

107TH CONGRESS
2D SESSION

H. R. 5449

To provide for programs and activities to improve the health of Hispanic individuals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 24, 2002

Mr. RODRIGUEZ (for himself, Mr. REYES, Mrs. NAPOLITANO, Ms. SOLIS, Mr. BACA, Ms. ROYBAL-ALLARD, Mr. MENENDEZ, Mr. HINOJOSA, and Mr. GONZALEZ) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for programs and activities to improve the health of Hispanic individuals, and for other purposes.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Hispanic Health Improvement Act of 2002”.

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

Sec. 1. Short title; table of contents.

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.
- Sec. 102. Automatic enrollment of children born to title XXI parents.
- Sec. 103. Optional coverage of children through age 20 under the medicaid program and title XXI.
- Sec. 104. Technical and conforming amendments to authority to pay medicaid expansion costs from title XXI appropriation.

Subtitle B—Outreach and Enrollment

- Sec. 111. Grants to promote innovative outreach and enrollment efforts under SCHIP.

Subtitle C—Immigrant Children and Pregnant Women

- Sec. 121. Optional coverage of legal immigrants under the medicaid program and SCHIP.
- Sec. 122. Permitting States and localities to provide health care to all individuals.

Subtitle D—Eligibility Simplification

- Sec. 131. State option to provide for simplified determinations of a child's financial eligibility for medical assistance under medicaid.
- Sec. 132. Application of simplified title XXI procedures under the medicaid program.

Subtitle E—SCHIP Wrap-Around Benefits

- Sec. 141. Requiring coverage of substantially equivalent dental services under SCHIP.
- Sec. 142. State option to provide wrap-around SCHIP coverage to children who have other health coverage.

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.

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.

Subtitle H—Binational Health Insurance

- Sec. 171. Binational health insurance.

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.

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.
- Sec. 212. National Institutes of Health; implementation of recommendations of diabetes research working group.

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.
- Sec. 222. AIDS education and training centers funded by Health Resources and Services Administration; establishment of center directed toward minority populations with HIV.

Subtitle D—Prevention of Latina Adolescent Suicides

- Sec. 231. Short title.
- Sec. 232. Establishment of program for prevention of Latina adolescent suicides.

Subtitle E—Dental Health Services

- Sec. 241. Grants to improve the provision of dental health services through community health centers and public health departments.
- Sec. 242. School-based dental sealant program.

Subtitle F—Border Health

- Sec. 251. Short title.
- Sec. 252. Definitions.
- Sec. 253. Border health services grants.
- Sec. 254. United States-Mexico Border Health Commission.

Subtitle G—Community Health Workers

- Sec. 261. Short title.
- Sec. 262. Grants to promote positive health behaviors in women.

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

- Sec. 271. Short title.
- Sec. 272. HRSA grants for model community cancer and chronic disease care and prevention; HRSA grants for patient navigators.
- Sec. 273. NCI grants for model community cancer and chronic disease care and prevention; NCI grants for patient navigators.

TITLE III—HEALTH DISPARITIES

Subtitle A—Hispanic-Serving Health Professions Schools

- Sec. 301. Hispanic-serving health professions schools.

Subtitle B—Health Career Opportunity Program

- Sec. 311. Educational assistance regarding undergraduates.
- Sec. 312. Centers of excellence.

Subtitle C—Bilingual Health Professionals

Sec. 321. Training of bilingual health professionals with respect to minority health conditions.

Subtitle D—Cultural Competence

Sec. 331. Definition.

Sec. 332. Activities of Office of Minority Health; Center for Linguistic and Cultural Competence in Health Care.

Sec. 333. Cultural competence demonstration projects.

Subtitle E—Data Regarding Race and Ethnicity

Sec. 341. Collection of data.

Sec. 342. Development of standards; study to measure patient outcomes under medicare and medicaid programs.

Subtitle F—National Assessment of Status of Latino Health

Sec. 351. National assessment of status of Latino health.

Subtitle G—Office of Minority Health

Sec. 361. Revision and extension of programs of Office of Minority Health.

Sec. 362. Establishment of individual Offices of Minority Health within agencies of Public Health Service.

Sec. 363. Assistant Secretary of Health and Human Services for Civil Rights.

1 **TITLE I—HEALTH CARE**
 2 **COVERAGE**
 3 **Subtitle A—Coverage for Parents**
 4 **and Pregnant Women**

5 **SEC. 101. COVERAGE OF PARENTS AND PREGNANT WOMEN**
 6 **UNDER THE MEDICAID PROGRAM AND TITLE**
 7 **XXI.**

8 (a) INCENTIVES TO IMPLEMENT COVERAGE OF PAR-
 9 ENTS AND PREGNANT WOMEN.—

10 (1) UNDER MEDICAID.—

11 (A) ESTABLISHMENT OF NEW OPTIONAL
 12 ELIGIBILITY CATEGORY.—Section
 13 1902(a)(10)(A)(ii) of the Social Security Act
 14 (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

1 (i) by striking “or” at the end of sub-
2 clause (XVII);

3 (ii) by adding “or” at the end of sub-
4 clause (XVIII); and

5 (iii) by adding at the end the fol-
6 lowing:

7 “(XIX) who are individuals de-
8 scribed in subsection (k)(1) (relating
9 to parents of categorically eligible chil-
10 dren);”.

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

14 “(k)(1)(A) Individuals described in this paragraph
15 are individuals—

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

21 “(ii) who are not otherwise eligible for medical
22 assistance under such subsection or under a waiver
23 approved under section 1115 or otherwise (except
24 under section 1931 or under subsection
25 (a)(10)(A)(ii)(XIX)); and

1 “(iii) whose family income exceeds the effective
2 income level or resource level applicable under the
3 State plan under part A of title IV as in effect as
4 of July 16, 1996, but does not exceed the highest ef-
5 fective income level applicable to a child in the fam-
6 ily under this title.

7 “(B) In establishing an income eligibility level for in-
8 dividuals described in this paragraph, a State may vary
9 such level consistent with the various income levels estab-
10 lished under subsection (l)(2) based on the ages of chil-
11 dren described in subsection (l)(1) in order to ensure, to
12 the maximum extent possible, that such individuals shall
13 be enrolled in the same program as their children.

14 “(C) An individual may not be treated as being de-
15 scribed in this paragraph unless, at the time of the individ-
16 ual’s enrollment under this title, the child referred to in
17 subparagraph (A)(i) of the individual is also enrolled
18 under this title.

19 “(D) In this subsection, the term ‘parent’ has the
20 meaning given the term ‘caretaker relative’ for purposes
21 of carrying out section 1931.

22 “(2) In the case of a parent described in paragraph
23 (1) who is also the parent of a child who is eligible for
24 child health assistance under title XXI, the State may

1 elect (on a uniform basis) to cover all such parents under
2 section 2111 or under this title.”.

3 (C) ENHANCED MATCHING FUNDS AVAIL-
4 ABLE IF CERTAIN CONDITIONS MET.—Section
5 1905 of the Social Security Act (42 U.S.C.
6 1396d) is amended—

7 (i) in the fourth sentence of sub-
8 section (b), by striking “or subsection
9 (u)(3)” and inserting “, (u)(3), or (u)(4)”;
10 and

11 (ii) in subsection (u)—

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

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

16 “(4) For purposes of subsection (b) and section
17 2105(a)(1):

18 “(A) PARENTS AND PREGNANT WOMEN.—The
19 expenditures described in this subparagraph are the
20 expenditures described in the following clauses (i)
21 and (ii):

22 “(i) PARENTS.—If the conditions described
23 in clause (iii) are met, expenditures for medical
24 assistance for parents described in section
25 1902(k)(1) and for parents who would be de-

1 scribed in such section but for the fact that
2 they are eligible for medical assistance under
3 section 1931 or under a waiver approved under
4 section 1115.

5 “(ii) CERTAIN PREGNANT WOMEN.—If the
6 conditions described in clause (iv) are met, ex-
7 penditures for medical assistance for pregnant
8 women described in subsection (n) or under sec-
9 tion 1902(l)(1)(A) in a family the income of
10 which exceeds the effective income level applica-
11 ble under subsection (a)(10)(A)(i)(III) or
12 (l)(2)(A) of section 1902 to a family of the size
13 involved as of January 1, 2002.

14 “(iii) CONDITIONS FOR EXPENDITURES
15 FOR PARENTS.—The conditions described in
16 this clause are the following:

17 “(I) The State has a State child
18 health plan under title XXI which (wheth-
19 er implemented under such title or under
20 this title) has an effective income level for
21 children that is at least 200 percent of the
22 poverty line.

23 “(II) State child health plan does not
24 limit the acceptance of applications, does
25 not use a waiting list for children who

1 meet eligibility standards to qualify for as-
2 sistance, and provides benefits to all chil-
3 dren in the State who apply for and meet
4 eligibility standards.

5 “(III) The State plans under this title
6 and title XXI do not provide coverage for
7 parents with higher family income without
8 covering parents with a lower family in-
9 come.

10 “(IV) The State does not apply an in-
11 come level for parents that is lower than
12 the effective income level (expressed as a
13 percent of the poverty line) that has been
14 specified under the State plan under title
15 XIX (including under a waiver authorized
16 by the Secretary or under section
17 1902(r)(2)), as of January 1, 2002, to be
18 eligible for medical assistance as a parent
19 under this title.

20 “(iv) CONDITIONS FOR EXPENDITURES
21 FOR CERTAIN PREGNANT WOMEN.—The condi-
22 tions described in this clause are the following:

23 “(I) The State has established an ef-
24 fective income eligibility level for pregnant
25 women under subsection (a)(10)(A)(i)(III)

1 or (l)(2)(A) of section 1902 that is at least
2 185 percent of the poverty line.

3 “(II) The State plans under this title
4 and title XXI do not provide coverage for
5 pregnant women described in subpara-
6 graph (A)(ii) with higher family income
7 without covering such pregnant women
8 with a lower family income.

9 “(III) The State does not apply an in-
10 come level for pregnant women that is
11 lower than the effective income level (ex-
12 pressed as a percent of the poverty line
13 and considering applicable income dis-
14 regards) that has been specified under the
15 State plan under subsection
16 (a)(10)(A)(i)(III) or (l)(2)(A) of section
17 1902, as of January 1, 2002, to be eligible
18 for medical assistance as a pregnant
19 woman.

20 “(IV) The State satisfies the condi-
21 tions described in subclauses (I) and (II)
22 of clause (iii).

23 “(v) DEFINITIONS.—For purposes of this
24 subsection:

1 “(I) The term ‘parent’ has the mean-
2 ing given such term for purposes of section
3 1902(k)(1).

4 “(II) The term ‘poverty line’ has the
5 meaning given such term in section
6 2110(e)(5).”.

7 (D) APPROPRIATION FROM TITLE XXI AL-
8 LOTMENT FOR MEDICAID EXPANSION COSTS
9 FOR PARENTS; ELIMINATION OF COUNTING
10 MEDICAID CHILD PRESUMPTIVE ELIGIBILITY
11 COSTS AGAINST TITLE XXI ALLOTMENT.—Sub-
12 paragraph (B) of section 2105(a)(1) of the So-
13 cial Security Act, as amended by section
14 104(a), is amended to read as follows:

15 “(B) PARENTS AND PREGNANT WOMEN.—
16 Expenditures for medical assistance that are at-
17 tributable to expenditures described in section
18 1905(u)(4)(A).”.

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

23 (i) in the fourth sentence of sub-
24 section (b), by inserting “(except in the

1 case of expenditures described in sub-
2 section (u)(5))” after “do not exceed”;

3 (ii) in subsection (u), by inserting
4 after paragraph (4) (as inserted by sub-
5 paragraph (C)), the following:

6 “(5) For purposes of the fourth sentence of sub-
7 section (b) and section 2105(a), the following payments
8 under this title do not count against a State’s allotment
9 under section 2104:

10 “(A) REGULAR FMAP FOR EXPENDITURES FOR
11 PREGNANT WOMEN WITH INCOME ABOVE JANUARY
12 1, 2002 INCOME LEVEL AND BELOW 185 PERCENT OF
13 POVERTY.—The portion of the payments made for
14 expenditures described in paragraph (4)(A)(ii) that
15 represents the amount that would have been paid if
16 the enhanced FMAP had not been substituted for
17 the Federal medical assistance percentage.”.

18 (2) UNDER TITLE XXI.—

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

1 **“SEC. 2111. OPTIONAL COVERAGE OF PARENTS OF TAR-**
2 **GETED LOW-INCOME CHILDREN OR TAR-**
3 **GETED LOW-INCOME PREGNANT WOMEN.**

4 “(a) **OPTIONAL COVERAGE.**—Notwithstanding any
5 other provision of this title, a State may provide for cov-
6 erage, through an amendment to its State child health
7 plan under section 2102, of parent health assistance for
8 targeted low-income parents, pregnancy-related assistance
9 for targeted low-income pregnant women, or both, in ac-
10 cordance with this section, but only if—

11 “(1) with respect to the provision of parent
12 health assistance, the State meets the conditions de-
13 scribed in clause (iii) of section 1905(u)(4)(A);

14 “(2) with respect to the provision of pregnancy-
15 related assistance, the State meets the conditions de-
16 scribed in clause (iv) of section 1905(u)(4)(A); and

17 “(3) in the case of parent health assistance for
18 targeted low-income parents, the State elects to pro-
19 vide medical assistance under section
20 1902(a)(10)(A)(ii)(XIX), under section 1931, or
21 under a waiver under section 1115 to individuals de-
22 scribed in section 1902(k)(1)(A)(i) and elects an ef-
23 fective income level that, consistent with paragraphs
24 (1)(B) and (2) of section 1902(k), ensures to the
25 maximum extent possible, that such individuals shall
26 be enrolled in the same program as their children if

1 their children are eligible for coverage under title
2 XIX (including under a waiver authorized by the
3 Secretary or under section 1902(r)(2)).

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

5 “(1) PARENT HEALTH ASSISTANCE.—The term
6 ‘parent health assistance’ has the meaning given the
7 term child health assistance in section 2110(a) as if
8 any reference to targeted low-income children were
9 a reference to targeted low-income parents.

10 “(2) PARENT.—The term ‘parent’ has the
11 meaning given the term ‘caretaker relative’ for pur-
12 poses of carrying out section 1931.

13 “(3) PREGNANCY-RELATED ASSISTANCE.—The
14 term ‘pregnancy-related assistance’ has the meaning
15 given the term child health assistance in section
16 2110(a) as if any reference to targeted low-income
17 children were a reference to targeted low-income
18 pregnant women, except that the assistance shall be
19 limited to services related to pregnancy (which in-
20 clude prenatal, delivery, and postpartum services)
21 and to other conditions that may complicate preg-
22 nancy.

23 “(4) TARGETED LOW-INCOME PARENT.—The
24 term ‘targeted low-income parent’ has the meaning
25 given the term targeted low-income child in section

1 2110(b) as if the reference to a child were deemed
2 a reference to a parent (as defined in paragraph (3))
3 of the child; except that in applying such section—

4 “(A) there shall be substituted for the in-
5 come level described in paragraph (1)(B)(ii)(I)
6 the applicable income level in effect for a tar-
7 geted low-income child;

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

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

12 “(5) TARGETED LOW-INCOME PREGNANT
13 WOMAN.—The term ‘targeted low-income pregnant
14 woman’ has the meaning given the term targeted
15 low-income child in section 2110(b) as if any ref-
16 erence to a child were a reference to a woman dur-
17 ing pregnancy and through the end of the month in
18 which the 60-day period beginning on the last day
19 of her pregnancy ends; except that in applying such
20 section—

21 “(A) there shall be substituted for the in-
22 come level described in paragraph (1)(B)(ii)(I)
23 the applicable income level in effect for a tar-
24 geted low-income child;

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

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

5 “(6) PARENT.—The term ‘parent’ has the
6 meaning given the term ‘caretaker relative’ for pur-
7 poses of carrying out section 1931.

