By Mr. BINGAMAN:

S. 2990. A bill to provide for programs and activities to improve the health of Hispanic individuals, and for other purposes; to the Committee on Finance.

By Mr. DASCHLE (for Mr. TORRICELLI):

S. 2991. A bill for the relief of Sharif Kesbeh, Asmaa Sharif Kesbeh, Batool Kesbeh, Noor Sharif Kesbeh, Alaa Kesbeh, Sandos Kesbeh, Hadeel Kesbeh, and Mohanned Kesbeh; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. KENNEDY (for himself, Mrs. CLINTON, and Mrs. HUTCHISON):

S.Con.Res. 145. A concurrent resolution recognizing and commending Mary Baker Eddy's achievements and the Mary Baker Eddy Library for the Betterment of Humanity; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 121

At the request of Mrs. FEINSTEIN, the name of the Senator from Maryland (Mr. SARBANES) was added as a cosponsor of S. 121, a bill to establish an Office of Children's Services within the Department of Justice to coordinate and implement Government actions involving unaccompanied alien children, and for other purposes.

S. 1377

At the request of Mr. SMITH of Oregon, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 1377, a bill to require the Attorney General to establish an office in the Department of Justice to monitor acts of inter-national terrorism alleged to have been committed by Palestinian individuals or individuals acting on behalf of Palestinian organizations and to carry out certain other related activities.

S. 1761

At the request of Mr. DORGAN, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 1761, a bill to amend title XVIII of the Social Security Act to provide for coverage of cholesterol and blood lipid screening under the medicare program.

S. 2119

At the request of Mr. GRASSLEY, the name of the Senator from Iowa (Mr. HARKIN) was added as a cosponsor of S. 2119, a bill to amend the Internal Revenue Code of 1986 to provide for the tax treatment of inverted corporate entities and of transactions with such entities, and for other purposes.

S. 2215

At the request of Mrs. BOXER, the names of the Senator from Connecticut (Mr. DODD) and the Senator from Alabama (Mr. SHELBY) were added as cosponsors of S. 2215, a bill to halt Syrian support for terrorism, end its occupation of Lebanon, stop its development of weapons of mass destruction, cease its illegal importation of Iraqi oil, and by so doing hold Syria accountable for its role in the Middle East, and for other purposes.

S. 2557

At the request of Mr. HATCH, the name of the Senator from Minnesota (Mr. WELLSTONE) was added as a cosponsor of S. 2557, a bill to amend title XVIII of the Social Security Act to improve access to Medicare+Choice plans for special needs medicare beneficiaries, and for other purposes.

S. 2765

At the request of Mr. VOINOVICH, the name of the Senator from Arkansas (Mr. HUTCHINSON) was added as a cosponsor of S. 2765, a bill to amend chapter 55 of title 5, United States Code, to exclude availability pay for certain Federal law enforcement officers from the limitation on premium pay, and for other purposes.

S. 2869

At the request of Mr. KERRY, the names of the Senator from Montana (Mr. BAUCUS) and the Senator from Montana (Mr. BURNS) were added as cosponsors of S. 2869, a bill to facilitate the ability of certain spectrum auction winners to pursue alternative measures required in the public interest to meet the needs of wireless telecommunications consumers.

S. 2922

At the request of Ms. LANDRIEU, the name of the Senator from North Dakota (Mr. DORGAN) was added as a cosponsor of S. 2922, a bill to facilitate the deployment of wireless telecommunications networks in order to further the availability of the Emergency Alert System, and for other purposes.

S. 2933

At the request of Mr. BREAUX, the names of the Senator from New Mexico (Mr. DOMENICI) and the Senator from West Virginia (Mr. ROCKEFELLER) were added as cosponsors of S. 2933, a bill to promote elder justice, and for other purposes.

S. 2949

At the request of Mr. HOLLINGS, the names of the Senator from Nevada (Mr. REID), the Senator from Massachusetts (Mr. KERRY) and the Senator from Arizona (Mr. MCCAIN) were added as cosponsors of S. 2949, a bill to provide for enhanced aviation security, and for other purposes.

S. 2980

At the request of Mr. BOND, the name of the Senator from Arkansas (Mr. HUTCHINSON) was added as a cosponsor of S. 2980, a bill to revise and extend the Birth Defects Prevention Act of 1998.

S. RES. 307

At the request of Mr. SANTORUM, his name was added as a cosponsor of S. Res. 307, A resolution reaffirming support of the Convention on the Prevention and Punishment of the Crime of Genocide and anticipating the commemoration of the 15th anniversary of the enactment of the Genocide Convention Implementation Act of 1987 (the Proxmire Act) on November 4, 2003.

S. RES. 322

At the request of Mrs. LINCOLN, the name of the Senator from Nevada (Mr. REID) was added as a cosponsor of S. Res. 322, A resolution designating November 2002, as ''National Epilepsy Awareness Month''.

S. RES. 325

At the request of Mr. SESSIONS, the names of the Senator from Mississippi (Mr. COCHRAN), the Senator from Kentucky (Mr. BUNNING), the Senator from West Virginia (Mr. ROCKEFELLER) and the Senator from Arkansas (Mr. HUTCHINSON) were added as cosponsors of S. Res. 325, Resolution designating the month of September 2002 as ''National Prostate Cancer Awareness Month''.

S. CON. RES. 138

At the request of Mr. REID, the names of the Senator from Massachusetts (Mr. KERRY), the Senator from Oklahoma (Mr. INHOFE), the Senator from Rhode Island (Mr. REED) and the Senator from New Jersey (Mr. TORRICELLI) were added as cosponsors of S. Con. Res. 138, A concurrent resolution expressing the sense of Congress that the Secretary of Health And Human Services should conduct or support research on certain tests to screen for ovarian cancer, and Federal health care programs and group and individual health plans should cover the tests if demonstrated to be effective, and for other purposes.

AMENDMENT NO. 4568

At the request of Mr. HOLLINGS, the name of the Senator from New York (Mrs. CLINTON) was added as a cosponsor of amendment No. 4568 intended to be proposed to H.R. 5005, a bill to establish the Department of Homeland Security, and for other purposes.

AMENDMENT NO. 4694

At the request of Mr. LIEBERMAN, the name of the Senator from South Carolina (Mr. HOLLINGS) was added as a cosponsor of amendment No. 4694 proposed to H.R. 5005, a bill to establish the Department of Homeland Security, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BINGAMAN:

S. 2990. A bill to provide for programs and activities to improve the health of Hispanic individuals, and for other purposes; to the Committee on Finance.

Mr. BINGAMAN. Mr. President, today I am introducing a bill that will be jointly introduced by Representative CIRO RODRIGUEZ tomorrow when the House of Representatives comes into session entitled the ''Hispanic Health Improvement Act of 2002.'' This bill builds upon legislation that Representative RODRIGUEZ introduced in the last Congress and addresses the tremendous health disparities that confront the Hispanic community in our Nation.

Even if you know the statistics, they remain shocking. Over one-third, or 35 percent of Hispanic adults lack health insurance. Despite the passage of the Children's Health Insurance Program, 27 percent of Latino children remain uninsured, which is sharp comparison to 9 percent of white, 18 percent of black and 17 percent of Asian/Pacific Islander children.

In testimony before the Senate Health, Education, Labor and Pensions Committee earlier today on Hispanic health issues, Dr. Glenn Flores, chair of the Latino Consortium of the American Academy of Pediatrics Center for Child Health Research, added:

Among uninsured poor children in the U.S., Latinos outnumber all other racial/ethnic groups, including whites: there are 1 million poor, uninsured Latino children, compared with 766,000 white, and 533,000 African-American poor, uninsured children. . . . Although 1999 marked the first time in many years that the proportion of uninsured Latino children actually decreased (from 30% to 27%), recent national data suggest that outreach efforts to enroll Latino children have largely been unsuccessful. A Kaiser Commission report found that only 26% of parents of eligible uninsured children said that they had ever talked to someone or received information about Medicaid enrollment, and 46% of Spanish-speaking parents were unsuccessful at enrolling their uninsured children in Medicaid because materials were unavailable in Spanish.

In order to address the lack of health care coverage, the legislation would expand CHIP to cover pregnant women and parents of children enrolled in CHIP. The legislation provides $50 million in grants to community-based groups to improve outreach and enrollment of children in Medicaid and CHIP with the grants targeted to Hispanic communities.

In addition, the bill eliminates a number of enrollment barriers within Medicaid.

And finally, it provides States the option to enroll legal immigrant pregnant women and children in Medicaid or CHIP. This comes from legislation introduced by Senator GRAHAM earlier in this Congress.

In addition to poor coverage rates, according to the Centers for Disease Control and Prevention, or CDC, the Hispanic population has morbidity and mortality rates that more often than not exceed that of any other ethnic groups. For example, age-adjusted mortality rates for diabetes are over 50 percent higher among Hispanic persons than non-Hispanic whites. HIV infection rates are over 3 times those of non-Hispanic whites. Tuberculosis rates among Latino children are 13 times that of whites.

The legislation addresses these problems in a number of ways. In the area of access and affordability, our bill requires an annual report to Congress on how federal programs are responding to improve the health status of Hispanic individuals with respect to diabetes, cancer, asthma, HIV infection, AIDS, substance abuse, and mental health. The bill provides $100 million for targeted diabetes prevention, education, school-based programs, and screening activities in the Hispanic community.

In addition, the legislation specifically addresses the problems facing communities along the U.S.-Mexico border, a 2,000-mile stretch of land that contains 11 million people, 5 of the 7 poorest metropolitan statistical areas in the country, and disease rates in some areas that are extraordinary. If the region were a State, the border would rank 1st in the number of uninsured, last in terms of per capita income, and 1st in a number of diseases.

As Dr. Francisco Cigarroa, president of the University of Texas Health Sciences Center at San Antonio, noted in testimony at today's earlier hearing on Hispanic health, ''Germs respect no INS regulations. We truly must work with our neighbors to the South if we are to avoid a major influx of new conditions and diseases. It can be seen so clearly on a map. Just as there are 'rivers of commerce' there are 'rivers of infectious disease' and though they may start at the Border, they are eventually seen all the way to the northern Border that we share with Canada.''

In response, the bill provides $200 million to border communities to improve health services and infrastructure along the U.S.-Mexico border.

The numbers I have cited thus far indicates what we do know. Almost as much of a concern is what we do not know with respect to the status of Hispanic health in this Nation. According to one study, only 22 percent of all articles published in major medical journals included non-English-speaking patients.

The bill provides funding to do additional research and work on reducing health disparities in this Nation. Among the various provisions include efforts to improve the recruitment and retention of Hispanic health professionals and programs that support the training health professionals who can provide culturally competent and linguistically appropriate care. With respect to training more minority health professionals, Dr. Cigarroa said at today's hearing, ''We should do this because it is the smart thing to do. If we fail to take steps to address the gap between the health of the majority population and the health of the nation's rapidly growing minority populations, we are on a course leading to a collision. We are far too great a nation to allow this to happen.''

Representative CIRO RODRIGUEZ, the forthcoming chairman of the Congressional Hispanic Caucus, and I have worked together on this legislation to respond to the challenge before us with regard to coverage, access, and health disparities entitled the ''Hispanic Health Improvement Act of 2002.''

While the legislation puts forth a number of initiatives to address what are disproportionately Hispanic problems, it must be noted that each section of the bill, including those to reduce the number of uninsured and to improve access to care, would improve the overall health of our entire Nation regardless of race or ethnicity.

Over the coming months, I look forward to working with my colleagues to revise and improve upon this legislation for reintroduction in the 108th Congress.

Mr. President, I request unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 2990

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 ''Hispanic Health Improvement Act of 2002''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

TITLE I—HEALTH CARE COVERAGE

Subtitle A—Coverage for Parents and Pregnant Women

SEC. 101. COVERAGE OF PARENTS AND PREGNANT WOMEN UNDER THE MEDICAID PROGRAM AND TITLE XXI.

(a) INCENTIVES TO IMPLEMENT COVERAGE OF PARENTS AND PREGNANT WOMEN.—

(1) UNDER MEDICAID.—

(A) ESTABLISHMENT OF NEW OPTIONAL ELIGIBILITY CATEGORY.—Section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

(i) by striking ''or'' at the end of subclause (XVII);

(ii) by adding ''or'' at the end of subclause (XVIII); and

(iii) by adding at the end the following:

''(XIX) who are individuals described in subsection (k)(1) (relating to parents of categorically eligible children);''.

(B) PARENTS DESCRIBED.—Section 1902 of the Social Security Act is further amended by inserting after subsection (j) the following:

''(k)(1)(A) Individuals described in this paragraph are individuals—

''(i) who are the parents of an individual who is under 19 years of age (or such higher age as the State may have elected under section 1902(l)(1)(D)) and who is eligible for medical assistance under subsection (a)(10)(A);

''(ii) who are not otherwise eligible for medical assistance under such subsection or under a waiver approved under section 1115 or otherwise (except under section 1931 or under subsection (a)(10)(A)(ii)(XIX)); and

''(iii) whose family income exceeds the effective income level or resource level applicable under the State plan under part A of title IV as in effect as of July 16, 1996, but does not exceed the highest effective income level applicable to a child in the family under this title.

''(B) In establishing an income eligibility level for individuals described in this paragraph, a State may vary such level consistent with the various income levels established under subsection (l)(2) based on the ages of children described in subsection (l)(1) in order to ensure, to the maximum extent possible, that such individuals shall be enrolled in the same program as their children.

''(C) An individual may not be treated as being described in this paragraph unless, at the time of the individual's enrollment under this title, the child referred to in subparagraph (A)(i) of the individual is also enrolled under this title.

''(D) In this subsection, the term 'parent' has the meaning given the term 'caretaker relative' for purposes of carrying out section 1931.

''(2) In the case of a parent described in paragraph (1) who is also the parent of a child who is eligible for child health assistance under title XXI, the State may elect (on a uniform basis) to cover all such parents under section 2111 or under this title.''.

