, and other medically underserved populations, in addition to assisting other individuals who are at risk for or who have cancer or other chronic diseases to seek preventative care.

“(c) PROHIBITIONS.—

“(1) REFERRAL FEES.—The Secretary shall require each recipient of a grant under this section to prohibit any patient navigator providing services under the grant from accepting any referral fee, kickback, or other thing of value in return for referring an individual to a particular health care provider.

“(2) LEGAL FEES AND COSTS.—The Secretary 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 ear-
 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 (c), 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 dem-~~
 6 ~~onstration 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.**

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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-*
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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 advoca-*
3 *cacy groups, charities, health care centers, community*
4 *hospice centers, other health care providers, or other*
5 *organizations in the targeted community).*

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7 *on request, facilitating enrollment of eligible individ-*
8 *uals in these trials.*

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10 *tients to overcome barriers within the health care sys-*
11 *tem to ensure prompt diagnostic and treatment reso-*
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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).*

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 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.*

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 9 *quire each recipient of a grant under this section to*
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 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.*

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 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.*

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 25 *tion, the Secretary shall give preference to eligible entities*

1 *that demonstrate in their applications plans to utilize pa-*
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 3 *order to improve health care outcomes in their respective*
 4 *communities.*

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 6 *that is receiving Federal funds for activities described in*
 7 *subsection (b) on the date on which the entity submits an*
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 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*
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 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:*

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 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.*

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 11 *means a population that, as determined by the Sec-*
 12 *retary, has a significant disparity in the overall rate*
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 15 *the general population.*

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21 *“(1) IN GENERAL.—To carry out this section,*
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 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.*”.

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