

111<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 1883

To require the Secretary of Health and Human Services to carry out a demonstration grants program to provide for certain patient coordination, outreach, and assistance services to reduce barriers to receiving health care and improve health care outcomes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2009

Mr. SCOTT of Virginia (for himself, Ms. JACKSON-LEE of Texas, and Ms. LEE of California) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To require the Secretary of Health and Human Services to carry out a demonstration grants program to provide for certain patient coordination, outreach, and assistance services to reduce barriers to receiving health care and improve health care outcomes.

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

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Patient Advocate Act  
5       of 2009”.

1 **SEC. 2. PATIENT ASSISTANCE GRANTS DEMONSTRATION**  
2 **PROGRAM.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services shall establish a demonstration program  
5 under which the Secretary may make grants to States,  
6 local and tribal entities, and public or private non-profit  
7 organizations for the development and operation of pro-  
8 grams to provide services for patients to resolve health in-  
9 surance, job retention, and debt crisis matters related to  
10 the patients' diagnosis and illness, including services de-  
11 scribed in subsection (b), to improve health care outcomes.

12 (b) USE OF FUNDS.—A recipient of a grant under  
13 this section shall use the grant for the purposes of recruit-  
14 ing, assigning, training, and employing patient health ad-  
15 vocates (as defined in subsection (m)(2)) who have direct  
16 knowledge of the communities they serve to facilitate the  
17 care of individuals, including by performing each of the  
18 following services (and by ensuring that such services are  
19 available to such communities):

20 (1) Acting as contacts, including by assisting in  
21 the coordination of health care services and provider  
22 referrals, for individuals who are seeking prevention  
23 or early detection services for, or who following a  
24 screening or early detection service are found to  
25 have a symptom, abnormal finding, or diagnosis of,  
26 an adverse health condition.

1           (2) Facilitating the involvement of community  
2 organizations in assisting individuals who are at risk  
3 for or who have an adverse health condition to re-  
4 ceive better access to high-quality health care serv-  
5 ices (such as by creating partnerships with patient  
6 advocacy groups, charities, health care centers, com-  
7 munity hospice centers, other health care providers,  
8 or other organizations in the targeted community).

9           (3) Notifying individuals of clinical trials and,  
10 upon request, facilitating enrollment of eligible indi-  
11 viduals in these trials.

12           (4) Anticipating, identifying, and helping indi-  
13 viduals to overcome barriers within the health care  
14 system to ensure prompt diagnosis and treatment.

15           (5) Coordinating with the relevant health insur-  
16 ance ombudsman programs to provide information to  
17 individuals about health coverage, including private  
18 insurance, health care savings accounts, and other  
19 publicly funded programs (such as the Medicare, the  
20 Medicaid, and State children’s health insurance pro-  
21 grams under titles XVIII, XIX, and XXI of the So-  
22 cial Security Act, respectively, health programs oper-  
23 ated by the Department of Veterans Affairs or the  
24 Department of Defense, and any private or govern-  
25 mental prescription assistance programs).

1           (6) Conducting ongoing outreach to health dis-  
2           parity populations, including the uninsured, rural  
3           populations, and other medically underserved popu-  
4           lations, in addition to assisting other individuals to  
5           seek preventive care.

6 A recipient of a grant under subsection (a) may use such  
7 grant for operational costs of any activity carried out by  
8 such entity for the purposes described in the previous sen-  
9 tence.

10       (c) PROHIBITIONS.—

11           (1) REFERRAL FEES.—The Secretary of Health  
12           and Human Services shall require each recipient of  
13           a grant under this section to prohibit any patient  
14           health advocate providing services under the grant  
15           from accepting any referral fee, kickback, or other  
16           thing of value in return for referring an individual  
17           to a particular health care provider.

18           (2) LEGAL FEES AND COSTS.—The Secretary of  
19           Health and Human Services shall prohibit the use of  
20           any grant funds received under this section to pay  
21           any fees or costs resulting from any litigation, arbi-  
22           tration, mediation, or other proceeding to resolve a  
23           legal dispute.

24       (d) GRANT PERIOD.—

1           (1) INITIAL GRANT PERIOD AND PERMISSIBLE  
2 EXTENSIONS.—Subject to paragraph (2), the Sec-  
3 retary of Health and Human Services—

4           (A) may award grants under this section  
5 for initial periods of not more than 3 years; and

6           (B) may extend the period of a grant  
7 under this section so long as each such exten-  
8 sion is for a period of not more than 1 year.

9           (2) LIMITATION.—In no case may the Secretary  
10 award an initial grant or extend the period of a  
11 grant under this section for a period ending after  
12 the date that is 5 years after the date of the enact-  
13 ment of this Act.

14          (e) APPLICATION.—

15           (1) IN GENERAL.—To seek a grant under this  
16 section, an entity or organization described in sub-  
17 section (a) shall submit an application to the Sec-  
18 retary of Health and Human Services in such form,  
19 in such manner, and containing such information as  
20 the Secretary may require.

21           (2) CONTENTS.—At a minimum, the Secretary  
22 shall require each such application to outline how  
23 the entity or organization involved will establish  
24 baseline measures and benchmarks that meet the

1 Secretary's requirements to evaluate program out-  
2 comes.

3 (f) UNIFORM BASELINE MEASURES.—The Secretary  
4 of Health and Human Services shall establish uniform  
5 baseline measures in order to properly evaluate the impact  
6 of the programs funded under this section.