(C) ENHANCED MATCHING FUNDS AVAILABLE IF CERTAIN CONDITIONS MET.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(i) in the fourth sentence of subsection (b), by striking ''or subsection (u)(3)'' and inserting '', (u)(3), or (u)(4)''; and

(ii) in subsection (u)—

(I) by redesignating paragraph (4) as paragraph (6), and

(II) by inserting after paragraph (3) the following:

''(4) For purposes of subsection (b) and section 2105(a)(1):

''(A) PARENTS AND PREGNANT WOMEN.—The expenditures described in this subparagraph are the expenditures described in the following clauses (i) and (ii):

''(i) PARENTS.—If the conditions described in clause (iii) are met, expenditures for medical assistance for parents described in section 1902(k)(1) and for parents who would be described in such section but for the fact that they are eligible for medical assistance under section 1931 or under a waiver approved under section 1115.

''(ii) CERTAIN PREGNANT WOMEN.—If the conditions described in clause (iv) are met, expenditures for medical assistance for pregnant women described in subsection (n) or under section 1902(l)(1)(A) in a family the income of which exceeds the effective income level applicable under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902 to a family of the size involved as of January 1, 2002.

''(iii) CONDITIONS FOR EXPENDITURES FOR PARENTS.—The conditions described in this clause are the following:

''(I) The State has a State child health plan under title XXI which (whether implemented under such title or under this title) has an effective income level for children that is at least 200 percent of the poverty line.

''(II) State child health plan does not limit the acceptance of applications, does not use a waiting list for children who meet eligibility standards to qualify for assistance, and provides benefits to all children in the State who apply for and meet eligibility standards.

''(III) The State plans under this title and title XXI do not provide coverage for parents with higher family income without covering parents with a lower family income.

''(IV) The State does not apply an income level for parents that is lower than the effective income level (expressed as a percent of the poverty line) that has been specified under the State plan under title XIX (including under a waiver authorized by the Secretary or under section 1902(r)(2)), as of January 1, 2002, to be eligible for medical assistance as a parent under this title.

''(iv) CONDITIONS FOR EXPENDITURES FOR CERTAIN PREGNANT WOMEN.—The conditions described in this clause are the following:

''(I) The State has established an effective income eligibility level for pregnant women under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902 that is at least 185 percent of the poverty line.

''(II) The State plans under this title and title XXI do not provide coverage for pregnant women described in subparagraph

(A)(ii) with higher family income without covering such pregnant women with a lower family income.

''(III) The State does not apply an income level for pregnant women that is lower than the effective income level (expressed as a percent of the poverty line and considering applicable income disregards) that has been specified under the State plan under subsection (a)(10)(A)(i)(III) or (l)(2)(A) of section 1902, as of January 1, 2002, to be eligible for medical assistance as a pregnant woman.

''(IV) The State satisfies the conditions described in subclauses (I) and (II) of clause (iii).

''(v) DEFINITIONS.—For purposes of this subsection:

''(I) The term 'parent' has the meaning given such term for purposes of section 1902(k)(1).

''(II) The term 'poverty line' has the meaning given such term in section 2110(c)(5).''.

(D) APPROPRIATION FROM TITLE XXI ALLOTMENT FOR MEDICAID EXPANSION COSTS FOR PARENTS; ELIMINATION OF COUNTING MEDICAID CHILD PRESUMPTIVE ELIGIBILITY COSTS AGAINST TITLE XXI ALLOTMENT.—Subparagraph (B) of section 2105(a)(1) of the Social Security Act, as amended by section 104(a), is amended to read as follows:

''(B) PARENTS AND PREGNANT WOMEN.—Expenditures for medical assistance that are attributable to expenditures described in section 1905(u)(4)(A).''.

(E) ONLY COUNTING ENHANCED PORTION FOR COVERAGE OF ADDITIONAL PREGNANT WOMEN.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(i) in the fourth sentence of subsection (b), by inserting ''(except in the case of expenditures described in subsection (u)(5))'' after ''do not exceed'';

(ii) in subsection (u), by inserting after paragraph (4) (as inserted by subparagraph (C)), the following:

''(5) For purposes of the fourth sentence of subsection (b) and section 2105(a), the following payments under this title do not count against a State's allotment under section 2104:

''(A) REGULAR FMAP FOR EXPENDITURES FOR PREGNANT WOMEN WITH INCOME ABOVE JANUARY 1, 2002 INCOME LEVEL AND BELOW 185 PERCENT OF POVERTY.—The portion of the payments made for expenditures described in paragraph (4)(A)(ii) that represents the amount that would have been paid if the enhanced FMAP had not been substituted for the Federal medical assistance percentage.''.

(2) UNDER TITLE XXI.—

(A) PARENTS AND PREGNANT WOMEN COVERAGE.—Title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.) is amended by adding at the end the following:

''SEC. 2111. OPTIONAL COVERAGE OF PARENTS OF TARGETED LOW-INCOME CHILDREN OR TARGETED LOW-INCOME PREGNANT WOMEN.

''(a) OPTIONAL COVERAGE.—Notwithstanding any other provision of this title, a State may provide for coverage, through an amendment to its State child health plan under section 2102, of parent health assistance for targeted low-income parents, pregnancy-related assistance for targeted low-income pregnant women, or both, in accordance with this section, but only if—

''(1) with respect to the provision of parent health assistance, the State meets the conditions described in clause (iii) of section 1905(u)(4)(A);

''(2) with respect to the provision of pregnancy-related assistance, the State meets the conditions described in clause (iv) of section 1905(u)(4)(A); and

''(3) in the case of parent health assistance for targeted low-income parents, the State elects to provide medical assistance under section 1902(a)(10)(A)(ii)(XIX), under section 1931, or under a waiver under section 1115 to individuals described in section 1902(k)(1)(A)(i) and elects an effective income level that, consistent with paragraphs (1)(B) and (2) of section 1902(k), ensures to the maximum extent possible, that such individuals shall be enrolled in the same program as their children if their children are eligible for coverage under title XIX (including under a waiver authorized by the Secretary or under section 1902(r)(2)).''.

''(b) DEFINITIONS.—For purposes of this title:

''(1) PARENT HEALTH ASSISTANCE.—The term 'parent health assistance' has the meaning given the term child health assistance in section 2110(a) as if any reference to targeted low-income children were a reference to targeted low-income parents.

''(2) PARENT.—The term 'parent' has the meaning given the term 'caretaker relative' for purposes of carrying out section 1931.

''(3) PREGNANCY-RELATED ASSISTANCE.—The term 'pregnancy-related assistance' has the meaning given the term child health assistance in section 2110(a) as if any reference to targeted low-income children were a reference to targeted low-income pregnant women, except that the assistance shall be limited to services related to pregnancy (which include prenatal, delivery, and postpartum services) and to other conditions that may complicate pregnancy.

''(4) TARGETED LOW-INCOME PARENT.—The term 'targeted low-income parent' has the meaning given the term targeted low-income child in section 2110(b) as if the reference to a child were deemed a reference to a parent (as defined in paragraph (3)) of the child; except that in applying such section—

''(A) there shall be substituted for the income level described in paragraph (1)(B)(ii)(I) the applicable income level in effect for a targeted low-income child;

''(B) in paragraph (3), January 1, 2002, shall be substituted for July 1, 1997; and

''(C) in paragraph (4), January 1, 2002, shall be substituted for March 31, 1997.

''(5) TARGETED LOW-INCOME PREGNANT WOMAN.—The term 'targeted low-income pregnant woman' has the meaning given the term targeted low-income child in section 2110(b) as if any reference to a child were a reference to a woman during pregnancy and through the end of the month in which the 60-day period beginning on the last day of her pregnancy ends; except that in applying such section—

''(A) there shall be substituted for the income level described in paragraph (1)(B)(ii)(I) the applicable income level in effect for a targeted low-income child;

''(B) in paragraph (3), January 1, 2002, shall be substituted for July 1, 1997; and

''(C) in paragraph (4), January 1, 2002, shall be substituted for March 31, 1997.

''(6) PARENT.—The term 'parent' has the meaning given the term 'caretaker relative' for purposes of carrying out section 1931.

''(c) REFERENCES TO TERMS AND SPECIAL RULES.—In the case of, and with respect to, a State providing for coverage of parent health assistance to targeted low-income parents or pregnancy-related assistance to targeted low-income pregnant women under subsection (a), the following special rules apply:

''(1) Any reference in this title (other than in subsection (b)) to a targeted low-income child is deemed to include a reference to a targeted low-income parent or a targeted low-income pregnant woman (as applicable).

''(2) Any such reference to child health assistance—

''(A) with respect to such parents is deemed a reference to parent health assistance; and

''(B) with respect to such pregnant women, is deemed a reference to pregnancy-related assistance.

''(3) In applying section 2103(e)(3)(B) in the case of a family or pregnant woman provided coverage under this section, the limitation on total annual aggregate cost-sharing shall be applied to the entire family or such pregnant woman.

''(4) In applying section 2110(b)(4), any reference to 'section 1902(l)(2) or 1905(n)(2) (as selected by a State)' is deemed a reference to the effective income level applicable to parents under section 1931 or under a waiver approved under section 1115, or, in the case of a pregnant woman, the income level established under section 1902(l)(2)(A).

''(5) In applying section 2102(b)(3)(B), any reference to children found through screening to be eligible for medical assistance under the State medicaid plan under title XIX is deemed a reference to parents and pregnant women.''.

(B) ADDITIONAL ALLOTMENT FOR STATES PROVIDING COVERAGE OF PARENTS OR PREGNANT WOMEN.—

(i) IN GENERAL.—Section 2104 of the Social Security Act (42 U.S.C. 1397dd) is amended by inserting after subsection (c) the following:

''(d) ADDITIONAL ALLOTMENTS FOR STATE COVERAGE OF PARENTS OR PREGNANT WOMEN.—

''(1) APPROPRIATION; TOTAL ALLOTMENT.—For the purpose of providing additional allotments to States under this title, there is appropriated, out of any money in the Treasury not otherwise appropriated—

''(A) for fiscal year 2002, $2,000,000,000;

''(B) for fiscal year 2003, $2,000,000,000;

''(C) for fiscal year 2004, $3,000,000,000;

''(D) for fiscal year 2005, $3,000,000,000;

''(E) for fiscal year 2006, $5,000,000,000;

''(F) for fiscal year 2007, $5,000,000,000;

''(G) for fiscal year 2008, $5,000,000,000;

''(H) for fiscal year 2009, $5,000,000,000;

''(I) for fiscal year 2010, $5,000,000,000; and

''(J) for fiscal year 2011 and each fiscal year thereafter, the amount of the allotment provided under this paragraph for the preceding fiscal year increased by the percentage increase (if any) in the medical care expenditure category of the Consumer Price Index for All Urban Consumers (United States city average).

''(2) STATE AND TERRITORIAL ALLOTMENTS.—

''(A) IN GENERAL.—In addition to the allotments provided under subsections (b) and (c), subject to paragraphs (3) and (4), of the amount available for the additional allotments under paragraph (1) for a fiscal year, the Secretary shall allot to each State with a State child health plan approved under this title—

''(i) in the case of such a State other than a commonwealth or territory described in subparagraph (B), the same proportion as the proportion of the State's allotment under subsection (b) (determined without regard to subsection (f)) to the total amount of the allotments under subsection (b) for such States eligible for an allotment under this paragraph for such fiscal year; and

''(ii) in the case of a commonwealth or territory described in subsection (c)(3), the same proportion as the proportion of the commonwealth's or territory's allotment under subsection (c) (determined without regard to subsection (f)) to the total amount of the allotments under subsection (c) for commonwealths and territories eligible for an allotment under this paragraph for such fiscal year.

''(B) AVAILABILITY AND REDISTRIBUTION OF UNUSED ALLOTMENTS.—In applying subsections (e) and (f) with respect to additional allotments made available under this subsection, the procedures established under such subsections shall ensure such additional

allotments are only made available to States which have elected to provide coverage under section 2111.

''(3) USE OF ADDITIONAL ALLOTMENT.—Additional allotments provided under this subsection are not available for amounts expended before October 1, 2002. Such amounts are available for amounts expended on or after such date for child health assistance for targeted low-income children, as well as for parent health assistance for targeted low-income parents, and pregnancy-related assistance for targeted low-income pregnant women.

''(4) REQUIRING ELECTION TO PROVIDE COVERAGE.—No payments may be made to a State under this title from an allotment provided under this subsection unless the State has made an election to provide parent health assistance for targeted low-income parents, or pregnancy-related assistance for targeted low-income pregnant women.''.

(ii) CONFORMING AMENDMENTS.—Section 2104 of the Social Security Act (42 U.S.C. 1397dd) is amended—

(I) in subsection (a), by inserting ''subject to subsection (d),'' after ''under this section,'';

(II) in subsection (b)(1), by inserting ''and subsection (d)'' after ''Subject to paragraph (4)''; and

(III) in subsection (c)(1), by inserting ''subject to subsection (d),'' after ''for a fiscal year,''.

(C) NO COST-SHARING FOR PREGNANCY-RELATED BENEFITS.—Section 2103(e)(2) of the Social Security Act (42 U.S.C. 1397cc(e)(2)) is amended—

(i) in the heading, by inserting ''AND PREGNANCY-RELATED SERVICES'' after ''PREVENTIVE SERVICES''; and

(ii) by inserting before the period at the end the following: ''and for pregnancy-related services''.

(3) EFFECTIVE DATE.—The amendments made by this subsection apply to items and services furnished on or after October 1, 2002, without regard to whether regulations implementing such amendments have been issued.

(b) MAKING TITLE XXI BASE ALLOTMENTS PERMANENT.—Section 2104(a) of the Social Security Act (42 U.S.C. 1397dd(a)) is amended—

(1) by striking ''and'' at the end of paragraph (9);

(2) by striking the period at the end of paragraph (10) and inserting ''; and''; and

(3) by adding at the end the following:

''(11) for fiscal year 2008 and each fiscal year thereafter, the amount of the allotment provided under this subsection for the preceding fiscal year increased by the percentage increase (if any) in the medical care expenditure category of the Consumer Price Index for All Urban Consumers (United States city average).''.