8 “(c) REFERENCES TO TERMS AND SPECIAL
9 RULES.—In the case of, and with respect to, a State pro-
10 viding for coverage of parent health assistance to targeted
11 low-income parents or pregnancy-related assistance to tar-
12 geted low-income pregnant women under subsection (a),
13 the following special rules apply:

14 “(1) Any reference in this title (other than in
15 subsection (b)) to a targeted low-income child is
16 deemed to include a reference to a targeted low-in-
17 come parent or a targeted low-income pregnant
18 woman (as applicable).

19 “(2) Any such reference to child health assist-
20 ance—

21 “(A) with respect to such parents is
22 deemed a reference to parent health assistance;
23 and

1 “(B) with respect to such pregnant women,
2 is deemed a reference to pregnancy-related as-
3 sistance.

4 “(3) In applying section 2103(e)(3)(B) in the
5 case of a family or pregnant woman provided cov-
6 erage under this section, the limitation on total an-
7 nual aggregate cost-sharing shall be applied to the
8 entire family or such pregnant woman.

9 “(4) In applying section 2110(b)(4), any ref-
10 erence to ‘section 1902(l)(2) or 1905(n)(2) (as se-
11 lected by a State)’ is deemed a reference to the ef-
12 fective income level applicable to parents under sec-
13 tion 1931 or under a waiver approved under section
14 1115, or, in the case of a pregnant woman, the in-
15 come level established under section 1902(l)(2)(A).

16 “(5) In applying section 2102(b)(3)(B), any
17 reference to children found through screening to be
18 eligible for medical assistance under the State med-
19 icaid plan under title XIX is deemed a reference to
20 parents and pregnant women.”.

21 (B) ADDITIONAL ALLOTMENT FOR STATES
22 PROVIDING COVERAGE OF PARENTS OR PREG-
23 NANT WOMEN.—

24 (i) IN GENERAL.—Section 2104 of the
25 Social Security Act (42 U.S.C. 1397dd) is

1 amended by inserting after subsection (c)
2 the following:

3 “(d) ADDITIONAL ALLOTMENTS FOR STATE COV-
4 ERAGE OF PARENTS OR PREGNANT WOMEN.—

5 “(1) APPROPRIATION; TOTAL ALLOTMENT.—

6 For the purpose of providing additional allotments
7 to States under this title, there is appropriated, out
8 of any money in the Treasury not otherwise appro-
9 priated—

10 “(A) for fiscal year 2002, \$2,000,000,000;

11 “(B) for fiscal year 2003, \$2,000,000,000;

12 “(C) for fiscal year 2004, \$3,000,000,000;

13 “(D) for fiscal year 2005, \$3,000,000,000;

14 “(E) for fiscal year 2006, \$5,000,000,000;

15 “(F) for fiscal year 2007, \$5,000,000,000;

16 “(G) for fiscal year 2008, \$5,000,000,000;

17 “(H) for fiscal year 2009, \$5,000,000,000;

18 “(I) for fiscal year 2010, \$5,000,000,000;

19 and

20 “(J) for fiscal year 2011 and each fiscal

21 year thereafter, the amount of the allotment

22 provided under this paragraph for the preceding

23 fiscal year increased by the percentage increase

24 (if any) in the medical care expenditure cat-

1 egory of the Consumer Price Index for All
2 Urban Consumers (United States city average).

3 “(2) STATE AND TERRITORIAL ALLOTMENTS.—

4 “(A) IN GENERAL.—In addition to the al-
5 lotments provided under subsections (b) and
6 (c), subject to paragraphs (3) and (4), of the
7 amount available for the additional allotments
8 under paragraph (1) for a fiscal year, the Sec-
9 retary shall allot to each State with a State
10 child health plan approved under this title—

11 “(i) in the case of such a State other
12 than a commonwealth or territory de-
13 scribed in subparagraph (B), the same pro-
14 portion as the proportion of the State’s al-
15 lotment under subsection (b) (determined
16 without regard to subsection (f)) to the
17 total amount of the allotments under sub-
18 section (b) for such States eligible for an
19 allotment under this paragraph for such
20 fiscal year; and

21 “(ii) in the case of a commonwealth or
22 territory described in subsection (c)(3), the
23 same proportion as the proportion of the
24 commonwealth’s or territory’s allotment
25 under subsection (c) (determined without

1 regard to subsection (f)) to the total
2 amount of the allotments under subsection
3 (c) for commonwealths and territories eligi-
4 ble for an allotment under this paragraph
5 for such fiscal year.

6 “(B) AVAILABILITY AND REDISTRIBUTION
7 OF UNUSED ALLOTMENTS.—In applying sub-
8 sections (e) and (f) with respect to additional
9 allotments made available under this subsection,
10 the procedures established under such sub-
11 sections shall ensure such additional allotments
12 are only made available to States which have
13 elected to provide coverage under section 2111.

14 “(3) USE OF ADDITIONAL ALLOTMENT.—Addi-
15 tional allotments provided under this subsection are
16 not available for amounts expended before October
17 1, 2002. Such amounts are available for amounts ex-
18 pended on or after such date for child health assist-
19 ance for targeted low-income children, as well as for
20 parent health assistance for targeted low-income
21 parents, and pregnancy-related assistance for tar-
22 geted low-income pregnant women.

23 “(4) REQUIRING ELECTION TO PROVIDE COV-
24 ERAGE.—No payments may be made to a State
25 under this title from an allotment provided under

1 this subsection unless the State has made an elec-
2 tion to provide parent health assistance for targeted
3 low-income parents, or pregnancy-related assistance
4 for targeted low-income pregnant women.”.

5 (ii) CONFORMING AMENDMENTS.—

6 Section 2104 of the Social Security Act
7 (42 U.S.C. 1397dd) is amended—

8 (I) in subsection (a), by inserting
9 “subject to subsection (d),” after
10 “under this section,”;

11 (II) in subsection (b)(1), by in-
12 serting “and subsection (d)” after
13 “Subject to paragraph (4)”; and

14 (III) in subsection (c)(1), by in-
15 serting “subject to subsection (d),”
16 after “for a fiscal year,”.

17 (C) NO COST-SHARING FOR PREGNANCY-
18 RELATED BENEFITS.—Section 2103(e)(2) of
19 the Social Security Act (42 U.S.C.
20 1397cc(e)(2)) is amended—

21 (i) in the heading, by inserting “AND
22 PREGNANCY-RELATED SERVICES” after
23 “PREVENTIVE SERVICES”; and

1 (ii) by inserting before the period at
2 the end the following: “and for pregnancy-
3 related services”.

4 (3) EFFECTIVE DATE.—The amendments made
5 by this subsection apply to items and services fur-
6 nished on or after October 1, 2002, without regard
7 to whether regulations implementing such amend-
8 ments have been issued.

9 (b) MAKING TITLE XXI BASE ALLOTMENTS PERMA-
10 NENT.—Section 2104(a) of the Social Security Act (42
11 U.S.C. 1397dd(a)) is amended—

12 (1) by striking “and” at the end of paragraph
13 (9);

14 (2) by striking the period at the end of para-
15 graph (10) and inserting “; and”; and

16 (3) by adding at the end the following:

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

24 (c) OPTIONAL APPLICATION OF PRESUMPTIVE ELI-
25 GIBILITY PROVISIONS TO PARENTS.—Section 1920A of

1 the Social Security Act (42 U.S.C. 1396r–1a) is amended
2 by adding at the end the following:

3 “(e) A State may elect to apply the previous provi-
4 sions of this section to provide for a period of presumptive
5 eligibility for medical assistance for a parent (as defined
6 for purposes of section 1902(k)(1)) of a child with respect
7 to whom such a period is provided under this section.”.

8 (d) CONFORMING AMENDMENTS.—

9 (1) ELIGIBILITY CATEGORIES.—Section
10 1905(a) of the Social Security Act (42 U.S.C.
11 1396d(a)) is amended, in the matter before para-
12 graph (1)—

13 (A) by striking “or” at the end of clause
14 (xii);

15 (B) by inserting “or” at the end of clause
16 (xiii); and

17 (C) by inserting after clause (xiii) the fol-
18 lowing:

19 “(xiv) who are parents described (or treated as
20 if described) in section 1902(k)(1),”.

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

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

5 (A) by striking “, and” at the end of
6 clause (i) and inserting a semicolon;

7 (B) by striking the period at the end of
8 clause (ii) and inserting “; and”; and

9 (C) by adding at the end the following:

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

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

16 (a) TITLE XXI.—Section 2102(b)(1) (42 U.S.C.
17 1397bb(b)(1)) is amended by adding at the end the fol-
18 lowing:

19 “(C) AUTOMATIC ELIGIBILITY OF CHIL-
20 DREN BORN TO PREGNANT WOMEN.—Such eli-
21 gibility standards shall provide for automatic
22 coverage of a child born to an individual who
23 is provided assistance under this title in the
24 same manner as medical assistance would be

1 provided under section 1902(e)(4) to a child de-
2 scribed in such section.”.

3 (b) CONFORMING AMENDMENT TO MEDICAID.—Sec-
4 tion 1902(e)(4) (42 U.S.C. 1396a(e)(4)) is amended in
5 the first sentence by striking “so long as the child is a
6 member of the woman’s household and the woman remains
7 (or would remain if pregnant) eligible for such assist-
8 ance”.

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

12 (a) MEDICAID.—

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

18 (2) CONFORMING AMENDMENTS.—

19 (A) Section 1902(e)(3)(A) of the Social Se-
20 curity Act (42 U.S.C. 1396a(e)(3)(A)) is
21 amended by inserting “(or 1 year less than the
22 age the State has elected under subsection
23 (l)(1)(D))” after “18 years of age”.

24 (B) Section 1902(e)(12) of the Social Se-
25 curity Act (42 U.S.C. 1396a(e)(12)) is amend-

1 ed by inserting “or such higher age as the State
2 has elected under subsection (l)(1)(D)” after
3 “19 years of age”.

4 (C) Section 1920A(b)(1) of the Social Se-
5 curity Act (42 U.S.C. 1396r-1a(b)(1)) is
6 amended by inserting “or such higher age as
7 the State has elected under section
8 1902(l)(1)(D)” after “19 years of age”.

9 (D) Section 1928(h)(1) of the Social Secu-
10 rity Act (42 U.S.C. 1396s(h)(1)) is amended by
11 inserting “or 1 year less than the age the State
12 has elected under section 1902(l)(1)(D)” before
13 the period at the end.

14 (E) Section 1932(a)(2)(A) of the Social
15 Security Act (42 U.S.C. 1396u-2(a)(2)(A)) is
16 amended by inserting “(or such higher age as
17 the State has elected under section
18 1902(l)(1)(D))” after “19 years of age”.

19 (b) TITLE XXI.—Section 2110(c)(1) of the Social
20 Security Act (42 U.S.C. 1397jj(c)(1)) is amended by in-
21 serting “(or such higher age as the State has elected under
22 section 1902(l)(1)(D))”.

23 (c) EFFECTIVE DATE.—The amendments made by
24 this section take effect on October 1, 2002, and apply to
25 medical assistance and child health assistance provided on

1 or after such date, whether or not regulations imple-
2 menting such amendments have been issued.

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

6 (a) AUTHORITY TO PAY MEDICAID EXPANSION
7 COSTS FROM TITLE XXI APPROPRIATION.—Section
8 2105(a) of the Social Security Act (42 U.S.C. 1397ee(a))
9 is amended to read as follows:

10 “(a) ALLOWABLE EXPENDITURES.—

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

17 “(A) CHILD HEALTH ASSISTANCE UNDER
18 MEDICAID.—Expenditures for child health as-
19 sistance under the plan for targeted low-income
20 children in the form of providing medical assist-
21 ance for expenditures described in the fourth
22 sentence of section 1905(b).

23 “(B) RESERVED.—[reserved].

24 “(C) CHILD HEALTH ASSISTANCE UNDER
25 THIS TITLE.—Expenditures for child health as-

1 sistance under the plan for targeted low-income
2 children in the form of providing health benefits
3 coverage that meets the requirements of section
4 2103.

5 “(D) ASSISTANCE AND ADMINISTRATIVE
6 EXPENDITURES SUBJECT TO LIMIT.—Expendi-
7 tures only to the extent permitted consistent
8 with subsection (c)—

9 “(i) for other child health assistance
10 for targeted low-income children;

11 “(ii) for expenditures for health serv-
12 ices initiatives under the plan for improv-
13 ing the health of children (including tar-
14 geted low-income children and other low-
15 income children);

16 “(iii) for expenditures for outreach ac-
17 tivities as provided in section 2102(c)(1)
18 under the plan; and

19 “(iv) for other reasonable costs in-
20 curred by the State to administer the plan.

21 “(2) ORDER OF PAYMENTS.—Payments under a
22 subparagraph of paragraph (1) from a State’s allot-
23 ment for expenditures described in each such sub-
24 paragraph shall be made on a quarterly basis in the
25 order of such subparagraph in such paragraph.

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

5 (b) CONFORMING AMENDMENTS.—

6 (1) SECTION 1905(u).—Section 1905(u)(1)(B)
7 of the Social Security Act (42 U.S.C.
8 1396d(u)(1)(B)) is amended by inserting “and sec-
9 tion 2105(a)(1)” after “subsection (b)”.

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

14 (c) EFFECTIVE DATE.—The amendments made by
15 this section shall be effective as if included in the enact-
16 ment of the Balanced Budget Act of 1997 (Public Law
17 105–33; 111 Stat. 251), whether or not regulations imple-
18 menting such amendments have been issued.

19 **Subtitle B—Outreach and** 20 **Enrollment**

21 **SEC. 111. GRANTS TO PROMOTE INNOVATIVE OUTREACH** 22 **AND ENROLLMENT EFFORTS UNDER SCHIP.**

23 (a) IN GENERAL.—Section 2104(f) of the Social Se-
24 curity Act (42 U.S.C. 1397dd(f)) is amended—

1 (1) by striking “The Secretary” and inserting
2 the following:

3 “(1) IN GENERAL.—Subject to paragraph (2),
4 the Secretary”; and

5 (2) by adding at the end the following:

6 “(2) GRANTS TO PROMOTE INNOVATIVE OUT-
7 REACH AND ENROLLMENT EFFORTS.—

8 “(A) IN GENERAL.—Prior to any redis-
9 tribution under paragraph (1) of unexpended
10 allotments made to States under subsection (b)
11 or (c) for fiscal year 2000 and any fiscal year
12 thereafter, the Secretary shall—

13 “(i) reserve from such unexpended al-
14 lotments the lesser of \$50,000,000 or the
15 total amount of such unexpended allot-
16 ments for grants under this paragraph for
17 the fiscal year in which the redistribution
18 occurs; and

19 “(ii) subject to subparagraph (B), use
20 such reserved funds to make grants to
21 local and community-based public or non-
22 profit organizations (including organiza-
23 tions involved in women’s health, pediatric
24 advocacy, local and county governments,
25 public health departments, Federally-quali-

1 fied health centers, children’s hospitals,
2 and hospitals defined as disproportionate
3 share hospitals under the State plan under
4 title XIX) to conduct innovative outreach
5 and enrollment efforts that are consistent
6 with section 2102(c) and to promote un-
7 derstanding of the importance of health in-
8 surance coverage for prenatal care and
9 children.

