I

110TH CONGRESS
1ST SESSION

H. R. 3333

To amend the Public Health Service Act to improve the health and healthcare of racial and ethnic minority groups.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 2, 2007

Mr. JACKSON of Illinois (for himself, Mr. WICKER, Mr. THOMPSON of Mississippi, Mr. PICKERING, Mr. LEWIS of Georgia, Mr. ROGERS of Alabama, Mr. STARK, Mr. KIRK, Mr. DAVIS of Alabama, Mrs. DRAKE, Mr. CONYERS, Mr. BURGESS, Mr. BOYD of Florida, Mr. FORBES, Ms. JACKSON-LEE of Texas, Mr. ALEXANDER, Ms. KILPATRICK, Mr. WAMP, Ms. WATSON, Mr. ENGLISH of Pennsylvania, Mr. SCOTT of Virginia, Mr. LATOURETTE, Ms. NORTON, Mr. BONNER, Mr. SERRANO, Mr. BOOZMAN, Mr. GUTIERREZ, Mr. TIBERI, Ms. WATERS, Mr. MARCHANT, Mr. DAVIS of Illinois, Mr. LOBIONDO, Mr. BISHOP of Georgia, Mr. TIAHRT, Mr. FATTAH, Mrs. EMERSON, Mr. MEEK of Florida, Mr. LATHAM, Mr. BUTTERFIELD, Mr. BOUSTANY, Ms. SCHAKOWSKY, Mr. RENZI, Mr. ORTIZ, Mr. JONES of North Carolina, Ms. WOOLSEY, Mr. WALSH of New York, Ms. LEE, Mr. GINGREY, Mr. JOHNSON of Georgia, Mr. LAHOOD, Mr. RODRIGUEZ, Mr. REGULA, Mr. AL GREEN of Texas, Mr. SHAYS, Mr. COOPER, Mr. HOBSON, and Mr. REYES) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To amend the Public Health Service Act to improve the health and healthcare of racial and ethnic minority groups.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Minority Health Improvement and Health Disparity Elimination Act''.

(b) TABLE OF CONTENTS.—

SEC. 2. DEFINITIONS.

In this Act and the amendments made by this Act:

(1) CULTURAL COMPETENCY.—The term ''culturally competent''—

(A) with respect to health-related services, means the ability to provide healthcare tailored to meet the social, cultural, and linguistic needs of patients from diverse backgrounds; and

(B) when used to describe education or training, means education or training designed to prepare those receiving the education or training to provide health-related services tailored to meet the social, cultural, and linguistic needs of patients from diverse backgrounds.

(2) HEALTH DISPARITY POPULATION.—The term ''health disparity population'' has the meaning given such term in section 903(d)(1) of the Public Health Service Act (42 U.S.C. 299a–1(d)(1)).

(3) HEALTH LITERACY.—The term ''health literacy'' means the degree to which an individual has the capacity to obtain, communicate, process, and understand health information (including the register and language in which the information is provided) and services in order to make appropriate health decisions.

(4) INDIANS; INDIAN TRIBE; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—The terms ''Indian'', ''Indian tribe'', ''tribal organization'', and ''urban Indian organization'' have the meanings

given such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(5) MINORITY GROUP.—The term ''minority group'' has the meaning given the term ''racial and ethnic minority group'' in section 1707 of the Public Health Service Act (42 U.S.C. 300u–6) (as amended by section 501).

(6) PRACTICE-BASED RESEARCH NETWORKS.—The term ''practice-based research network'' means a group of ambulatory practices devoted principally to the primary care of patients, and affiliated in their mission to investigate questions related to community-based practice and to improve the quality of primary care.

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

TITLE I—INCREASING DIVERSITY AND CULTURAL COMPETENCY IN THE HEALTHCARE WORKFORCE THROUGH EDUCATION AND TRAINING

SEC. 101. CULTURAL COMPETENCY AND COMMUNICATION FOR PROVIDERS.

Title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by adding at the end the following:

"SEC. 270. INTERNET CLEARINGHOUSE TO IMPROVE CULTURAL COMPETENCY AND COMMUNICATION BY HEALTHCARE PROVIDERS.

''(a) ESTABLISHMENT.—Not later than 1 year after the date of enactment of the Minority Health Improvement and Health Disparity Elimination Act, the Secretary, acting through the Deputy Assistant Secretary for Minority Health, shall develop and maintain an Internet Clearinghouse within the Office of Minority Health to assist providers in improving the health and healthcare of racial and ethnic minority groups, with the goal of—

''(1) increasing cultural competency;

''(2) improving communication between healthcare providers, staff, and their patients, including those patients with low health literacy;

''(3) improving healthcare quality and patient satisfaction;

''(4) reducing medical errors and healthcare costs; and

''(5) reducing duplication of effort regarding translation of materials.

''(b) INTERNET CLEARINGHOUSE.—Not later than 1 year after the date of enactment of this section the Secretary, acting through the Deputy Assistant Secretary for Minority Health, and in consultation with the Director of the Office for Civil Rights, shall carry out subsection (a) by—

''(1) developing and maintaining, through the Office of Minority Health, an accessible library and database on the Internet with easily searchable, clinically-relevant information regarding culturally competent healthcare for racial and ethnic minority groups, including Internet links to additional resources that fulfill the purpose of this section;

''(2) developing and making templates for visual aids and standard documents with clear explanations that can help patients and consumers access

and make informed decisions about healthcare, including—

''(A) administrative and legal documents, including informed consent and advanced directives;

''(B) clinical information, including information pertaining to treatment adherence, self-management training for chronic conditions, preventing transmission of disease, and discharge instructions;

''(C) patient education and outreach materials, including immunization or screening notices and health warnings; and

''(D) Federal health forms and notices;

''(3) ensuring that documents described in paragraph (2) are posted in English and non-English languages and are culturally appropriate;

''(4) encouraging healthcare providers to customize such documents for their use;

''(5) facilitating access to such documents, including distribution in both paper and electronic formats;

''(6) providing technical assistance to healthcare providers with respect to the access and use of infor-

mation described in paragraph (1) including information to help healthcare providers—

"(A) understand the concept of cultural competence;

"(B) implement culturally competent practices;

"(C) care for patients with low health literacy, including helping such patients understand and participate in healthcare decisions;

"(D) understand and apply Federal guidance and directives regarding healthcare for racial and ethnic minority groups;

"(E) obtain reimbursement for provision of culturally competent services;

"(F) understand and implement bioinformatics and health information technology in order to improve healthcare for racial and ethnic minority groups; and

"(G) conduct other activities determined appropriate by the Secretary;

"(7) providing culturally appropriate dissemination strategies to provide educational materials to patients, representatives of community-based organizations, and the public with respect to the access

and use of information described in paragraph (1), including—

"(A) information to help such individuals—

"(i) understand the concept of cultural competence, and the role of cultural competence in the delivery of healthcare;

"(ii) work with healthcare providers to implement culturally competent practices;

"(iii) provide options for providers and consumers to promote increased understanding of health literacy and self-management concepts, as well as the benefits of improved provider-patient communications; and

"(iv) understand the concept of low health literacy, and the barriers it presents to care; and

"(B) if determined appropriate, materials and information identified by community-based organizations, including other non-profit organizations, that are beneficial in assisting healthcare providers and patients in making decisions regarding health, healthcare, and patient recovery; and

''(C) other material determined appropriate by the Secretary; and

''(8) supporting initiatives that the Secretary determines to be useful to fulfill the purposes of the Internet Clearinghouse.

''(c) DEFINITIONS.—The definitions contained in section 2 of the Minority Health Improvement and Health Disparity Elimination Act shall apply for purposes of this section.''.

SEC. 102. HEALTHCARE WORKFORCE COMPOSITION AND PLACEMENT.

(a) IN GENERAL.—Part F of title VII of the Public Health Service Act (42 U.S.C. 295j et seq.) is amended by inserting after section 792 the following:

''SEC. 793. HEALTHCARE WORKFORCE, EDUCATION, AND TRAINING.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and the Deputy Assistant Secretary for Minority Health, shall establish a database that can produce aggregated and disaggregated statistics on health professional students, including applicants, matriculates, and graduates.

''(b) REQUIREMENT TO COLLECT DATA.—

''(1) IN GENERAL.—Each health professions school described in paragraph (2) that receives Federal funds shall collect race and ethnicity data, primary language data, and where feasible, other health disparity data pursuant to subsection (d), concerning the students described in subsection (a), as well as intended geographical site of practice and intended discipline of practice for graduates. In collecting race and ethnicity data, a school shall—

''(A) at a minimum, use the categories for race and ethnicity established by the Director of the Office of Management and Budget in effect on the date of enactment of the Minority Health Improvement and Health Disparity Elimination Act; and

''(B) if practicable, collect data on additional population groups if such data can be aggregated into the minimum race and ethnicity data categories.

''(2) HEALTH PROFESSIONS SCHOOL.—A health professions school described under this paragraph is a school of medicine or osteopathic medicine, public health, nursing, dentistry, optometry, pharmacy, allied health, podiatric medicine, or veterinary medi-

cine, or a graduate program in mental health practice.

''(c) REPORTING.—Each school or program described under subsection (b), shall, on an annual basis, report data on race and ethnicity and primary language collected under this section to the Secretary for inclusion in the database established under subsection (a). The Secretary shall ensure that such disparity data is reported to Congress and made available to the public.

''(d) HEALTH DISPARITY MEASURES.—The Secretary shall develop, report, and disseminate measures of the other health data referenced in section 793(b)(1), to ensure uniform and consistent collection and reporting of these measures by health professions schools. In developing such measures, the Secretary shall take into consideration health disparity indicators developed pursuant to section 2901(c).

''(e) USE OF DATA.—Data reported pursuant to subsection (c) shall be used by the Secretary to conduct ongoing short- and long-term analyses of diversity within health professions schools and the health professions. The Secretary shall ensure that such analyses are reported to Congress and made available to the public.

''(f) CULTURAL COMPETENCY TRAINING.—The Secretary shall mandate the collection and reporting of data

from health professions schools regarding the extent to which cultural competency training is provided to health professions students, that may include the duration, content and timing of the training, and conduct periodic assessments regarding the preparedness of such students to care for patients from racial and ethnic minority groups.

''(g) PRIVACY.—The Secretary shall ensure that all data collected under this section is protected from inappropriate internal and external use by any entity that collects, stores, or receives the data and that such data is collected without personally identifiable information.

''(h) PARTNERSHIP.—The Secretary may contract with external entities to fulfill the requirements under this section if such entities have demonstrated expertise and experience collecting, analyzing, and reporting data required under this section for health professional students.''.

(b) NATIONAL HEALTH SERVICE CORPS PROGRAM.—

(1) ASSIGNMENT OF CORPS PERSONNEL.—Section 333(a)(3) of the Public Health Service Corps (42 U.S.C. 254f(a)(3)) is amended to read as follows:

''(3)(A) In approving applications for assignment of members of the Corps, the Secretary shall

not discriminate against application from entities which are not receiving Federal financial assistance under this Act.

''(B) In approving such applications, the Secretary shall—

''(i) give preference to applications in which a nonprofit entity or public entity shall provide a site to which Corps members may be assigned; and

''(ii) give highest preference to applications—

''(I) from entities described in clause (i) that are federally qualified health centers as defined in section 1905(l)(2)(B) of the Social Security Act; and

''(II) from entities described in clause (i) that primarily serve racial and ethnic minority groups with annual incomes at or below twice those set forth in the most recent poverty guidelines issued by the Secretary pursuant to section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).''.

(2) PRIORITIES IN ASSIGNMENT OF CORPS PERSONNEL.—Section 333A of the Public Health Service Act (42 U.S.C. 254f–1) is amended—

(A) in subsection (a)—

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

(ii) by striking ''shall—'' and inserting ''shall—

''(1) give preference to applications as set forth in subsection (a)(3) of section 333;''; and

(B) by striking ''subsection (a)(1)'' each place it appears and inserting ''subsection (a)(2)''.

(3) CONFORMING AMENDMENT.—Section 338I(c)(3)(B)(ii) of the Public Health Service Act (42 U.S.C. 254q–1(c)(3)(B)(ii)) is amended by striking ''section 333A(a)(1)'' and inserting ''section 333A(a)(2)''.

SEC. 103. WORKFORCE TRAINING TO ACHIEVE DIVERSITY.