(c) OPTIONAL APPLICATION OF PRESUMPTIVE ELIGIBILITY PROVISIONS TO PARENTS.—Section 1920A of the Social Security Act (42 U.S.C. 1396r–1a) is amended by adding at the end the following:

''(e) A State may elect to apply the previous provisions of this section to provide for a period of presumptive eligibility for medical assistance for a parent (as defined for purposes of section 1902(k)(1)) of a child with respect to whom such a period is provided under this section.''.

(d) CONFORMING AMENDMENTS.—

(1) ELIGIBILITY CATEGORIES.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended, in the matter before paragraph (1)—

(A) by striking ''or'' at the end of clause (xii);

(B) by inserting ''or'' at the end of clause (xiii); and

(C) by inserting after clause (xiii) the following:

''(xiv) who are parents described (or treated as if described) in section 1902(k)(1),''.

(2) INCOME LIMITATIONS.—Section 1903(f)(4) of the Social Security Act (42 U.S.C. 1396b(f)(4)) is amended by inserting ''1902(a)(10)(A)(ii)(XIX),'' after ''1902(a)(10)(A)(ii)(XVIII),''.

(3) CONFORMING AMENDMENT RELATING TO NO WAITING PERIOD FOR PREGNANT WOMEN.—Section 2102(b)(1)(B) of the Social Security Act (42 U.S.C. 1397bb(b)(1)(B)) is amended—

(A) by striking '', and'' at the end of clause (i) and inserting a semicolon;

(B) by striking the period at the end of clause (ii) and inserting ''; and''; and

(C) by adding at the end the following:

''(iii) may not apply a waiting period (including a waiting period to carry out paragraph (3)(C)) in the case of a targeted low-income parent who is pregnant.''.

SEC. 102. AUTOMATIC ENROLLMENT OF CHILDREN BORN TO TITLE XXI PARENTS.

(a) TITLE XXI.—Section 2102(b)(1) (42 U.S.C. 1397bb(b)(1)) is amended by adding at the end the following:

''(C) AUTOMATIC ELIGIBILITY OF CHILDREN BORN TO PREGNANT WOMEN.—Such eligibility standards shall provide for automatic coverage of a child born to an individual who is provided assistance under this title in the same manner as medical assistance would be provided under section 1902(e)(4) to a child described in such section.''.

(b) CONFORMING AMENDMENT TO MEDICAID.—Section 1902(e)(4) (42 U.S.C. 1396a(e)(4)) is amended in the first sentence by striking ''so long as the child is a member of the woman's household and the woman remains (or would remain if pregnant) eligible for such assistance''.

SEC. 103. OPTIONAL COVERAGE OF CHILDREN THROUGH AGE 20 UNDER THE MEDICAID PROGRAM AND TITLE XXI.

(a) MEDICAID.—

(1) IN GENERAL.—Section 1902(l)(1)(D) of the Social Security Act (42 U.S.C. 1396a(l)(1)(D)) is amended by inserting ''(or, at the election of a State, 20 or 21 years of age)'' after ''19 years of age''.

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(e)(3)(A) of the Social Security Act (42 U.S.C. 1396a(e)(3)(A)) is amended by inserting ''(or 1 year less than the age the State has elected under subsection (l)(1)(D))'' after ''18 years of age''.

(B) Section 1902(e)(12) of the Social Security Act (42 U.S.C. 1396a(e)(12)) is amended by inserting ''or such higher age as the State has elected under subsection (l)(1)(D)'' after ''19 years of age''.

(C) Section 1920A(b)(1) of the Social Security Act (42 U.S.C. 1396r–1a(b)(1)) is amended by inserting ''or such higher age as the State has elected under section 1902(l)(1)(D)'' after ''19 years of age''.

(D) Section 1928(h)(1) of the Social Security Act (42 U.S.C. 1396s(h)(1)) is amended by inserting ''or 1 year less than the age the State has elected under section 1902(l)(1)(D)'' before the period at the end.

(E) Section 1932(a)(2)(A) of the Social Security Act (42 U.S.C. 1396u–2(a)(2)(A)) is amended by inserting ''(or such higher age as the State has elected under section 1902(l)(1)(D))'' after ''19 years of age''.

(b) TITLE XXI.—Section 2110(c)(1) of the Social Security Act (42 U.S.C. 1397jj(c)(1)) is amended by inserting ''(or such higher age as the State has elected under section 1902(l)(1)(D))''.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on October 1, 2002, and apply to medical assistance and child health assistance provided on or after such date, whether or not regulations implementing such amendments have been issued.

SEC. 104. TECHNICAL AND CONFORMING AMENDMENTS TO AUTHORITY TO PAY MEDICAID EXPANSION COSTS FROM TITLE XXI APPROPRIATION.

(a) AUTHORITY TO PAY MEDICAID EXPANSION COSTS FROM TITLE XXI APPROPRIATION.—Section 2105(a) of the Social Security Act (42 U.S.C. 1397ee(a)) is amended to read as follows:

''(a) ALLOWABLE EXPENDITURES.—

''(1) IN GENERAL.—Subject to the succeeding provisions of this section, the Secretary shall pay to each State with a plan approved under this title, from its allotment under section 2104, an amount for each quarter equal to the enhanced FMAP of the following expenditures in the quarter:

''(A) CHILD HEALTH ASSISTANCE UNDER MEDICAID.—Expenditures for child health assistance under the plan for targeted low-income children in the form of providing medical assistance for expenditures described in the fourth sentence of section 1905(b).

''(B) RESERVED.—[reserved].

''(C) CHILD HEALTH ASSISTANCE UNDER THIS TITLE.—Expenditures for child health assistance under the plan for targeted low-income children in the form of providing health benefits coverage that meets the requirements of section 2103.

''(D) ASSISTANCE AND ADMINISTRATIVE EXPENDITURES SUBJECT TO LIMIT.—Expenditures only to the extent permitted consistent with subsection (c)—

''(i) for other child health assistance for targeted low-income children;

''(ii) for expenditures for health services initiatives under the plan for improving the health of children (including targeted low-income children and other low-income children);

''(iii) for expenditures for outreach activities as provided in section 2102(c)(1) under the plan; and

''(iv) for other reasonable costs incurred by the State to administer the plan.

''(2) ORDER OF PAYMENTS.—Payments under a subparagraph of paragraph (1) from a State's allotment for expenditures described in each such subparagraph shall be made on a quarterly basis in the order of such subparagraph in such paragraph.

''(3) NO DUPLICATIVE PAYMENT.—In the case of expenditures for which payment is made under paragraph (1), no payment shall be made under title XIX.''.

(b) CONFORMING AMENDMENTS.—

(1) SECTION 1905(u).—Section 1905(u)(1)(B) of the Social Security Act (42 U.S.C. 1396d(u)(1)(B)) is amended by inserting ''and section 2105(a)(1)'' after ''subsection (b)''.

(2) SECTION 2105(c).—Section 2105(c)(2)(A) of the Social Security Act (42 U.S.C. 1397ee(c)(2)(A)) is amended by striking ''subparagraphs (A), (C), and (D) of''.

(c) EFFECTIVE DATE.—The amendments made by this section shall be effective as if included in the enactment of the Balanced Budget Act of 1997 (Public Law 105–33; 111 Stat. 251), whether or not regulations implementing such amendments have been issued.

Subtitle B—Outreach and Enrollment

SEC. 111. GRANTS TO PROMOTE INNOVATIVE OUTREACH AND ENROLLMENT EFFORTS UNDER SCHIP.

(a) IN GENERAL.—Section 2104(f) of the Social Security Act (42 U.S.C. 1397dd(f)) is amended—

(1) by striking ''The Secretary'' and inserting the following:

''(1) IN GENERAL.—Subject to paragraph (2), the Secretary''; and

(2) by adding at the end the following:

''(2) GRANTS TO PROMOTE INNOVATIVE OUTREACH AND ENROLLMENT EFFORTS.—

''(A) IN GENERAL.—Prior to any redistribution under paragraph (1) of unexpended allotments made to States under subsection (b) or

(c) for fiscal year 2000 and any fiscal year thereafter, the Secretary shall—

''(i) reserve from such unexpended allotments the lesser of $50,000,000 or the total amount of such unexpended allotments for grants under this paragraph for the fiscal year in which the redistribution occurs; and

''(ii) subject to subparagraph (B), use such reserved funds to make grants to local and community-based public or nonprofit organizations (including organizations involved in women's health, pediatric advocacy, local and county governments, public health departments, Federally-qualified health centers, children's hospitals, and hospitals defined as disproportionate share hospitals under the State plan under title XIX) to conduct innovative outreach and enrollment efforts that are consistent with section 2102(c) and to promote understanding of the importance of health insurance coverage for prenatal care and children.

''(B) PRIORITY FOR GRANTS IN CERTAIN AREAS.—In making grants under subparagraph (A)(ii), the Secretary shall give priority to grant applicants that propose to target the outreach and enrollment efforts funded under the grant to geographic areas—

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

''(ii) with high rates of families for whom English is not their primary language.

''(C) APPLICATIONS.—An organization that desires to receive a grant under this paragraph shall submit an application to the Secretary in such form and manner, and containing such information, as the Secretary may decide.''.

(b) EXTENDING USE OF OUTSTATIONED WORKERS TO ACCEPT TITLE XXI APPLICATIONS.—Section 1902(a)(55) of such Act (42 U.S.C. 1396a(a)(55)) is amended by inserting '', and applications for child health assistance under title XXI'' after ''(a)(10)(A)(ii)(IX)''.

Subtitle C—Immigrant Children and Pregnant Women

SEC. 121. OPTIONAL COVERAGE OF LEGAL IMMIGRANTS UNDER THE MEDICAID PROGRAM AND SCHIP.

(a) MEDICAID PROGRAM.—Section 1903(v) of the Social Security Act (42 U.S.C. 1396b(v)) is amended—

(1) in paragraph (1), by striking ''paragraph (2)'' and inserting ''paragraphs (2) and (4)''; and

(2) by adding at the end the following:

''(4)(A) A State may elect (in a plan amendment under this title) to provide medical assistance under this title for aliens who are lawfully residing in the United States (including battered aliens described in section 431(c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) and who are otherwise eligible for such assistance, within any of the following eligibility categories:

''(i) PREGNANT WOMEN.—Women during pregnancy (and during the 60-day period beginning on the last day of the pregnancy).

''(ii) CHILDREN.—Children (as defined under such plan), including optional targeted low-income children described in section 1905(u)(2)(B).

''(B)(i) In the case of a State that has elected to provide medical assistance to a category of aliens under subparagraph (A), no debt shall accrue under an affidavit of support against any sponsor of such an alien on the basis of provision of assistance to such category and the cost of such assistance shall not be considered as an unreimbursed cost.

''(ii) The provisions of sections 401(a), 402(b), 403, and 421 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 shall not apply to a State that makes an election under subparagraph (A).''.

(b) TITLE XXI.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended by adding at the end the following:

''(E) Section 1903(v)(4) (relating to optional coverage of permanent resident alien children), but only if the State has elected to apply such section to that category of children under title XIX.''.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on October 1, 2002, and apply to medical assistance and child health assistance furnished on or after such date.

SEC. 122. PERMITTING STATES AND LOCALITIES TO PROVIDE HEALTH CARE TO ALL INDIVIDUALS.

(a) IN GENERAL.—Section 411 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1621) is amended—

(1) in subsection (b)—

(A) by striking paragraphs (1) and (3); and

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

(2) in subsection (c)—

(A) in paragraph (1)—

(i) in the matter preceding subparagraph (A), by striking ''(2) and (3)'' and inserting ''(2), (3), and (4)''; and

(ii) in subparagraph (B), by striking ''health,''; and

(B) by adding at the end the following new paragraph

''(4) Such term does not include any health benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by an agency of a State or local government or by appropriated funds of a State or local government.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to health care furnished before, on, or after the date of the enactment of this Act.

Subtitle D—Eligibility Simplification

SEC. 131. STATE OPTION TO PROVIDE FOR SIMPLIFIED DETERMINATIONS OF A CHILD'S FINANCIAL ELIGIBILITY FOR MEDICAL ASSISTANCE UNDER MEDICAID.

(a) IN GENERAL.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)) is amended by adding at the end the following:

''(13)(A) At the option of the State, the plan may provide that financial eligibility requirements for medical assistance are met for an individual who is under an age specified by the State (not to exceed 19 years of age) based on a determination, during the 12 months prior to applying for such assistance, of the individual's family or household income or resources by a Federal or State agency (or a public or private entity making such determination on behalf of such agency) specified by the plan, provided that such agency has fiscal liabilities or responsibilities affected or potentially affected by such determinations, and provided that all information furnished by such agency pursuant to this subparagraph is used solely for purposes of determining eligibility for medical assistance under the State plan approved under this title or for child health assistance under a State plan approved under title XXI.

''(B) Nothing in subparagraph (A) shall be construed to authorize the denial of medical assistance under a State plan approved under this title or of child health assistance under a State plan approved under title XXI to an individual under 19 years of age who, without regard to the application of this paragraph or an option exercised thereunder, would qualify for such assistance.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) takes effect on October 1, 2002.

SEC. 132. APPLICATION OF SIMPLIFIED TITLE XXI PROCEDURES UNDER THE MEDICAID PROGRAM.

(a) APPLICATION UNDER MEDICAID.—

(1) IN GENERAL.—Section 1902(l) of the Social Security Act (42 U.S.C. 1396a(l)) is amended—

(A) in paragraph (3), by inserting ''subject to paragraph (5)'', after ''Notwithstanding subsection (a)(17),''; and

(B) by adding at the end the following:

''(5) With respect to determining the eligibility of individuals under 19 years of age (or such higher age as the State has elected under paragraph (1)(D)) for medical assistance under subsection (a)(10)(A) and, separately, with respect to determining the eligibility of individuals for medical assistance under subsection (a)(10)(A)(i)(VIII) or (a)(10)(A)(ii)(XIX), notwithstanding any other provision of this title, if the State has established a State child health plan under title XXI—

''(A) the State may not apply a resource standard;

''(B) the State shall use the same simplified eligibility form (including, if applicable, permitting application other than in person) as the State uses under such State child health plan with respect to such individuals;

''(C) the State shall provide for initial eligibility determinations and redeterminations of eligibility using verification policies, forms, and frequency that are no less restrictive than the policies, forms, and frequency the State uses for such purposes under such State child health plan with respect to such individuals; and

''(D) the State shall not require a face-to-face interview for purposes of initial eligibility determinations and redeterminations unless the State requires such an interview for such purposes under such child health plan with respect to such individuals.''.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) apply to determinations of eligibility made on or after the date that is 1 year after the date of the enactment of this Act, whether or not regulations implementing such amendments have been issued.