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

16 “(i) with high rates of eligible but
17 unenrolled children, including such chil-
18 dren who reside in rural areas; or

19 “(ii) with high rates of families for
20 whom English is not their primary lan-
21 guage.

22 “(C) APPLICATIONS.—An organization
23 that desires to receive a grant under this para-
24 graph shall submit an application to the Sec-
25 retary in such form and manner, and con-

1 taining such information, as the Secretary may
2 decide.”.

3 (b) EXTENDING USE OF OUTSTATIONED WORKERS
4 TO ACCEPT TITLE XXI APPLICATIONS.—Section
5 1902(a)(55) of such Act (42 U.S.C. 1396a(a)(55)) is
6 amended by inserting “, and applications for child health
7 assistance under title XXI” after “(a)(10)(A)(ii)(IX)”.

8 **Subtitle C—Immigrant Children**
9 **and Pregnant Women**

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

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

14 (1) in paragraph (1), by striking “paragraph
15 (2)” and inserting “paragraphs (2) and (4)”; and

16 (2) by adding at the end the following:

17 “(4)(A) A State may elect (in a plan amendment
18 under this title) to provide medical assistance under this
19 title for aliens who are lawfully residing in the United
20 States (including battered aliens described in section
21 431(e) of the Personal Responsibility and Work Oppor-
22 tunity Reconciliation Act of 1996) and who are otherwise
23 eligible for such assistance, within any of the following eli-
24 gibility categories:

1 “(i) PREGNANT WOMEN.—Women during preg-
2 nancy (and during the 60-day period beginning on
3 the last day of the pregnancy).

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

7 “(B)(i) In the case of a State that has elected to pro-
8 vide medical assistance to a category of aliens under sub-
9 paragraph (A), no debt shall accrue under an affidavit of
10 support against any sponsor of such an alien on the basis
11 of provision of assistance to such category and the cost
12 of such assistance shall not be considered as an unreim-
13 bursed cost.

14 “(ii) The provisions of sections 401(a), 402(b), 403,
15 and 421 of the Personal Responsibility and Work Oppor-
16 tunity Reconciliation Act of 1996 shall not apply to a
17 State that makes an election under subparagraph (A).”.

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

21 “(E) Section 1903(v)(4) (relating to op-
22 tional coverage of permanent resident alien chil-
23 dren), but only if the State has elected to apply
24 such section to that category of children under
25 title XIX.”.

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

5 **SEC. 122. PERMITTING STATES AND LOCALITIES TO PRO-**
6 **VIDE HEALTH CARE TO ALL INDIVIDUALS.**

7 (a) IN GENERAL.—Section 411 of the Personal Re-
8 sponsibility and Work Opportunity Reconciliation Act of
9 1996 (8 U.S.C. 1621) is amended—

10 (1) in subsection (b)—

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

12 and

13 (B) by redesignating paragraphs (2) and

14 (4) as paragraphs (1) and (2), respectively; and

15 (2) in subsection (c)—

16 (A) in paragraph (1)—

17 (i) in the matter preceding subpara-

18 graph (A), by striking “(2) and (3)” and

19 inserting “(2), (3), and (4)”; and

20 (ii) in subparagraph (B), by striking

21 “health,”; and

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

23 paragraph:

24 “(4) Such term does not include any health

25 benefit for which payments or assistance are pro-

1 vided to an individual, household, or family eligibility
 2 unit by an agency of a State or local government or
 3 by appropriated funds of a State or local govern-
 4 ment.”.

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

8 **Subtitle D—Eligibility**

9 **Simplification**

10 **SEC. 131. STATE OPTION TO PROVIDE FOR SIMPLIFIED DE-**

11 **TERMINATIONS OF A CHILD’S FINANCIAL ELI-**

12 **GIBILITY FOR MEDICAL ASSISTANCE UNDER**

13 **MEDICAID.**

14 (a) IN GENERAL.—Section 1902(e) of the Social Se-
 15 curity Act (42 U.S.C. 1396a(e)) is amended by adding at
 16 the end the following:

17 “(13)(A) At the option of the State, the plan may
 18 provide that financial eligibility requirements for medical
 19 assistance are met for an individual who is under an age
 20 specified by the State (not to exceed 19 years of age)
 21 based on a determination, during the 12 months prior to
 22 applying for such assistance, of the individual’s family or
 23 household income or resources by a Federal or State agen-
 24 cy (or a public or private entity making such determina-
 25 tion on behalf of such agency) specified by the plan, pro-

1 vided that such agency has fiscal liabilities or responsibil-
2 ities affected or potentially affected by such determina-
3 tions, and provided that all information furnished by such
4 agency pursuant to this subparagraph is used solely for
5 purposes of determining eligibility for medical assistance
6 under the State plan approved under this title or for child
7 health assistance under a State plan approved under title
8 XXI.

9 “(B) Nothing in subparagraph (A) shall be construed
10 to authorize the denial of medical assistance under a State
11 plan approved under this title or of child health assistance
12 under a State plan approved under title XXI to an indi-
13 vidual under 19 years of age who, without regard to the
14 application of this paragraph or an option exercised there-
15 under, would qualify for such assistance.”

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

18 **SEC. 132. APPLICATION OF SIMPLIFIED TITLE XXI PROCE-**

19 **DURES UNDER THE MEDICAID PROGRAM.**

20 (a) APPLICATION UNDER MEDICAID.—

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

23 (A) in paragraph (3), by inserting “subject
24 to paragraph (5)”, after “Notwithstanding sub-
25 section (a)(17),”; and

1 (B) by adding at the end the following:

2 “(5) With respect to determining the eligibility of in-
3 dividuals under 19 years of age (or such higher age as
4 the State has elected under paragraph (1)(D)) for medical
5 assistance under subsection (a)(10)(A) and, separately,
6 with respect to determining the eligibility of individuals
7 for medical assistance under subsection
8 (a)(10)(A)(i)(VIII) or (a)(10)(A)(ii)(XIX), notwith-
9 standing any other provision of this title, if the State has
10 established a State child health plan under title XXI—

11 “(A) the State may not apply a resource stand-
12 ard;

13 “(B) the State shall use the same simplified eli-
14 gibility form (including, if applicable, permitting ap-
15 plication other than in person) as the State uses
16 under such State child health plan with respect to
17 such individuals;

18 “(C) the State shall provide for initial eligibility
19 determinations and redeterminations of eligibility
20 using verification policies, forms, and frequency that
21 are no less restrictive than the policies, forms, and
22 frequency the State uses for such purposes under
23 such State child health plan with respect to such in-
24 dividuals; and

1 “(D) the State shall not require a face-to-face
2 interview for purposes of initial eligibility determina-
3 tions and redeterminations unless the State requires
4 such an interview for such purposes under such child
5 health plan with respect to such individuals.”.

6 (2) EFFECTIVE DATE.—The amendments made
7 by paragraph (1) apply to determinations of eligi-
8 bility made on or after the date that is 1 year after
9 the date of the enactment of this Act, whether or
10 not regulations implementing such amendments have
11 been issued.

12 (b) PRESUMPTIVE ELIGIBILITY.—

13 (1) IN GENERAL.—Section 1920A(b)(3)(A)(i) of
14 the Social Security Act (42 U.S.C. 1396r-
15 1a(b)(3)(A)(i)) is amended by inserting “a child care
16 resource and referral agency,” after “a State or trib-
17 al child support enforcement agency,”.

18 (2) APPLICATION TO PRESUMPTIVE ELIGIBILITY
19 FOR PREGNANT WOMEN UNDER MEDICAID.—Section
20 1920(b) of the Social Security Act (42 U.S.C.
21 1396r-1(b)) is amended by adding at the end after
22 and below paragraph (2) the following flush sen-
23 tence:

24 “The term ‘qualified provider’ includes a qualified entity
25 as defined in section 1920A(b)(3).”.

1 (3) APPLICATION UNDER TITLE XXI.—

2 (A) IN GENERAL.—Section 2107(e)(1)(D)
3 of the Social Security Act (42 U.S.C.
4 1397gg(e)(1)) is amended to read as follows:

5 “(D) Sections 1920 and 1920A (relating to
6 presumptive eligibility).”.

7 (B) CONFORMING ELIMINATION OF RE-
8 SOURCE TEST.—Section 2102(b)(1)(A) of such
9 Act (42 U.S.C. 1397bb(b)(1)(A)) is amended—

10 (i) by striking “ and resources (in-
11 cluding any standards relating to
12 spenddowns and disposition of resources)”;
13 and

14 (ii) by adding at the end the fol-
15 lowing: “Effective 1 year after the date of
16 the enactment of the Hispanic Health Im-
17 provement Act 2002, such standards may
18 not include the application of a resource
19 standard or test.”.

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

23 (1) LOSS OF MEDICAID ELIGIBILITY.—Section
24 1902(a) of the Social Security Act (42 U.S.C.
25 1396a(a)) is amended—

1 (A) by striking the period at the end of
2 paragraph (65) and inserting “; and”, and

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

5 “(66) provide, in the case of a State with a
6 State child health plan under title XXI, that before
7 medical assistance to a child (or a parent of a child)
8 is discontinued under this title, a determination of
9 whether the child (or parent) is eligible for benefits
10 under title XXI shall be made and, if determined to
11 be so eligible, the child (or parent) shall be auto-
12 matically enrolled in the program under such title
13 without the need for a new application.”.

14 (2) LOSS OF TITLE XXI ELIGIBILITY AND CO-
15 ORDINATION WITH MEDICAID.—Section 2102(b) (42
16 U.S.C. 1397bb(b)) is amended—

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

21 “(D) that before health assistance to a
22 child (or a parent of a child) is discontinued
23 under this title, a determination of whether the
24 child (or parent) is eligible for benefits under
25 title XIX is made and, if determined to be so

1 eligible, the child (or parent) is automatically
2 enrolled in the program under such title with-
3 out the need for a new application;”;

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

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

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

12 “(A) Information that is collected under
13 this title or under title XIX which is needed to
14 make an eligibility determination under the
15 other title shall be transmitted to the appro-
16 priate administering entity under such other
17 title in a timely manner so that coverage is not
18 delayed and families do not have to submit the
19 same information twice. Families shall be pro-
20 vided the information they need to complete the
21 application process for coverage under both ti-
22 tles and be given appropriate notice of any de-
23 terminations made on their applications for
24 such coverage.

1 “(B) If a State does not use a joint appli-
2 cation under this title and such title, the State
3 shall—

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

8 “(ii) provide the family with an appli-
9 cation for medical assistance under such
10 title and offer information about what (if
11 any) further information, documentation,
12 or other steps are needed to complete such
13 application process;

14 “(iii) offer assistance in completing
15 such application process; and

16 “(iv) promptly transmit the separate
17 application under this title or the informa-
18 tion obtained through such application,
19 and all other relevant information and doc-
20 umentation, including the results of the
21 screening process, to the State agency
22 under title XIX for a final determination
23 on eligibility under such title.

24 “(C) Applicants are notified in writing
25 of—

1 “(i) benefits (including restrictions on
2 cost-sharing) under title XIX; and

3 “(ii) eligibility rules that prohibit chil-
4 dren who have been screened eligible for
5 medical assistance under such title from
6 being enrolled under this title, other than
7 provisional temporary enrollment while a
8 final eligibility determination is being made
9 under such title.

10 “(D) If the agency administering this title
11 is different from the agency administering a
12 State plan under title XIX, such agencies shall
13 coordinate the screening and enrollment of ap-
14 plicants for such coverage under both titles.

15 “(E) The coordination procedures estab-
16 lished between the program under this title and
17 under title XIX shall apply not only to the ini-
18 tial eligibility determination of a family but also
19 to any renewals or redeterminations of such eli-
20 gibility.”.

21 (3) EFFECTIVE DATE.—The amendments made
22 by paragraphs (1) and (2) apply to individuals who
23 lose eligibility under the medicaid program under
24 title XIX, or under a State child health insurance
25 plan under title XXI, respectively, of the Social Se-

1 security Act on or after October 1, 2002 (or, if later,
2 60 days after the date of the enactment of this Act),
3 whether or not regulations implementing such
4 amendments have been issued.

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

10 (1) by striking “(B) Applications” and inserting
11 “(B)(i) Applications”; and

12 (2) by adding at the end the following:

13 “(ii)(I) Applications for free and reduced price
14 lunches that are distributed pursuant to clause (i) to par-
15 ents or guardians of children in attendance at schools par-
16 ticipating in the school lunch program under this Act shall
17 also contain information on the availability of medical as-
18 sistance under title XIX of the Social Security Act (42
19 U.S.C. 1396 et seq.) and of child health and other assist-
20 ance under title XXI of such Act, including information
21 on how to obtain an application for assistance under such
22 programs.

23 “(II) Information on the programs referred to in sub-
24 clause (I) shall be provided on a form separate from the

1 application form for free and reduced price lunches under
2 clause (i).”.

3 (e) 12-MONTHS CONTINUOUS ELIGIBILITY.—

4 (1) MEDICAID.—Section 1902(e)(12) of the So-
5 cial Security Act (42 U.S.C. 1396a(e)(12)) is
6 amended—

7 (A) by striking “At the option of the State,
8 the plan may” and inserting “The plan shall”;

9 (B) by striking “an age specified by the
10 State (not to exceed 19 years of age)” and in-
11 serting “19 years of age (or such higher age as
12 the State has elected under subsection
13 (l)(1)(D)) or, at the option of the State, who is
14 eligible for medical assistance as the parent of
15 such a child”; and

16 (C) in subparagraph (A), by striking “a
17 period (not to exceed 12 months) ” and insert-
18 ing “the 12-month period beginning on the
19 date”.

20 (2) TITLE XXI.—Section 2102(b)(2) of such
21 Act (42 U.S.C. 1397bb(b)(2)) is amended by adding
22 at the end the following: “Such methods shall pro-
23 vide 12-months continuous eligibility for children
24 under this title in the same manner that section
25 1902(e)(12) provides 12-months continuous eligi-

1 bility for children described in such section under
 2 title XIX. If a State has elected to apply section
 3 1902(e)(12) to parents, such methods may provide
 4 12-months continuous eligibility for parents under
 5 this title in the same manner that such section pro-
 6 vides 12-months continuous eligibility for parents
 7 described in such section under title XIX.”.

8 (3) EFFECTIVE DATE.—

9 (A) IN GENERAL.—The amendments made
 10 by this subsection shall take effect on October
 11 1, 2002 (or, if later, 60 days after the date of
 12 the enactment of this Act), whether or not reg-
 13 ulations implementing such amendments have
 14 been issued.

15 **Subtitle E—SCHIP Wrap-Around** 16 **Benefits**

17 **SEC. 141. REQUIRING COVERAGE OF SUBSTANTIALLY** 18 **EQUIVALENT DENTAL SERVICES UNDER** 19 **SCHIP.**

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

23 “(E) Dental services.”.

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

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

4 (a) IN GENERAL.—

5 (1) SCHIP.—

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

10 (i) in paragraph (1)(C), by inserting
11 “, subject to paragraph (5),” after “under
12 title XIX or”; and

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

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

23 “(A) dental services;

24 “(B) cost-sharing protection; or

25 “(C) all services.

1 In waiving such requirement, a State may limit the
2 application of the waiver to children whose family in-
3 come does not exceed a level specified by the State,
4 so long as the level so specified does not exceed the
5 maximum income level otherwise established for
6 other children under the State child health plan.”;
7 and

8 (B) CONDITIONS DESCRIBED.—Section
9 2105(c) of such Act (42 U.S.C. 1397ee(c)) is
10 amended by adding at the end the following
11 new paragraph:

12 “(8) CONDITIONS FOR PROVISION OF WRAP
13 AROUND COVERAGE.—For purposes of section
14 2110(b)(5), the conditions described in this para-
15 graph are the following:

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

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

22 “(ii) subject to subparagraph (B),
23 does not limit the acceptance of applica-
24 tions for children; and

1 “(iii) provides benefits to all children
2 in the State who apply for and meet eligi-
3 bility standards.