(a) CENTERS OF EXCELLENCE.—Section 736 of the Public Health Service Act (42 U.S.C. 293) is amended—

(1) by striking subsection (a) and inserting the following:

''(a) IN GENERAL.—The Secretary shall make grants to, and enter into contracts with, public and nonprofit private health or educational entities, including designated health professions schools described in subsection (c), for the purpose of assisting the entities in supporting programs of excellence in health professions education for underrepresented minorities in health professions.'';

(2) by striking subsection (b) and inserting the following:

''(b) REQUIRED USE OF FUNDS.—The Secretary may not make a grant under subsection (a) unless the designated health professions school agrees, subject to subsection (c)(1)(C), to use the funds awarded under the grant to—

''(1) develop a large competitive applicant pool through linkages with institutions of higher education, local school districts, and other community-based entities and establish an education pipeline for health professions careers;

''(2) establish, strengthen, or expand programs to enhance the academic performance of underrepresented minority in health professions students attending the school;

''(3) improve the capacity of such school to train, recruit, and retain underrepresented minority

faculty members including the payment of such stipends and fellowships as the Secretary may determine appropriate;

''(4) carry out activities to improve the information resources, clinical education, curricula, and cultural and linguistic competence of the graduates of the school, as it relates to minority health issues;

''(5) facilitate faculty and student research on health issues particularly affecting racial and ethnic minority groups, including research on issues relating to the delivery of culturally competent healthcare (as defined in section 270);

''(6) establish and implement a program to train students of the school in providing health services to racial and ethnic minority individuals through training provided to such students at community-based health facilities that—

''(A) provide such health services; and

''(B) are located at a site remote from the main site of the teaching facilities of the school;

''(7) provide stipends as the Secretary determines appropriate, in amounts as the Secretary determines appropriate; and

''(8) conduct accountability and other reporting activities, as required by the Secretary in subsection (i).'';

(3) in subsection (c)—

(A) by amending paragraph (1) to read as follows:

''(1) DESIGNATED SCHOOLS.—

''(A) IN GENERAL.—The designated health professions schools referred to in subsection (a) are such schools that meet each of the conditions specified in subparagraphs (B) and (C), and that—

''(i) meet each of the conditions specified in paragraph (2)(A);

''(ii) meet each of the conditions specified in paragraph (3);

''(iii) meet each of the conditions specified in paragraph (4); or

''(iv) meet each of the conditions specified in paragraph (5).

''(B) GENERAL CONDITIONS.—The conditions specified in this subparagraph are that a designated health professions school—

''(i) has a significant number of underrepresented minority in health pro-

fessions students enrolled in the school, including individuals accepted for enrollment in the school;

''(ii) has been effective in assisting such students of the school to complete the program of education and receive the degree involved;

''(iii) has been effective in recruiting such students to enroll in and graduate from the school, including providing scholarships and other financial assistance to such students and encouraging such students from all levels of the educational pipeline to pursue health professions careers; and

''(iv) has made significant recruitment efforts to increase the number of underrepresented minority in health professions individuals serving in faculty or administrative positions at the school.

''(C) CONSORTIUM.—The condition specified in this subparagraph is that, in accordance with subsection (e)(1), the designated health profession school involved has with other health profession schools (designated or otherwise)

formed a consortium to carry out the purposes described in subsection (b) at the schools of the consortium.

''(D) APPLICATION OF CRITERIA TO OTHER PROGRAMS.—In the case of any criteria established by the Secretary for purposes of determining whether schools meet the conditions described in subparagraph (B), this section may not, with respect to racial and ethnic minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.'';

(B) by amending paragraph (2) to read as follows:

''(2) CENTERS OF EXCELLENCE AT CERTAIN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES.—

''(A) CONDITIONS.—The conditions specified in this subparagraph are that a designated health professions school is a school described in section 799B(1).

''(B) USE OF GRANT.—In addition to the purposes described in subsection (b), a grant under subsection (a) to a designated health pro-

fessions school meeting the conditions described in subparagraph (A) may be expended—

"(i) to develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for underrepresented minority individuals; and

"(ii) to provide improved access to the library and informational resources of the school.

"(C) EXCEPTION.—The requirements of paragraph (1)(C) shall not apply to a historically black college or university that receives funding under this paragraph or paragraph (5)."; and

(C) by amending paragraphs (3) through (5) to read as follows:

"(3) HISPANIC CENTERS OF EXCELLENCE.—The conditions specified in this paragraph are that—

"(A) with respect to Hispanic individuals, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;

''(B) the school agrees, as a condition of receiving a grant under subsection (a) of this section, that the school will, in carrying out the duties described in subsection (b) of this section, give priority to carrying out the duties with respect to Hispanic individuals; and

''(C) the school agrees, as a condition of receiving a grant under subsection (a) of this section, that—

''(i) the school will establish an arrangement with 1 or more public or nonprofit community-based Hispanic serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Hispanic individuals, the purposes of which will be to carry out a program—

''(I) to identify Hispanic students who are interested in a career in the health profession involved; and

''(II) to facilitate the educational preparation of such students to enter the health professions school; and

"(ii) the school will make efforts to recruit Hispanic students, including students who have participated in the undergraduate or other matriculation program carried out under arrangements established by the school pursuant to clause (i)(II) and will assist Hispanic students regarding the completion of the educational requirements for a degree from the school.

"(4) NATIVE AMERICAN CENTERS OF EXCELLENCE.—Subject to subsection (e), the conditions specified in this paragraph are that—

"(A) with respect to Native Americans, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;

"(B) the school agrees, as a condition of receiving a grant under subsection (a) of this section, that the school will, in carrying out the duties described in subsection (b) of this section, give priority to carrying out the duties with respect to Native Americans; and

"(C) the school agrees, as a condition of receiving a grant under subsection (a) of this section, that—

"(i) the school will establish an arrangement with 1 or more public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Native Americans, the purpose of which arrangement will be to carry out a program—

"(I) to identify Native American students, from the institutions of higher education referred to in clause (i), who are interested in health professions careers; and

"(II) to facilitate the educational preparation of such students to enter the designated health professions school; and

"(ii) the designated health professions school will make efforts to recruit Native American students, including students who have participated in the undergraduate program carried out under arrangements established by the school pursuant to clause (i) and will assist Native American students regarding the completion of the

educational requirements for a degree from the designated health professions school.

''(5) OTHER CENTERS OF EXCELLENCE.—The conditions specified in this paragraph are—

''(A) with respect to other centers of excellence, the conditions described in clauses (i) through (iv) of paragraph (1)(B); and

''(B) that the health professions school involved has an enrollment of underrepresented minorities in health professions significantly above the national average for such enrollments of health professions schools.''; and

(4) by striking subsection (h) and inserting the following:

''(h) FORMULA FOR ALLOCATIONS.—

''(1) ALLOCATIONS.—Based on the amount appropriated under section 106(a) of the Minority Health Improvement and Health Disparity Elimination Act for a fiscal year, the following subparagraphs shall apply as appropriate:

''(A) IN GENERAL.—If the amounts appropriated under section 106(a) of the Minority Health Improvement and Health Disparity Elimination Act for a fiscal year are $24,000,000 or less—

"(i) the Secretary shall make available $12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A); and

"(ii) and available after grants are made with funds under clause (i), the Secretary shall make available—

"(I) 60 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting the conditions under subsection (e)); and

"(II) 40 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

"(B) FUNDING IN EXCESS OF $24,000,000.—If amounts appropriated under section 106(a) of the Minority Health Improvement and Health Disparity Elimination Act for

a fiscal year exceed $24,000,000 but are less than $30,000,000—

"(i) 80 percent of such excess amounts shall be made available for grants under subsection (a) to health professions schools that meet the requirements described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e)); and

"(ii) 20 percent of such excess amount shall be made available for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

"(C) FUNDING IN EXCESS OF $30,000,000.—If amounts appropriated under section 106(a) of the Minority Health Improvement and Health Disparity Elimination Act for a fiscal year exceed $30,000,000 but are less than $40,000,000, the Secretary shall make available—

"(i) not less than $12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);

"(ii) not less than $12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));

"(iii) not less than $6,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and

"(iv) after grants are made with funds under clauses (i) through (iii), any remaining excess amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).

"(D) FUNDING IN EXCESS OF $40,000,000.—If amounts appropriated under section 106(a) of the Minority Health Improvement and Health Disparity Elimination Act for a fiscal year are $40,000,000 or more, the Secretary shall make available—

"(i) not less than $16,000,000 for grants under subsection (a) to health pro-

fessions schools that meet the conditions described in subsection (c)(2)(A);

''(ii) not less than $16,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));

''(iii) not less than $8,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and

''(iv) after grants are made with funds under clauses (i) through (iii), any remaining funds for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).

''(2) NO LIMITATION.—Nothing in this subsection shall be construed as limiting the centers of excellence referred to in this section to the designated amount, or to preclude such entities from competing for grants under this section.

''(3) MAINTENANCE OF EFFORT.—

''(A) IN GENERAL.—With respect to activities for which a grant made under this part are authorized to be expended, the Secretary may not make such a grant to a center of excellence for any fiscal year unless the center agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the center for the fiscal year preceding the fiscal year for which the school receives such a grant.

''(B) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a center of excellence and available for carrying out activities for which a grant under this part is authorized to be expended, the center shall, before expending the grant, expend the Federal amounts obtained from sources other than the grant, unless given prior approval from the Secretary.

''(i) EVALUATIONS.—

''(1) ADVISORY COMMITTEE.—

''(A) IN GENERAL.—Not later than 90 days after the date of enactment of the Minority Health Improvement and Health Disparity

Elimination Act, the Secretary shall establish and appoint the members of an advisory committee composed of representatives of government agencies, including the Health Resources and Services Administration, the Office of Minority Health, and the Indian Health Service, community stakeholders and experts in identifying and addressing the health concerns of racial and ethnic minority groups, and designees from health professions schools described in subsection (b).

"(B) DUTIES.—The advisory committee shall develop and recommend performance measures with which to assess, based on data to be compiled by recipients of grants or contracts under this section or section 736, 737, 738, or 739, the extent to which the program described in this section and sections 736, 737, 738, and 739 has met the purpose of this part. The advisory committee shall submit such recommendations to the Administrator of the Health Resources and Services Administration not later than 6 months after the appointment of the advisory committee.

"(C) NOTIFICATION.—Not later than 30 days after the submission of the recommendations, the Administrator of the Health Resources and Services Administration shall review the recommendations and establish performance measures described in subparagraph (B), and the Administrator shall notify recipients of grants or contracts under this section or section 736, 737, 738, or 739 of the new performance measures and make requirements related to the performance measures publicly available both on the website of the Administration and as part of any notifications of awards released to entities receiving the grants or contracts.

"(2) DATA COLLECTION AND ANNUAL EVALUATIONS.—

"(A) IN GENERAL.—The Administrator of the Health Resources and Services Administration shall collect data on an annual basis from recipients of grants or contracts under this section or section 736, 737, 738, or 739 on the performance measures established under paragraph (1).

"(B) BIANNUAL MEETING.—The Administrator of the Health Resources and Services Administration shall convene a meeting of the advisory committee established under paragraph (1) not less than twice per year. At the meeting, the advisory committee shall recommend any necessary changes to such performance measures to improve data collection and short-term evaluation with respect to the programs carried out under this section or section 736, 737, 738, or 739, and provide technical assistance as necessary.

"(3) UPDATES.—The Administrator of the Health Resources and Services Administration shall determine whether to incorporate the recommended changes as described in paragraph (2)(B) and provide technical assistance as necessary. The Administrator shall not penalize a current recipient of a grant or contract under this section or section 736, 737, 738, or 739 for failing to comply with the revised data collection or performance measure requirements if the recipient demonstrates an inability to provide additional data mandated under the requirements.

''(4) ACCOUNTABILITY.—The Administrator shall review and take into consideration performance measurement data previously collected from recipients of grants or contracts under this section or section 736, 737, 738, or 739 when deciding to renew the grants or contracts of such recipients.''.

(b) 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.) is amended by adding at the end the following:

''SEC. 742. COOPERATIVE AGREEMENTS FOR ONLINE DEGREE PROGRAMS.

''(a) COOPERATIVE AGREEMENTS.—The Secretary shall award cooperative agreements to accredited schools of public health, schools of allied health, and public health programs to design and implement a degree program over the Internet (referred to in this section as an 'online degree program').

''(b) APPLICATION.—To be eligible to receive a cooperative agreement under subsection (a), an accredited school of public health, school of allied health, or public health program shall submit an application at such time, in such manner, and containing such information as the Secretary may require.

''(c) PRIORITY.—In awarding cooperative agreements under this section, the Secretary shall give priority to any accredited school of public health, school of allied health, or public health program that serves a disproportionate number of individuals from racial and ethnic minority groups.

''(d) REQUIREMENTS.—Awardees shall use an award under subsection (a) to design and implement an online degree program that meets the following conditions:

''(1) Limiting enrollment to individuals who have obtained a secondary school diploma or a recognized equivalent.

''(2) Maintaining significant enrollment and graduation of underrepresented minorities in health professions.''.

(c) DEFINITION.—Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended by inserting after the part heading the following:

''SEC. 735A. APPLICATION OF DEFINITION.

''The definition contained in section 738(b)(5) shall apply for purposes of this part, except that such definition shall also apply in the case of references to 'underrepresented minority students', 'underrepresented minority faculty members', 'underrepresented minority faculty ad-

ministrators', and 'underrepresented minorities in health professions'.''.

SEC. 104. MID-CAREER HEALTH PROFESSIONS SCHOLARSHIP PROGRAM.

Subpart 2 of part E of title VII of the Public Health Service Act (42 U.S.C. 295 et seq.) is amended—

(1) in section 770, by inserting ''(other than section 771)'' after ''this subpart'';

(2) by redesignating section 770 as section 771; and

(3) by inserting after section 769 the following:

''SEC. 770. MID-CAREER HEALTH PROFESSIONS SCHOLARSHIP PROGRAM.