(b) PRESUMPTIVE ELIGIBILITY.—

(1) IN GENERAL.—Section 1920A(b)(3)(A)(i) of the Social Security Act (42 U.S.C. 1396r–1a(b)(3)(A)(i)) is amended by inserting ''a child care resource and referral agency,'' after ''a State or tribal child support enforcement agency,''.

(2) APPLICATION TO PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN UNDER MEDICAID.—Section 1920(b) of the Social Security Act (42 U.S.C. 1396r–1(b)) is amended by adding at the end after and below paragraph (2) the following flush sentence:

''The term 'qualified provider' includes a qualified entity as defined in section 1920A(b)(3).''.

(3) APPLICATION UNDER TITLE XXI.—

(A) IN GENERAL.—Section 2107(e)(1)(D) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended to read as follows:

''(D) Sections 1920 and 1920A (relating to presumptive eligibility).''.

(B) CONFORMING ELIMINATION OF RESOURCE TEST.—Section 2102(b)(1)(A) of such Act (42 U.S.C. 1397bb(b)(1)(A)) is amended—

(i) by striking '' and resources (including any standards relating to spenddowns and disposition of resources)''; and

(ii) by adding at the end the following: ''Effective 1 year after the date of the enactment of the Hispanic Health Improvement Act 2002, such standards may not include the application of a resource standard or test.''.

(c) AUTOMATIC REASSESSMENT OF ELIGIBILITY FOR TITLE XXI AND MEDICAID BENEFITS FOR CHILDREN LOSING MEDICAID OR TITLE XXI ELIGIBILITY.—

(1) LOSS OF MEDICAID ELIGIBILITY.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(A) by striking the period at the end of paragraph (65) and inserting ''; and'', and

(B) by inserting after paragraph (65) the following:

''(66) provide, in the case of a State with a State child health plan under title XXI, that before medical assistance to a child (or a parent of a child) is discontinued under this title, a determination of whether the child (or parent) is eligible for benefits under title XXI shall be made and, if determined to be so eligible, the child (or parent) shall be automatically enrolled in the program under such title without the need for a new application.''.

(2) LOSS OF TITLE XXI ELIGIBILITY AND COORDINATION WITH MEDICAID.—Section 2102(b) (42 U.S.C. 1397bb(b)) is amended—

(A) in paragraph (3), by redesignating subparagraphs (D) and (E) as subparagraphs (E) and (F), respectively, and by inserting after subparagraph (C) the following:

''(D) that before health assistance to a child (or a parent of a child) is discontinued under this title, a determination of whether the child (or parent) is eligible for benefits under title XIX is made and, if determined to be so eligible, the child (or parent) is automatically enrolled in the program under such title without the need for a new application;'';

(B) by redesignating paragraph (4) as paragraph (5); and

(C) by inserting after paragraph (3) the following new paragraph:

''(4) COORDINATION WITH MEDICAID.—The State shall coordinate the screening and enrollment of individuals under this title and under title XIX consistent with the following:

''(A) Information that is collected under this title or under title XIX which is needed to make an eligibility determination under the other title shall be transmitted to the appropriate administering entity under such other title in a timely manner so that coverage is not delayed and families do not have to submit the same information twice. Families shall be provided the information they need to complete the application process for coverage under both titles and be given appropriate notice of any determinations made on their applications for such coverage.

''(B) If a State does not use a joint application under this title and such title, the State shall—

''(i) promptly inform a child's parent or caretaker in writing and, if appropriate, orally, that a child has been found likely to be eligible under title XIX;

''(ii) provide the family with an application for medical assistance under such title and offer information about what (if any) further information, documentation, or other steps are needed to complete such application process;

''(iii) offer assistance in completing such application process; and

''(iv) promptly transmit the separate application under this title or the information obtained through such application, and all other relevant information and documentation, including the results of the screening process, to the State agency under title XIX for a final determination on eligibility under such title.

''(C) Applicants are notified in writing of—

''(i) benefits (including restrictions on cost-sharing) under title XIX; and

''(ii) eligibility rules that prohibit children who have been screened eligible for medical assistance under such title from being enrolled under this title, other than provisional temporary enrollment while a final eligibility determination is being made under such title.

''(D) If the agency administering this title is different from the agency administering a State plan under title XIX, such agencies shall coordinate the screening and enrollment of applicants for such coverage under both titles.

''(E) The coordination procedures established between the program under this title and under title XIX shall apply not only to the initial eligibility determination of a family but also to any renewals or redeterminations of such eligibility.''.

(3) EFFECTIVE DATE.—The amendments made by paragraphs (1) and (2) apply to individuals who lose eligibility under the medicaid program under title XIX, or under a State child health insurance plan under title XXI, respectively, of the Social Security Act on or after October 1, 2002 (or, if later, 60 days after the date of the enactment of this Act), whether or not regulations implementing such amendments have been issued.

(d) PROVISION OF MEDICAID AND CHIP APPLICATIONS AND INFORMATION UNDER THE SCHOOL LUNCH PROGRAM.—Section 9(b)(2)(B) of the Richard B. Russell National School Lunch Act (42 U.S.C. 1758(b)(2)(B)) is amended—

(1) by striking ''(B) Applications'' and inserting ''(B)(i) Applications''; and

(2) by adding at the end the following:

''(ii)(I) Applications for free and reduced price lunches that are distributed pursuant to clause (i) to parents or guardians of children in attendance at schools participating in the school lunch program under this Act shall also contain information on the availability of medical assistance under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and of child health and other assistance under title XXI of such Act, including information on how to obtain an application for assistance under such programs.

''(II) Information on the programs referred to in subclause (I) shall be provided on a form separate from the application form for free and reduced price lunches under clause (i).''.

(e) 12-MONTHS CONTINUOUS ELIGIBILITY.—

(1) MEDICAID.—Section 1902(e)(12) of the Social Security Act (42 U.S.C. 1396a(e)(12)) is amended—

(A) by striking ''At the option of the State, the plan may'' and inserting ''The plan shall'';

(B) by striking ''an age specified by the State (not to exceed 19 years of age)'' and inserting ''19 years of age (or such higher age as the State has elected under subsection (l)(1)(D)) or, at the option of the State, who is eligible for medical assistance as the parent of such a child''; and

(C) in subparagraph (A), by striking ''a period (not to exceed 12 months) '' and inserting ''the 12-month period beginning on the date''.

(2) TITLE XXI.—Section 2102(b)(2) of such Act (42 U.S.C. 1397bb(b)(2)) is amended by adding at the end the following: ''Such methods shall provide 12-months continuous eligibility for children under this title in the same manner that section 1902(e)(12) provides 12-months continuous eligibility for children described in such section under title XIX. If a State has elected to apply section 1902(e)(12) to parents, such methods may provide 12-months continuous eligibility for parents under this title in the same manner that such section provides 12-months continuous eligibility for parents described in such section under title XIX.''.

(3) EFFECTIVE DATE.—

(A) IN GENERAL.—The amendments made by this subsection shall take effect on October 1, 2002 (or, if later, 60 days after the date of the enactment of this Act), whether or not regulations implementing such amendments have been issued.

Subtitle E—SCHIP Wrap-Around Benefits

SEC. 141. REQUIRING COVERAGE OF SUBSTANTIALLY EQUIVALENT DENTAL SERVICES UNDER SCHIP.

(a) IN GENERAL.—Section 2103(c)(2) of the Social Security Act (42 U.S.C. 1397cc(c)(2)) is amended by adding at the end the following new subparagraph:

''(E) Dental services.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on January 1, 2003.

SEC. 142. STATE OPTION TO PROVIDE WRAP-AROUND SCHIP COVERAGE TO CHILDREN WHO HAVE OTHER HEALTH COVERAGE.

(a) IN GENERAL.—

(1) SCHIP.—

(A) STATE OPTION TO PROVIDE WRAP-AROUND COVERAGE.—Section 2110(b) of the Social Security Act (42 U.S.C. 1397jj(b)) is amended—

(i) in paragraph (1)(C), by inserting '', subject to paragraph (5),'' after ''under title XIX or''; and

(ii) by adding at the end the following new paragraph:

''(5) STATE OPTION TO PROVIDE WRAP-AROUND COVERAGE.—A State may waive the requirement of paragraph (1)(C) that a targeted low-income child may not be covered under a group health plan or under health insurance coverage, if the State satisfies the conditions described in subsection (c)(8). The State may waive such requirement in order to provide—

''(A) dental services;

''(B) cost-sharing protection; or

''(C) all services.

In waiving such requirement, a State may limit the application of the waiver to children whose family income does not exceed a level specified by the State, so long as the level so specified does not exceed the maximum income level otherwise established for other children under the State child health plan.''; and

(B) CONDITIONS DESCRIBED.—Section 2105(c) of such Act (42 U.S.C. 1397ee(c)) is amended by adding at the end the following new paragraph:

''(8) CONDITIONS FOR PROVISION OF WRAP AROUND COVERAGE.—For purposes of section 2110(b)(5), the conditions described in this paragraph are the following:

''(A) INCOME ELIGIBILITY.—The State child health plan (whether implemented under title XIX or this XXI)—

''(i) has an income eligibility standard not less than that described in paragraph (4) of such section;

''(ii) subject to subparagraph (B), does not limit the acceptance of applications for children; and

''(iii) provides benefits to all children in the State who apply for and meet eligibility standards.

''(B) NO WAITING LIST IMPOSED.—With respect to children whose family income is at or below 200 percent of the poverty line, the State does not impose any numerical limitation, waiting list, or similar limitation on the eligibility of such children for child health assistance under such State plan.

''(C) NO MORE FAVORABLE TREATMENT.—The State child health plan may not provide more favorable coverage of dental services to the children covered under section 2110(b)(5) than to children otherwise covered under this title.''.

(C) STATE OPTION TO WAIVE WAITING PERIOD.—Section 2102(b)(1)(B) of such Act (42 U.S.C. 1397bb(b)(1)(B)) is amended—

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

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

(iii) by adding at the end the following new clause:

''(iii) at State option, may not apply a waiting period in the case of child described in section 2110(b)(5), if the State satisfies the requirements of section 2105(c)(8).''.

(2) APPLICATION OF ENHANCED MATCH UNDER MEDICAID.—Section 1905 of such Act (42 U.S.C. 1396d) is amended—

(A) in subsection (b), in the fourth sentence, by striking ''or subsection (u)(3)'' and inserting ''(u)(3), or (u)(4)''; and

(B) in subsection (u)—

(i) by redesignating paragraph (4) as paragraph (5); and

(ii) by inserting after paragraph (3) the following new paragraph:

''(4) For purposes of subsection (b), the expenditures described in this paragraph are expenditures for items and services for children described in section 2110(b)(5), but only in the case of a State that satisfies the requirements of section 2105(c)(8).''.

(3) APPLICATION OF SECONDARY PAYOR PROVISIONS.—Section 2107(e)(1) of such Act (42 U.S.C. 1397gg(e)(1)), as amended by section 121(b), is amended—

(A) by redesignating subparagraphs (B) through (E) as subparagraphs (C) through (F), respectively; and

(B) by inserting after subparagraph (A) the following new subparagraph:

''(B) Section 1902(a)(25) (relating to coordination of benefits and secondary payor provisions) with respect to children covered under a waiver described in section 2110(b)(5).''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on January 1, 2003, and shall apply to child health assistance and medical assistance provided on or after that date.

Subtitle F—Immunization Coverage Through SCHIP

SEC. 151. ELIGIBILITY OF CHILDREN ENROLLED IN THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM FOR THE PEDIATRIC VACCINE DISTRIBUTION PROGRAM.

(a) IN GENERAL.—Section 1928(b)(2)(B)(ii)(I) of the Social Security Act (42 U.S.C. 1396s(b)(2)(B)(ii)(I)) is amended by inserting ''(other than a State child health plan under title XXI)'' after ''policy or plan''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) applies with respect to vaccines administered on or after the date of the enactment of this Act.

Subtitle G—Limited English Proficient Communities

SEC. 161. INCREASED FEDERAL REIMBURSEMENT FOR LANGUAGE SERVICES UNDER THE MEDICAID PROGRAM AND THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM.

(a) MEDICAID.—Section 1903(a)(3) of the Social Security Act (42 U.S.C. 1396b(a)(3)) is amended—

(1) in subparagraph (D), by striking ''plus'' at the end and inserting ''and''; and

(2) by adding at the end the following:

''(E) 90 percent of the sums expended with respect to costs incurred during such quarter as are attributable to the provision of language services, including oral interpretation, translations of written materials, and other language services, for individuals with limited English proficiency who apply for, or receive, medical assistance under the State plan; plus''.

(b) SCHIP.—Section 2105(a)(1) of the Social Security Act (42 U.S.C.1397ee(a)(1)) is amended—

(1) in the matter preceding subparagraph (A), by striking ''section 1905(b))'' and inserting ''section 1905(b)) or, in the case of expenditures described in subparagraph (D)(iv), 90 percent''; and

(2) in subparagraph (D)—

(A) in clause (iii), by striking ''and'' at the end;

(B) be redesignating clause (iv) as clause (v); and

(C) by inserting after clause (iii) the following:

''(iv) for expenditures attributable to the provision of language services, including oral interpretation, translations of written materials, and other language services, for individuals with limited English proficiency who apply for, or receive, child health assistance under the plan; and''.

(c) NONAPPLICATION OF LIMIT ON ADMINISTRATIVE EXPENDITURES.—Section 2105(a) of the Social Security Act (42 U.S.C.1397ee(a)) is amended by adding at the end the following:

''(3) NONAPPLICATION OF LIMIT ON ADMINISTRATIVE EXPENDITURES.—The 10 percent limitation on expenditures not used for medicaid or health assistance imposed under subsection (c)(2)(A) shall not apply to payments made under this subsection for expenditures described in paragraph (1).''.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on October 1, 2003.