4 “(B) NO WAITING LIST IMPOSED.—With
5 respect to children whose family income is at or
6 below 200 percent of the poverty line, the State
7 does not impose any numerical limitation, wait-
8 ing list, or similar limitation on the eligibility of
9 such children for child health assistance under
10 such State plan.

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

17 (C) STATE OPTION TO WAIVE WAITING PE-
18 RIOD.—Section 2102(b)(1)(B) of such Act (42
19 U.S.C. 1397bb(b)(1)(B)) is amended—

20 (i) in clause (i), by striking “and” at
21 the end;

22 (ii) in clause (ii), by striking the pe-
23 riod and inserting “; and”; and

24 (iii) by adding at the end the fol-
25 lowing new clause:

1 “(iii) at State option, may not apply
2 a waiting period in the case of child de-
3 scribed in section 2110(b)(5), if the State
4 satisfies the requirements of section
5 2105(c)(8).”.

6 (2) APPLICATION OF ENHANCED MATCH UNDER
7 MEDICAID.—Section 1905 of such Act (42 U.S.C.
8 1396d) is amended—

9 (A) in subsection (b), in the fourth sen-
10 tence, by striking “or subsection (u)(3)” and
11 inserting “(u)(3), or (u)(4)”; and

12 (B) in subsection (u)—

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

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

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

22 (3) APPLICATION OF SECONDARY PAYOR PROVI-
23 SIONS.—Section 2107(e)(1) of such Act (42 U.S.C.
24 1397gg(e)(1)), as amended by section 121(b), is
25 amended—

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

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

6 “(B) Section 1902(a)(25) (relating to co-
7 ordination of benefits and secondary payor pro-
8 visions) with respect to children covered under
9 a waiver described in section 2110(b)(5).”.

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

14 **Subtitle F—Immunization**
15 **Coverage Through SCHIP**

16 **SEC. 151. ELIGIBILITY OF CHILDREN ENROLLED IN THE**
17 **STATE CHILDREN’S HEALTH INSURANCE**
18 **PROGRAM FOR THE PEDIATRIC VACCINE DIS-**
19 **TRIBUTION PROGRAM.**

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

1 (b) EFFECTIVE DATE.—The amendment made by
 2 subsection (a) applies with respect to vaccines adminis-
 3 tered on or after the date of the enactment of this Act.

4 **Subtitle G—Limited English**
 5 **Proficient Communities**

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

10 (a) MEDICAID.—Section 1903(a)(3) of the Social Se-
 11 curity Act (42 U.S.C. 1396b(a)(3)) is amended—

12 (1) in subparagraph (D), by striking “plus” at
 13 the end and inserting “and”; and

14 (2) by adding at the end the following:

15 “(E) 90 percent of the sums expended with
 16 respect to costs incurred during such quarter as
 17 are attributable to the provision of language
 18 services, including oral interpretation, trans-
 19 lations of written materials, and other language
 20 services, for individuals with limited English
 21 proficiency who apply for, or receive, medical
 22 assistance under the State plan; plus”.

23 (b) SCHIP.—Section 2105(a)(1) of the Social Secu-
 24 rity Act (42 U.S.C.1397ee(a)(1)) is amended—

1 (1) in the matter preceding subparagraph (A),
2 by striking “section 1905(b))” and inserting “sec-
3 tion 1905(b)) or, in the case of expenditures de-
4 scribed in subparagraph (D)(iv), 90 percent”; and

5 (2) in subparagraph (D)—

6 (A) in clause (iii), by striking “and” at the
7 end;

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

10 (C) by inserting after clause (iii) the fol-
11 lowing:

12 “(iv) for expenditures attributable to
13 the provision of language services, includ-
14 ing oral interpretation, translations of
15 written materials, and other language serv-
16 ices, for individuals with limited English
17 proficiency who apply for, or receive, child
18 health assistance under the plan; and”.

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

23 “(3) NONAPPLICATION OF LIMIT ON ADMINIS-
24 TRATIVE EXPENDITURES.—The 10 percent limita-
25 tion on expenditures not used for medicaid or health

1 assistance imposed under subsection (c)(2)(A) shall
2 not apply to payments made under this subsection
3 for expenditures described in paragraph (1).”.

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

6 **Subtitle H—Binational Health**
7 **Insurance**

8 **SEC. 171. BINATIONAL HEALTH INSURANCE.**

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

15 (b) REPORT.—Not later than 1 year after the date
16 on which the Secretary of Health and Human Services en-
17 ters into the contract under subsection (a), the Institute
18 of Medicine shall submit to the Secretary and the appro-
19 priate committees of Congress a report concerning the
20 study conducted under subsection (a). Such report shall
21 include the recommendations of the Institute on ways to
22 expand or improve binational health insurance efforts.

1 **TITLE II—ACCESS AND**
2 **AFFORDABILITY**
3 **Subtitle A—Report on Programs**
4 **for Improving the Health Status**
5 **of Hispanic Individuals**

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

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services (in this Act referred to as the “Sec-
11 retary”) shall annually submit to Congress a report on
12 programs carried out through the Public Health Service
13 with respect to improving the health status of Hispanic
14 individuals regarding diabetes, cancer, asthma, HIV infec-
15 tion, AIDS, substance abuse, and mental health, includ-
16 ing—

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

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

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

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

6 (b) DATA COLLECTION.—Each report under sub-
7 section (a) shall include information on programs carried
8 out through the Public Health Service to collect data that
9 relates to the health status of Hispanic individuals regard-
10 ing diabetes, HIV infection, AIDS, substance abuse, and
11 mental health.

12 **Subtitle B—Diabetes Control and** 13 **Prevention**

14 **SEC. 211. NATIONAL DIABETES EDUCATION PROGRAM OF** 15 **CENTERS FOR DISEASE CONTROL AND PRE-** 16 **VENTION; INCREASED AUTHORIZATION OF** 17 **APPROPRIATIONS FOR ACTIVITIES REGARD-** 18 **ING HISPANIC INDIVIDUALS.**

19 (a) IN GENERAL.—For the purpose of carrying out
20 the activities described in subsection (b) through the Divi-
21 sion of Diabetes Translation of the Centers for Disease
22 Control and Prevention, there are authorized to be appro-
23 priated \$100,000,000 for fiscal year 2003, and such sums
24 as may be necessary for each of the fiscal years 2004
25 through 2007. Such authorization of appropriations is in

1 addition to other authorizations of appropriations that are
2 available for such purpose.

3 (b) INCREASE IN PREVENTION ACTIVITIES.—The ac-
4 tivities referred to in subsection (a) are—

5 (1) identifying geographic areas in which the
6 incidence of or mortality from diabetes in Hispanic
7 individuals is significantly above the national aver-
8 age for such individuals;

9 (2) carrying out in such areas prevention activi-
10 ties regarding diabetes that are directed toward His-
11 panic individuals, including education programs and
12 screening programs;

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

17 (4) designing and assisting with the implemen-
18 tation of diabetes-specific programs to improve diag-
19 nosis, treatment, and self-management training in
20 community health clinics.

21 **SEC. 212. NATIONAL INSTITUTES OF HEALTH; IMPLEMEN-**
22 **TATION OF RECOMMENDATIONS OF DIABE-**
23 **TES RESEARCH WORKING GROUP.**

24 For the purpose of carrying out the plan to imple-
25 ment the recommendations of the Diabetes Research

1 Working Group of the National Institute on Diabetes and
2 Digestive and Kidney Diseases (which plan was developed
3 and submitted to the Congress pursuant to the Depart-
4 ment of Health and Human Services Appropriations Act,
5 2000), which most impact the Hispanic community, in-
6 cluding research into obesity, behavioral and environ-
7 mental risk factors, and special needs of minority women,
8 children and the elderly, there are authorized to be appro-
9 priated \$363,000,000 for fiscal year 2003, and such sums
10 as may be necessary for each of the fiscal years 2004
11 through 2007.

12 **Subtitle C—HIV Prevention Activi-**
13 **ties Regarding Hispanic Individ-**
14 **uals**

15 **SEC. 221. PROGRAMS OF CENTERS FOR DISEASE CONTROL**
16 **AND PREVENTION; REPRESENTATION OF HIS-**
17 **PANIC INDIVIDUALS IN MEMBERSHIP OF**
18 **COMMUNITY PLANNING GROUPS.**

19 (a) IN GENERAL.—With respect to community plan-
20 ning groups that the Centers for Disease Control and Pre-
21 vention utilizes in carrying out programs for the preven-
22 tion of HIV infection, the Secretary, acting through the
23 Director of such Centers, shall carry out the following:

24 (1) The Secretary shall identify community
25 planning groups for which Hispanic individuals are

1 underrepresented as members in relation to the
2 number of Hispanic individuals with HIV who reside
3 in the communities involved.

4 (2) The Secretary shall develop a plan to in-
5 crease the representation of Hispanic individuals in
6 the membership of the community planning groups
7 identified under paragraph (1). Such plan may pro-
8 vide for facilitating the participation of Hispanic in-
9 dividuals as members in such groups by assisting the
10 individuals with the incidental costs incurred by the
11 individuals in being such members, such as the costs
12 of transportation and child-care services.

13 (3) The plan shall include a strategy and de-
14 tailed timeline for implementing the plan.

15 (b) DEFINITION.—In this section, the term “commu-
16 nity planning group” has the meaning that applies for
17 purposes of programs established pursuant to the Ryan
18 White Comprehensive AIDS Resources Emergency Act of
19 1990 (including title XXVI of the Public Health Service
20 Act).

1 **SEC. 222. AIDS EDUCATION AND TRAINING CENTERS FUND-**
2 **ED BY HEALTH RESOURCES AND SERVICES**
3 **ADMINISTRATION; ESTABLISHMENT OF CEN-**
4 **TER DIRECTED TOWARD MINORITY POPU-**
5 **LATIONS WITH HIV.**

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

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

18 (c) ELIGIBLE INSTITUTIONS.—In this section:

19 (1) ELIGIBLE HISPANIC-SERVING INSTITU-
20 TION.—The term “eligible Hispanic-serving institu-
21 tion” means a Hispanic-serving institution that has
22 a record of carrying out HIV-related activities with
23 respect to Hispanic individuals.

24 (2) HISPANIC-SERVING INSTITUTION.—The
25 term “Hispanic-serving institution” has the meaning

1 given such term in section 502 of the Higher Edu-
2 cation Act of 1965 (20 U.S.C. 1101a).

3 **Subtitle D—Prevention of Latina**
4 **Adolescent Suicides**

5 **SEC. 231. SHORT TITLE.**

6 This subtitle may be cited as the “Latina Adolescent
7 Suicide Prevention Act”.

8 **SEC. 232. ESTABLISHMENT OF PROGRAM FOR PREVENTION**
9 **OF LATINA ADOLESCENT SUICIDES.**

10 Title V of the Public Health Service Act (42 U.S.C.
11 290aa et seq.) is amended by inserting after section 520A
12 the following section:

13 **“SEC. 520B. PREVENTION OF LATINA ADOLESCENT SUI-**
14 **CIDES.**

15 “(a) IN GENERAL.—The Secretary shall carry out a
16 program to make awards of grants, cooperative agree-
17 ments, or contracts to public and nonprofit private entities
18 for the purpose of reducing suicide attempts and deaths
19 among Latina adolescents and for the purpose of dealing
20 with depression and other related emotional conditions
21 which may contribute to suicide.

22 “(b) COLLABORATION.—The Secretary shall ensure
23 that the program carried out under this section is devel-
24 oped in collaboration with the relevant institutes at the
25 National Institutes of Health, the Health Resources and

1 Services Administration, the Centers for Disease Control
2 and Prevention, and the Administration on Children and
3 Families.

4 “(c) PREFERENCE.—In making awards under sub-
5 section (a), the Secretary shall give preference to appli-
6 cants that—

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

10 “(2) provide direct services to Latina adoles-
11 cents and their family members when appropriate;
12 and

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

17 “(d) REQUIREMENTS.—A condition for the receipt of
18 an award under subsection (a) is that the applicant in-
19 volved demonstrate that the project to be carried out with
20 the award will—

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

23 “(2) use evidenced-based strategies;

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

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

8 “(5) be integrated into other systems in the
9 community to address the needs of Latina adoles-
10 cents including the educational system, juvenile jus-
11 tice, and recreation;

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

15 “(7) provide culturally, linguistically, and devel-
16 opmentally appropriate services;

17 “(8) agree to outcomes evaluation to determine
18 the success of the program and the possibility of
19 replication to other adolescent girls at risk of sui-
20 cide;

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

23 “(10) ensure that staff used in the program are
24 trained in suicide prevention and in the identifica-
25 tion of conditions which left untreated may lead to

1 suicide, are capable of providing culturally and lin-
2 guistically appropriate services, and that profes-
3 sionals involved in the system of care are given
4 training in identifying persons at risk of suicide.

5 “(e) COORDINATION.—A condition for the receipt of
6 an award under subsection (a) is that the applicant in-
7 volved demonstrate that—

8 “(1) the application has the support of the local
9 communities and the approval of the political sub-
10 division to be served by the project to be carried out
11 under the award; and

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

14 “(f) MATCHING REQUIREMENT.—With respect to the
15 costs to be incurred by an applicant in carrying out a
16 project under subsection (a), the Secretary may require
17 as a condition of the receipt of the award that the appli-
18 cant make available (directly or through donations from
19 public or private entities) non-Federal contributions to-
20 ward such costs in an amount that is not less than 25
21 percent of such costs (\$1 for each \$3 of Federal funds
22 provided under the award).

23 “(g) EVALUATION.—The Secretary shall ensure that
24 entities receiving awards under subsection (a) submit an

1 evaluation of the project carried out under the award that
2 includes an evaluation of—

3 “(1) the efficacy of project strategies; and

4 “(2) short, intermediate, and long-term out-
5 comes, including the overall impact of the project on
6 the self-esteem of Latina adolescents, their emo-
7 tional well-being and development, ability to deal in
8 a positive and confident manner with their families,
9 peers, and social environment, and to make con-
10 structive and personally fulfilling life choices.

11 “(h) DISSEMINATION AND EDUCATION.—The Sec-
12 retary shall ensure that the findings from the program
13 carried out under this section are disseminated to State
14 and local governmental agencies and private providers of
15 mental health and substance abuse services.

16 “(i) DURATION OF PROJECTS.—With respect to an
17 award under subsection (a), the period during which pay-
18 ments under such award are made may not exceed 5 years.

19 “(j) DEFINITION.—In this section, the term ‘adoles-
20 cent’ means an individual between the ages of 11 and 17
21 (inclusive).

22 “(k) FUNDING.—

23 “(1) AUTHORIZATION OF APPROPRIATIONS.—

24 For the purpose of carrying out this section, there
25 are authorized to be appropriated \$10,000,000 for

1 fiscal year 2003, and such sums as may be nec-
2 essary for each of the fiscal years 2004 and 2005.

3 “(2) ALLOCATION FOR PROGRAM MANAGE-
4 MENT.—Of the amount appropriated under para-
5 graph (1) for a fiscal year, the Secretary may re-
6 serve not more than 1 percent for administering the
7 program under this section.”.