''(a) IN GENERAL.—The Secretary may make grants to eligible schools to award scholarships to eligible individuals to attend the school involved, for the purpose of enabling the individuals to make a career change from a non-health profession to a health profession.

''(b) APPLICATION.—To receive a grant under this section, an eligible school shall 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.—Amounts awarded as a scholarship under this section may be expended only for tuition expenses, other reasonable educational expenses, and rea-

sonable living expenses incurred in the attendance of the school involved.

''(d) DEFINITIONS.—In this section:

''(1) ELIGIBLE SCHOOL.—The term 'eligible school' means an accredited school of medicine, osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants.

''(2) ELIGIBLE INDIVIDUAL.—The term 'eligible individual' means an individual who is an underrepresented minority who has obtained a secondary school diploma or its recognized equivalent.''.

SEC. 105. CULTURAL COMPETENCY TRAINING.

Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.), as amended by section 104, is amended by adding at the end the following:

''SEC. 743. CULTURAL COMPETENCY TRAINING.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in collaboration with the Office of Minority Health and Agency for Healthcare Research and Quality, shall support the development, evaluation, and

dissemination of model curricula for cultural competency training for use in health professions schools and continuing education programs, and other purposes determined appropriate by the Secretary.

''(b) CURRICULA.—In carrying out subsection (a), the Secretary shall collaborate with health professional societies, licensing and accreditation entities, health professions schools, and experts in minority health and cultural competency, community-based organizations, and other organizations as determined appropriate by the Secretary. Such curricula shall include a focus on cultural competency measures and cultural competency self-assessment methodology for health providers, systems and institutions.

''(c) DISSEMINATION.—

''(1) IN GENERAL.—Such model curricula should be disseminated through the Internet Clearinghouse under section 270 and other means as determined appropriate by the Secretary.

''(2) EVALUATION.—The Secretary shall evaluate adoption and the implementation of cultural competency training curricula, and facilitate inclusion of cultural competency measures in quality measurement systems as appropriate.''.

SEC. 106. AUTHORIZATION OF APPROPRIATIONS; REAUTHORIZATIONS.

(a) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated—

(1) such sums as may be necessary for each of fiscal years 2008 through 2012, to carry out the amendments made by sections 101 and 102 of this title (adding sections 270 and 793 to the Public Health Service Act);

(2) $45,000,000 for fiscal year 2008 and such sums as may be necessary for each of fiscal years 2009 through 2012, to carry out the amendments made by section 103(a) (relating to centers of excellence in section 736 of the Public Health Service Act);

(3) such sums as may be necessary for each of fiscal years 2008 through 2012, to carry out the amendments made by section 103(b) (adding section 742 to the Public Health Service Act);

(4) such sums as may be necessary for each of fiscal years 2008 through 2012, to carry out the amendments made by section 104(b) (adding section 770 to the Public Health Service Act); and

(5) such sums as may be necessary for each of fiscal years 2008 through 2012, to carry out the

amendment made by section 105 (adding section 743 to the Public Health Service Act).

(b) REAUTHORIZATIONS.—The following programs are reauthorized as follows:

(1) EDUCATIONAL ASSISTANCE IN THE HEALTH PROFESSIONS REGARDING INDIVIDUALS FROM DISADVANTAGED BACKGROUND.—Section 740(c) of the Public Health Service Act (42 U.S.C. 293a(c)) is amended by striking the first sentence and inserting the following: ''For the purpose of grants and contracts under section 739(a)(1), there is authorized to be appropriated $60,000,000 for fiscal year 2008 and such sums as may be necessary for each of fiscal years 2009 through 2012.''.

(2) SCHOLARSHIPS FOR DISADVANTAGED STUDENTS.—Section 740(a) of the Public Health Service Act (42 U.S.C. 293a(a)) is amended by striking ''$37,000,000'' and all that follows through ''through 2002'' and inserting ''$51,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2012''.

(3) LOAN REPAYMENTS AND FELLOWSHIPS.—Section 740(b) of the Public Health Service Act (42 U.S.C. 293a(b)) is amended by striking ''$1,100,000'' and all that follows through ''through

2002'' and inserting ''$1,700,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2012''.

(4) GRANTS FOR HEALTH PROFESSIONS EDUCATION.—Section 741 of the Public Health Service Act (42 U.S.C. 293e) is amended in subsection (b), by striking ''$3,500,000'' and all that follows through the period and inserting ''such sums as may be necessary for each of fiscal years 2008 through 2012.''.

TITLE II—PROMOTING HEALTH AND HEALTHCARE AWARENESS AND ACCESS

SEC. 201. CARE AND ACCESS.

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. 399R. ACCESS, AWARENESS, AND OUTREACH ACTIVITIES.

''(a) DEMONSTRATION PROJECTS.—The Secretary shall award multiyear contracts or competitive grants to eligible entities to support demonstration projects designed to improve the health and healthcare of racial and ethnic minority groups through improved access to healthcare, patient navigators, primary prevention activi-

ties, health promotion and disease prevention activities, and health literacy education and services.

''(b) ELIGIBILITY.—In this section:

''(1) ELIGIBLE ENTITY.—The term 'eligible entity' means an organization or a community-based consortium.

''(2) ORGANIZATION.—The term 'organization' means—

''(A) a hospital, health plan, or clinic;

''(B) an academic institution;

''(C) a State health agency;

''(D) an Indian Health Service hospital or clinic, Indian tribal health facility, or urban Indian facility;

''(E) a nonprofit organization, including a faith-based organization or consortium, to the extent that a contract or grant awarded to such an entity is consistent with the requirements of section 1955;

''(F) a primary care practice-based research network; and

''(G) any other similar entity determined to be appropriate by the Secretary.

''(3) COMMUNITY-BASED CONSORTIUM.—The term 'community-based consortium' means a partnership that—

''(A) includes—

''(i) individuals who are representatives of organizations of racial and ethnic minority groups;

''(ii) community leaders and leaders of community-based organizations;

''(iii) healthcare providers, including providers who treat racial and ethnic minority groups; and

''(iv) experts in the area of social and behavioral science, who have knowledge, training, or practical experience in health policy, advocacy, cultural or linguistic competency, or other relevant areas as determined by the Secretary; and

''(B) is located within a federally- or State-designated medically underserved area, a federally designated health provider shortage area, or an area with a significant population of racial and ethnic minorities.

''(c) APPLICATION.—An eligible entity seeking a contract or grant under this section shall submit an applica-

tion to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including assurances that the eligible entity will—

''(1) target populations that are members of racial and ethnic minority groups and health disparity populations through specific outreach activities;

''(2) collaborate with appropriate community organizations and include meaningful community participation in planning, implementation, and evaluation of activities;

''(3) demonstrate capacity to promote culturally competent and appropriate care for target populations with consideration for health literacy;

''(4) develop a plan for long-term sustainability;

''(5) evaluate the effectiveness of activities under this section, within an appropriate time frame, which shall include a focus on quality and outcomes performance measures to ensure that the activities are meeting the intended goals, and that the entity is able to disseminate findings from such evaluations;

''(6) provide ongoing outreach and education to the health disparity populations served;

''(7) demonstrate coordination between public and private entities; and

''(8) assist individuals and groups in accessing public and private programs that will help eliminate disparities in health and healthcare.

''(d) PRIORITIES.—In awarding contracts and grants under this section, the Secretary shall give priority to applicants that are—

''(1) safety net hospitals, defined as hospitals with a low income utilization rate greater than 25 percent (as defined in section 1923(b)(3) of the Social Security Act (42 U.S.C. 1396r–4(b)(3)));

''(2) a federally qualified health center as defined in section 1905(l)(2)(B) of the Social Security Act with the ability to establish and lead a collaborative partnership;

''(3) a community-based consortium as described in subsection (b)(3)(A)

''(4) safety net health plans that are in coordination with local health centers;

''(5) an Indian tribe, tribal organization, or urban Indian organization; and

''(6) other health systems that—

''(A) by legal mandate or explicitly adopted mission, provide patients with access to services regardless of their ability to pay;

"(B) provide care or treatment for a substantial number of patients who are uninsured, are receiving assistance under a State program under title XIX of the Social Security Act, or are members of vulnerable populations, as determined by the Secretary;

"(C) serve a disproportionate percentage of patients from racial and ethnic minority groups;

"(D) provide an assurance that amounts received under the grant or contract will be used to implement strategies that address patients' linguistic needs, where necessary, and recruit and maintain diverse staff and leadership; and

"(E) provide an assurance that amounts received under the grant or contract will be used to support quality improvement activities for patients from racial and ethnic minority groups.

"(e) USE OF FUNDS.—An eligible entity shall use such amounts received under this section for demonstration projects to—

"(1) address health disparities in the United States-Mexico Border Area, as defined in section 8 of the United States-Mexico Border Health Commis-

sion Act (22 U.S.C. 290n–6), relating to health disparities in the areas of—

"(A) maternal and child health;

"(B) primary care and preventive health, including health education and promotion;

"(C) public health and the built environment;

"(D) oral health;

"(E) behavioral and mental health and substance abuse;

"(F) health conditions that have a disproportionate impact on racial and ethnic minorities and a high prevalence in the Border Area;

"(G) health services research;

"(H) environmental health;

"(I) workforce training and development; or

"(J) other areas determined appropriate by the Secretary;

"(2) implement the best practices in disease management, including those that address primary prevention and co-occurring chronic conditions, as defined by the public-private partnership established under section 918(b), that target patients with low

health literacy, and, as feasible, incorporate health information technology;

''(3) evaluate methods for strengthening the health coverage and continuity of coverage of migratory and seasonal agricultural workers, as such terms are defined in section 330(g), and workers in other industries with traditionally low rates of employer-sponsored health insurance; and

''(4) identify, educate, and enroll eligible patients from racial and ethnic minorities and other health disparity populations into clinical trials.

''(f) REPORT.—Not later than 3 years after the date an entity receives a contract or grant under this section and annually thereafter, the entity shall provide to the Secretary a report containing the results of any evaluation conducted pursuant to subsection (c)(5).

''(g) DISSEMINATION OF FINDINGS.—The Secretary shall, as appropriate, disseminate to public and private entities, including Congress, the findings made in evaluations described under subsection (f).

''SEC. 399S. GRANTS TO PROMOTE POSITIVE HEALTH BEHAVIORS.

''(a) GRANTS AUTHORIZED.—The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention and other Federal officials deter-

mined appropriate by the Secretary, may award grants to State or local governments, Indian tribes (including Alaska Native villages), tribal organizations, or urban Indian organizations, to promote positive health behaviors for racial and ethnic minority populations, especially in medically underserved communities.

''(b) USE OF FUNDS.—Grants awarded under subsection (a) may be used to provide support to community health workers—

''(1) to educate, guide, and provide outreach in a community setting regarding health problems prevalent among racial and ethnic minority populations, especially in medically underserved communities;

''(2) to educate, guide, and provide experiential learning opportunities that target behavioral risk factors including—

''(A) poor nutrition;

''(B) physical inactivity;

''(C) being overweight or obese;

''(D) tobacco use;

''(E) alcohol and substance use;

''(F) injury and violence;

''(G) risky sexual behavior;

''(H) mental health problems;

''(I) poor oral health;

''(3) to educate and provide guidance regarding effective strategies to promote positive health behaviors within the family;

''(4) to educate and provide outreach regarding enrollment in health insurance including the State Children's Health Insurance Program under title XXI of the Social Security Act, Medicare under title XVIII of such Act and Medicaid under title XIX of such Act;

''(5) to promote community wellness and awareness;

''(6) to educate and refer racial and ethnic minorities to appropriate healthcare agencies and community-based programs and organizations in order to increase access to quality healthcare services, including preventive health services; or

''(7) to educate, guide, and provide home visitation services to improve maternal and child health outcomes.

''(c) APPLICATION.—

''(1) IN GENERAL.—Each State or local government, Indian tribe (including Alaska Native villages), tribal organizations, or urban Indian organizations that desires to receive a grant under subsection (a) shall submit an application to the Sec-

retary, at such time, in such manner, and accompanied by such information as the Secretary may require.

''(2) CONTENTS.—Each application submitted pursuant to paragraph (1) shall—

''(A) describe the activities for which assistance is sought under this section;

''(B) contain an assurance that, with respect to each community health worker program receiving funds under the grant, such program will provide training and supervision to community health workers to enable such workers to provide authorized program services;

''(C) contain an assurance that the applicant will evaluate the effectiveness of community health worker programs receiving funds under the grant;

''(D) contain an assurance that each community health worker program receiving funds under the grant will provide services in the cultural context most appropriate for the individuals served by the program;

''(E) contain a plan to document and disseminate project descriptions and results to

other States and organizations as identified by the Secretary; and

''(F) describe plans to enhance the capacity of individuals to utilize health services and health-related social services under Federal, State, and local programs by—

''(i) assisting individuals in establishing eligibility under the programs and in receiving the services or other benefits of the programs; and

''(ii) providing other services as the Secretary determines to be appropriate, that may include transportation and translation services.