Subtitle H—Binational Health Insurance

SEC. 171. BINATIONAL HEALTH INSURANCE.

(a) IN GENERAL.—The Secretary of Health and Human Services shall enter into a contract with the Institute of Medicine for the conduct of a study concerning binational health insurance efforts. In conducting such study, the Institute shall solicit input from border health experts and health insurance companies.

(b) REPORT.—Not later than 1 year after the date on which the Secretary of Health and Human Services enters into the contract under subsection (a), the Institute of Medicine shall submit to the Secretary and the appropriate committees of Congress a report concerning the study conducted under subsection (a). Such report shall include the recommendations of the Institute on ways to expand or improve binational health insurance efforts.

TITLE II—ACCESS AND AFFORDABILITY

Subtitle A—Report on Programs for Improving the Health Status of Hispanic Individuals

SEC. 201. ANNUAL REPORT REGARDING DIABETES, HIV/AIDS, SUBSTANCE ABUSE, AND MENTAL HEALTH.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this Act referred to as the ''Secretary'') shall annually submit to Congress a report on programs carried out through the Public Health Service with respect to improving the health status of Hispanic individuals regarding diabetes, cancer, asthma, HIV infection, AIDS, substance abuse, and mental health, including—

(1) prevention programs carried out through the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration;

(2) treatment programs carried out through the Health Resources and Services Administration and the Substance Abuse and Mental Health Services Administration;

(3) research programs carried out through the National Institutes of Health; and

(4) activities of the Office of Public Health and Science, including activities of the Office of Minority Health.

(b) DATA COLLECTION.—Each report under subsection (a) shall include information on programs carried out through the Public Health Service to collect data that relates to the health status of Hispanic individuals regarding diabetes, HIV infection, AIDS, substance abuse, and mental health.

Subtitle B—Diabetes Control and Prevention

SEC. 211. NATIONAL DIABETES EDUCATION PROGRAM OF CENTERS FOR DISEASE CONTROL AND PREVENTION; INCREASED AUTHORIZATION OF APPROPRIATIONS FOR ACTIVITIES REGARDING HISPANIC INDIVIDUALS.

(a) IN GENERAL.—For the purpose of carrying out the activities described in subsection (b) through the Division of Diabetes Translation of the Centers for Disease Control and Prevention, there are authorized to be appropriated $100,000,000 for fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2007. Such authorization of appropriations is in addition to other authorizations of appropriations that are available for such purpose.

(b) INCREASE IN PREVENTION ACTIVITIES.—The activities referred to in subsection (a) are—

(1) identifying geographic areas in which the incidence of or mortality from diabetes in Hispanic individuals is significantly above the national average for such individuals;

(2) carrying out in such areas prevention activities regarding diabetes that are directed toward Hispanic individuals, including education programs and screening programs;

(3) designing and assisting with the implementation of school-based programs aimed at modifying environmental risk factors and access to care for high-risk and diagnosed Hispanic youth; and

(4) designing and assisting with the implementation of diabetes-specific programs to improve diagnosis, treatment, and self-management training in community health clinics.

SEC. 212. NATIONAL INSTITUTES OF HEALTH; IMPLEMENTATION OF RECOMMENDATIONS OF DIABETES RESEARCH WORKING GROUP.

For the purpose of carrying out the plan to implement the recommendations of the Diabetes Research Working Group of the National Institute on Diabetes and Digestive and Kidney Diseases (which plan was developed and submitted to the Congress pursuant to the Department of Health and Human Services Appropriations Act, 2000), which most impact the Hispanic community, including research into obesity, behavioral and environmental risk factors, and special needs of minority women, children and the elderly, there are authorized to be appropriated $363,000,000 for fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2007.

Subtitle C—HIV Prevention Activities Regarding Hispanic Individuals

SEC. 221. PROGRAMS OF CENTERS FOR DISEASE CONTROL AND PREVENTION; REPRESENTATION OF HISPANIC INDIVIDUALS IN MEMBERSHIP OF COMMUNITY PLANNING GROUPS.

(a) IN GENERAL.—With respect to community planning groups that the Centers for Disease Control and Prevention utilizes in carrying out programs for the prevention of HIV infection, the Secretary, acting through the Director of such Centers, shall carry out the following:

(1) The Secretary shall identify community planning groups for which Hispanic individuals are underrepresented as members in relation to the number of Hispanic individuals with HIV who reside in the communities involved.

(2) The Secretary shall develop a plan to increase the representation of Hispanic individuals in the membership of the community planning groups identified under paragraph (1). Such plan may provide for facilitating the participation of Hispanic individuals as members in such groups by assisting the individuals with the incidental costs incurred

by the individuals in being such members, such as the costs of transportation and child-care services.

(3) The plan shall include a strategy and detailed timeline for implementing the plan.

(b) DEFINITION.—In this section, the term ''community planning group'' has the meaning that applies for purposes of programs established pursuant to the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (including title XXVI of the Public Health Service Act).

SEC. 222. AIDS EDUCATION AND TRAINING CENTERS FUNDED BY HEALTH RESOURCES AND SERVICES ADMINISTRATION; ESTABLISHMENT OF CENTER DIRECTED TOWARD MINORITY POPULATIONS WITH HIV.

(a) IN GENERAL.—In carrying out section 2692 of the Public Health Service Act (42 U.S.C. 300ff-111), the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants to eligible Hispanic-serving institutions for the purpose of carrying out projects under such section with respect to HIV in racial and ethnic minority groups.

(b) CULTURAL COMPETENCE.—A condition for grants under subsection (a) is that the applicants involved agree that the education and training provided through projects under such subsection will be provided in a culturally competent manner (as defined in section 331).

(c) ELIGIBLE INSTITUTIONS.—In this section:

(1) ELIGIBLE HISPANIC-SERVING INSTITUTION.—The term ''eligible Hispanic-serving institution'' means a Hispanic-serving institution that has a record of carrying out HIV-related activities with respect to Hispanic individuals.

(2) HISPANIC-SERVING INSTITUTION.—The term ''Hispanic-serving institution'' has the meaning given such term in section 502 of the Higher Education Act of 1965 (20 U.S.C. 1101a).

Subtitle D—Prevention of Latina Adolescent Suicides

SEC. 231. SHORT TITLE.

This subtitle may be cited as the ''Latina Adolescent Suicide Prevention Act''.

SEC. 232. ESTABLISHMENT OF PROGRAM FOR PREVENTION OF LATINA ADOLESCENT SUICIDES.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by inserting after section 520A the following section:

''SEC. 520B. PREVENTION OF LATINA ADOLESCENT SUICIDES.

''(a) IN GENERAL.—The Secretary shall carry out a program to make awards of grants, cooperative agreements, or contracts to public and nonprofit private entities for the purpose of reducing suicide attempts and deaths among Latina adolescents and for the purpose of dealing with depression and other related emotional conditions which may contribute to suicide.

''(b) COLLABORATION.—The Secretary shall ensure that the program carried out under this section is developed in collaboration with the relevant institutes at the National Institutes of Health, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Administration on Children and Families.

''(c) PREFERENCE.—In making awards under subsection (a), the Secretary shall give preference to applicants that—

''(1) demonstrate a strong linkage with schools and are actually supported by and operated within a school facility or associated setting;

''(2) provide direct services to Latina adolescents and their family members when appropriate; and

''(3) serve geographic areas that already have a high concentration of underserved adolescent Latinas or a rapidly growing Hispanic population, based on the latest census data.

''(d) REQUIREMENTS.—A condition for the receipt of an award under subsection (a) is that the applicant involved demonstrate that the project to be carried out with the award will—

''(1) provide for the timely assessment and treatment of Latina adolescents at risk for suicide;

''(2) use evidenced-based strategies;

''(3) be based on exemplary practices that are adapted to the unique characteristics and needs of the local community;

''(4) be integrated into the existing health care system in the community, including primary health care, mental health services, and substance abuse services as appropriate;

''(5) be integrated into other systems in the community to address the needs of Latina adolescents including the educational system, juvenile justice, and recreation;

''(6) provide support services to the families and friends of those who plan, attempt, or actually commit suicide;

''(7) provide culturally, linguistically, and developmentally appropriate services;

''(8) agree to outcomes evaluation to determine the success of the program and the possibility of replication to other adolescent girls at risk of suicide;

''(9) provide or ensure referral for mental health and substance abuse services as needed; and

''(10) ensure that staff used in the program are trained in suicide prevention and in the identification of conditions which left untreated may lead to suicide, are capable of providing culturally and linguistically appropriate services, and that professionals involved in the system of care are given training in identifying persons at risk of suicide.

''(e) COORDINATION.—A condition for the receipt of an award under subsection (a) is that the applicant involved demonstrate that—

''(1) the application has the support of the local communities and the approval of the political subdivision to be served by the project to be carried out under the award; and

''(2) the applicant has discussed the application with local and State mental health officials.

''(f) MATCHING REQUIREMENT.—With respect to the costs to be incurred by an applicant in carrying out a project under subsection (a), the Secretary may require as a condition of the receipt of the award that the applicant make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs ($1 for each $3 of Federal funds provided under the award).

''(g) EVALUATION.—The Secretary shall ensure that entities receiving awards under subsection (a) submit an evaluation of the project carried out under the award that includes an evaluation of—

''(1) the efficacy of project strategies; and

''(2) short, intermediate, and long-term outcomes, including the overall impact of the project on the self-esteem of Latina adolescents, their emotional well-being and development, ability to deal in a positive and confident manner with their families, peers, and social environment, and to make constructive and personally fulfilling life choices.

''(h) DISSEMINATION AND EDUCATION.—The Secretary shall ensure that the findings from the program carried out under this section are disseminated to State and local governmental agencies and private providers of mental health and substance abuse services.

''(i) DURATION OF PROJECTS.—With respect to an award under subsection (a), the period during which payments under such award are made may not exceed 5 years.

''(j) DEFINITION.—In this section, the term 'adolescent' means an individual between the ages of 11 and 17 (inclusive).

''(k) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $10,000,000 for fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 and 2005.

''(2) ALLOCATION FOR PROGRAM MANAGEMENT.—Of the amount appropriated under paragraph (1) for a fiscal year, the Secretary may reserve not more than 1 percent for administering the program under this section.''.

Subtitle E—Dental Health Services

SEC. 241. GRANTS TO IMPROVE THE PROVISION OF DENTAL HEALTH SERVICES THROUGH COMMUNITY HEALTH CENTERS AND PUBLIC HEALTH DEPARTMENTS.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting before section 330, the following:

''SEC. 329. GRANT PROGRAM TO EXPAND THE AVAILABILITY OF SERVICES.

''(a) IN GENERAL.—The Secretary, acting through the Health Resources and Services Administration, shall establish a program under which the Secretary may award grants to eligible entities and eligible individuals to expand the availability of primary dental care services in dental health professional shortage areas or medically underserved areas.

''(b) ELIGIBILITY.—

''(1) ENTITIES.—To be eligible to receive a grant under this section an entity—

''(A) shall be—

''(i) a health center receiving funds under section 330 or designated as a Federally qualified health center;

''(ii) a county or local public health department, if located in a federally-designated dental health professional shortage area;

''(iii) an Indian tribe or tribal organization (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)); or

''(iv) a dental education program accredited by the Commission on Dental Accreditation; and

''(B) shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(2) INDIVIDUALS.—To be eligible to receive a grant under this section an individual shall—

''(A) be a dental health professional licensed or certified in accordance with the laws of State in which such individual provides dental services;

''(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require; and

''(C) provide assurances that—

''(i) the individual will practice in a federally-designated dental health professional shortage area; and

''(ii) not less than 33 percent of the patients of such individual are—

''(I) receiving assistance under a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

''(II) receiving assistance under a State plan under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.); or

''(III) uninsured.

''(c) USE OF FUNDS.—

''(1) ENTITIES.—An entity shall use amounts received under a grant under this

section to provide for the increased availability of primary dental services in the areas described in subsection (a). Such amounts may be used to supplement the salaries offered for individuals accepting employment as dentists in such areas.

''(2) INDIVIDUALS.—A grant to an individual under subsection (a) shall be in the form of a $1,000 bonus payment for each month in which such individual is in compliance with the eligibility requirements of subsection (b)(2)(C).

''(d) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—Notwithstanding any other amounts appropriated under section 330 for health centers, there is authorized to be appropriated $40,000,000 for each of fiscal years 2003 through 2007 to hire and retain dental health care providers under this section.

''(2) USE OF FUNDS.—Of the amount appropriated for a fiscal year under paragraph (1), the Secretary shall use—

''(A) not less than 75 percent of such amount to make grants to eligible entities; and

''(B) not more than 25 percent of such amount to make grants to eligible individuals.''.

SEC. 242. SCHOOL-BASED DENTAL SEALANT PROGRAM.

Section 317M(c) of the Public Health Service Act (42 U.S.C. 247b–14) is amended—

(1) in paragraph (1), by inserting ''and school-linked'' after ''school-based'';

(2) in the first sentence of paragraph (2)—

(A) by inserting ''and school-linked'' after ''school-based''; and

(B) by inserting ''or Indian tribe'' after ''State''; and

(3) by striking paragraph (3) and inserting the following:

''(3) ELIGIBILITY.—To be eligible to receive funds under paragraph (1), an entity shall—

''(A) prepare and submit to the State or Indian tribe an application at such time, in such manner and containing such information as the State or Indian tribe may require; and

''(B) be a—

''(i) public elementary or secondary school—

''(I) that is located in an urban area in which and more than 50 percent of the student population is participating in Federal or State free or reduced meal programs; or

''(II) that is located in a rural area and, with respect to the school district in which the school is located, the district involved has a median income that is at or below 235 percent of the poverty line, as defined in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)); or

''(ii) public or non-profit health organization, including a grantee under section 330, that is under contract with an elementary or secondary school described in subparagraph (B) to provide dental services to school-age children.''.

Subtitle F—Border Health

SEC. 251. SHORT TITLE.

This subtitle may be cited as the ''Border Health Security Act of 2002''.