8 **Subtitle E—Dental Health Services**

9 **SEC. 241. GRANTS TO IMPROVE THE PROVISION OF DENTAL** 10 **HEALTH SERVICES THROUGH COMMUNITY** 11 **HEALTH CENTERS AND PUBLIC HEALTH DE-** 12 **PARTMENTS.**

13 Part D of title III of the Public Health Service Act
14 (42 U.S.C. 254b et seq.) is amended by inserting before
15 section 330, the following:

16 **“SEC. 329. GRANT PROGRAM TO EXPAND THE AVAIL-** 17 **ABILITY OF SERVICES.**

18 “(a) IN GENERAL.—The Secretary, acting through
19 the Health Resources and Services Administration, shall
20 establish a program under which the Secretary may award
21 grants to eligible entities and eligible individuals to expand
22 the availability of primary dental care services in dental
23 health professional shortage areas or medically under-
24 served areas.

25 “(b) ELIGIBILITY.—

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

3 “(A) shall be—

4 “(i) a health center receiving funds
5 under section 330 or designated as a Fed-
6 erally qualified health center;

7 “(ii) a county or local public health
8 department, if located in a federally-des-
9 ignated dental health professional shortage
10 area;

11 “(iii) an Indian tribe or tribal organi-
12 zation (as defined in section 4 of the In-
13 dian Self-Determination and Education
14 Assistance Act (25 U.S.C. 450b)); or

15 “(iv) a dental education program ac-
16 credited by the Commission on Dental Ac-
17 creditation; and

18 “(B) shall prepare and submit to the Sec-
19 retary an application at such time, in such
20 manner, and containing such information as the
21 Secretary may require.

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

24 “(A) be a dental health professional li-
25 censed or certified in accordance with the laws

1 of State in which such individual provides den-
2 tal services;

3 “(B) prepare and submit to the Secretary
4 an application at such time, in such manner,
5 and containing such information as the Sec-
6 retary may require; and

7 “(C) provide assurances that—

8 “(i) the individual will practice in a
9 federally-designated dental health profes-
10 sional shortage area; and

11 “(ii) not less than 33 percent of the
12 patients of such individual are—

13 “(I) receiving assistance under a
14 State plan under title XIX of the So-
15 cial Security Act (42 U.S.C. 1396 et
16 seq.);

17 “(II) receiving assistance under a
18 State plan under title XXI of the So-
19 cial Security Act (42 U.S.C. 1397aa
20 et seq.); or

21 “(III) uninsured.

22 “(c) USE OF FUNDS.—

23 “(1) ENTITIES.—An entity shall use amounts
24 received under a grant under this section to provide
25 for the increased availability of primary dental serv-

1 ices in the areas described in subsection (a). Such
2 amounts may be used to supplement the salaries of-
3 ferred for individuals accepting employment as den-
4 tists in such areas.

5 “(2) INDIVIDUALS.—A grant to an individual
6 under subsection (a) shall be in the form of a
7 \$1,000 bonus payment for each month in which such
8 individual is in compliance with the eligibility re-
9 quirements of subsection (b)(2)(C).

10 “(d) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—Notwithstanding any other
12 amounts appropriated under section 330 for health
13 centers, there is authorized to be appropriated
14 \$40,000,000 for each of fiscal years 2003 through
15 2007 to hire and retain dental health care providers
16 under this section.

17 “(2) USE OF FUNDS.—Of the amount appro-
18 priated for a fiscal year under paragraph (1), the
19 Secretary shall use—

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

22 “(B) not more than 25 percent of such
23 amount to make grants to eligible individuals.”.

1 **SEC. 242. SCHOOL-BASED DENTAL SEALANT PROGRAM.**

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

4 (1) in paragraph (1), by inserting “and school-
5 linked” after “school-based”;

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

7 (A) by inserting “and school-linked” after
8 “school-based”; and

9 (B) by inserting “or Indian tribe” after
10 “State”; and

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

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

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

19 “(B) be a—

20 “(i) public elementary or secondary
21 school—

22 “(I) that is located in an urban
23 area in which and more than 50 per-
24 cent of the student population is par-
25 ticipating in Federal or State free or
26 reduced meal programs; or

1 “(II) that is located in a rural
2 area and, with respect to the school
3 district in which the school is located,
4 the district involved has a median in-
5 come that is at or below 235 percent
6 of the poverty line, as defined in sec-
7 tion 673(2) of the Community Serv-
8 ices Block Grant Act (42 U.S.C.
9 9902(2)); or

10 “(ii) public or non-profit health orga-
11 nization, including a grantee under section
12 330, that is under contract with an ele-
13 mentary or secondary school described in
14 subparagraph (B) to provide dental serv-
15 ices to school-age children.”.

16 **Subtitle F—Border Health**

17 **SEC. 251. SHORT TITLE.**

18 This subtitle may be cited as the “Border Health Se-
19 curity Act of 2002”.

20 **SEC. 252. DEFINITIONS.**

21 In this subtitle:

22 (1) **BORDER AREA.**—The term “border area”
23 has the meaning given the term “United States-
24 Mexico Border Area” in section 8 of the United

1 States-Mexico Border Health Commission Act (22
2 U.S.C. 290n-6).

3 (2) SECRETARY.—The term “Secretary” means
4 the Secretary of Health and Human Services.

5 **SEC. 253. BORDER HEALTH SERVICES GRANTS.**

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

13 (1) the United States-Mexico Border Health
14 Commission and the United States Section Commis-
15 sion outreach offices in each of the United States
16 border States; and

17 (2) the Secretary to improve the health of bor-
18 der region residents.

19 (b) APPLICATION.—To be eligible for a grant under
20 subsection (a), a State, local government, or non-profit
21 health organization shall prepare and submit to the Sec-
22 retary an application at such time, in such manner, and
23 containing such information as the Secretary may require.

24 (c) USE OF FUNDS.—Amounts received under a
25 grant under this section shall be used for programs relat-

1 ing to maternal and child health, public health, health pro-
2 motion, oral health, behavioral and mental health, sub-
3 stance abuse, conditions that have high prevalence along
4 the United States-Mexico border, medical and health serv-
5 ices research, promotoras or community health workers,
6 health care infrastructure problems in the border region
7 (including planning and construction grants), health dis-
8 parities along the United States-Mexico border environ-
9 mental health, health education, outreach and enrollment
10 services with respect to Federal programs (including the
11 programs under titles XIX and XXI of the Social Security
12 Act (42 U.S.C. 1396 and 1397aa et seq.), and other pro-
13 grams determined appropriate by the Secretary.

14 (d) SUPPLEMENT NOT SUPPLANT.—Amounts pro-
15 vided to a grantee under a grant awarded under this sec-
16 tion shall be used to supplement and not supplant other
17 funds available to the grantee to carry out the activities
18 described in subsection (c).

19 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to carry out this section,
21 \$200,000,000 for fiscal year 2003, and such sums as may
22 be necessary for each fiscal year thereafter.

1 **SEC. 254. UNITED STATES-MEXICO BORDER HEALTH COM-**
 2 **MISSION.**

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

5 (1) in section 2, by inserting “, within the Of-
 6 fice of Border Health of the Department of Health
 7 and Human Services,” after “to establish”; and

8 (2) by adding at the end the following:

9 **“SEC. 9. AUTHORIZATION OF APPROPRIATIONS.**

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

13 **Subtitle G—Community Health**
 14 **Workers**

15 **SEC. 261. SHORT TITLE.**

16 This subtitle may be cited as the “Community Health
 17 Workers Act of 2002”.

18 **SEC. 262. GRANTS TO PROMOTE POSITIVE HEALTH BEHAV-**
 19 **IORS IN WOMEN.**

20 Part P of title III of the Public Health Service Act
 21 (42 U.S.C. 280g et seq.) is amended by adding at the end
 22 the following:

23 **“SEC. 3990. GRANTS TO PROMOTE POSITIVE HEALTH BE-**
 24 **HAVIORS IN WOMEN.**

25 “(a) GRANTS AUTHORIZED.—The Secretary, in col-
 26 laboration with the Director of the Centers for Disease

1 Control and Prevention and other Federal officials deter-
2 mined appropriate by the Secretary, is authorized to
3 award grants to States or local or tribal units, to promote
4 positive health behaviors for women in target populations,
5 especially racial and ethnic minority women in medically
6 underserved communities.

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

10 “(1) to educate, guide, and provide outreach in
11 a community setting regarding health problems prev-
12 alent among women and especially among racial and
13 ethnic minority women;

14 “(2) to educate, guide, and provide experiential
15 learning opportunities that target behavioral risk
16 factors including—

17 “(A) poor nutrition;

18 “(B) physical inactivity;

19 “(C) obesity;

20 “(D) tobacco use;

21 “(E) alcohol and substance use;

22 “(F) injury and violence;

23 “(G) risky sexual behavior; and

24 “(H) mental health problems;

1 “(3) to educate and guide regarding effective
2 strategies to promote positive health behaviors with-
3 in the family;

4 “(4) to educate and provide outreach regarding
5 enrollment in health insurance including the State
6 Children’s Health Insurance Program under title
7 XXI of the Social Security Act, medicare under title
8 XVIII of such Act and medicaid under title XIX of
9 such Act;

10 “(5) to promote community wellness and aware-
11 ness; and

12 “(6) to educate and refer target populations to
13 appropriate health care agencies and community-
14 based programs and organizations in order to in-
15 crease access to quality health care services, includ-
16 ing preventive health services.

17 “(c) APPLICATION.—

18 “(1) IN GENERAL.—Each State or local or trib-
19 al unit (including federally recognized tribes and
20 Alaska native villages) that desires to receive a grant
21 under subsection (a) shall submit an application to
22 the Secretary, at such time, in such manner, and ac-
23 companied by such additional information as the
24 Secretary may require.

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

3 “(A) describe the activities for which as-
4 sistance under this section is sought;

5 “(B) contain an assurance that with re-
6 spect to each community health worker pro-
7 gram receiving funds under the grant awarded,
8 such program provides training and supervision
9 to community health workers to enable such
10 workers to provide authorized program services;

11 “(C) contain an assurance that the appli-
12 cant will evaluate the effectiveness of commu-
13 nity health worker programs receiving funds
14 under the grant;

15 “(D) contain an assurance that each com-
16 munity health worker program receiving funds
17 under the grant will provide services in the cul-
18 tural context most appropriate for the individ-
19 uals served by the program;

20 “(E) contain a plan to document and dis-
21 seminate project description and results to
22 other States and organizations as identified by
23 the Secretary; and

24 “(F) describe plans to enhance the capac-
25 ity of individuals to utilize health services and

1 health-related social services under Federal,
2 State, and local programs by—

3 “(i) assisting individuals in estab-
4 lishing eligibility under the programs and
5 in receiving the services or other benefits
6 of the programs; and

7 “(ii) providing other services as the
8 Secretary determines to be appropriate,
9 that may include transportation and trans-
10 lation services.

11 “(d) PRIORITY.—In awarding grants under sub-
12 section (a), the Secretary shall give priority to those appli-
13 cants—

14 “(1) who propose to target geographic areas—

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

18 “(B) with a high percentage of families for
19 whom English is not their primary language;
20 and

21 “(C) that encompass the United States-
22 Mexico border region;

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

1 “(3) with documented community activity and
2 experience with community health workers.

3 “(e) COLLABORATION WITH ACADEMIC INSTITU-
4 TIONS.—The Secretary shall encourage community health
5 worker programs receiving funds under this section to col-
6 laborate with academic institutions. Nothing in this sec-
7 tion shall be construed to require such collaboration.

8 “(f) QUALITY ASSURANCE AND COST-EFFECTIVE-
9 NESS.—The Secretary shall establish guidelines for assur-
10 ing the quality of the training and supervision of commu-
11 nity health workers under the programs funded under this
12 section and for assuring the cost-effectiveness of such pro-
13 grams.

14 “(g) MONITORING.—The Secretary shall monitor
15 community health worker programs identified in approved
16 applications and shall determine whether such programs
17 are in compliance with the guidelines established under
18 subsection (e).

19 “(h) TECHNICAL ASSISTANCE.—The Secretary may
20 provide technical assistance to community health worker
21 programs identified in approved applications with respect
22 to planning, developing, and operating programs under the
23 grant.

24 “(i) REPORT TO CONGRESS.—

1 “(1) IN GENERAL.—Not later than 4 years
2 after the date on which the Secretary first awards
3 grants under subsection (a), the Secretary shall sub-
4 mit to Congress a report regarding the grant
5 project.

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

8 “(A) A description of the programs for
9 which grant funds were used.

10 “(B) The number of individuals served.

11 “(C) An evaluation of—

12 “(i) the effectiveness of these pro-
13 grams;

14 “(ii) the cost of these programs; and

15 “(iii) the impact of the project on the
16 health outcomes of the community resi-
17 dents.

18 “(D) Recommendations for sustaining the
19 community health worker programs developed
20 or assisted under this section.

21 “(E) Recommendations regarding training
22 to enhance career opportunities for community
23 health workers.

24 “(j) DEFINITIONS.—In this section:

1 “(1) COMMUNITY HEALTH WORKER.—The term
2 ‘community health worker’ means an individual who
3 promotes health or nutrition within the community
4 in which the individual resides—

5 “(A) by serving as a liaison between com-
6 munities and health care agencies;

7 “(B) by providing guidance and social as-
8 sistance to community residents;

9 “(C) by enhancing community residents’
10 ability to effectively communicate with health
11 care providers;

12 “(D) by providing culturally and linguis-
13 tically appropriate health or nutrition edu-
14 cation;

15 “(E) by advocating for individual and com-
16 munity health or nutrition needs; and

17 “(F) by providing referral and followup
18 services.

19 “(2) COMMUNITY SETTING.—The term ‘commu-
20 nity setting’ means a home or a community organi-
21 zation located in the neighborhood in which a partic-
22 ipant resides.

23 “(3) MEDICALLY UNDERSERVED COMMUNITY.—
24 The term ‘medically underserved community’ means
25 a community identified by a State—

1 “(A) that has a substantial number of in-
2 dividuals who are members of a medically un-
3 derserved population, as defined by section
4 330(b)(3); and

5 “(B) a significant portion of which is a
6 health professional shortage area as designated
7 under section 332.

8 “(4) SUPPORT.—The term ‘support’ means the
9 provision of training, supervision, and materials
10 needed to effectively deliver the services described in
11 subsection (b), reimbursement for services, and
12 other benefits.

13 “(5) TARGET POPULATION.—The term ‘target
14 population’ means women of reproductive age, re-
15 gardless of their current childbearing status.

16 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 \$5,000,000 for each of fiscal years 2003, 2004, and
19 2005.”.

20 **Subtitle H—Patient Navigator, Out-**
21 **reach, and Chronic Disease Pre-**
22 **vention**

23 **SEC. 271. SHORT TITLE.**

24 This Act may be cited as the “Patient Navigator,
25 Outreach, and Chronic Disease Prevention Act of 2002”.

1 **SEC. 272. HRSA GRANTS FOR MODEL COMMUNITY CANCER**
2 **AND CHRONIC DISEASE CARE AND PREVEN-**
3 **TION; HRSA GRANTS FOR PATIENT NAVIGA-**
4 **TORS.**

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

8 **“SEC. 330I. MODEL COMMUNITY CANCER AND CHRONIC**
9 **DISEASE CARE AND PREVENTION; PATIENT**
10 **NAVIGATORS.**

11 **“(a) MODEL COMMUNITY CANCER AND CHRONIC**
12 **DISEASE CARE AND PREVENTION.—**

13 **“(1) IN GENERAL.—**The Secretary, acting
14 through the Administrator of the Health Resources
15 and Services Administration, may make grants to
16 public and nonprofit private health centers (includ-
17 ing health centers under section 330, Indian Health
18 Service Centers, and rural health clinics) for the de-
19 velopment and operation of model programs that—

20 **“(A)** provide to individuals of health dis-
21 parity populations prevention, early detection,
22 treatment, and appropriate follow-up care serv-
23 ices for cancer and chronic diseases;

24 **“(B)** ensure that the health services are
25 provided to such individuals in a culturally com-
26 petent manner; and

1 “(C) assign patient navigators, in accord-
2 ance with applicable criteria of the Secretary,
3 for individuals of health disparity populations
4 to—

5 “(i) accomplish, to the extent possible,
6 the follow-up and diagnosis of an abnormal
7 finding and the treatment and appropriate
8 follow-up care of cancer or other chronic
9 disease; and

10 “(ii) facilitate access to appropriate
11 health care services within the health care
12 system to ensure optimal patient utiliza-
13 tion of such services.