7 (g) PREFERENCE.—In making grants under this sec-  
8 tion, the Secretary of Health and Human Services shall  
9 give preference to eligible entities that demonstrate in  
10 their applications plans to utilize services described in sub-  
11 section (b) to overcome significant barriers in order to im-  
12 prove health care outcomes in their respective commu-  
13 nities.

14 (h) DUPLICATION OF SERVICES.—An entity or orga-  
15 nization that is receiving Federal funds for services de-  
16 scribed in subsection (b) on the date on which the entity  
17 or organization, respectively, submits an application under  
18 subsection (e) may not receive a grant under this section  
19 unless the entity or organization, respectively, can dem-  
20 onstrate that amounts received under the grant will be uti-  
21 lized to expand services or provide new services to individ-  
22 uals who would not otherwise be served.

23 (i) COORDINATION WITH OTHER PROGRAMS.—The  
24 Secretary of Health and Human Services shall ensure co-  
25 ordination of the demonstration program under this sec-

1 tion with existing authorized programs in order to facili-  
2 tate access to high-quality health care services.

3 (j) STUDY; REPORTS.—

4 (1) FINAL REPORT BY SECRETARY.—Not later  
5 than 6 months after the completion of the dem-  
6 onstration program under this section, the Secretary  
7 of Health and Human Services shall conduct a study  
8 of the results of the program and submit to the Con-  
9 gress a report on such results that includes the fol-  
10 lowing:

11 (A) An evaluation of the program out-  
12 comes, including—

13 (i) quantitative analysis of baseline  
14 and benchmark measures; and

15 (ii) aggregate information about the  
16 individuals served and program activities.

17 (B) Recommendations on whether the pro-  
18 grams funded under this section could be used  
19 to improve patient outcomes in other public  
20 health areas.

21 (2) INTERIM REPORTS BY SECRETARY.—The  
22 Secretary of Health and Human Services may pro-  
23 vide interim reports to the Congress on the dem-  
24 onstration program under this section at such inter-  
25 vals as the Secretary determines to be appropriate.

1           (3) REPORTS BY GRANTEES.—The Secretary of  
2           Health and Human Services may require each re-  
3           cipient of a grant under this section to submit in-  
4           terim and final reports on the programs carried out  
5           by such recipient with such grant.

6           (k) RULE OF CONSTRUCTION.—This section shall not  
7           be construed to authorize funding for the delivery of  
8           health care services (other than the services listed in sub-  
9           section (b)).

10          (l) NONDISCRIMINATION.—

11               (1) TREATMENT AS FEDERAL FINANCIAL AS-  
12               SISTANCE.—For the purpose of applying the prohibi-  
13               tions against discrimination on the basis of age  
14               under the Age Discrimination Act of 1975 (42  
15               U.S.C. 6101 et seq.), on the basis of disability under  
16               section 504 of the Rehabilitation Act of 1973 (29  
17               U.S.C. 794), on the basis of sex under title IX of  
18               the Education Amendments of 1972 (20 U.S.C.  
19               1681 et seq.), or on the basis of race, color, or na-  
20               tional origin under title VI of the Civil Rights Act  
21               of 1964 (42 U.S.C. 2000d et seq.), programs and  
22               activities funded or otherwise financially assisted in  
23               whole or in part under this Act (whether through  
24               grant, contract, or otherwise) are considered to be

1 programs and activities receiving Federal financial  
2 assistance.

3 (2) PROHIBITION OF DISCRIMINATION REGARD-  
4 ING PARTICIPATION, BENEFITS, AND EMPLOY-  
5 MENT.—

6 (A) IN GENERAL.—No individual shall be  
7 excluded from participation in, denied the bene-  
8 fits of, subjected to discrimination under, or de-  
9 nied employment in the administration of or in  
10 connection with, any program or activity funded  
11 or otherwise financially assisted in whole or in  
12 part under this Act because of race, color, reli-  
13 gion, sex, national origin, age, disability, or po-  
14 litical affiliation or belief.

15 (B) ENFORCEMENT.—The powers, reme-  
16 dies, and procedures set forth in title VI of the  
17 Civil Rights Act of 1964 (42 U.S.C. 2000d et  
18 seq.) shall be the powers, remedies, and proce-  
19 dures this paragraph provides to the Secretary  
20 concerning a violation of subparagraph (A).

21 (m) DEFINITIONS.—In this section:

22 (1) HEALTH DISPARITY POPULATION.—The  
23 term “health disparity population” means a popu-  
24 lation that, as determined by the Secretary of  
25 Health and Human Services, has a significant dis-

1 parity in the overall rate of disease incidence, preva-  
2 lence, morbidity, mortality, or survival rates as com-  
3 pared to the health status of the general population.

4 (2) PATIENT HEALTH ADVOCATE.—The term  
5 “patient health advocate” means, with respect to a  
6 program developed by a recipient of a grant under  
7 this section, an individual who has completed a cer-  
8 tified social work program (or program in a related  
9 field) approved by such recipient, or has attained an  
10 equivalent level of proficiency through organization-  
11 sponsored training or work experience in areas of so-  
12 cial work, case work, or nursing.

13 (n) AUTHORIZATION OF APPROPRIATIONS.—

14 (1) IN GENERAL.—To carry out this section,  
15 there are authorized to be appropriated \$10,000,000  
16 for each of the fiscal years 2010 through 2014.

17 (2) AVAILABILITY.—The amounts appropriated  
18 pursuant to paragraph (1) shall remain available for  
19 obligation through the end of fiscal year 2014.

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