''(d) PRIORITY.—In awarding grants under subsection (a), the Secretary shall give priority to applicants that—

''(1) propose to target geographic areas—

''(A) with a high percentage of residents who are eligible for health insurance but are uninsured or underinsured; and

''(B) with a high percentage of families for whom English is not their primary language;

''(2) have experience in providing health or health-related social services to individuals who are underserved with respect to such services; and

''(3) have documented community activity and experience with community health workers.

''(e) COLLABORATION WITH ACADEMIC INSTITUTIONS.—The Secretary shall encourage community health worker programs receiving funds under this section to collaborate with academic institutions. Nothing in this section shall be construed to require such collaboration.

''(f) QUALITY ASSURANCE AND COST EFFECTIVENESS.—The Secretary shall establish guidelines for assuring the quality of the training and supervision of community health workers under the programs funded under this section and for assuring the cost-effectiveness of such programs.

''(g) MONITORING.—The Secretary shall monitor community health worker programs identified in approved applications under this section and shall determine whether such programs are in compliance with the guidelines established under subsection (f).

''(h) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance to community health worker programs identified in approved applications under this

section with respect to planning, developing, and operating programs under the grant.

''(i) REPORT TO CONGRESS.—

''(1) IN GENERAL.—Not later than 4 years after the date on which the Secretary first awards grants under subsection (a), the Secretary shall submit to Congress a report regarding the grant project.

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

''(A) A description of the programs for which grant funds were used.

''(B) The number of individuals served under such programs.

''(C) An evaluation of—

''(i) the effectiveness of such programs;

''(ii) the cost of such programs; and

''(iii) the impact of the programs on the health outcomes of the community residents.

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

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

''(j) DEFINITIONS.—In this section:

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

''(A) by serving as a liaison between communities and healthcare agencies;

''(B) by providing guidance and social assistance to community residents;

''(C) by enhancing community residents' ability to effectively communicate with healthcare providers;

''(D) by providing culturally and linguistically appropriate health or nutrition education;

''(E) by advocating for individual and community health, including oral and mental, and nutrition needs; and

''(F) by providing referral and follow-up services.

''(2) COMMUNITY SETTING.—The term 'community setting' means a home or a community organi-

zation located in the neighborhood in which a participant resides.

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

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

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

''(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.

''SEC. 399T. GRANTS FOR RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH.

''(a) PURPOSE.—It is the purpose of this section to 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, in consultation with the Office of Minority Health, shall award grants to eligible entities to assist in designing, implementing, and evaluating culturally and linguistically appropriate, evidence-based and community-driven sustainable 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;

''(II) community-based organizations;

''(III) university and research organizations;

''(IV) Indian tribes, tribal organizations, urban Indian organizations, national or regional Indian organizations, or the Indian Health Service;

''(V) organizations serving Native Hawaiians;

''(VI) organizations serving Pacific Islanders; and

''(VII) interested public or private healthcare providers or organizations as deemed appropriate by the Secretary; and

''(ii) at least 1 member from a community-based organization that represents the targeted racial or ethnic minority group; and

''(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, which shall include—

''(A) a description of the targeted racial or ethnic populations in the community to be served under the grant;

''(B) a description of at least 1 health disparity that exists in the racial or ethnic tar-

geted populations, including infant mortality, breast and cervical cancer screening and management, cardiovascular disease, diabetes, child and adult immunization levels, HIV/AIDS, hepatitis B, tuberculosis, asthma, or other health priority areas as designated by the Secretary; and

''(C) a demonstration of a proven record of accomplishment of the coalition members in serving and working with the targeted community.

''(d) SUSTAINABILITY.—The Secretary shall give priority to an eligible entity under this section if the entity agrees that, with respect to the costs to be incurred by the entity in carrying out the activities for which the grant was awarded, the entity (and each of the participating partners in the coalition represented by the entity) will maintain its expenditures of non-Federal funds for such activities at a level that is not less than the level of such expenditures during the fiscal year immediately preceding the first fiscal year for which the grant is awarded.

''(e) NONDUPLICATION.—Funds provided through this grant program should supplement, not supplant, existing Federal funding, and the funds should not be used

to duplicate the activities of the other health disparity grant programs in this Act.

''(f) TECHNICAL ASSISTANCE.—The Secretary may, either directly or by grant or contract, provide any entity that receives a grant under this section with technical and other non-financial assistance necessary to meet the requirements of this section.

''(g) DISSEMINATION.—The Secretary shall encourage and enable grantees to share best practices, evaluation results, and reports using the Internet, conferences, and other pertinent information regarding the projects funded by this section, including the outreach efforts of the Office of Minority Health and the Centers for Disease Control and Prevention. Such information shall be publicly available, and posted on the Internet website of relevant government agencies.

''(h) ADMINISTRATIVE BURDENS.—The Secretary shall make every effort to minimize duplicative or unnecessary administrative burdens on grantees.

''SEC. 399U. GRANTS FOR HEALTH DISPARITY COLLABORATIVES.

''(a) PURPOSE.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall award grants to eligible entities to assist in implementing systems of primary care practices to

eliminate disparities in the delivery of healthcare and improve the healthcare provided to all patients.

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

''(1) be a federally qualified health center as defined in section 1861(aa)(4) or 1905(l)(2)(B) of the Social Security Act with the ability to establish and lead a collaborative partnership; and

''(2) submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, which shall include plans to implement collaboratives in one or more of the following areas:

''(A) Diabetes.

''(B) Asthma.

''(C) Depression.

''(D) Cardiovascular disease.

''(E) Cancer.

''(F) Preventive health, including screenings.

''(G) Perinatal health.

''(H) Patient safety.

''(I) Oral health.

''(J) Finance and redesign of health centers to implement planned care.

''(K) Other areas as designated by the Secretary.

''(c) NONDUPLICATION.—Funds provided through this grant program should supplement, not supplant, existing Federal funding, and the funds should not be used to duplicate the activities of the other health disparity grant programs in this Act.

''(d) TECHNICAL ASSISTANCE.—The Secretary may, either directly or by grant or contract, provide any entity that receives a grant under this section with technical and other non-financial assistance necessary to meet the requirements of this section.

''(e) ADMINISTRATIVE BURDENS.—The Secretary shall make every effort to minimize duplicative or unnecessary administrative burdens on grantees.

''SEC. 399V. HEALTH ACTION ZONES.

''(a) PURPOSE.—The Secretary shall establish the Health Action Zone Initiative demonstration program to support comprehensive State, tribal, or local initiatives to improve the health of racial and ethnic minority groups.

''(b) HEALTH ACTION ZONE INITIATIVE PROGRAM.—

''(1) IN GENERAL.—The Secretary shall award Health Action Zone Initiative Program grants to State and local public health agencies and Indian

tribes and tribal organizations of eligible communities. Each grant shall be funded for 5 years.

''(2) ELIGIBLE COMMUNITIES.—

''(A) IDENTIFICATION.—The Secretary shall develop, after opportunity for public review and comment, and implement a metric for identifying and notifying eligible communities pursuant to subparagraph (B), and report such findings to Congress and the public.

''(B) ELIGIBILITY.—Eligible communities shall be communities that are most at risk, or at greatest disproportionate risk, for adverse health outcomes, as measured by—

''(i) overall burden of disease and health conditions;

''(ii) accessibility to and availability of health and economic resources;

''(iii) proportion of individuals from racial and ethnic minority groups; and

''(iv) other factors as determined appropriate by the Secretary.

''(3) AGENCY COLLABORATION.—The Secretary, in collaboration with the Deputy Assistant Secretary for Minority Health, the Director of the Centers for Disease Control and Prevention, the Administrator

of the Health Resources and Services Administration, the Director of the Indian Health Service, the Director of the Centers for Medicare & Medicaid Services, the Director of the Substance Abuse and Mental Health Services Administration, and heads of other Federal agencies as appropriate, shall determine, with respect to the Health Action Zone Initiative Program—

''(A) core goals, objectives and reasonable time lines for implementing, evaluating and sustaining comprehensive and effective health and healthcare improvement activities in eligible communities;

''(B) current programmatic and research initiatives in which eligible communities may participate;

''(C) existing agency resources that can be targeted to eligible communities; and

''(D) mechanisms to facilitate joint application, or establish a common application, to multiple grant programs, as appropriate.

''(4) APPLICATIONS.—

''(A) IN GENERAL.—The State and local public health agencies of eligible communities shall jointly submit an application to the Sec-

retary at such time, in such manner, and accompanied by such information as the Secretary may require, including a strategic plan that shall—

"(i) describe the proposed activities pursuant to paragraph (5);

"(ii) report the extent to which local institutions and organizations and community residents have participated in the strategic plan development;

"(iii) identify established public-private partnerships, and State, local, and private resources that will be available;

"(iv) identify Federal funding needed to support the proposed activities; and

"(v) report the baselines, methods, and benchmarks for measuring the success of activities proposed in the strategic plan.

"(B) COMMUNITY ADVISORY BOARD.—

"(i) IN GENERAL.—In order to receive a Health Action Zone Initiative Program grant under this section, an eligible community shall have a community advisory board.

"(ii) MEMBERS.—

''(I) COMMUNITY.—The majority of the members of a community advisory board under clause (i) shall be individuals that will benefit from the activities or services provided by the grants under this section.

''(II) REPRESENTATIVES.—A community advisory board shall include representatives from the State health department and county or local health department, community-based organizations, environmental and public health experts, healthcare professionals and providers, nonprofit leaders, community organizers, elected officials, private payers, employers, and consumers.

''(iii) DUTIES.—A community advisory board shall—

''(I) oversee the functions and operations of Health Action Zone Initiative Program grant activities;

''(II) assist in the evaluation of such activities; and

''(III) prepare an annual report that describes the progress made towards achieving stated goals and recommends time lines and future courses of action.

''(5) USE OF FUNDS.—An eligible community that receives a grant under this section shall use the funding to support activities to achieve stated core goals and objectives, pursuant to paragraph (3), which may include initiatives that—

''(A) promote disease prevention and health promotion for racial and ethnic minority groups;

''(B) facilitate partnerships between healthcare providers, public and health agencies, academic institutions, community based or advocacy organizations, elected officials, professional societies, and other stakeholder groups;

''(C) enhance the local capacity for health data collection and reporting in a manner that can be aggregated and disaggregated to enhance understanding of the racial and ethnic diversity of the Health Action Zone;

''(D) coordinate and integrate community-based activities including education, city plan-

ning, transportation initiatives, environmental changes, and other related activities at the local level that help improve public health and address health concerns;

''(E) mobilize financial and other resources from the public and private sector to increase local capacity to address health issues;

''(F) support the training of staff in communication and outreach to the general public, particularly those at disproportionate risk for health and healthcare disparities;

''(G) assist eligible communities in meeting Healthy People 2010 objectives; and

''(H) aid eligible communities in providing employment, and cultural and recreational resources that enable healthy lifestyles.

''(6) EVALUATION.—The Secretary, directly or through contract, shall conduct and report an evaluation of the Health Action Zone Initiative Program that shall be available to the public.

''(7) SUPPLEMENT NOT SUPPLANT.—Grant funds received under this section shall be used to supplement, and not supplant, funding that would otherwise be used for activities described under this section.

''(c) PUERTO RICO.—For purposes of this section, the term 'State' includes Puerto Rico.

"SEC. 399W. OUTREACH.

''(a) IN GENERAL.—The Secretary, in collaboration with the Office for Minority Health, the Centers for Medicare and Medicaid Services, the Indian Health Service, and the Health Resources and Services Administration, shall establish a grant program to improve outreach, participation, and enrollment by eligible entities with respect to available healthcare programs.

''(b) ELIGIBILITY.—In this section, the term 'eligible entity' means any of the following:

''(1) A State or local government.

''(2) A Federal health safety net organization.

''(3) A national, local, or community-based public or nonprofit private organization.

''(4) A faith-based organization or consortia, to the extent that a grant awarded to such an entity is consistent with the requirements of section 1955 relating to a grant award to non-governmental entities.

''(5) An elementary or secondary school.

''(c) DEFINITION.—In this section:

"(1) FEDERAL HEALTH SAFETY NET ORGANIZATION.—The term 'Federal health safety net organization' means—

"(A) a health program operated by the Indian Health Service, an Indian tribe, tribal organization or urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603);

"(B) a federally qualified health center, as defined in section 1905(l)(2)(B) of the Social Security Act, with the ability to establish and lead a collaborative partnership;

"(C) a safety net hospital, defined as a hospital with a low income utilization rate greater than 25 percent (as defined in section 1923(b)(3) of the Social Security Act (42 U.S.C. 1396r–4(b)(3)));

"(D) a covered entity described in section 340B(a)(4);

"(E) a safety net health plan defined as a managed care organization that—

"(i) is exempt from or not subject to Federal income tax, or is owned by an en-

tity or entities exempt from or not subject to Federal income tax; and

"(ii) enrolls not less than 75 percent of its members in a plan or program funded in whole or in part under a Federal, State, or local healthcare program (other than a program for government employees); and

"(F) any other entity or a consortium that serves children under a federally funded program, including the special supplemental nutrition program for women, infants, and children (WIC) established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), the head start and early head start programs under the Head Start Act (42 U.S.C. 9831 et seq.), the school lunch program established under the Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.), and an elementary or secondary school.