14 “(2) OUTREACH SERVICES.—A condition for
15 the receipt of a grant under paragraph (1) is that
16 the applicant involved agree to provide ongoing out-
17 reach activities while receiving the grant, in a man-
18 ner that is culturally competent for the health dis-
19 parity population served by the program, to inform
20 the public of the services of the model program
21 under the grant. Such activities shall include facili-
22 tating access to appropriate health care services and
23 patient navigators within the health care system to
24 ensure optimal patient utilization of these services.

1 “(3) APPLICATION FOR GRANT.—A grant may
2 be made under paragraph (1) only if an application
3 for the grant is submitted to the Secretary and the
4 application is in such form, is made in such manner,
5 and contains such agreements, assurances, and in-
6 formation as the Secretary determines to be nec-
7 essary to carry out this section.

8 “(4) EVALUATIONS.—

9 “(A) IN GENERAL.—The Secretary, acting
10 through the Administrator of the Health Re-
11 sources and Services Administration, shall, di-
12 rectly or through grants or contracts, provide
13 for evaluations to determine which outreach ac-
14 tivities under paragraph (2) were most effective
15 in informing the public of the model program
16 services and to determine the extent to which
17 such programs were effective in providing cul-
18 turally competent services to the health dis-
19 parity population served by the programs.

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

24 “(5) COORDINATION WITH OTHER PRO-
25 GRAMS.—The Secretary shall coordinate the pro-

1 gram under this subsection with the program under
2 subsection (b), with the program under section
3 417D, and to the extent practicable, with programs
4 for prevention centers that are carried out by the
5 Director of the Centers for Disease Control and Pre-
6 vention.

7 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Administrator of the Health Resources
10 and Services Administration, may make grants to
11 public and nonprofit private health centers (includ-
12 ing health centers under section 330, Indian Health
13 Service Centers, and rural health clinics) for the de-
14 velopment and operation of programs to pay the
15 costs of such health centers in—

16 “(A) assigning patient navigators, in ac-
17 cordance with applicable criteria of the Sec-
18 retary, for individuals of health disparity popu-
19 lations for the duration of receiving health serv-
20 ices from the health centers;

21 “(B) ensuring that the services provided by
22 the patient navigators to such individuals in-
23 clude case management and psychosocial as-
24 sessment and care or information and referral
25 to such services;

1 “(C) ensuring that the patient navigators
2 provide services to such individuals in a cul-
3 turally competent manner; and

4 “(D) developing model practices for patient
5 navigators, including with respect to—

6 “(i) coordination of health services,
7 including psychosocial assessment and
8 care;

9 “(ii) appropriate follow-up care, in-
10 cluding psychosocial assessment and care;
11 and

12 “(iii) determining coverage under
13 health insurance and health plans for all
14 services.

15 “(2) OUTREACH SERVICES.—A condition for
16 the receipt of a grant under paragraph (1) is that
17 the applicant involved agree to provide ongoing out-
18 reach activities while receiving the grant, in a man-
19 ner that is culturally competent for the health dis-
20 parity population served by the program, to inform
21 the public of the services of the model program
22 under the grant.

23 “(3) APPLICATION FOR GRANT.—A grant may
24 be made under paragraph (1) only if an application
25 for the grant is submitted to the Secretary and the

1 application is in such form, is made in such manner,
2 and contains such agreements, assurances, and in-
3 formation as the Secretary determines to be nec-
4 essary to carry out this section.

5 “(4) EVALUATIONS.—

6 “(A) IN GENERAL.—The Secretary, acting
7 through the Administrator of the Health Re-
8 sources and Services Administration, shall, di-
9 rectly or through grants or contracts, provide
10 for evaluations to determine the effects of the
11 services of patient navigators on the individuals
12 of health disparity populations for whom the
13 services were provided, taking into account the
14 matters referred to in paragraph (1)(C).

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

19 “(5) COORDINATION WITH OTHER PRO-
20 GRAMS.—The Secretary shall coordinate the pro-
21 gram under this subsection with the program under
22 subsection (a) and with the program under section
23 417D.

24 “(c) REQUIREMENTS REGARDING FEES.—A condi-
25 tion for the receipt of a grant under subsection (a)(1) or

1 (b)(1) is that the program for which the grant is made
2 have in effect—

3 “(1) a schedule of fees or payments for the pro-
4 vision of its services that is consistent with locally
5 prevailing rates or charges and is designed to cover
6 its reasonable costs of operation; and

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

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

17 “(e) DURATION OF GRANT.—The period during
18 which payments are made to an entity from a grant under
19 subsection (a)(1) or (b)(1) may not exceed five years. The
20 provision of such payments are subject to annual approval
21 by the Secretary of the payments and subject to the avail-
22 ability of appropriations for the fiscal year involved to
23 make the payments. This subsection may not be construed
24 as establishing a limitation on the number of grants under
25 such subsection that may be made to an entity.

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

2 “(1) The term ‘culturally competent’, with re-
3 spect to providing health-related services, means
4 services that, in accordance with standards and
5 measures of the Secretary, are designed to effec-
6 tively and efficiently respond to the cultural and lin-
7 guistic needs of patients.

8 “(2) The term ‘appropriate follow-up care’ in-
9 cludes palliative and end-of-life care.

10 “(3) The term ‘health disparity population’
11 means a population where there exists a significant
12 disparity in the overall rate of disease incidence,
13 morbidity, mortality, or survival rates in the popu-
14 lation as compared to the health status of the gen-
15 eral population. Such term includes—

16 “(A) racial and ethnic minority groups as
17 defined in section 1707; and

18 “(B) medically underserved groups, such
19 as rural and low-income individuals and individ-
20 uals with low levels of literacy.

21 “(4)(A) The term ‘patient navigator’ means an
22 individual whose functions include—

23 “(i) assisting and guiding patients with a
24 symptom or an abnormal finding or diagnosis of
25 cancer or other chronic disease within the

1 health care system to accomplish the follow-up
2 and diagnosis of an abnormal finding as well as
3 the treatment and appropriate follow-up care of
4 cancer or other chronic disease; and

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

10 “(B) Such term includes representatives of the
11 target health disparity population, such as nurses,
12 social workers, cancer survivors, and patient advo-
13 cates.

14 “(g) AUTHORIZATION OF APPROPRIATIONS.—

15 “(1) IN GENERAL.—

16 “(A) MODEL PROGRAMS.—For the purpose
17 of carrying out subsection (a) (other than the
18 purpose described in paragraph (2)(A)), there
19 are authorized to be appropriated such sums as
20 may be necessary for each of the fiscal years
21 2003 through 2007.

22 “(B) PATIENT NAVIGATORS.—For the pur-
23 pose of carrying out subsection (b) (other than
24 the purpose described in paragraph (2)(B)),
25 there are authorized to be appropriated such

1 sums as may be necessary for each of the fiscal
2 years 2003 through 2007.

3 “(C) BUREAU OF PRIMARY HEALTH
4 CARE.—Amounts appropriated under subpara-
5 graph (A) or (B) shall be administered through
6 the Bureau of Primary Health Care.

7 “(2) PROGRAMS IN RURAL AREAS.—

8 “(A) MODEL PROGRAMS.—For the purpose
9 of carrying out subsection (a) by making grants
10 under such subsection for model programs in
11 rural areas, there are authorized to be appro-
12 priated such sums as may be necessary for each
13 of the fiscal years 2003 through 2007.

14 “(B) PATIENT NAVIGATORS.—For the pur-
15 pose of carrying out subsection (b) by making
16 grants under such subsection for programs in
17 rural areas, there are authorized to be appro-
18 priated such sums as may be necessary for each
19 of the fiscal years 2003 through 2007.

20 “(C) OFFICE OF RURAL HEALTH POL-
21 ICY.—Amounts appropriated under subpara-
22 graph (A) or (B) shall be administered through
23 the Office of Rural Health Policy.

24 “(3) RELATION TO OTHER AUTHORIZATIONS.—
25 Authorizations of appropriations under paragraphs

1 (1) and (2) are in addition to other authorizations
2 of appropriations that are available for the purposes
3 described in such paragraphs.”.

4 **SEC. 273. NCI GRANTS FOR MODEL COMMUNITY CANCER**
5 **AND CHRONIC DISEASE CARE AND PREVEN-**
6 **TION; NCI GRANTS FOR PATIENT NAVIGA-**
7 **TORS.**

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

11 **“SEC. 417D. MODEL COMMUNITY CANCER AND CHRONIC**
12 **DISEASE CARE AND PREVENTION; PATIENT**
13 **NAVIGATORS.**

14 “(a) MODEL COMMUNITY CANCER AND CHRONIC
15 DISEASE CARE AND PREVENTION.—

16 “(1) IN GENERAL.—The Director of the Insti-
17 tute may make grants to eligible entities for the de-
18 velopment and operation of model programs that—

19 “(A) provide to individuals of health dis-
20 parity populations prevention, early detection,
21 treatment, and appropriate follow-up care serv-
22 ices for cancer and chronic diseases;

23 “(B) ensure that the health services are
24 provided to such individuals in a culturally com-
25 petent manner; and

1 “(C) assign patient navigators, in accord-
2 ance with applicable criteria of the Secretary,
3 for individuals of health disparity populations
4 to—

5 “(i) accomplish, to the extent possible,
6 the follow-up and diagnosis of an abnormal
7 finding and the treatment and appropriate
8 follow-up care of cancer or other chronic
9 disease; and

10 “(ii) facilitate access to appropriate
11 health care services within the health care
12 system to ensure optimal patient utiliza-
13 tion of such services.

14 “(2) ELIGIBLE ENTITIES.—For purposes of this
15 section, an eligible entity is a designated cancer cen-
16 ter of the Institute, an academic institution, a hos-
17 pital, a nonprofit organization, or any other public
18 or private entity determined to be appropriate by the
19 Director of the Institute, that provides services de-
20 scribed in paragraph (1)(A) for cancer or chronic
21 diseases.

22 “(3) OUTREACH SERVICES.—A condition for
23 the receipt of a grant under paragraph (1) is that
24 the applicant involved agree to provide ongoing out-
25 reach activities while receiving the grant, in a man-

1 ner that is culturally competent for the health dis-
2 parity population served by the program, to inform
3 the public of the services of the model program
4 under the grant. Such activities shall include facili-
5 tating access to appropriate health care services and
6 patient navigators within the health care system to
7 ensure optimal patient utilization of these services.

8 “(4) APPLICATION FOR GRANT.—A grant may
9 be made under paragraph (1) only if an application
10 for the grant is submitted to the Director of the In-
11 stitute and the application is in such form, is made
12 in such manner, and contains such agreements, as-
13 surances, and information as the Director deter-
14 mines to be necessary to carry out this section.

15 “(5) EVALUATIONS.—

16 “(A) IN GENERAL.—The Director of the
17 Institute, directly or through grants or con-
18 tracts, shall provide for evaluations to deter-
19 mine which outreach activities under paragraph
20 (3) were most effective in informing the public
21 of the model program services and to determine
22 the extent to which such programs were effec-
23 tive in providing culturally competent services
24 to the health disparity population served by the
25 programs.

1 “(B) DISSEMINATION OF FINDINGS.—The
2 Director of the Institute shall as appropriate
3 disseminate to public and private entities the
4 findings made in evaluations under subpara-
5 graph (A).

6 “(6) COORDINATION WITH OTHER PRO-
7 GRAMS.—The Secretary shall coordinate the pro-
8 gram under this subsection with the program under
9 subsection (b), with the program under section 330I,
10 and to the extent practicable, with programs for pre-
11 vention centers that are carried out by the Director
12 of the Centers for Disease Control and Prevention.

13 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

14 “(1) IN GENERAL.—The Director of the Insti-
15 tute may make grants to eligible entities for the de-
16 velopment and operation of programs to pay the
17 costs of such entities in—

18 “(A) assigning patient navigators, in ac-
19 cordance with applicable criteria of the Sec-
20 retary, for individuals of health disparity popu-
21 lations for the duration of receiving health serv-
22 ices from the health centers;

23 “(B) ensuring that the services provided by
24 the patient navigators to such individuals in-
25 clude case management and psychosocial as-

1 assessment and care or information and referral
2 to such services;

3 “(C) ensuring that the patient navigators
4 provide services to such individuals in a cul-
5 turally competent manner; and

6 “(D) developing model practices for patient
7 navigators, including with respect to—

8 “(i) coordination of health services,
9 including psychosocial assessment and
10 care;

11 “(ii) follow-up services, including psy-
12 chosocial assessment and care; and

13 “(iii) determining coverage under
14 health insurance and health plans for all
15 services.

16 “(2) OUTREACH SERVICES.—A condition for
17 the receipt of a grant under paragraph (1) is that
18 the applicant involved agree to provide ongoing out-
19 reach activities while receiving the grant, in a man-
20 ner that is culturally competent for the health dis-
21 parity population served by the program, to inform
22 the public of the services of the model program
23 under the grant.

24 “(3) APPLICATION FOR GRANT.—A grant may
25 be made under paragraph (1) only if an application

1 for the grant is submitted to the Director of the In-
2 stitute and the application is in such form, is made
3 in such manner, and contains such agreements, as-
4 surances, and information as the Director deter-
5 mines to be necessary to carry out this section.

6 “(4) EVALUATIONS.—

7 “(A) IN GENERAL.—The Director of the
8 Institute, directly or through grants or con-
9 tracts, shall provide for evaluations to deter-
10 mine the effects of the services of patient navi-
11 gators on the health disparity population for
12 whom the services were provided, taking into
13 account the matters referred to in paragraph
14 (1)(C).

15 “(B) DISSEMINATION OF FINDINGS.—The
16 Director of the Institute shall as appropriate
17 disseminate to public and private entities the
18 findings made in evaluations under subpara-
19 graph (A).

20 “(5) COORDINATION WITH OTHER PRO-
21 GRAMS.—The Secretary shall coordinate the pro-
22 gram under this subsection with the program under
23 subsection (a) and with the program under section
24 330I.

1 “(c) REQUIREMENTS REGARDING FEES.—A condi-
2 tion for the receipt of a grant under subsection (a)(1) or
3 (b)(1) is that the program for which the grant is made
4 have in effect—

5 “(1) a schedule of fees or payments for the pro-
6 vision of its services that is consistent with locally
7 prevailing rates or charges and is designed to cover
8 its reasonable costs of operation; and

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

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

19 “(e) DURATION OF GRANT.—The period during
20 which payments are made to an entity from a grant under
21 subsection (a)(1) or (b)(1) may not exceed five years. The
22 provision of such payments are subject to annual approval
23 by the Director of the Institute of the payments and sub-
24 ject to the availability of appropriations for the fiscal year
25 involved to make the payments. This subsection may not

1 be construed as establishing a limitation on the number
2 of grants under such subsection that may be made to an
3 entity.

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

5 “(1) The term ‘culturally competent’, with re-
6 spect to providing health-related services, means
7 services that, in accordance with standards and
8 measures of the Secretary, are designed to effec-
9 tively and efficiently respond to the cultural and lin-
10 guistic needs of patients.