SEC. 252. DEFINITIONS.

In this subtitle:

(1) BORDER AREA.—The term ''border area'' has the meaning given the term ''United States-Mexico Border Area'' in section 8 of the United States-Mexico Border Health Commission Act (22 U.S.C. 290n-6).

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

SEC. 253. BORDER HEALTH SERVICES GRANTS.

(a) IN GENERAL.—The Secretary, acting through the United States-Mexico Border Health Commission and in consultation the State border health offices, shall award grants to States, local governments, and non-profit health organizations along the border of the United States and Mexico to address priorities and recommendations established by—

(1) the United States-Mexico Border Health Commission and the United States Section Commission outreach offices in each of the United States border States; and

(2) the Secretary to improve the health of border region residents.

(b) APPLICATION.—To be eligible for a grant under subsection (a), a State, local government, or non-profit health organization shall prepare and 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 received under a grant under this section shall be used for programs relating to maternal and child health, public health, health promotion, oral health, behavioral and mental health, substance abuse, conditions that have high prevalence along the United States-Mexico border, medical and health services research, promotoras or community health workers, health care infrastructure problems in the border region (including planning and construction grants), health disparities along the United States-Mexico border environmental health, health education, outreach and enrollment services with respect to Federal programs (including the programs under titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 and 1397aa et seq.), and other programs determined appropriate by the Secretary.

(d) SUPPLEMENT NOT SUPPLANT.—Amounts provided to a grantee under a grant awarded under this section shall be used to supplement and not supplant other funds available to the grantee to carry out the activities described in subsection (c).

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $200,000,000 for fiscal year 2003, and such sums as may be necessary for each fiscal year thereafter.

SEC. 254. UNITED STATES-MEXICO BORDER HEALTH COMMISSION.

The United States-Mexico Border Health Commission Act (22 U.S.C. 290n et seq)) is amended—

(1) in section 2, by inserting '', within the Office of Border Health of the Department of Health and Human Services,'' after ''to establish''; and

(2) by adding at the end the following:

''SEC. 9. AUTHORIZATION OF APPROPRIATIONS.

''There is authorized to be appropriated to carry out this Act, $10,000,000 for fiscal year 2003, and such sums as may be necessary for each fiscal year thereafter.''.

Subtitle G—Community Health Workers

SEC. 261. SHORT TITLE.

This subtitle may be cited as the ''Community Health Workers Act of 2002''.

SEC. 262. GRANTS TO PROMOTE POSITIVE HEALTH BEHAVIORS IN WOMEN.

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. 399O. GRANTS TO PROMOTE POSITIVE HEALTH BEHAVIORS IN WOMEN.

''(a) GRANTS AUTHORIZED.—The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention and other Federal officials determined appropriate by the Secretary, is authorized to award grants to States or local or tribal units, to promote positive health behaviors for women in target populations, especially racial and ethnic minority women in medically underserved communities.

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

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

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

''(A) poor nutrition;

''(B) physical inactivity;

''(C) obesity;

''(D) tobacco use;

''(E) alcohol and substance use;

''(F) injury and violence;

''(G) risky sexual behavior; and

''(H) mental health problems;

''(3) to educate and guide 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; and

''(6) to educate and refer target populations to appropriate health care agencies and community-based programs and organizations in order to increase access to quality health care services, including preventive health services.

''(c) APPLICATION.—

''(1) IN GENERAL.—Each State or local or tribal unit (including federally recognized tribes and Alaska native villages) that desires to receive a grant under subsection (a) shall submit an application to the Secretary, at such time, in such manner, and accompanied by such additional information as the Secretary may require.

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

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

''(B) contain an assurance that with respect to each community health worker program receiving funds under the grant awarded, such program provides 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 description 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 those applicants—

''(1) who propose to target geographic areas—

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

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

''(C) that encompass the United States-Mexico border region;

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

''(3) with 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 and shall determine whether such programs are in compliance with the guidelines established under subsection (e).

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

''(C) An evaluation of—

''(i) the effectiveness of these programs;

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

''(iii) the impact of the project 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 health care agencies;

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

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

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

''(E) by advocating for individual and community health or nutrition needs; and

''(F) by providing referral and followup services.

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

''(5) TARGET POPULATION.—The term 'target population' means women of reproductive age, regardless of their current childbearing status.

''(k) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $5,000,000 for each of fiscal years 2003, 2004, and 2005.''.

Subtitle H—Patient Navigator, Outreach, and Chronic Disease Prevention

SEC. 271. SHORT TITLE.

This Act may be cited as the ''Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2002''.

SEC. 272. HRSA GRANTS FOR MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION; HRSA GRANTS FOR PATIENT NAVIGATORS.

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following:

''SEC. 330I. MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION; PATIENT NAVIGATORS.

''(a) MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to public and nonprofit private health centers (including health centers under section 330, Indian Health Service Centers, and rural health clinics) for the development and operation of model programs that—

''(A) provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases;

''(B) ensure that the health services are provided to such individuals in a culturally competent manner; and

''(C) assign patient navigators, in accordance with applicable criteria of the Secretary, for individuals of health disparity populations to—

''(i) accomplish, to the extent possible, the follow-up and diagnosis of an abnormal finding and the treatment and appropriate follow-up care of cancer or other chronic disease; and

''(ii) facilitate access to appropriate health care services within the health care system to ensure optimal patient utilization of such services.

''(2) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing outreach activities while receiving the grant, in a manner that is culturally competent for the health disparity population served by the program, to inform the public of the services of the model program under the grant. Such activities shall include facilitating access to appropriate health care services and patient navigators within the health care system to ensure optimal patient utilization of these services.

''(3) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''(4) EVALUATIONS.—

''(A) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, directly or through grants or contracts, provide for evaluations to determine which outreach activities under paragraph (2) were most effective in informing the public of the model program services and to determine the extent to which such programs were effective in providing culturally competent services to the health disparity population served by the programs.

''(B) DISSEMINATION OF FINDINGS.—The Secretary shall as appropriate disseminate to public and private entities the findings made in evaluations under subparagraph (A).

''(5) COORDINATION WITH OTHER PROGRAMS.—The Secretary shall coordinate the program under this subsection with the program under subsection (b), with the program under section 417D, and to the extent practicable, with programs for prevention centers that are carried out by the Director of the Centers for Disease Control and Prevention.

''(b) PROGRAM FOR PATIENT NAVIGATORS.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to public and nonprofit private health centers (including health centers under section 330, Indian Health Service Centers, and rural health clinics) for the development and operation of programs to pay the costs of such health centers in—

''(A) assigning patient navigators, in accordance with applicable criteria of the Secretary, for individuals of health disparity populations for the duration of receiving health services from the health centers;

''(B) ensuring that the services provided by the patient navigators to such individuals include case management and psychosocial assessment and care or information and referral to such services;

''(C) ensuring that the patient navigators provide services to such individuals in a culturally competent manner; and

''(D) developing model practices for patient navigators, including with respect to—

''(i) coordination of health services, including psychosocial assessment and care;

''(ii) appropriate follow-up care, including psychosocial assessment and care; and

''(iii) determining coverage under health insurance and health plans for all services.

''(2) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing outreach activities while receiving the grant, in a manner that is culturally competent for the health disparity population served by the program, to inform the public of the services of the model program under the grant.

''(3) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''(4) EVALUATIONS.—

''(A) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, directly or through grants or contracts, provide for evaluations to determine the effects of the services of patient navigators on the individuals of health disparity populations for whom the services were provided, taking

into account the matters referred to in paragraph (1)(C).

''(B) DISSEMINATION OF FINDINGS.—The Secretary shall as appropriate disseminate to public and private entities the findings made in evaluations under subparagraph (A).

''(5) COORDINATION WITH OTHER PROGRAMS.—The Secretary shall coordinate the program under this subsection with the program under subsection (a) and with the program under section 417D.

''(c) REQUIREMENTS REGARDING FEES.—A condition for the receipt of a grant under subsection (a)(1) or (b)(1) is that the program for which the grant is made have in effect—

''(1) a schedule of fees or payments for the provision of its services that is consistent with locally prevailing rates or charges and is designed to cover its reasonable costs of operation; and

''(2) a corresponding schedule of discounts to be applied to the payment of such fees or payments, which discounts are adjusted on the basis of the ability of the patient to pay.

''(d) MODEL.—Not later than three years after the date of the enactment of this section, the Secretary shall develop a peer-reviewed model of systems for the services provided by this section. The Secretary shall update such model as may be necessary to ensure that the best practices are being utilized.

''(e) DURATION OF GRANT.—The period during which payments are made to an entity from a grant under subsection (a)(1) or (b)(1) may not exceed five years. The provision of such payments are subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed as establishing a limitation on the number of grants under such subsection that may be made to an entity.

''(f) DEFINITIONS.—For purposes of this section:

''(1) The term 'culturally competent', with respect to providing health-related services, means services that, in accordance with standards and measures of the Secretary, are designed to effectively and efficiently respond to the cultural and linguistic needs of patients.

''(2) The term 'appropriate follow-up care' includes palliative and end-of-life care.

''(3) The term 'health disparity population' means a population where there exists a significant disparity in the overall rate of disease incidence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population. Such term includes—

''(A) racial and ethnic minority groups as defined in section 1707; and

''(B) medically underserved groups, such as rural and low-income individuals and individuals with low levels of literacy.

''(4)(A) The term 'patient navigator' means an individual whose functions include—

''(i) assisting and guiding patients with a symptom or an abnormal finding or diagnosis of cancer or other chronic disease within the health care system to accomplish the follow-up and diagnosis of an abnormal finding as well as the treatment and appropriate follow-up care of cancer or other chronic disease; and

''(ii) identifying, anticipating, and helping patients overcome barriers within the health care system to ensure prompt diagnostic and treatment resolution of an abnormal finding of cancer or other chronic disease.

''(B) Such term includes representatives of the target health disparity population, such as nurses, social workers, cancer survivors, and patient advocates.

''(g) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—

''(A) MODEL PROGRAMS.—For the purpose of carrying out subsection (a) (other than the purpose described in paragraph (2)(A)), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(B) PATIENT NAVIGATORS.—For the purpose of carrying out subsection (b) (other than the purpose described in paragraph (2)(B)), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(C) BUREAU OF PRIMARY HEALTH CARE.—Amounts appropriated under subparagraph (A) or (B) shall be administered through the Bureau of Primary Health Care.

''(2) PROGRAMS IN RURAL AREAS.—

''(A) MODEL PROGRAMS.—For the purpose of carrying out subsection (a) by making grants under such subsection for model programs in rural areas, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(B) PATIENT NAVIGATORS.—For the purpose of carrying out subsection (b) by making grants under such subsection for programs in rural areas, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(C) OFFICE OF RURAL HEALTH POLICY.—Amounts appropriated under subparagraph (A) or (B) shall be administered through the Office of Rural Health Policy.

''(3) RELATION TO OTHER AUTHORIZATIONS.—Authorizations of appropriations under paragraphs (1) and (2) are in addition to other authorizations of appropriations that are available for the purposes described in such paragraphs.''.

SEC. 273. NCI GRANTS FOR MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION; NCI GRANTS FOR PATIENT NAVIGATORS.

Subpart 1 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end following section:

''SEC. 417D. MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION; PATIENT NAVIGATORS.

''(a) MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION.—

''(1) IN GENERAL.—The Director of the Institute may make grants to eligible entities for the development and operation of model programs that—

''(A) provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases;

''(B) ensure that the health services are provided to such individuals in a culturally competent manner; and

''(C) assign patient navigators, in accordance with applicable criteria of the Secretary, for individuals of health disparity populations to—

''(i) accomplish, to the extent possible, the follow-up and diagnosis of an abnormal finding and the treatment and appropriate follow-up care of cancer or other chronic disease; and

''(ii) facilitate access to appropriate health care services within the health care system to ensure optimal patient utilization of such services.

''(2) ELIGIBLE ENTITIES.—For purposes of this section, an eligible entity is a designated cancer center of the Institute, an academic institution, a hospital, a nonprofit organization, or any other public or private entity determined to be appropriate by the Director of the Institute, that provides services described in paragraph (1)(A) for cancer or chronic diseases.

''(3) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing outreach activities while receiving the grant, in a manner that is culturally competent for the health disparity population served by the program, to inform the public of the services of the model program under the grant. Such activities shall include facilitating access to appropriate health care services and patient navigators within the health care system to ensure optimal patient utilization of these services.

''(4) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Director of the Institute and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

''(5) EVALUATIONS.—

''(A) IN GENERAL.—The Director of the Institute, directly or through grants or contracts, shall provide for evaluations to determine which outreach activities under paragraph (3) were most effective in informing the public of the model program services and to determine the extent to which such programs were effective in providing culturally competent services to the health disparity population served by the programs.

''(B) DISSEMINATION OF FINDINGS.—The Director of the Institute shall as appropriate disseminate to public and private entities the findings made in evaluations under subparagraph (A).

''(6) COORDINATION WITH OTHER PROGRAMS.—The Secretary shall coordinate the program under this subsection with the program under subsection (b), with the program under section 330I, and to the extent practicable, with programs for prevention centers that are carried out by the Director of the Centers for Disease Control and Prevention.

''(b) PROGRAM FOR PATIENT NAVIGATORS.—

''(1) IN GENERAL.—The Director of the Institute may make grants to eligible entities for the development and operation of programs to pay the costs of such entities in—

''(A) assigning patient navigators, in accordance with applicable criteria of the Secretary, for individuals of health disparity populations for the duration of receiving health services from the health centers;

''(B) ensuring that the services provided by the patient navigators to such individuals include case management and psychosocial assessment and care or information and referral to such services;

''(C) ensuring that the patient navigators provide services to such individuals in a culturally competent manner; and

''(D) developing model practices for patient navigators, including with respect to—

''(i) coordination of health services, including psychosocial assessment and care;

''(ii) follow-up services, including psychosocial assessment and care; and

''(iii) determining coverage under health insurance and health plans for all services.

''(2) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing outreach activities while receiving the grant, in a manner that is culturally competent for the health disparity population served by the program, to inform the public of the services of the model program under the grant.