"(2) INDIANS; INDIAN TRIBE; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—The terms 'Indian', 'Indian tribe', 'tribal organization', and 'urban Indian organization' have the meanings given

such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

''(d) PRIORITY FOR AWARD OF GRANTS.—

''(1) IN GENERAL.—In making grants under subsection (a), the Secretary shall give priority to—

''(A) eligible entities that propose to target geographic areas with high rates of—

''(i) eligible but unenrolled children, including such children who reside in rural areas; or

''(ii) racial and ethnic minorities and health disparity populations, including those proposals that address cultural and linguistic barriers to enrollment; and

''(B) eligible entities that plan to engage in outreach efforts with respect to individuals described in subparagraph (A) and that are—

''(i) safety net hospitals, defined as hospitals with a low income utilization rate greater than 25 percent (as defined in section 1923(b)(3) of the Social Security Act (42 U.S.C.1396r–4(b)(3)));

''(ii) federally qualified health centers as defined in section 1905(1)(2)(B) of the Social Security Act with the ability to es-

tablish and lead a collaborative partnership;

"(iii) community-based consortiums as described in section 399R(b)(3)(A) and (4);

"(iv) safety net health plans that are in coordination with local health centers;

"(v) Indian tribes, tribal organizations, or urban Indian organizations;

"(vi) other health systems that as described in section 399R(d)(5); or

"(vii) faith-based organizations or consortia.

"(2) TEN PERCENT SET ASIDE FOR OUTREACH TO INDIAN CHILDREN.—An amount equal to 10 percent of the funds appropriated under section 202(3) of the Minority Health Improvement and Health Disparity Elimination Act to carry out this section for a fiscal year shall be used by the Secretary to award grants to health programs operated by the Indian Health Service, an Indian tribe, tribal organization, or urban Indian organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)) for outreach to, and enrollment of, children who are Indians.

"SEC. 399X. DELTA HEALTH INITIATIVE.

''(a) IN GENERAL.—The Secretary shall award a grant to fund the Delta Health Initiative Rural Health, Education, and Workforce Infrastructure Demonstration Program for the purpose of addressing longstanding, unmet health needs in the Mississippi Delta, including health education, access and research, and job training.

''(b) ELIGIBILITY.—To be eligible to receive a grant under this section, an entity shall—

''(1) include a nonprofit alliance of not less than 4 academic institutions that have a history of collaboration, along with their State Hospital Association and 2 community-based organizations;

''(2) solicit and fund proposals from local governments, hospitals, healthcare clinics, academic institutions, and rural public health-related entities and organizations for research development, educational programs, healthcare services, job training, planning, construction, and the equipment of public health-related facilities;

''(3) have experience working with federally qualified health centers and local health departments; and

''(4) have experience in diabetes education and management, promoting healthy communities, health education, and wellness.

''(c) DEFINITION.—In this section, the term 'alliance' means an entity composed of—

''(1) an academic health and research center.

''(2) at least 2 regional universities.

''(3) a school of nursing; and

''(4) a strong economic development entity, as determined by the Secretary.

''(d) FEDERAL INTEREST IN PROPERTY.—With respect to funds used under this subsection for construction or alteration of property, the Federal interest in the property shall last for a period of 1 year following completion or until the Federal Government is compensated for its proportionate interest in the property use changes or the property is transferred or sold, whichever time period is less. At the conclusion of such period, the notice of Federal interest in such property shall be removed.''.

SEC. 202. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated—

(1) such sums as may be necessary for each of fiscal years 2008 through 2012, to carry out section 399R of the Public Health Service Act (as added by section 201);

(2) $52,000,000 for fiscal year 2008, and such sums as may be necessary for each of fiscal years 2009 through 2012, to carry out section 399T of the

Public Health Service Act (as added by section 201); and

(3) such sums as necessary for each of fiscal years 2008 through 2012, to carry out sections 399S, 399U, 399V, 399W, and 399X of the Public Health Service Act (as added by section 201).

TITLE III—RESEARCH TO REDUCE AND ELIMINATE HEALTH DISPARITIES

SEC. 301. AGENCY FOR HEALTHCARE RESEARCH AND QUALITY.

(a) IN GENERAL.—Part B of title IX of the Public Health Service Act (42 U.S.C. 299b et seq.) is amended by adding at the end the following:

"SEC. 918. ENHANCED RESEARCH WITH RESPECT TO HEALTHCARE DISPARITIES.

''(a) ACCELERATING THE ELIMINATION OF DISPARITIES.—

''(1) STRATEGIC PLAN.—The Secretary, acting through the Director, and in collaboration with the Deputy Assistant Secretary for Minority Health, shall develop a strategic plan regarding research supported by the agency to improve healthcare and eliminate healthcare disparities among racial and

ethnic minority groups. In developing such plan, the Secretary shall—

"(A) determine which areas of research focus would have the greatest impact on healthcare improvement and elimination of disparities, taking into consideration the overall health status of various populations, disproportionate burden of diseases or health conditions, and types of interventions for which data on effectiveness is limited;

"(B) establish measurable goals and objectives which will allow assessment of progress;

"(C) solicit public review and comment from experts in healthcare, minority health and health disparities, health services research, and other areas as determined appropriate by the Secretary;

"(D) incorporate recommendations from the Institute of Medicine, pursuant to section 303 of the Minority Health Improvement and Health Disparity Elimination Act, as appropriate;

"(E) complete such plan within 12 months of enactment of the Minority Health Improve-

ment and Health Disparity Elimination Act; and

''(F) update such plan and report on progress in meeting established goals and objectives incorporating recommendations from the Institute of Medicine as described in section 303(b) and (c) of the Minority Health Improvement and Health Disparity Elimination Act not less than every 2 years and include in annual performance budget submissions, an update of progress in meeting plan goals and objectives;

''(G) ensure coordination and integration with the National Plan to Improve Minority Health and Eliminate Health Disparities, as described in section 1707(c) and other Department-wide initiatives, as feasible; and

''(H) report the plan to the Congress and make available to the public in print and electronic format.

''(2) ESTABLISHMENT OF GRANTS.—The Secretary, acting through the Director, and in collaboration with the Deputy Assistant Secretary for Minority Health, may award grants or contracts to eligible entities for research to improve the health of racial and ethnic minority groups.

''(3) APPLICATION; ELIGIBLE ENTITIES.—

''(A) APPLICATION.—To receive a grant or contract under this section, an eligible entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(B) ELIGIBLE ENTITIES.—To be eligible to receive a grant or contract under this section, an entity shall be a health center, hospital, health system, community clinic, university, community-based organization, or other health entity determined appropriate by the Secretary, that—

''(i) by legal mandate or explicitly adopted mission, provides patients with access to services regardless of their ability to pay;

''(ii) provides care or treatment for a substantial number of patients who are uninsured, are receiving assistance under a State program under title XIX of the Social Security Act, or are members of vulnerable populations, as determined by the Secretary;

''(iii) serves a disproportionate percentage of patients from racial and ethnic minority groups;

''(iv) provides an assurance that amounts received under the grant or contract will be used to implement strategies that address patients' linguistic needs, where necessary, and recruit and maintain diverse staff and leadership; and

''(v) include a focus on community-based participation in research and demonstrations, as well as research analysis, interpretation, solutions and partnerships for patients from racial and ethnic minority groups.

''(C) PREFERENCE.—Consortia of 3 or more eligible entities, particularly those entities that partner with health plans, shall be given a preference for grant or contract funding.

''(4) RESEARCH.—The research funded under paragraph (2), with respect to racial and ethnic minority groups, shall—

''(A) prioritize the translation of existing research into practical interventions for improv-

ing health and healthcare and reducing disparities;

"(B) target areas of need as identified in the strategic plan pursuant to subsection (a)(1), the National Healthcare Disparities Report published by the Agency for Healthcare Research and Quality, the Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care Report, and other relevant reports by the Institute of Medicine, and other reports issued by Federal health agencies;

"(C) include a focus on community-based participatory research solutions and partnerships as appropriate;

"(D) expand practice-based research networks (primary care and larger delivery systems) to include networks of delivery sites serving large numbers of minority and health disparity populations including—

"(i) public hospitals and private nonprofit hospitals;

"(ii) health centers;

"(iii) health plans;

"(iv) an Indian tribe, tribal organization, or urban Indian organization; and

"(v) other sites as determined appropriate by the Director.

"(5) DISSEMINATION OF RESEARCH FINDINGS.—To ensure that findings from the research described in paragraph (4) are disseminated and applied promptly, the Director shall—

"(A) develop outreach and training programs for healthcare providers with respect to the practical and effective interventions that result from research programs carried out with grants or contracts awarded under this section; and

"(B) provide technical assistance for the implementation of evidence-based practices that will improve health and healthcare and reduce disparities.

"(b) REALIZING THE POTENTIAL OF DISEASE MANAGEMENT.—

"(1) PUBLIC-PRIVATE SECTOR PARTNERSHIP TO ASSESS EFFECTIVENESS OF EXISTING DISEASE MANAGEMENT STRATEGIES.—

"(A) IN GENERAL.—The Secretary shall establish a public-private partnership to identify, evaluate, and disseminate effective disease management strategies, tailored to improve

healthcare and health outcomes for patients from racial and ethnic minority groups. Such strategies shall reflect established healthcare quality standards and benchmarks and other evidence-based recommendations.

''(B) PARTNERSHIP COMPOSITION.—The partnership's members shall include the following:

''(i) Representatives from the following:

''(I) The Office of Minority Health.

''(II) The Centers for Disease Control and Prevention.

''(III) The Agency for Healthcare Research and Quality.

''(IV) The Centers for Medicare and Medicaid Services.

''(V) The Health Resources and Services Administration.

''(VI) The Indian Health Service.

''(VII) The Substance Abuse and Mental Health Services Administration.

''(VIII) The Office of Behavioral Health.

''(IX) Other agencies as designated by the Secretary.

''(ii) Representatives of health plans, employers, or other private entities that have implemented disease management programs.

''(iii) Representatives of hospitals; community health centers; large, small, or solo provider groups; or other organizations that provide healthcare and have implemented disease management programs.

''(iv) Representatives of national minority advocacy organizations, as well as community-based representatives who have been involved with establishing, implementing, or evaluating health promotion, disease prevention and disease management programs.

''(v) Other individuals as designated by the Secretary.

''(C) PARTNERSHIP DUTIES.—

''(i) IN GENERAL.—Not later than 18 months after the date of enactment of the

Minority Health Improvement and Health Disparity Elimination Act, the partnership shall release a best practices report with respect to disease management practices, with a particular focus on the following:

"(I) Self-management training.

"(II) Increasing patient participation in and satisfaction with healthcare encounters.

"(III) Helping patients use quality performance and cost information to choose appropriate healthcare providers for their care.

"(IV) Interventions outside of a traditional healthcare environment, including the workplace, school, community, or home.

"(V) Interventions utilizing community health workers and case managers.

"(VI) Interventions that implement integrated disease management and treatment strategies to address multiple chronic co-occurring conditions.

''(VII) Other interventions as identified by the Secretary.

''(2) REPORT.—

''(A) IN GENERAL.—Not later than September 30, 2010, the partnership shall submit to the Secretary and the relevant committees of Congress a report that describes the extent to which the activities and research funded under this section have been successful in reducing and eliminating disparities in health and healthcare in targeted populations.

''(B) AVAILABILITY.—The Secretary shall ensure that the report is made available on the Internet websites of the Office of Minority Health, the Agency for Healthcare Research and Quality, and other agencies as appropriate.''.

(b) ANNUAL REPORTS.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall continue to carry out the reporting requirements of sections 903(a)(6) and 913(b)(2) of the Public Health Service Act.

SEC. 302. GENETIC VARIATION AND HEALTH.

(a) IN GENERAL.—The Secretary shall ensure that any current, proposed, or future research and pro-

grammatic activities regarding genomics include focus on genetic variation within and between populations, with a focus on racial and ethnic minority populations, that may affect risk of disease or response to drug therapy and other treatments, in order to ensure that all populations are able to derive full benefit from genomic tests and treatments that may improve their health and healthcare. The Secretary shall encourage, with respect to racial and ethnic minority populations, efforts to—

(1) increase awareness, access, availability, and utilization of genomic tests and treatments;

(2) determine and monitor appropriateness of use of genomic tests and treatments;

(3) increase awareness of the importance of knowing one's family history and the relationships between genes, the social and physical environment, and health; and

(4) expand genomics research that would help to—

(A) improve tests to facilitate earlier and more accurate diagnoses;

(B) enhance the safety of drugs, particularly for drugs that pose an elevated risk for adverse drug events in such populations;

(C) increase the effectiveness of drugs, particularly for diseases and conditions that disproportionately affect such populations; and

(D) augment the current understanding of the interactions between genomic, social and physical environmental factors, and their influence on the causality, prevention, control, and treatment of diseases common in such populations.