11 “(2) the term ‘appropriate follow-up care’ in-
12 cludes palliative and end-of-life care.

13 “(3) the term ‘health disparity population’
14 means a population where there exists a significant
15 disparity in the overall rate of disease incidence,
16 morbidity, mortality, or survival rates in the popu-
17 lation as compared to the health status of the gen-
18 eral population. Such term includes—

19 “(A) racial and ethnic minority groups as
20 defined in section 1707; and

21 “(B) medically underserved groups, such
22 as rural and low-income individuals and individ-
23 uals with low levels of literacy.

24 “(4)(A) the term ‘patient navigator’ means an
25 individual whose functions include—

1 “(i) assisting and guiding patients with a
2 symptom or an abnormal finding or diagnosis of
3 cancer or other chronic disease within the
4 health care system to accomplish the follow-up
5 and diagnosis of an abnormal finding as well as
6 the treatment and appropriate follow-up care of
7 cancer or other chronic disease; and

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

13 “(B) Such term includes representatives of the
14 target health disparity population, such as nurses,
15 social workers, cancer survivors, and patient advo-
16 cates.

17 “(g) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

6 **TITLE III—HEALTH DISPARITIES**
7 **Subtitle A—Hispanic-Serving**
8 **Health Professions Schools**

9 **SEC. 301. HISPANIC-SERVING HEALTH PROFESSIONS**
10 **SCHOOLS.**

11 (a) IN GENERAL.—The Secretary, acting through the
12 Administrator of the Health Resources and Services Ad-
13 ministration, shall make grants to Hispanic-serving health
14 professions schools for the purpose of carrying out pro-
15 grams to recruit Hispanic individuals to enroll in and
16 graduate from the schools, which may include providing
17 scholarships and other financial assistance as appropriate.

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

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

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

1 (3) has been effective in carrying out programs
2 to recruit Hispanic individuals to enroll in and grad-
3 uate from the school;

4 (4) has been effective in recruiting and retain-
5 ing Hispanic faculty members; and

6 (5) has a significant number of graduates who
7 are providing health services to medically under-
8 served populations or to individuals in health profes-
9 sional shortage areas.

10 (c) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated such sums as may be necessary for
13 each of the fiscal years 2003 through 2007.

14 **Subtitle B—Health Career**
15 **Opportunity Program**

16 **SEC. 311. EDUCATIONAL ASSISTANCE REGARDING UNDER-**
17 **GRADUATES.**

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

21 **“SEC. 771. HEALTH CAREERS OPPORTUNITY PROGRAM.**

22 “(a) IN GENERAL.—Subject to the provisions of this
23 section, the Secretary may make grants and enter into co-
24 operative agreements and contracts for any of the fol-
25 lowing purposes:

1 “(1) Identifying and recruiting individuals
2 who—

3 “(A) are students of elementary schools, or
4 students or graduates of secondary schools or of
5 institutions of higher education;

6 “(B) are from disadvantaged backgrounds;
7 and

8 “(C) are interested in a career in the
9 health professions.

10 “(2) Facilitating the entry of such individuals
11 into a health professions school.

12 “(3) Providing counseling or other services de-
13 signed to assist such individuals in successfully com-
14 pleting their education at such a school.

15 “(4) Providing, for a period prior to the entry
16 of such individuals into the regular course of edu-
17 cation of such a school, preliminary education de-
18 signed to assist the individuals in successfully com-
19 pleting such regular course of education at such a
20 school, or referring such individuals to institutions
21 providing such preliminary education.

22 “(5) Paying such stipends as the Secretary may
23 approve for such individuals for any period of edu-
24 cation in student-enhancement programs (other than
25 regular courses) at a health professions schools, ex-

1 cept that such a stipend may not be provided to an
2 individual for more than 12 months, and such a sti-
3 pend may not exceed \$25 per day (notwithstanding
4 any other provision of law regarding the amount of
5 stipends).

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

8 “(A) gain experience regarding a career in
9 a field of primary health care through working
10 at facilities of nonprofit private community-
11 based providers of primary health services; and

12 “(B) receive academic instruction to assist
13 in preparing the individuals to enter health pro-
14 fessions schools in such fields.

15 “(b) RECEIPT OF AWARD.—

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

20 “(A) The applicant for the award is a pub-
21 lic or nonprofit private entity, and the applicant
22 has established a consortium consisting of non-
23 profit private community-based organizations
24 and health professions schools.

1 “(B) The health professions schools of the
2 consortium are schools of medicine or osteo-
3 pathic medicine, public health, dentistry, veteri-
4 nary medicine, optometry, pharmacy, allied
5 health, chiropractic, or podiatric medicine, or
6 graduate programs in mental health practice
7 (including such programs in clinical psy-
8 chology).

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

14 “(D) In the case of an applicant whose ex-
15 clusive activity under the award will be carrying
16 out one or more programs described in sub-
17 section (a)(6), the membership of the consor-
18 tium includes not less than one nonprofit pri-
19 vate community-based organization and not less
20 than one health professions schools.

21 “(E) The members of the consortium have
22 entered into an agreement specifying—

23 “(i) that each of the members will
24 comply with the conditions upon which the
25 award is made; and

1 “(ii) whether and to what extent the
2 award will be allocated among the mem-
3 bers.

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

7 “(c) FINANCIAL REQUIREMENTS.—

8 “(1) ASSURANCES REGARDING CAPACITY.—The
9 Secretary may make an award under subsection (a)
10 only if the Secretary determines that, in the case of
11 activities carried out under the award that prove to
12 be effective toward achieving the purposes of the ac-
13 tivities—

14 “(A) the members of the consortium in-
15 volved have or will have the financial capacity
16 to continue the activities, regardless of whether
17 financial assistance under subsection (a) con-
18 tinues to be available; and

19 “(B) the members of the consortium dem-
20 onstrate to the satisfaction of the Secretary a
21 commitment to continue such activities, regard-
22 less of whether such assistance continues to be
23 available.

24 “(2) MATCHING FUNDS.—

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

12 “(B) FEDERAL AMOUNTS.—Amounts pro-
13 vided by the Federal Government may not be
14 included in determining the amount of non-Fed-
15 eral contributions required in subparagraph
16 (A).

17 “(C) LIMITATION.—The Secretary may not
18 require non-Federal contributions for the first
19 three fiscal years for which an applicant re-
20 ceives a grant under subsection (a).

21 “(d) PREFERENCE IN MAKING AWARDS.—

22 “(1) IN GENERAL.—

23 “(A) REQUIREMENT.—In making awards
24 under subsection (a), the Secretary shall, sub-
25 ject to paragraph (3), give preference to any

1 applicant that, for the purpose described in sub-
2 paragraph (B), has made an arrangement with
3 not less than one entity from each of the fol-
4 lowing categories of entities: Community-based
5 organizations, elementary schools, secondary
6 schools, institutions of higher education, and
7 health professions schools.

8 “(B) PURPOSE.—The purpose of arrange-
9 ments under subparagraph (A) is to establish a
10 program for individuals identified under sub-
11 section (a) under which—

12 “(i) the activities described in such
13 subsection are carried out on behalf of the
14 individuals; and

15 “(ii) health professions schools make
16 a commitment to admit as students of the
17 schools such individuals who participate in
18 the program, subject to the individuals
19 meeting reasonable academic standards for
20 admission to the schools.

21 “(2) ADDITIONAL PREFERENCES.—Of the ap-
22 plicants under subsection (a) that are receiving pref-
23 erence for purposes of paragraph (1), the Secretary
24 shall, subject to paragraph (3), give additional pref-
25 erence to applicants whose consortium under sub-

1 section (b) includes as members one or more health
2 professions schools that have not previously received
3 any award under this section (including this section
4 as in effect prior to fiscal year 1997).

5 “(3) LIMITATION.—An applicant may not re-
6 ceive preference for purposes of paragraph (1) or (2)
7 unless the consortium under subsection (b) includes
8 not less than one health professions school that has
9 demonstrated success in enrolling students from dis-
10 advantaged backgrounds.

11 “(e) OBJECTIVES UNDER AWARDS.—

12 “(1) ESTABLISHMENT OF OBJECTIVES.—Before
13 making a first award to an applicant under sub-
14 section (a), the Secretary shall establish objectives
15 regarding the activities to be carried out under the
16 award, which objectives are applicable until the next
17 fiscal year for which such award is made after a
18 competitive process of review. In making an award
19 after such a review, the Secretary shall establish ad-
20 ditional objectives for the applicant.

21 “(2) PRECONDITION FOR SUBSEQUENT
22 AWARDS.—In the case of an applicant seeking an
23 award under subsection (a) pursuant to a competi-
24 tive process of review, the Secretary may make the
25 award only if the applicant demonstrates to the sat-

1 isfaction of the Secretary that the applicant has met
 2 the objectives that were applicable under paragraph
 3 (1) to the preceding awards under such subsection.

4 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
 5 purpose of carrying out this section, there are authorized
 6 to be appropriated \$33,000,000 for fiscal year 2003,
 7 \$40,000,000 for fiscal year 2004, and such sums as may
 8 be necessary for each subsequent fiscal year.”.

9 (b) TECHNICAL AMENDMENT.—Section 770(a) of the
 10 Public Health Service Act (42 U.S.C. 295e(a)) is amended
 11 by inserting “(other than section 771)” after “this sub-
 12 part”.

13 **SEC. 312. CENTERS OF EXCELLENCE.**

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

18 **Subtitle C—Bilingual Health**

19 **Professionals**

20 **SEC. 321. TRAINING OF BILINGUAL HEALTH PROFES-**
 21 **SIONALS WITH RESPECT TO MINORITY**
 22 **HEALTH CONDITIONS.**

23 (a) IN GENERAL.—The Secretary, acting through the
 24 Administrator of the Health Resources and Services Ad-
 25 ministration, shall (directly or through awards of grants

1 or contracts to public or nonprofit private entities) carry
2 out a program—

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

6 (2) to train such health professionals with re-
7 spect to the treatment of minority health conditions,
8 such as diabetes, HIV infection, substance abuse,
9 and conditions regarding mental health.

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

14 **Subtitle D—Cultural Competence**

15 **SEC. 331. DEFINITION.**

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

24 (b) MODIFICATION.—The definition established in
25 subsection (a) may be modified as needed at the discretion

1 of the Secretary after providing a 30-day notice to Con-
2 gress.

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

6 (a) EDUCATIONAL MATERIALS; TECHNICAL ASSIST-
7 ANCE.—

8 (1) IN GENERAL.—The Secretary, acting
9 through the Office of Minority Health under section
10 1707 of the Public Health Service Act (42 U.S.C.
11 300u-6), shall—

12 (A) provide for the development of edu-
13 cational materials on providing health services
14 in a culturally competent manner;

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

17 (C) provide technical assistance on other
18 matters regarding the provision of health serv-
19 ices in a culturally competent manner.

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

1 (b) CENTER FOR LINGUISTIC AND CULTURAL COM-
2 PETENCE IN HEALTH CARE.—

3 (1) IN GENERAL.—The Secretary, acting
4 through the Office of Minority Health under section
5 1707 of the Public Health Service Act (42 U.S.C.
6 300u-6), shall provide for a Center for Linguistic
7 and Cultural Competence in Health Care to carry
8 out programs to promote and facilitate the provision
9 of health-related services, education, and training in
10 a culturally competent manner.

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

16 **SEC. 333. CULTURAL COMPETENCE DEMONSTRATION**
17 **PROJECTS.**

18 (a) IN GENERAL.—The Secretary, acting through the
19 Administrator of the Health Care Financing Administra-
20 tion, shall conduct a cultural competence demonstration
21 project under which grants are made to two hospitals with
22 a history in the medicare program to enable them to im-
23 plement standards for the culturally competent provision
24 of services to address the specific needs of any population

1 that constitutes at least 5 percent of the population served
2 by the hospital involved.

3 (b) NUMBER AND TYPE.—Of the hospitals provided
4 grants under this section, one shall be located in an urban
5 and the other in a rural area (as defined in section
6 1886(d)(2)(D) of the Social Security Act (42 U.S.C.
7 1395ww(d)(2)(d)). The urban hospital shall serve a sig-
8 nificant limited English proficient population and be with-
9 in 175 miles of the border with Mexico. In selecting such
10 hospitals, the Secretary shall give preference to hospitals
11 that serve large immigrant populations.

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

15 (d) EVALUATION AND REPORT.—

16 (1) EVALUATION.—The Secretary shall also
17 provide for a grant to an appropriate qualified entity
18 in an amount not to exceed \$1,000,000 to evaluate
19 the demonstration projects conducted under this sec-
20 tion.

21 (2) REPORT.—The Secretary shall submit to
22 Congress a report on the projects conducted under
23 this section. The Secretary shall include in such re-
24 port the results of the evaluation conducted under
25 paragraph (1) and recommendations on whether on

1 going medicare funding should be provided for im-
2 plementation of standards for cultural competency in
3 hospitals.

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

10 **Subtitle E—Data Regarding Race** 11 **and Ethnicity**

12 **SEC. 341. COLLECTION OF DATA.**

13 Part A of title III of the Public Health Service Act
14 (42 U.S.C. 241 et seq.) is amended by inserting after sec-
15 tion 306 the following:

16 **“SEC. 306A. DATA ON RACE AND ETHNICITY.**

17 “(a) IN GENERAL.—The Secretary shall by regula-
18 tion provide for the following:

19 “(1) Health data collected under programs car-
20 ried out by the Secretary (whether collected directly
21 or pursuant to grants, cooperative agreements, or
22 contracts) shall include data on race, ethnicity, and
23 spoken and written language and shall, at a min-
24 imum, use the categories for race and ethnicity de-
25 scribed in OMB Directive 15.

1 “(2) Data collected by the Secretary pursuant
2 to title VI of the Civil Rights Act of 1964 shall in-
3 clude data on race and ethnicity and shall, at a min-
4 imum, use such categories.

5 “(3) Data on race and ethnicity that is collected
6 under paragraph (1) or (2) shall use the procedures
7 described in such Directive for collecting data from
8 an individual, and shall be maintained and presented
9 (including for reporting purposes) in accordance
10 with such Directive.

11 “(4) For health encounters that require the
12 presence of a legal parent or guardian who does not
13 speak English or who is limited English proficient,
14 health data collected by the Secretary pursuant to
15 this section shall also include data on the accom-
16 panying adult or guardian.

17 “(5) Such other data as the Secretary may des-
18 ignate (including administrative records) shall be
19 collected, maintained, and presented in accordance
20 with such Directive, to the extent that such data are
21 collected by the Secretary and relate to health-re-
22 lated programs that are carried out by the Sec-
23 retary.

24 “(b) DEFINITION.—In this section, the term ‘OMB
25 Directive 15’ means Statistical Policy Directive No. 15,

1 Race and Ethnic Standards for Federal Statistics and Ad-
2 ministrative Reporting, as established by the Director of
3 the Office of Management and Budget through the notice
4 issued October 30, 1997 (62 FR 58782). Such term in-
5 cludes any subsequent revisions to such Directive.”.

6 **SEC. 342. DEVELOPMENT OF STANDARDS; STUDY TO MEAS-**
7 **URE PATIENT OUTCOMES UNDER MEDICARE**
8 **AND MEDICAID PROGRAMS.**

9 (a) DEVELOPMENT OF STANDARDS.—Not later than
10 1 year after the date of the enactment of this Act, the
11 Secretary, acting through the Administrator of the Health
12 Care Financing Administration, shall develop outcome
13 measures to evaluate, by race and ethnicity, the perform-
14 ance of health care programs and projects that provide
15 health care to individuals under the medicare and med-
16 icaid programs (under titles XVIII and XIX, respectively,
17 of the Social Security Act (42 U.S.C. 1395 et seq.; 1396
18 et seq.).