''(3) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Director of the Institute and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

''(4) EVALUATIONS.—

''(A) IN GENERAL.—The Director of the Institute, directly or through grants or contracts, shall provide for evaluations to determine the effects of the services of patient navigators on the health disparity population for whom the services were provided, taking into account the matters referred to in paragraph (1)(C).

''(B) DISSEMINATION OF FINDINGS.—The Director of the Institute shall as appropriate disseminate to public and private entities the findings made in evaluations under subparagraph (A).

''(5) COORDINATION WITH OTHER PROGRAMS.—The Secretary shall coordinate the program under this subsection with the program under subsection (a) and with the program under section 330I.

''(c) REQUIREMENTS REGARDING FEES.—A condition for the receipt of a grant under subsection (a)(1) or (b)(1) is that the program for which the grant is made have in effect—

''(1) a schedule of fees or payments for the provision of its services that is consistent with locally prevailing rates or charges and is designed to cover its reasonable costs of operation; and

''(2) a corresponding schedule of discounts to be applied to the payment of such fees or payments, which discounts are adjusted on the basis of the ability of the patient to pay.

''(d) MODEL.—Not later than three years after the date of the enactment of this section, the Director of the Institute shall develop a peer-reviewed model of systems for the services provided by this section. The Director shall update such model as may be necessary to ensure that the best practices are being utilized.

''(e) DURATION OF GRANT.—The period during which payments are made to an entity from a grant under subsection (a)(1) or (b)(1) may not exceed five years. The provision of such payments are subject to annual approval by the Director of the Institute of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed as establishing a limitation on the number of grants under such subsection that may be made to an entity.

''(f) DEFINITIONS.—For purposes of this section:

''(1) The term 'culturally competent', with respect to providing health-related services, means services that, in accordance with standards and measures of the Secretary, are designed to effectively and efficiently respond to the cultural and linguistic needs of patients.

''(2) the term 'appropriate follow-up care' includes palliative and end-of-life care.

''(3) the term 'health disparity population' means a population where there exists a significant disparity in the overall rate of disease incidence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population. Such term includes—

''(A) racial and ethnic minority groups as defined in section 1707; and

''(B) medically underserved groups, such as rural and low-income individuals and individuals with low levels of literacy.

''(4)(A) the term 'patient navigator' means an individual whose functions include—

''(i) assisting and guiding patients with a symptom or an abnormal finding or diagnosis of cancer or other chronic disease within the health care system to accomplish the follow-up and diagnosis of an abnormal finding as well as the treatment and appropriate follow-up care of cancer or other chronic disease; and

''(ii) identifying, anticipating, and helping patients overcome barriers within the health care system to ensure prompt diagnostic and treatment resolution of an abnormal finding of cancer or other chronic disease.

''(B) Such term includes representatives of the target health disparity population, such as nurses, social workers, cancer survivors, and patient advocates.

''(g) AUTHORIZATION OF APPROPRIATIONS.—

''(1) MODEL PROGRAMS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(2) PATIENT NAVIGATORS.—For the purpose of carrying out subsection (b), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(3) RELATION TO OTHER AUTHORIZATIONS.—Authorizations of appropriations under paragraphs (1) and (2) are in addition to other authorizations of appropriations that are available for the purposes described in such paragraphs.''.

TITLE III—HEALTH DISPARITIES

Subtitle A—Hispanic-Serving Health Professions Schools

SEC. 301. HISPANIC-SERVING HEALTH PROFESSIONS SCHOOLS.

(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall make grants to Hispanic-serving health professions schools for the purpose of carrying out programs to recruit Hispanic individuals to enroll in and graduate from the schools, which may include providing scholarships and other financial assistance as appropriate.

(b) ELIGIBILITY.—For purposes of subsection (a), an entity is a Hispanic-serving health professions school if the entity—

(1) is a school or program under section 799B of the Public Health Service Act (42 U.S.C. 295p);

(2) has an enrollment of full-time equivalent students that is at least 5 percent Hispanic students;

(3) has been effective in carrying out programs to recruit Hispanic individuals to enroll in and graduate from the school;

(4) has been effective in recruiting and retaining Hispanic faculty members; and

(5) has a significant number of graduates who are providing health services to medically underserved populations or to individuals in health professional shortage areas.

(c) 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 the fiscal years 2003 through 2007.

Subtitle B—Health Career Opportunity Program

SEC. 311. EDUCATIONAL ASSISTANCE REGARDING UNDERGRADUATES.

(a) IN GENERAL.—Subpart 2 of part E of title VII of the Public Health Service Act (42 U.S.C. 295 et seq) is amended by adding at the end the following:

''SEC. 771. HEALTH CAREERS OPPORTUNITY PROGRAM.

''(a) IN GENERAL.—Subject to the provisions of this section, the Secretary may make grants and enter into cooperative agreements and contracts for any of the following purposes:

''(1) Identifying and recruiting individuals who—

''(A) are students of elementary schools, or students or graduates of secondary schools or of institutions of higher education;

''(B) are from disadvantaged backgrounds; and

''(C) are interested in a career in the health professions.

''(2) Facilitating the entry of such individuals into a health professions school.

''(3) Providing counseling or other services designed to assist such individuals in successfully completing their education at such a school.

''(4) Providing, for a period prior to the entry of such individuals into the regular course of education of such a school, preliminary education designed to assist the individuals in successfully completing such regular course of education at such a school, or referring such individuals to institutions providing such preliminary education.

''(5) Paying such stipends as the Secretary may approve for such individuals for any period of education in student-enhancement programs (other than regular courses) at a health professions schools, except that such a stipend may not be provided to an individual for more than 12 months, and such a stipend may not exceed $25 per day (notwithstanding any other provision of law regarding the amount of stipends).

''(6) Carrying out programs under which such individuals both—

''(A) gain experience regarding a career in a field of primary health care through working at facilities of nonprofit private community-based providers of primary health servvices; and

''(B) receive academic instruction to assist in preparing the individuals to enter health professions schools in such fields.

''(b) RECEIPT OF AWARD.—

''(1) ELIGIBLE ENTITIES; REQUIREMENT OF CONSORTIUM.—The Secretary may make an award under subsection (a) only if the following conditions are met:

''(A) The applicant for the award is a public or nonprofit private entity, and the applicant has established a consortium consisting of nonprofit private community-based organizations and health professions schools.

''(B) The health professions schools of the consortium are schools of medicine or osteopathic medicine, public health, dentistry, veterinary medicine, optometry, pharmacy, allied health, chiropractic, or podiatric medicine, or graduate programs in mental health practice (including such programs in clinical psychology).

''(C) Except as provided in subparagraph (D), the membership of the consortium includes not less than one nonprofit private community-based organization and not less than three health professions schools.

''(D) In the case of an applicant whose exclusive activity under the award will be carrying out one or more programs described in subsection (a)(6), the membership of the consortium includes not less than one nonprofit private community-based organization and not less than one health professions schools.

''(E) The members of the consortium have entered into an agreement specifying—

''(i) that each of the members will comply with the conditions upon which the award is made; and

''(ii) whether and to what extent the award will be allocated among the members.

''(2) REQUIREMENT OF COMPETITIVE AWARDS.—Awards under subsection (a) shall be made only on a competitive basis.

''(c) FINANCIAL REQUIREMENTS.—

''(1) ASSURANCES REGARDING CAPACITY.—The Secretary may make an award under subsection (a) only if the Secretary determines that, in the case of activities carried out under the award that prove to be effective toward achieving the purposes of the activities—

''(A) the members of the consortium involved have or will have the financial capacity to continue the activities, regardless of whether financial assistance under subsection (a) continues to be available; and

''(B) the members of the consortium demonstrate to the satisfaction of the Secretary a commitment to continue such activities,

regardless of whether such assistance continues to be available.

''(2) MATCHING FUNDS.—

''(A) IN GENERAL.—With respect to the costs of the activities to be carried out under subsection (a) by an applicant, the Secretary may make an award under such subsection only if the applicant agrees to make available in cash (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that, for any fourth or subsequent fiscal year for which the applicant receives such an award, is not less than 50 percent of such costs.

''(B) FEDERAL AMOUNTS.—Amounts provided by the Federal Government may not be included in determining the amount of non-Federal contributions required in subparagraph (A).

''(C) LIMITATION.—The Secretary may not require non-Federal contributions for the first three fiscal years for which an applicant receives a grant under subsection (a).

''(d) PREFERENCE IN MAKING AWARDS.—

''(1) IN GENERAL.—

''(A) REQUIREMENT.—In making awards under subsection (a), the Secretary shall, subject to paragraph (3), give preference to any applicant that, for the purpose described in subparagraph (B), has made an arrangement with not less than one entity from each of the following categories of entities: Community-based organizations, elementary schools, secondary schools, institutions of higher education, and health professions schools.

''(B) PURPOSE.—The purpose of arrangements under subparagraph (A) is to establish a program for individuals identified under subsection (a) under which—

''(i) the activities described in such subsection are carried out on behalf of the individuals; and

''(ii) health professions schools make a commitment to admit as students of the schools such individuals who participate in the program, subject to the individuals meeting reasonable academic standards for admission to the schools.

''(2) ADDITIONAL PREFERENCES.—Of the applicants under subsection (a) that are receiving preference for purposes of paragraph (1), the Secretary shall, subject to paragraph (3), give additional preference to applicants whose consortium under subsection (b) includes as members one or more health professions schools that have not previously received any award under this section (including this section as in effect prior to fiscal year 1997).

''(3) LIMITATION.—An applicant may not receive preference for purposes of paragraph (1) or (2) unless the consortium under subsection (b) includes not less than one health professions school that has demonstrated success in enrolling students from disadvantaged backgrounds.

''(e) OBJECTIVES UNDER AWARDS.—

''(1) ESTABLISHMENT OF OBJECTIVES.—Before making a first award to an applicant under subsection (a), the Secretary shall establish objectives regarding the activities to be carried out under the award, which objectives are applicable until the next fiscal year for which such award is made after a competitive process of review. In making an award after such a review, the Secretary shall establish additional objectives for the applicant.

''(2) PRECONDITION FOR SUBSEQUENT AWARDS.—In the case of an applicant seeking an award under subsection (a) pursuant to a competitive process of review, the Secretary may make the award only if the applicant demonstrates to the satisfaction of the Secretary that the applicant has met the objectives that were applicable under paragraph (1) to the preceding awards under such subsection.

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $33,000,000 for fiscal year 2003, $40,000,000 for fiscal year 2004, and such sums as may be necessary for each subsequent fiscal year.''.

(b) TECHNICAL AMENDMENT.—Section 770(a) of the Public Health Service Act (42 U.S.C. 295e(a)) is amended by inserting ''(other than section 771)'' after ''this subpart''.

SEC. 312. CENTERS OF EXCELLENCE.

''For the purpose of establishing and operating health careers centers of excellence, there are authorized to be appropriated $40,000,000 for fiscal year 2003, and such sums as may be necessary for each subsequent fiscal year.

Subtitle C—Bilingual Health Professionals

SEC. 321. TRAINING OF BILINGUAL HEALTH PROFESSIONALS WITH RESPECT TO MINORITY HEALTH CONDITIONS.

(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall (directly or through awards of grants or contracts to public or nonprofit private entities) carry out a program—

(1) to identify health professionals who speak both English and a language used by racial or ethnic minority groups in the United States; and

(2) to train such health professionals with respect to the treatment of minority health conditions, such as diabetes, HIV infection, substance abuse, and conditions regarding mental health.

(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

Subtitle D—Cultural Competence

SEC. 331. DEFINITION.

(a) IN GENERAL.—In this Act, the term ''culturally competent'', with respect to the manner in which health-related services, education, and training are provided, means providing the services, education, and training in the language and cultural context that is most appropriate for the individuals for whom the services, education, and training are intended, including as necessary the provision of bilingual services.

(b) MODIFICATION.—The definition established in subsection (a) may be modified as needed at the discretion of the Secretary after providing a 30-day notice to Congress.

SEC. 332. ACTIVITIES OF OFFICE OF MINORITY HEALTH; CENTER FOR LINGUISTIC AND CULTURAL COMPETENCE IN HEALTH CARE.

(a) EDUCATIONAL MATERIALS; TECHNICAL ASSISTANCE.—

(1) IN GENERAL.—The Secretary, acting through the Office of Minority Health under section 1707 of the Public Health Service Act (42 U.S.C. 300u-6), shall—

(A) provide for the development of educational materials on providing health services in a culturally competent manner;

(B) provide technical assistance in carrying out programs that use such materials; and

(C) provide technical assistance on other matters regarding the provision of health services in a culturally competent manner.

(2) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out paragraph (1), there are authorized to be appropriated $1,000,000 for fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2007.

(b) CENTER FOR LINGUISTIC AND CULTURAL COMPETENCE IN HEALTH CARE.—

(1) IN GENERAL.—The Secretary, acting through the Office of Minority Health under section 1707 of the Public Health Service Act (42 U.S.C. 300u-6), shall provide for a Center for Linguistic and Cultural Competence in Health Care to carry out programs to promote and facilitate the provision of health-related services, education, and training in a culturally competent manner.

(2) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out paragraph (1), there are authorized to be appropriated $5,000,000 for fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2007.

SEC. 333. CULTURAL COMPETENCE DEMONSTRATION PROJECTS.

(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Care Financing Administration, shall conduct a cultural competence demonstration project under which grants are made to two hospitals with a history in the medicare program to enable them to implement standards for the culturally competent provision of services to address the specific needs of any population that constitutes at least 5 percent of the population served by the hospital involved.

(b) NUMBER AND TYPE.—Of the hospitals provided grants under this section, one shall be located in an urban and the other in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act (42 U.S.C. 1395ww(d)(2)(d)). The urban hospital shall serve a significant limited English proficient population and be within 175 miles of the border with Mexico. In selecting such hospitals, the Secretary shall give preference to hospitals that serve large immigrant populations.

(c) AMOUNT AND DURATION OF GRANT.—A grant under this section for a hospital shall be in the amount of $5,000,000 and shall be for a period of 5 years.