(b) GENETIC VARIATION, ENVIRONMENT, AND HEALTH SUMMIT.—

(1) SUMMIT.—Not later than 1 year after the date of enactment of this Act, the Director of the National Human Genome Research Institute, in collaboration with the Director of the Office of Genomics and Disease Prevention at the Centers for Disease Control and Prevention, the Director of the Office of Behavioral and Social Science Research at the National Institutes of Health, and the Deputy Assistant Secretary of the Office of Minority Health, shall convene a Summit for the purpose of providing leadership and guidance to Secretary, Congress, and other public and private entities on current and future areas of focus for genomics research, including translation of findings from such research, relating

to improving the health of racial and ethnic minority populations and reducing health disparities.

(2) PARTICIPATION.—The Summit shall include—

(A) representatives from the Federal health agencies, including the National Institutes of Health, the Centers for Disease Control and Prevention, the Office of Minority Health, the Food and Drug Administration, the Health Resources and Services Administration, the Centers for Medicare & Medicaid Services, the Substance Abuse and Mental Health Services Administration, and additional agencies and departments as determined appropriate by the Secretary;

(B) independent experts and stakeholders from relevant industry and academic institutions, particularly those that have demonstrated expertise in both genomics and minority health and serve a disproportionate number of racial and ethnic minority patients; and

(C) leaders of community organizations and Indian tribal epidemiology centers that work to reduce and eliminate health disparities.

(3) REPORT.—Not later than 90 days after the conclusion of the Summit, the Director of the National Human Genome Research Institute shall submit to Congress and make available to the public a report detailing recommendations on—

(A) an appropriate description of human diversity, incorporating available information on genetics, for use in genomic research and programs operated or supported by the Federal Government;

(B) guiding ethics, principles, and protocols for the inclusion and designation of racial and ethnic minority populations in genomics research, particularly clinical trials programs operated or supported by the Federal Government;

(C) ways to increase awareness of, access to, and utilization of effective pharmacogenomic and other genetic screening and services for racial and ethnic minority populations;

(D) research opportunities and funding support in the area of genomic variation that may improve the health and healthcare of minority populations;

(E) ways to enhance integration of Federal Government-wide efforts and activities pertaining to genetic variation, environment, and health; and

(F) need for additional privacy protections in preventing stigmatization and inappropriate use of genetic information.

(c) PHARMACOGENOMICS AND EMERGING ISSUES ADVISORY COMMITTEE.—

(1) IN GENERAL.—The Secretary, under section 222 of the Public Health Service Act (42 U.S.C. 217a), shall convene and consult an advisory committee on issues relating to pharmacogenomics (referred to in this subsection as the ''Advisory Committee'').

(2) DUTIES.—

(A) IN GENERAL.—The Advisory Committee shall advise and make recommendations to the Secretary, through the Commissioner of Food and Drugs and in consultation with the Director of the National Institutes of Health, on the evolving science of pharmacogenomics and inter-individual variability in drug response, as it relates to the health of racial and ethnic minorities.

(B) MATTERS CONSIDERED.—The recommendations under subparagraph (A) shall include recommendations on—

(i) the ethics, design, and analysis of clinical trials involving racial and ethnic minorities conducted under section 351, 409I, or 499 of the Public Health Service Act or section 505(i), 505A, 505B, or 515(g) of the Federal Food, Drug, and Cosmetic Act;

(ii) general policy and guidance with respect to the development, approval or clearance, and labeling of medical products for racial and ethnic minorities;

(iii) the role of pharmacogenomics during the development of drugs, biological products, and diagnostics;

(iv) the understanding of inter-individual variability in drug response;

(v) diagnostics or treatments for diseases or conditions common in racial and ethnic minorities; and

(vi) the identification of other areas of unmet medical need.

(3) COMPOSITION.—The Advisory Committee shall include—

(A) experts in the fields of—

(i) minority health and health disparities;

(ii) genomics;

(iii) pharmaceutical and diagnostic research and development;

(iv) ethical, legal, and social issues relating to clinical trials; and

(v) bioinformatics and information technology;

(B) representatives from minority health organizations and relevant patient organizations; and

(C) other experts as deemed appropriate by the Secretary.

(4) COORDINATION WITH OTHER ADVISORY COMMITTEES.—The Advisory Committee may consult and coordinate with other advisory committees of the Department of Health and Human Services as determined appropriate by the Secretary.

(5) RECOMMENDATIONS.—The Advisory Committee shall submit recommendations to the Secretary with respect to each of the matters described

under paragraph (2)(B) prior to the development of the report by the Secretary as described under paragraph (6).

(6) REPORT.—Not later than 180 days after the date of enactment of this Act, the Secretary—

(A) shall, acting through the Commissioner of Food and Drugs and in consultation with the Director of the National Institutes of Health, and taking into consideration the recommendations of the Advisory Committee submitted under paragraph (5), 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 the evolving science of pharmacogenomics as it relates to racial and ethnic minorities, including a review of the guidance of the Food and Drug Administration on the participation of racial and ethnic minorities in clinical trials; and

(B) shall ensure that such report is made publicly available in both paper and electronic formats.

SEC. 303. EVALUATIONS BY THE INSTITUTE OF MEDICINE.

(a) HEALTH DISPARITIES SUMMIT.—

(1) IN GENERAL.—Not later than 270 days after the date of enactment of this Act, the Institute of Medicine shall convene a summit on health disparities (referred to this section as the ''Summit'').

(2) PURPOSE.—The purposes of the Summit include—

(A) reviewing current activities of the Federal Government in addressing health and healthcare disparities as experienced by racial and ethnic minority populations, and the outcomes of those activities, as practicable; and

(B) assessing progress made since the 2002 Institute of Medicine National Healthcare Disparities Report and the 2002 Institute of Medicine Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.

(3) AREAS OF FOCUS.—The Summit shall examine the activities of the Federal Government to reduce and eliminate health disparities, with a focus on—

(A) education and training, including health professions programs that increase minority representation in medicine, the health professions, and health-related research careers;

(B) aggregated and disaggregated data collection and analysis, including successful strategies to collect and report data on minority small or sub-populations for whom data are limited;

(C) coordination among agencies and departments in addressing healthcare disparities;

(D) research into the causes of and strategies to eliminate health disparities; and

(E) programs that increase access to care and improve health outcomes for health disparity populations.

(4) PARTICIPATION.—Summit participants shall include—

(A) representatives of the Federal Government;

(B) experts with research experience in identifying and addressing healthcare disparities among racial and ethnic minority groups; and

(C) representatives from community-based organizations, Indian tribal epidemiology centers, and nonprofit groups that address the issues of racial and ethnic minority groups.

(5) SUMMIT PROCEEDINGS.—Not later than 180 days after the conclusion of the Summit, the

Secretary shall offer to enter into a contract with the Institute of Medicine to publish a report summarizing the discussions of the Summit and review of current Federal activities to address healthcare disparities for racial and ethnic minority groups.

(b) NATIONAL PLAN TO ELIMINATE DISPARITIES.—

(1) PLAN.—Not later than 2 years after the date of enactment of this Act, the Institute of Medicine shall develop an evidence-based, strategic, national plan to eliminate disparities which shall—

(A) include goals, interventions, and resources needed to eliminate disparities;

(B) establish a reasonable timetable to reach selected priorities;

(C) inform and complement the National Plan to Improve Minority Health and Eliminate Health Disparities, pursuant to section 1707(c)(2) of the Public Health Service Act (as added by section 501 of this Act); and

(D) inform the development of criteria for evaluation of the effectiveness of programs authorized under this Act (and the amendments made by this Act), pursuant to subsection (c).

(2) REPORT.—The Secretary shall offer to enter into a contract with the Institute of Medicine

to publish the National Plan to Eliminate Disparities.

(c) INSTITUTE OF MEDICINE EVALUATION.—

(1) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Secretary shall offer to enter into a contract with the Institute of Medicine to evaluate the effectiveness of the programs authorized under this Act (and the amendments made by this Act) in addressing and reducing health disparities experienced by racial and ethnic minority groups. In making such an evaluation, the Institute of Medicine shall consult—

(A) representatives of the Federal Government;

(B) experts with research and policy experience in identifying and addressing healthcare disparities among racial and ethnic minority groups; and

(C) representatives from community-based organizations and nonprofit groups that address racial and ethnic minority health disparity issues.

(2) REPORT.—Not later than 2 years after the Secretary enters into the contract under paragraph (1), the Institute of Medicine shall submit to the

Secretary and relevant committees of Congress a report that contains the results of the evaluation described under such subparagraph, and any recommendations of such Institute.

(3) RESPONSE.—Not later than 180 days after the date the Institute of Medicine submits the report under this subsection, the Secretary shall publish a response to such recommendations, which shall be provided to the relevant committees of Congress and made publicly available through the Internet Clearinghouse under section 270 of the Public Health Service Act (as added by section 101).

(d) HEALTH INFORMATION TECHNOLOGY.—

(1) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary, acting through the Director of the National Library of Medicine and the head of the Office of the National Coordinator for Health Information Technology and in consultation with the Director of the Office of Mental Health and the Director of the Agency for Healthcare Research and Quality, shall offer to enter into a contract with the Institute of Medicine to study and make recommendations regarding the use of health information technology

and bioinformatics to improve the health and healthcare of racial and ethnic minority groups.

(2) STUDY.—The study under paragraph (1), with respect to increasing access and quality of healthcare for racial and ethnic minority groups, shall assess and make recommendations regarding—

(A) effective applications of health information technology, including telemedicine and telepsychiatry;

(B) status of development of health information technology standards that will permit healthcare information of the type required to support patient care;

(C) inclusion of organizations with expertise in minority health and health disparities in the development and implementation of health information technology policies, standards, applications, and monitoring;

(D) priority areas for research to improve the dissemination, management, and use of biomedical knowledge that address identified and unmet needs;

(E) educational and training needs and opportunities to assist health professionals understand and apply health information technology;

(F) ways to increase recruitment and retention of racial and ethnic minorities into the field of medical informatics; and

(G) ways to increase and ensure the privacy of health information technology.

(3) REPORT.—Not later than 2 years after the Secretary enters into the contract under paragraph (1), the Institute of Medicine shall submit to the Secretary and relevant committees of Congress a report that contains the findings and recommendations of this study.

SEC. 304. NATIONAL CENTER FOR MINORITY HEALTH AND HEALTH DISPARITIES REAUTHORIZATION.

Section 485E of the Public Health Service Act (42 U.S.C. 287c–31) is amended—

(1) by striking subsection (e) and inserting the following:

''(e) DUTIES OF THE DIRECTOR.—

''(1) INTERAGENCY COORDINATION OF MINORITY HEALTH AND HEALTH DISPARITIES ACTIVITIES.—With respect to minority health and health disparities, the Director of the Center shall plan, coordinate, and evaluate research and other activities conducted or supported by the agencies of the National Institutes of Health. In carrying out the pre-

ceding sentence, the Director of the Center shall evaluate the minority health and health disparity activities of each of such agencies and shall provide for the timely periodic re-evaluation of such activities.

''(2) CONSULTATIONS.—The Director of the Center shall carry out this subpart (including developing and revising the plan and budget required in subsection (f)) in consultation with the Directors of the agencies (or a designee of the Directors) of the National Institutes of Health, with the advisory councils of the agencies, and with the advisory council established under section (j).

''(3) COORDINATION OF ACTIVITIES.—The Director of the Center shall act as the primary Federal official with responsibility for coordinating all minority health disparities research and other health disparities research conducted or supported by the National Institutes of Health and shall—

''(A) represent the health disparities research program of the National Institutes of Health including the minority health disparities research program at all relevant executive branch task forces, committees, and planning activities;

''(B) maintain communications with all relevant Public Health Service agencies, including the Indian Health Service and various other departments of the Federal Government, to ensure the timely transmission of information concerning advances in minority health disparities research and other health disparities research between these various agencies for dissemination to affected communities and healthcare providers;

''(C) undertake research to further refine and develop the conceptual, definitional, and methodological issues involved in health disparities research and to further the understanding of the cause of disparities; and

''(D) engage with national and community-based organizations and health provider groups, led by and serving racial and ethnic minorities, to—

''(i) increase education, awareness, and participation with respect to the Center's activities and areas of research focus; and

''(ii) accelerate the translation of research findings into programs including

those carried out by community-based organizations.'';

(2) in subsection (f)—

(A) by striking the subsection heading and inserting the following:

''(f) COMPREHENSIVE PLAN FOR RESEARCH; BUDGET ESTIMATE; ALLOCATION OF APPROPRIATIONS.—'';

(B) in paragraph (1)—

(i) by striking the matter preceding subparagraph (A) and subparagraph (A) and inserting the following:

''(1) IN GENERAL.—Subject to the provisions of this section and other applicable law, the Director of the Center, in consultation with the Director of NIH, the Directors of the other agencies of the National Institutes of Health, and the advisory council established under subsection (j) shall—

''(A) annually review and revise a comprehensive plan (referred to in this section as 'the Plan') and budget for the conduct and support of all minority health and health disparities research and other health disparities research activities of the agencies of the National Institutes of Health that includes time-based targeted objectives with measurable outcomes

and assure that the annual review and revision of the Plan uses an established trans-NIH process subject to timely review, approval, and dissemination;'';