19 (b) STUDY.—After the Secretary develops the out-
20 come measures under subsection (a), the Secretary shall
21 conduct a study that evaluates, by race and ethnicity, the
22 performance of health care programs and projects referred
23 to in subsection (a).

24 (c) REPORT TO CONGRESS.—Not later that 2 years
25 after the date of the enactment of this Act, the Secretary

1 shall submit to Congress a report describing the outcome
2 measures developed under subsection (a), and the results
3 of the study conducted pursuant to subsection (b).

4 **Subtitle F—National Assessment of**
5 **Status of Latino Health**

6 **SEC. 351. NATIONAL ASSESSMENT OF STATUS OF LATINO**
7 **HEALTH.**

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

13 (b) GOAL.—The goal of the national assessment
14 under subsection (a) shall be to produce estimates of
15 health and nutritional status for Mexican Americans,
16 Puerto Ricans, Cuban Americans, and other Hispanic sub-
17 populations.

18 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated such sums as may be nec-
20 essary in each of fiscal years 2003 through 2005 to carry
21 out this section.

1 **Subtitle G—Office of Minority**
2 **Health**

3 **SEC. 361. REVISION AND EXTENSION OF PROGRAMS OF OF-**
4 **FIGE OF MINORITY HEALTH.**

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

8 “(b) DUTIES.—With respect to improving the health
9 of racial and ethnic minority groups, the Secretary, acting
10 through the Deputy Assistant Secretary for Minority
11 Health (in this section referred to as the ‘Deputy Assist-
12 ant Secretary’), shall carry out the following:

13 “(1) Establish short-range and long-range goals
14 and objectives and coordinate all other activities
15 within the Public Health Service that relate to dis-
16 ease prevention, health promotion, service delivery,
17 and research concerning such individuals. The heads
18 of each of the agencies of the Service shall consult
19 with the Deputy Assistant Secretary to ensure the
20 coordination of such activities.

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

24 “(A) Support research, demonstrations and
25 evaluations to test new and innovative models.

1 “(B) Increase knowledge and under-
2 standing of health risk factors.

3 “(C) Develop mechanisms that support
4 better information dissemination, education,
5 prevention, and service delivery to individuals
6 from disadvantaged backgrounds, including in-
7 dividuals who are members of racial or ethnic
8 minority groups.

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

12 “(E) With respect to individuals who lack
13 proficiency in speaking the English language,
14 enter into contracts with public and nonprofit
15 private providers of primary health services for
16 the purpose of increasing the access of the indi-
17 viduals to such services by developing and car-
18 rying out programs to provide bilingual or in-
19 terpretive services.

20 “(3) Support a national minority health re-
21 source center to carry out the following:

22 “(A) Facilitate the exchange of informa-
23 tion regarding matters relating to health infor-
24 mation and health promotion, preventive health

1 services, and education in the appropriate use
2 of health care.

3 “(B) Facilitate access to such information.

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

6 “(D) Provide technical assistance with re-
7 spect to the exchange of such information (in-
8 cluding facilitating the development of materials
9 for such technical assistance).

10 “(4) Carry out programs to improve access to
11 health care services for individuals with limited pro-
12 ficiency in speaking the English language by facili-
13 tating the removal of impediments to the receipt of
14 health care that result from such limitation. Activi-
15 ties under the preceding sentence shall include con-
16 ducting research and developing and evaluating
17 model projects.

18 “(5) Not later than June 8 of each year, the
19 Deputy Assistant Secretary shall submit to the Sec-
20 retary a report summarizing the activities of each of
21 the minority health offices under section 1707A.

22 “(c) ADVISORY COMMITTEE.—

23 “(1) IN GENERAL.—The Secretary shall estab-
24 lish an advisory committee to be known as the Advi-
25 sory Committee on Minority Health (in this sub-

1 section referred to as the ‘Committee’). The Deputy
2 Assistant Secretary shall consult with the Committee
3 in carrying out this section.

4 “(2) DUTIES.—The Committee shall provide
5 advice to the Deputy Assistant Secretary carrying
6 out this section, including advice on the development
7 of goals and specific program activities under para-
8 graphs (1) and (2) of subsection (b) for each racial
9 and ethnic minority group.

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

12 “(4) COMPOSITION.—

13 “(A) The Committee shall be composed of
14 12 voting members appointed in accordance
15 with subparagraph (B), and nonvoting, ex offi-
16 cio members designated in subparagraph (C).

17 “(B) The voting members of the Com-
18 mittee shall be appointed by the Secretary from
19 among individuals who are not officers or em-
20 ployees of the Federal Government and who
21 have expertise regarding issues of minority
22 health. The racial and ethnic minority groups
23 shall be equally represented among such mem-
24 bers.

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

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

11 “(6) VACANCIES.—If a vacancy occurs on the
12 Committee, a new member shall be appointed by the
13 Secretary within 90 days from the date that the va-
14 cancy occurs, and serve for the remainder of the
15 term for which the predecessor of such member was
16 appointed. The vacancy shall not affect the power of
17 the remaining members to execute the duties of the
18 Committee.

19 “(7) COMPENSATION.—Members of the Com-
20 mittee who are officers or employees of the United
21 States shall serve without compensation. Members of
22 the Committee who are not officers or employees of
23 the United States shall receive, for each day (includ-
24 ing travel time) they are engaged in the performance
25 of the functions of the Committee. Such compensa-

1 tion may not be in an amount in excess of the daily
2 equivalent of the annual maximum rate of basic pay
3 payable under the General Schedule (under title 5,
4 United States Code) for positions above GS-15.

5 “(d) CERTAIN REQUIREMENTS REGARDING DU-
6 TIES.—

7 “(1) RECOMMENDATIONS REGARDING LAN-
8 GUAGE AS IMPEDIMENT TO HEALTH CARE.—The
9 Secretary, acting through the Director of the Office
10 of Refugee Health, the Director of the Office of Civil
11 Rights, and the Director of the Office of Minority
12 Health of the Health Resources and Services Admin-
13 istration, shall make recommendations to the Deputy
14 Assistant Secretary regarding activities under sub-
15 section (b)(4).

16 “(2) EQUITABLE ALLOCATION REGARDING AC-
17 TIVITIES.—

18 “(A) In making awards of grants, coopera-
19 tive agreements, or contracts under this section
20 or section 338A, 338B, 724, 736, 737, 738, or
21 740, the Secretary, acting as appropriate
22 through the Deputy Assistant Secretary or the
23 Administrator of the Health Resources and
24 Services Administration, shall ensure that such

1 awards are equitably allocated with respect to
2 the various racial and minority populations.

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

7 “(i) carry out activities to inform enti-
8 ties, as appropriate, that the entities may
9 be eligible for awards of such assistance;

10 “(ii) provide technical assistance to
11 such entities in the process of preparing
12 and submitting applications for the awards
13 in accordance with the policies of the Sec-
14 retary regarding such application; and

15 “(iii) inform populations, as appro-
16 priate, that members of the populations
17 may be eligible to receive services or other-
18 wise participate in the activities carried out
19 with such awards.

20 “(3) CULTURAL COMPETENCY OF SERVICES.—

21 The Secretary shall ensure that information and
22 services provided pursuant to subsection (b) are pro-
23 vided in the language and cultural context that is
24 most appropriate for the individuals for whom the
25 information and services are intended.

1 “(e) GRANTS AND CONTRACTS REGARDING DU-
2 TIES.—

3 “(1) IN GENERAL.—In carrying out subsection
4 (b), the Deputy Assistant Secretary may make
5 awards of grants, cooperative agreements, and con-
6 tracts to public and nonprofit private entities.

7 “(2) PROCESS FOR MAKING AWARDS.—The
8 Deputy Assistant Secretary shall ensure that awards
9 under paragraph (1) are made only on a competitive
10 basis, and that an award is made for a proposal only
11 if the proposal has been recommended for such an
12 award through a process of peer review and has been
13 so recommended by the advisory committee estab-
14 lished under subsection (c).

15 “(3) EVALUATION AND DISSEMINATION.—The
16 Deputy Assistant Secretary, directly or through con-
17 tracts with public and private entities, shall provide
18 for evaluations of projects carried out with awards
19 made under paragraph (1) during the preceding 2
20 fiscal years. The report shall be included in the re-
21 port required under subsection (f) for the fiscal year
22 involved.

23 “(f) BIENNIAL REPORTS.—Not later than February
24 1 of fiscal year 1998 and of each second year thereafter,
25 the Deputy Assistant Secretary shall submit to the Com-

1 mittee on Energy and Commerce of the House of Rep-
2 resentatives, and to the Committee on Labor and Human
3 Resources of the Senate, a report describing the activities
4 carried out under this section during the preceding 2 fiscal
5 years and evaluating the extent to which such activities
6 have been effective in improving the health of racial and
7 ethnic minority groups. Each such report shall include the
8 biennial reports submitted to the Deputy Assistant Sec-
9 retary under section 1707A(e) for such years by the heads
10 of the minority health offices.

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

12 “(1) RACIAL AND ETHNIC MINORITY GROUP.—

13 The term ‘racial and ethnic minority group’ means
14 American Indians (including Alaskan Natives, Eski-
15 mos, and Aleuts); Asian Americans and Pacific Is-
16 landers; Blacks; and Hispanics.

17 “(2) HISPANIC.—The term ‘Hispanic’ means
18 individuals whose origin is Mexican, Puerto Rican,
19 Cuban, Central or South American, or any other
20 Spanish-speaking country.

21 “(h) FUNDING.—

22 “(1) AUTHORIZATION OF APPROPRIATIONS.—

23 For the purpose of carrying out this section, there
24 are authorized to be appropriated \$21,000,000 for

1 fiscal year 2003, \$25,000,000 for fiscal year 2004,
2 and \$28,000,000 for fiscal year 2005.

3 “(2) ALLOCATION OF FUNDS BY SECRETARY.—

4 Of the amounts appropriated under paragraph (1)
5 for a fiscal year in excess of \$15,000,000, the Sec-
6 retary shall make available not less than \$3,000,000
7 for carrying out subsection (b)(2)(E).”.

8 **SEC. 362. ESTABLISHMENT OF INDIVIDUAL OFFICES OF MI-**
9 **NORITY HEALTH WITHIN AGENCIES OF PUB-**
10 **LIC HEALTH SERVICE.**

11 Title XVII of the Public Health Service Act (42
12 U.S.C. 300u et seq.) is amended by inserting after section
13 1707 the following section:

14 **“SEC. 1707A. INDIVIDUAL OFFICES OF MINORITY HEALTH**
15 **WITHIN PUBLIC HEALTH SERVICE.**

16 “(a) IN GENERAL.—The head of each agency speci-
17 fied in subsection (b)(1) shall establish within the agency
18 an office to be known as the Office of Minority Health.
19 Each such Office shall be headed by a director, who shall
20 be appointed by the head of the agency within which the
21 Office is established, and who shall report directly to the
22 head of the agency. The head of such agency shall carry
23 out this section (as this section relates to the agency) act-
24 ing through such Director.

25 “(b) SPECIFIED AGENCIES.—

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

3 “(A) The Centers for Disease Control and
4 Prevention.

5 “(B) The Agency for Healthcare Research
6 and Quality.

7 “(C) The Health Resources and Services
8 Administration.

9 “(D) The Substance Abuse and Mental
10 Health Services Administration.

11 “(2) NATIONAL INSTITUTES OF HEALTH.—For
12 purposes of subsection (c) and the subsequent provi-
13 sions of this section, the term ‘minority health office’
14 includes the Office of Research on Minority Health
15 established within the National Institutes of Health.
16 The Director of the National Institutes of Health
17 shall carry out this section (as this section relates to
18 the agency) acting through the Director of such Of-
19 fice.

20 “(c) COMPOSITION.—The head of each specified
21 agency shall ensure that the officers and employees of the
22 minority health office of the agency are, collectively, expe-
23 rienced in carrying out community-based health programs
24 for each of the various racial and ethnic minority groups
25 that are present in significant numbers in the United

1 States. The head of such agency shall ensure that, of such
2 officers and employees who are members of racial and eth-
3 nic minority groups, no such group is disproportionately
4 represented.

5 “(d) DUTIES.—Each Director of a minority health of-
6 fice shall monitor the programs of the specified agency of
7 such office in order to carry out the following:

8 “(1) Determine the extent to which the pur-
9 poses of the programs are being carried out with re-
10 spect to racial and ethnic minority groups;

11 “(2) Determine the extent to which members of
12 such groups are represented among the Federal offi-
13 cers and employees who administer the programs;
14 and

15 “(3) Make recommendations to the head of
16 such agency on carrying out the programs with re-
17 spect to such groups. In the case of programs that
18 provide services, such recommendations shall include
19 recommendations toward ensuring that—

20 “(A) the services are equitably delivered
21 with respect to racial and ethnic minority
22 groups;

23 “(B) the programs provide the services in
24 the language and cultural context that is most

1 appropriate for the individuals for whom the
2 services are intended; and

3 “(C) the programs utilize racial and ethnic
4 minority community-based organizations to de-
5 liver the services.

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

10 “(1) the extent to which the minority health of-
11 fice of the agency employs individuals who are mem-
12 bers of racial and ethnic minority groups, including
13 a specification by minority group of the number of
14 such individuals employed by such office; and

15 “(2) the manner in which the agency is com-
16 plying with Public Law 94–311 (relating to data on
17 Americans of Spanish origin or descent).

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

19 “(1) MINORITY HEALTH OFFICE.—The term
20 ‘minority health office’ means an office established
21 under subsection (a), subject to subsection (b)(2).

22 “(2) RACIAL AND ETHNIC MINORITY GROUP.—
23 The term ‘racial and ethnic minority group’ has the
24 meaning given such term in section 1707(g).

1 “(3) SPECIFIED AGENCY.—The term ‘specified
2 agency’ means—

3 “(A) an agency specified in subsection
4 (b)(1); and

5 “(B) the National Institutes of Health.

6 “(g) FUNDING.—

7 “(1) ALLOCATIONS.—Of the amounts appro-
8 priated for a specified agency for a fiscal year, the
9 Secretary may reserve not more than 0.5 percent for
10 the purpose of carrying out activities under this sec-
11 tion through the minority health office of the agen-
12 cy. In reserving an amount under the preceding sen-
13 tence for a minority health office for a fiscal year,
14 the Secretary shall reduce, by substantially the same
15 percentage, the amount that otherwise would be
16 available for each of the programs of the designated
17 agency involved.

18 “(2) AVAILABILITY OF FUNDS FOR STAFF-
19 ING.—The purposes for which amounts made avail-
20 able under paragraph (1) may be expended by a mi-
21 nority health office include the costs of employing
22 staff for such office.”.

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

3 (a) IN GENERAL.—Part A of title II of the Public
4 Health Service Act (42 U.S.C. 202 et seq.) is amended
5 by adding at the end the following:

6 **“SEC. 229. ASSISTANT SECRETARY FOR CIVIL RIGHTS.**

7 “(a) ESTABLISHMENT OF POSITION.—There shall be
8 in the Department of Health and Human Services an As-
9 sistant Secretary for Civil Rights, who shall be appointed
10 by the President, by and with the advice and consent of
11 the Senate.

12 “(b) RESPONSIBILITIES.—The Assistant Secretary
13 shall perform such functions relating to civil rights as the
14 Secretary may assign.”.

15 (b) CONFORMING AMENDMENT.—Section 5315 of
16 title 5, United States Code, is amended, in the item relat-
17 ing to Assistant Secretaries of Health and Human Serv-
18 ices, by striking “(6)” and inserting “(7)”.

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