(d) EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary shall also provide for a grant to an appropriate qualified entity in an amount not to exceed $1,000,000 to evaluate the demonstration projects conducted under this section.

(2) REPORT.—The Secretary shall submit to Congress a report on the projects conducted under this section. The Secretary shall include in such report the results of the evaluation conducted under paragraph (1) and recommendations on whether on going medicare funding should be provided for implementation of standards for cultural competency in hospitals.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated from the Federal Hospital Insurance Trust Fund (under section 1817 of the Social Security Act (42 U.S.C. 1395i) to carry out this section, $11,000,000, which shall remain available until expended.

Subtitle E—Data Regarding Race and Ethnicity

SEC. 341. COLLECTION OF DATA.

Part A of title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 306 the following:

''SEC. 306A. DATA ON RACE AND ETHNICITY.

''(a) IN GENERAL.—The Secretary shall by regulation provide for the following:

''(1) Health data collected under programs carried out by the Secretary (whether collected directly or pursuant to grants, cooperative agreements, or contracts) shall include data on race, ethnicity, and spoken and written language and shall, at a minimum, use the categories for race and ethnicity described in OMB Directive 15.

''(2) Data collected by the Secretary pursuant to title VI of the Civil Rights Act of 1964 shall include data on race and ethnicity and shall, at a minimum, use such categories.

''(3) Data on race and ethnicity that is collected under paragraph (1) or (2) shall use the

procedures described in such Directive for collecting data from an individual, and shall be maintained and presented (including for reporting purposes) in accordance with such Directive.

''(4) For health encounters that require the presence of a legal parent or guardian who does not speak English or who is limited English proficient, health data collected by the Secretary pursuant to this section shall also include data on the of the accompanying adult or guardian.

''(5) Such other data as the Secretary may designate (including administrative records) shall be collected, maintained, and presented in accordance with such Directive, to the extent that such data are collected by the Secretary and relate to health-related programs that are carried out by the Secretary.

''(b) DEFINITION.—In this section, the term 'OMB Directive 15' means Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting, as established by the Director of the Office of Management and Budget through the notice issued October 30, 1997 (62 FR 58782). Such term includes any subsequent revisions to such Directive.''.

SEC. 342. DEVELOPMENT OF STANDARDS; STUDY TO MEASURE PATIENT OUTCOMES UNDER MEDICARE AND MEDICAID PROGRAMS.

(a) DEVELOPMENT OF STANDARDS.—Not later than 1 year after the date of the enactment of this Act, the Secretary, acting through the Administrator of the Health Care Financing Administration, shall develop outcome measures to evaluate, by race and ethnicity, the performance of health care programs and projects that provide health care to individuals under the medicare and medicaid programs (under titles XVIII and XIX, respectively, of the Social Security Act (42 U.S.C. 1395 et seq.; 1396 et seq.).

(b) STUDY.—After the Secretary develops the outcome measures under subsection (a), the Secretary shall conduct a study that evaluates, by race and ethnicity, the performance of health care programs and projects referred to in subsection (a).

(c) REPORT TO CONGRESS.—Not later that 2 years after the date of the enactment of this Act, the Secretary shall submit to Congress a report describing the outcome measures developed under subsection (a), and the results of the study conducted pursuant to subsection (b).

Subtitle F—National Assessment of Status of Latino Health

SEC. 351. NATIONAL ASSESSMENT OF STATUS OF LATINO HEALTH.

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish a national assessment of the status of Latino health to be known as the ''Hispanic Health and Nutrition Examination Survey'' or ''HHANES II''.

(b) GOAL.—The goal of the national assessment under subsection (a) shall be to produce estimates of health and nutritional status for Mexican Americans, Puerto Ricans, Cuban Americans, and other Hispanic subpopulations.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary in each of fiscal years 2003 through 2005 to carry out this section.

Subtitle G—Office of Minority Health

SEC. 361. REVISION AND EXTENSION OF PROGRAMS OF OFFICE OF MINORITY HEALTH.

Section 1707 of the Public Health Service Act (42 U.S.C. 300u–6) is amended by striking subsection (b) and all that follows and inserting the following:

''(b) DUTIES.—With respect to improving the health of racial and ethnic minority groups, the Secretary, acting through the Deputy Assistant Secretary for Minority Health (in this section referred to as the 'Deputy Assistant Secretary'), shall carry out the following:

''(1) Establish short-range and long-range goals and objectives and coordinate all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning such individuals. The heads of each of the agencies of the Service shall consult with the Deputy Assistant Secretary to ensure the coordination of such activities.

''(2) Carry out the following types of activities by entering into interagency agreements with other agencies of the Public Health Service:

''(A) Support research, demonstrations and evaluations to test new and innovative models.

''(B) Increase knowledge and understanding of health risk factors.

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

''(D) Ensure that the National Center for Health Statistics collects data on the health status of each minority group.

''(E) 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 the individuals to such services by developing and carrying out programs to provide bilingual or interpretive services.

''(3) 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 health care.

''(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).

''(4) Carry out programs to improve access to health care services for individuals with limited proficiency in speaking the English language by facilitating the removal of impediments to the receipt of health care that result from such limitation. Activities under the preceding sentence shall include conducting research and developing and evaluating model projects.

''(5) Not later than June 8 of each year, the Deputy Assistant Secretary shall submit to the Secretary a report summarizing the activities of each of the minority health offices under section 1707A.

''(c) 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'). The Deputy Assistant Secretary shall consult with the Committee in carrying out this section.

''(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 paragraphs (1) and (2) of subsection (b) for each racial and ethnic minority group.

''(3) CHAIR.—The Deputy Assistant Secretary shall serve as the chair of the Committee.

''(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. The racial and ethnic minority groups shall be equally represented among such members.

''(C) The nonvoting, ex officio members of the Committee shall be the directors of each of the minority health offices established under section 1707A, and such additional officials of the Department of Health and Human Services as the Secretary determines to be appropriate.

''(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 compensation. Members of the Committee who are not officers or employees of the United States shall receive, 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 (under title 5, United States Code) for positions above GS–15.

''(d) CERTAIN REQUIREMENTS REGARDING DUTIES.—

''(1) RECOMMENDATIONS REGARDING LANGUAGE AS IMPEDIMENT TO HEALTH CARE.—The Secretary, acting through the Director of the Office of Refugee Health, the Director of the Office of Civil Rights, and the Director of the Office of Minority Health of the Health Resources and Services Administration, shall make recommendations to the Deputy Assistant Secretary regarding activities under subsection (b)(4).

''(2) EQUITABLE ALLOCATION REGARDING ACTIVITIES.—

''(A) In making awards of grants, cooperative agreements, or contracts under this section or section 338A, 338B, 724, 736, 737, 738, or 740, the Secretary, acting as appropriate through the Deputy Assistant Secretary or the Administrator of the Health Resources and Services Administration, shall ensure that such awards are equitably allocated with respect to the various racial and minority populations.

''(B) With respect to grants, cooperative agreements, and contracts that are available under the sections specified in subparagraph (A), the Secretary shall—

''(i) carry out activities to inform entities, as appropriate, that the entities may be eligible for awards of such assistance;

''(ii) provide technical assistance to such entities in the process of preparing and submitting applications for the awards in accordance with the policies of the Secretary regarding such application; and

''(iii) inform populations, as appropriate, that members of the populations may be eligible to receive services or otherwise participate in the activities carried out with such awards.

''(3) CULTURAL COMPETENCY OF SERVICES.—The Secretary shall ensure that information and services provided pursuant to subsection (b) are provided in the language and cultural context that is most appropriate for the individuals for whom the information and services are intended.

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

''(1) IN GENERAL.—In carrying out subsection (b), 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 only on a competitive basis, and that an award is made for a proposal only if the proposal has been recommended for such an award through a process of peer review and has been so recommended by the advisory committee established under subsection (c).

''(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 (f) for the fiscal year involved.

''(f) BIENNIAL REPORTS.—Not later than February 1 of fiscal year 1998 and of each second year thereafter, the Deputy Assistant Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, 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 to the Deputy Assistant Secretary under section 1707A(e) for such years by the heads of the minority health offices.

''(g) DEFINITION.—For purposes of this section:

''(1) RACIAL AND ETHNIC MINORITY GROUP.—The term 'racial and ethnic minority group' means American Indians (including Alaskan Natives, Eskimos, and Aleuts); Asian Americans and Pacific Islanders; Blacks; and Hispanics.

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

''(h) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $21,000,000 for fiscal year 2003, $25,000,000 for fiscal year 2004, and $28,000,000 for fiscal year 2005.

''(2) ALLOCATION OF FUNDS BY SECRETARY.—Of the amounts appropriated under paragraph (1) for a fiscal year in excess of $15,000,000, the Secretary shall make available not less than $3,000,000 for carrying out subsection (b)(2)(E).''.

SEC. 362. ESTABLISHMENT OF INDIVIDUAL OFFICES OF MINORITY HEALTH WITHIN AGENCIES OF PUBLIC HEALTH SERVICE.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by inserting after section 1707 the following section:

''SEC. 1707A. INDIVIDUAL OFFICES OF MINORITY HEALTH WITHIN PUBLIC HEALTH SERVICE.

''(a) IN GENERAL.—The head of each agency specified in subsection (b)(1) shall establish within the agency an office to be known as the Office of Minority Health. Each such Office shall be headed by a director, who shall be appointed by the head of the agency within which the Office is established, and who shall report directly to the head of the agency. The head of such agency shall carry out this section (as this section relates to the agency) acting through such Director.

''(b) SPECIFIED AGENCIES.—

''(1) IN GENERAL.—The agencies referred to in subsection (a) are the following:

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

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

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

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

''(2) NATIONAL INSTITUTES OF HEALTH.—For purposes of subsection (c) and the subsequent provisions of this section, the term 'minority health office' includes the Office of Research on Minority Health established within the National Institutes of Health. The Director of the National Institutes of Health shall carry out this section (as this section relates to the agency) acting through the Director of such Office.

''(c) COMPOSITION.—The head of each specified agency shall ensure that the officers and employees of the minority health office of the agency are, collectively, experienced in carrying out community-based health programs for each of the various racial and ethnic minority groups that are present in significant numbers in the United States. The head of such agency shall ensure that, of such officers and employees who are members of racial and ethnic minority groups, no such group is disproportionately represented.

''(d) DUTIES.—Each Director of a minority health office shall monitor the programs of the specified agency of such office in order to carry out the following:

''(1) Determine the extent to which the purposes of the programs are being carried out with respect to racial and ethnic minority groups;

''(2) Determine the extent to which members of such groups are represented among the Federal officers and employees who administer the programs; and

''(3) Make recommendations to the head of such agency on carrying out the programs with respect to such groups. In the case of programs that provide services, such recommendations shall include recommendations toward ensuring that—

''(A) the services are equitably delivered with respect to racial and ethnic minority groups;

''(B) the programs provide the services in the language and cultural context that is most appropriate for the individuals for whom the services are intended; and

''(C) the programs utilize racial and ethnic minority community-based organizations to deliver the services.

''(e) BIENNIAL REPORTS TO SECRETARY.—The head of each specified agency shall submit to the Secretary for inclusion in each biennial report under section 1707(g) (without change) a biennial report describing—

''(1) the extent to which the minority health office of the agency employs individuals who are members of racial and ethnic minority groups, including a specification by minority group of the number of such individuals employed by such office; and

''(2) the manner in which the agency is complying with Public Law 94–311 (relating to data on Americans of Spanish origin or descent).

''(f) DEFINITIONS.—For purposes of this section:

''(1) MINORITY HEALTH OFFICE.—The term 'minority health office' means an office established under subsection (a), subject to subsection (b)(2).

''(2) RACIAL AND ETHNIC MINORITY GROUP.—The term 'racial and ethnic minority group' has the meaning given such term in section 1707(g).

''(3) SPECIFIED AGENCY.—The term 'specified agency' means—

''(A) an agency specified in subsection (b)(1); and

''(B) the National Institutes of Health.

''(g) FUNDING.—

''(1) ALLOCATIONS.—Of the amounts appropriated for a specified agency for a fiscal year, the Secretary may reserve not more than 0.5 percent for the purpose of carrying out activities under this section through the minority health office of the agency. In reserving an amount under the preceding sentence for a minority health office for a fiscal year, the Secretary shall reduce, by substantially the same percentage, the amount that otherwise would be available for each of the programs of the designated agency involved.

''(2) AVAILABILITY OF FUNDS FOR STAFFING.—The purposes for which amounts made available under paragraph (1) may be expended by a minority health office include the costs of employing staff for such office.''.

SEC. 363. ASSISTANT SECRETARY OF HEALTH AND HUMAN SERVICES FOR CIVIL RIGHTS.

(a) IN GENERAL.—Part A of 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. 229. ASSISTANT SECRETARY FOR CIVIL RIGHTS.

''(a) ESTABLISHMENT OF POSITION.—There shall be in the Department of Health and Human Services an Assistant Secretary for Civil Rights, who shall be appointed by the President, by and with the advice and consent of the Senate.

''(b) RESPONSIBILITIES.—The Assistant Secretary shall perform such functions relating to civil rights as the Secretary may assign.''.

(b) CONFORMING AMENDMENT.—Section 5315 of title 5, United States Code, is amended, in the item relating to Assistant Secretaries of Health and Human Services, by striking ''(6)'' and inserting ''(7)''.

STATEMENTS ON SUBMITTED RESOLUTIONS

SENATE CONCURRENT RESOLUTION 145—RECOGNIZING AND COMMENDING MARY BAKER EDDY'S ACHIEVEMENTS AND THE MARY BAKER EDDY LIBRARY FOR THE BETTERMENT OF HUMANITY

Mr. KENNEDY. (for himself, Mrs. CLINTON, and Mrs. HUTCHISON) submitted the following concurrent resolution; which was referred to the Committee on the Judiciary:

S. CON. RES. 145

Whereas the Mary Baker Eddy Library for the Betterment of Humanity will officially open on September 29, 2002, in Boston, Massachusetts, thereby making available to the public the Mary Baker Eddy Collections, one of the largest collections of primary source material by and about an American woman;

Whereas the namesake of the Library, Mary Baker Eddy, achieved international