(ii) in subparagraph (D), by striking '', with respect to amounts appropriated for activities of the Center,'';

(iii) by striking subparagraph (F) and inserting the following:

''(F) ensure that the Plan and budget are presented to and considered by the Director in a clear and timely process during the formulation of the overall annual budget for the National Institutes of Health;'';

(iv) by redesignating subparagraphs (G) and (H) as subparagraphs (I) and (J), respectively; and

(v) by inserting after subparagraph (F), the following:

''(G) annually submit to Congress a report on the progress made with respect to the Plan;

''(H) creating and implementing a plan for the systematic review of research activities supported by the National Institutes of Health that are within the mission of both the Center and

other agencies of the National Institutes of Health, by establishing mechanisms for—

"(i) tracking minority health and health disparity research conducted within the agencies and assessing the appropriateness of this research with regard to the overall goals and objectives of the Plan;

"(ii) the early identification of applications and proposals for grants, contracts, and cooperative agreements supporting extramural training, research, and development, that are submitted to the agencies and that are within the mission of the Center;

"(iii) providing the Center with the written descriptions and scientific peer review results of such applications and proposals;

"(iv) enabling the agencies to consult with the Director of the Center prior to final approval of such applications and proposals; and

"(v) reporting to the Director of the Center all such applications and proposals

that are approved for funding by the agencies;''; and

(C) in paragraph (2)—

(i) in subparagraph (D), by striking ''and'' at the end;

(ii) in subparagraph (E), by striking the period and inserting ''; and''; and

(iii) by adding at the end the following:

''(F) the number and type of personnel needs of the Center.'';

(3) in subsection (h)—

(A) in paragraph (1), by striking ''endowments at centers of excellence under section 736.'' and inserting the following: ''endowments at—

''(A) centers of excellence under section 736; and

''(B) centers of excellence under section 485F.''; and

(B) in paragraph (2)(A), by striking ''average'' and inserting ''median'';

(4) by redesignating subsections (k) and (l) as subsections (m) and (n), respectively;

(5) by inserting after subsection (j), the following:

''(k) REPRESENTATION OF MINORITIES AMONG RESEARCHERS.—The Secretary, in collaboration with the Director of the Center, shall determine, by means of the collection and reporting of aggregated and disaggregated data, the extent to which racial and ethnic minority groups are represented among senior physicians and scientists of the national research institutes and among physicians and scientists conducting research with funds provided by such institutes, and as appropriate, carry out activities to increase the extent of such representation, including developing a pipeline of minority researchers interested in the study of health and health disparities, as well as attracting minority scientists in social and behavioral science fields who can bring their expertise to the study of health disparities.

''(l) CANCER RESEARCH.—The Secretary, in collaboration with the Director of the Center, shall designate and support a cancer prevention, control, and population science center to address the significantly elevated rate of morbidity and mortality from cancer in racial and ethnic minority populations. Such designated center shall be housed within an existing, stand-alone cancer center at a historically black college and university that has a demon-

strable commitment to and expertise in cancer research in the basic, clinical, and population sciences.'';

(6) in subsection (l)(1) (as so redesignated), by inserting before the semicolon the following: '', with a particular focus on evaluation of progress made toward fulfillment of the goals of the Plan''; and

(7) by striking subsection (m) (as so redesignated).

SEC. 305. AUTHORIZATION OF APPROPRIATIONS.

(a) SECTIONS 301, 302, AND 303.—There are authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2012, to carry out sections 301, 302, and 303 (and the amendments made by such sections).

(b) SECTION 304.—

(1) IN GENERAL.—There are authorized to be appropriated $240,000,000 for fiscal year 2008, such sums as may be necessary for each of fiscal years 2009 through 2012, to carry out section 304.

(2) ALLOCATION OF FUNDS.—Subject to section 485E of the Public Health Service Act (as amended by section 304) and other applicable law, the Director of the Center under such section 485E shall direct all amounts appropriated for activities under such section and in collaboration with the Di-

rector of National Institutes of Health and the directors of other institutes and centers of the National Institutes of Health.

(3) MANAGEMENT OF ALLOCATIONS.—All amounts allocated or expended for minority health and health disparities research activities under this subsection shall be reported programmatically to and approved by the Director of the Center under such section 485E, in accordance with the Plan described under such section 485E.

TITLE IV—DATA COLLECTION, ANALYSIS, AND QUALITY

SEC. 401. DATA COLLECTION, ANALYSIS, AND QUALITY.

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

"TITLE XXX—DATA COLLECTION, ANALYSIS, AND QUALITY

"SEC. 3001. DATA COLLECTION, ANALYSIS, AND QUALITY.

''(a) DATA COLLECTION AND REPORTING.—The Secretary shall ensure that not later than 3 years after the date of enactment of the Minority Health Improvement and Health Disparity Elimination Act any ongoing or new federally conducted or supported health programs (including surveys) achieve the—

''(1) collection and reporting of data by race and ethnicity using, at a minimum, Office of Management and Budget standards in effect on the date of enactment of the Minority Health Improvement and Health Disparity Elimination Act;

''(2) collection and reporting of data by geographic location, socioeconomic position (such as employment, income, and education), primary language, and, when determined practicable by the Secretary, health literacy;

''(3) if practicable, collection and reporting of race and ethnicity data on additional population groups if such data can be aggregated into the minimum race and ethnicity data categories; and

''(4) collection and reporting of data at the smallest practicable geographic level such as State, local, or institutional levels if such data can be aggregated.

''(b) DATA ANALYSIS AND DISSEMINATION.—

''(1) DATA ANALYSIS.—

''(A) IN GENERAL.—For each federally conducted or supported program, the Secretary shall analyze data collected under subsection (a) to detect and monitor trends in disparities in health and healthcare, including those reported

under subparagraph (B), for racial and ethnic minority groups at the Federal and State levels, and examine the interaction between various disparity indicators.

''(B) QUALITY ANALYSIS.—The Secretary shall ensure that the analyses under subparagraph (A) incorporate data reported according to quality measurement systems.

''(2) QUALITY MEASURES.—When the Secretary, by statutory or regulatory authority, adopts and implements any quality measures or any quality measurement system, the Secretary shall ensure the quality measures or quality measurement system comply with the following:

''(A) MEASURES.—Measures selected shall, to the extent practicable—

''(i) assess the effectiveness, timeliness, patient self-management, patient centeredness, equity, and efficiency of care received by patients, including patients from racial and ethnic minority groups;

''(ii) are evidence-based, reliable, and valid; and

''(iii) include measures of clinical processes and outcomes, patient experience and efficiency.

''(B) CONSULTATION.—In selecting quality measures or a quality measurement system or systems for adoption and implementation, the Secretary shall consult with—

''(i) individuals from racial and ethnic minority groups; and

''(ii) experts in the identification and elimination of disparities in health and healthcare among racial and ethnic minority groups.

''(3) DISSEMINATION.—

''(A) IN GENERAL.—The Secretary shall make the measures, data, and analyses described in paragraphs (1) and (2) available to—

''(i) the Office of Minority Health;

''(ii) the National Center on Minority Health and Health Disparities;

''(iii) the Agency for Healthcare Research and Quality for inclusion in the Agency's reports;

''(iv) the Centers for Disease Control and Prevention;

"(v) the Centers for Medicare and Medicaid Services;

"(vi) the Indian Health Service;

"(vii) other agencies within the Department of Health and Human Services;

"(viii) the public through posting on the Secretary's Internet website; and

"(ix) other entities as determined appropriate by the Secretary.

"(B) ADDITIONAL RESEARCH.—The Secretary may, as the Secretary determines appropriate, make the measures, data, and analysis described in paragraphs (1) and (2) available for additional research, analysis, and dissemination to non-governmental entities and the public.

"(c) RESEARCH.—

"(1) DISPARITY INDICATORS.—

"(A) IN GENERAL.—The Secretary shall award grants or contracts for research to develop appropriate methods, indicators, and measures that will enable the detection and assessment of disparities in healthcare. Such research shall prioritize research with respect to the following:

"(i) Race and ethnicity.

"(ii) Geographic location (such as geocoding).

"(iii) Socioeconomic position (such as income or education level).

"(iv) Health literacy.

"(v) Cultural competency.

"(vi) Additional measures as determined appropriate by the Secretary.

"(B) APPLIED RESEARCH.—The Secretary shall use the results of the research from grants awarded under subparagraph (A) to improve the data collection described under subsection (a).

"(2) STRATEGIC PARTNERSHIPS TO ENCOURAGE AND IMPROVE DATA COLLECTION.—

"(A) IN GENERAL.—The Secretary may award not more than 20 grants to eligible entities for the purposes of—

"(i) enhancing and improving methods for the collection, reporting, analysis, and dissemination of data, as required under the Minority Health Improvement and Health Disparity Elimination Act; and

"(ii) encouraging the collection, reporting, analysis, and dissemination of data to identify and address disparities in health and healthcare.

"(B) DEFINITION OF ELIGIBLE ENTITY.—In this paragraph, the term 'eligible entity' means a health plan, federally qualified health center, hospital, rural health clinic, academic institution, policy research organization, or other entity, including an Indian Health Service hospital or clinic, Indian tribal health facility, or urban Indian facility, that the Secretary determines to be appropriate.

"(C) APPLICATION.—An eligible entity desiring a grant under this paragraph shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

"(D) PRIORITY IN AWARDING GRANTS.—In awarding grants under this paragraph, the Secretary shall give priority to eligible entities that represent collaboratives with—

"(i) hospitals, health plans, or health centers; and

"(ii) at least 1 community-based organization or patient advocacy group.

"(E) USE OF FUNDS.—An eligible entity that receives a grant under this paragraph shall use grant funds to—

"(i) collect, analyze, or report data by race, ethnicity, geographic location, socioeconomic position, health literacy, primary language, or other health disparity indicator;

"(ii) conduct and report analyses of quality of healthcare and disparities in health and healthcare for racial and ethnic minority groups, including disparities in diagnosis, management and treatment, and health outcomes for acute and chronic disease;

"(iii) improve health data collection, analysis, and reporting for subpopulations and categories;

"(iv) modify, implement, and evaluate use of health information technology systems that facilitate data collection, analysis and reporting for racial and ethnic minor-

ity groups, and support healthcare interventions;

''(v) develop educational programs to inform patients, providers, purchasers, and other individuals served about the legality and importance of the collection, analysis, and reporting of data by race, ethnicity, socioeconomic position, geographic location, and health literacy, for eliminating disparities in health; and

''(vi) evaluate the activities conducted under this paragraph.

''(d) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance to promote compliance with the data collection and reporting requirements of the Minority Health Improvement and Health Disparity Elimination Act.

''(e) PRIVACY AND SECURITY.—The Secretary shall ensure all appropriate privacy and security protections for health data collected, reported, analyzed, and disseminated pursuant to the Minority Health Improvement and Health Disparity Elimination Act.

''(f) 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 fiscal years 2008 through 2012.''.

TITLE V—LEADERSHIP, COLLABORATION, AND NATIONAL ACTION PLAN

SEC. 501. OFFICE OF MINORITY HEALTH.

Section 1707 of the Public Health Service Act (42 U.S.C. 300u–6) is amended to read as follows:

''SEC. 1707. OFFICE OF MINORITY HEALTH.

''(a) DUTIES.—With respect to racial and ethnic minority groups, the Secretary, acting through the Deputy Assistant Secretary, shall carry out the following:

''(1) Coordinate and provide input on activities within the Public Health Service that relate to disease prevention, health promotion, health service delivery, health workforce, and research concerning racial and ethnic minority groups. The Secretary shall ensure that the heads of each of the agencies of the Service collaborate with the Deputy Assistant Secretary on the development and conduct of such activities.

''(2) Not later than 1 year after the date of enactment of the Minority Health Improvement and Health Disparity Elimination Act, develop and implement a comprehensive Department-wide plan to

improve minority health and eliminate health disparities in the United States, to be known as the National Plan to Improve Minority Health and Eliminate Health Disparities, (referred to in this section as the 'National Plan'). With respect to development and implementation of the National Plan, the Secretary shall carry out the following:

''(A) Consult with the following:

''(i) The Director of the Centers for Disease Control and Prevention.

''(ii) The Director of the National Institutes of Health.

''(iii) The Director of the National Center on Minority Health and Health Disparities of the National Institutes of Health.

''(iv) The Director of the Agency for Healthcare Research and Quality.

''(v) The National Coordinator for Health Information Technology.

''(vi) The Administrator of the Health Resources and Services Administration.

''(vii) The Administrator of the Centers for Medicare & Medicaid Services.

''(viii) The Director of the Office for Civil Rights.

''(ix) The Secretary of Veterans Affairs.

''(x) The Administrator of the Substance Abuse and Mental Health Services Administration.

''(xi) The Secretary of Defense.

''(xii) The Commissioner of the Food and Drug Administration.

''(xiii) The Director of the Indian Health Service.

''(xiv) The Secretary of Education.

''(xv) The Secretary of Labor.

''(xvi) The heads of other public and private entities, as determined appropriate by the Secretary.

''(B) Review and integrate existing information and recommendations as appropriate, such as Healthy People 2010, Institute of Medicine studies, and Surgeon General Reports.

''(C) Ensure inclusion of measurable short- and long-range goals and objectives, a description of the means for achieving such goals and objectives, and a designated date by which such

goals and objectives are expected to be achieved.

''(D) Ensure that all amounts appropriated for such activities are expended in accordance with the National Plan.

''(E) Review the National Plan on at least an annual basis, and report to the public and appropriate committees of Congress on progress.

''(F) Revise such Plan as appropriate.

''(G) Ensure that the National Plan will serve as a binding statement of policy with respect to the agencies' activities related to improving health and eliminating disparities in health and healthcare.

''(3) Work with Federal agencies and departments outside of the Department of Health and Human Services as appropriate to maximize resources available to increase understanding about why disparities exist, and effective ways to improve health and eliminate health disparities.

''(4) In cooperation with the appropriate agencies, support research, demonstrations, and evaluations to test new and innovative models for—

''(A) expanding healthcare access;

''(B) improving healthcare quality;

''(C) increasing educational opportunity in the field of healthcare; and

''(D) increasing the capacity of racial and ethnic minority organizations to improve health and eliminate health disparities.

''(5) Develop mechanisms that support better dissemination of information, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including individuals who are members of racial or ethnic minority groups.

''(6) Increase awareness of disparities in healthcare, and knowledge and understanding of health risk factors, and ways to reduce and eliminate health disparities, among healthcare providers, health plans, and the public.

''(7) Advise in matters related to the development, implementation, and evaluation of health professions education on improving healthcare outcomes and decreasing disparities in healthcare outcomes, with a focus on cultural competence.

''(8) Assist healthcare professionals, community and advocacy organizations, academic medical centers and other health entities and public health departments in the design and implementation of pro-

grams that will improve health outcomes by strengthening the patient-provider relationship.

''(9) Carry out programs to improve access to healthcare services and to improve the quality of healthcare services for individuals with low health literacy.

''(10) Facilitate the classification and collection of healthcare data to allow for ongoing analysis to identify and determine the causes of disparities and the monitoring of progress toward improving health and eliminating health disparities.

''(11) Ensure that the National Center for Health Statistics collects data on the health status of each racial or ethnic minority group pursuant to section 2901.

''(12) Support a national minority health resource center to carry out the following:

''(A) Facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of healthcare.

''(B) Facilitate access to such information.

''(C) Assist in the analysis of issues and problems relating to such matters.

''(D) Provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance).

''(13) Support a center for cultural and linguistic competence to carry out the following:

''(A) With respect to individuals who lack proficiency in speaking the English language, enter into contracts with public and nonprofit private providers of primary health services for the purpose of increasing the access of such individuals to such services by developing and carrying out programs to improve health literacy and cultural competency.

''(B) Carry out programs to improve access to healthcare services for individuals with limited proficiency in speaking the English language. Activities under this subparagraph shall include developing and evaluating model projects.

''(14) At the discretion of the Director, support a center or program for the improvement of geographic minority health and health disparities to carry out the following for rural disadvantaged minority populations:

"(A) Increase awareness on health care issues impacting and effective interventions for these populations.

"(B) Increase access to quality healthcare.

"(C) Increase access to quality healthcare personnel available to provide services to these populations.

"(D) Improve health care outcomes.

"(E) Develop a model that can be replicated to address national policies and programs to improve the health of these rural disadvantaged minority communities. This model should include research, health services, education/awareness, and health information components, with priority given to existing programs or programs in areas with the most need and have a Community Advisory Board to provide recommendations on projects to benefit the health of minority populations.

"(15) Enter into interagency agreements with other agencies of the Public Health Service, as appropriate.

"(16) Collaborate with the Office for Civil Rights to—

"(A) assist healthcare providers with application of guidance and directives regarding healthcare for racial and ethnic minority groups, including—

"(i) reviewing cases that have been closed without a finding of discrimination with the Office of Inspector General and the Office for Civil Rights to determine if there exists a pattern or practice of activities that could lead to discrimination, and if such a pattern or practice is identified, provide technical assistance or education, as applicable, to the relevant provider or to a group of providers located within a particular geographic area;

"(ii) biannually publishing information on cases filed with the Office for Civil Rights which have resulted in a finding of discrimination, including the name and location of the entity found to have discriminated, and any findings and agreements entered into between the Office for Civil Rights and the entity; and

"(iii) monitoring and analysis of trends in cases reported to the Office for

Civil Rights to ensure that the Office of Minority Health acts to educate and assist healthcare providers as necessary; and

''(B) provide technical assistance or education, as applicable, to the relevant provider or to a group of providers located within a particular geographic area.

''(17) Promote and expand efforts to increase racial and ethnic minority enrollment in clinical trials.

''(18) Establish working groups—

''(A) to examine and report recommendations to the Secretary regarding—

''(i) emergency preparedness and response for underserved populations;

''(ii) development and implementation of health information technology that can assist providers to deliver culturally competent healthcare;

''(iii) outreach and education of health disparity groups about new Federal health programs, as appropriate, including the programs under part D of title XVIII of the Social Security Act and chronic care management programs under the Medicare

Prescription Drug, Improvement, and Modernization Act of 2003 (and the amendments made by such Act);

''(iv) leadership development in public health;

''(v) the training of behavioral and social science researchers to address health disparities; and

''(vi) other emerging health issues at the discretion of the Secretary; and

''(B) that include representation from the relevant health agencies, centers and offices, as well as public and private entities as appropriate.

''(b) ADVISORY COMMITTEE.—

''(1) IN GENERAL.—The Secretary shall establish an advisory committee to be known as the Advisory Committee on Minority Health (in this subsection referred to as the 'Committee').

''(2) DUTIES.—The Committee shall provide advice to the Deputy Assistant Secretary carrying out this section, including advice on the development of goals and specific program activities under subsection (c) for racial and ethnic minority groups and health disparity population.

''(3) CHAIR.—The chairperson of the Committee shall be selected by the Secretary from among the members of the voting members of the Committee. The term of office of the chairperson shall be 2 years.

''(4) COMPOSITION.—

''(A) The Committee shall be composed of 12 voting members appointed in accordance with subparagraph (B), and nonvoting, ex-officio members designated in subparagraph (C).

''(B) The voting members of the Committee shall be appointed by the Secretary from among individuals who are not officers or employees of the Federal Government and who have expertise regarding issues of minority health and health disparities. Racial and ethnic minority groups shall be appropriately represented among such members.

''(C) The nonvoting, ex officio members of the Committee shall be such officials of the Department of Health and Human Services, including the Director of the Office of Minority Health and the Office for Civil Rights, and other officials as the Secretary determines to be appropriate.

''(D) The Secretary shall provide an opportunity for the Chairman and Ranking Member of the Committee on Health, Education, Labor, and Pensions of the Senate to submit to the Secretary names of potential Committee members under this section for consideration.

''(5) TERMS.—Each member of the Committee shall serve for a term of 4 years, except that the Secretary shall initially appoint a portion of the members to terms of 1 year, 2 years, and 3 years.

''(6) VACANCIES.—If a vacancy occurs on the Committee, a new member shall be appointed by the Secretary within 90 days from the date that the vacancy occurs, and serve for the remainder of the term for which the predecessor of such member was appointed. The vacancy shall not affect the power of the remaining members to execute the duties of the Committee.

''(7) COMPENSATION.—Members of the Committee who are officers or employees of the United States shall serve without additional compensation. Members of the Committee who are not officers or employees of the United States shall receive compensation, for each day (including travel time) they are engaged in the performance of the functions of

the Committee. Such compensation may not be in an amount in excess of the daily equivalent of the annual maximum rate of basic pay payable under the General Schedule for positions above GS–15 under title 5, United States Code.

''(c) CERTAIN REQUIREMENTS REGARDING DUTIES.—

''(1) RECOMMENDATIONS REGARDING LANGUAGE.—

''(A) PROFICIENCY IN SPEAKING ENGLISH.—The Deputy Assistant Secretary shall consult with the Director of the Office of International and Refugee Health, the Director of the Office for Civil Rights, and the Directors of other appropriate departmental entities regarding recommendations for carrying out activities under subsection (c)(9).

''(B) HEALTH PROFESSIONS EDUCATION REGARDING HEALTH DISPARITIES.—The Deputy Assistant Secretary shall carry out the duties under subsection (a)(7) in collaboration with appropriate personnel of the Department of Health and Human Services, other Federal agencies, and other offices, centers, and institutions, as appropriate, that have responsibilities

under the Minority Health and Health Disparities Research and Education Act of 2000.

''(2) EQUITABLE ALLOCATION REGARDING ACTIVITIES.—In carrying out subsection (b), the Secretary shall ensure that services provided under such subsection are equitably allocated among all groups served under this section by the Secretary.

''(3) CULTURAL COMPETENCY OF SERVICES.—The Secretary shall ensure that information and services provided pursuant to subsection (c) consider the unique cultural or linguistic issues facing such populations and are provided in the language, educational, and cultural context that is most appropriate for the individuals for whom the information and services are intended.

''(4) AGENCY COORDINATION.—In carrying out subsection (c), the Secretary shall ensure that new or existing agency offices of minority health report current and proposed activities to the Deputy Assistant Secretary, and provide, to the extent practicable, an opportunity for input in the development of such activities by the Deputy Assistant Secretary.

''(d) GRANTS AND CONTRACTS REGARDING DUTIES.—

''(1) IN GENERAL.—In carrying out subsection (c), the Secretary acting through the Deputy Assistant Secretary, may make awards of grants, cooperative agreements, and contracts to public and nonprofit private entities.

''(2) PROCESS FOR MAKING AWARDS.—The Deputy Assistant Secretary shall ensure that awards under paragraph (1) are made, to the extent practicable, only on a competitive basis, and that a grant is awarded for a proposal only if the proposal has been recommended for such an award through a process of peer review.

''(3) EVALUATION AND DISSEMINATION.—The Deputy Assistant Secretary, directly or through contracts with public and private entities, shall provide for evaluations of projects carried out with awards made under paragraph (1) during the preceding 2 fiscal years. The report shall be included in the report required under subsection (g) for the fiscal year involved.

''(e) STATE OFFICES OF MINORITY HEALTH.—The Deputy Assistant Secretary shall assist the voluntary establishment and functions of State offices of minority health in order to expand and coordinate State efforts to improve the health of racial and ethnic minority groups.

''(1) PRIORITIES.—The Deputy Assistant Secretary may facilitate, with respect to racial and ethnic minority groups—

''(A) integration and coordination of State and national efforts, including those pertaining to the National Plan pursuant to subsection (b);

''(B) strategic plan development within States to assess and respond to local health concerns;

''(C) education and engagement of key stakeholders within States, including representatives from public health agencies, hospitals, clinics, provider groups, elected officials, community-based organizations, advocacy groups, media, and the private sector;

''(D) development and implementation of accepted standards, core competencies, and minimum infrastructure requirements for State offices;

''(E) access to State level health data for racial and ethnic minority groups, which may include State data collection and analysis;

"(F) development, implementation, and evaluation of State programs and policies, as appropriate;

"(G) communication and networking among States to share effective policies, programs and practices with respect to increasing access and quality of care;

"(H) recognition and reporting of State successes and challenges; and

"(I) identification of Federal grant programs and other funding for which States could apply to carry out health improvement activities.

"(2) RESOURCES.—The Deputy Assistant Secretary may provide grants and technical assistance for the voluntary establishment or capacity development of State offices of minority health.

"(3) COLLABORATION.—To the extent practicable, the Deputy Assistant Secretary may encourage and facilitate collaboration between State offices of minority health and State offices addressing the needs of other health disparity or disadvantaged populations, including offices of rural health.

"(4) DEFINITION.—For the purpose of this subsection, 'State offices of minority health' include

offices, councils, commissions, or advisory panels designated by States or territories to address the health of minority populations.

''(f) REPORTS.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of the Minority Health Improvement and Health Disparity Elimination Act, the Secretary shall submit to the appropriate committees of Congress, a report on the National Plan developed under subsection (c).

''(2) REPORT ON ACTIVITIES.—Not later than February 1 of fiscal year 2009 and of each second year thereafter, the Secretary shall submit to the appropriate committees of Congress, a report describing the activities carried out under this section during the preceding 2 fiscal years and evaluating the extent to which such activities have been effective in improving the health of racial and ethnic minority groups. Each such report shall include the biennial reports submitted under subsection (f)(3) for such years by the heads of the Public Health Service agencies.

''(3) AGENCY REPORTS.—Not later than February 1, 2009, and on a biannual basis thereafter, the heads of the Public Health Service shall submit

to the Deputy Assistant Secretary a report that summarizes the minority health and health disparity activities of each of the respective agencies.

''(g) DEFINITIONS.—In this section:

''(1) The term 'racial and ethnic minority group' means American Indians (including Alaska Natives, Eskimos, and Aleuts), Asian Americans, Native Hawaiians and other Pacific Islanders, Blacks, and Hispanics.

''(2) The term 'Hispanic' means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or of any other Spanish-speaking country.

''(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $110,000,000 for fiscal year 2008, such sums as may be necessary for each of fiscal years 2009 through 2012.''.

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