

103^D CONGRESS
2^D SESSION

H. R. 4024

To establish a national program of trained community health advisors to assist the States in attaining the Healthy People 2000 Objectives.

IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 1994

Mr. SANDERS (for himself, Mr. DELLUMS, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. PELOSI, Mr. PETERSON of Minnesota, Ms. VELÁZQUEZ, Mr. BEILENSON, Mr. OWENS, Mr. HOCHBRUECKNER, Mr. SCOTT, Mr. PASTOR, and Mr. MCHALE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish a national program of trained community health advisors to assist the States in attaining the Healthy People 2000 Objectives.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “National Community
5 Health Advisor Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

1 (1) Poverty, geographic isolation, cultural dif-
2 ferences, lack of transportation, low literacy, lack of
3 access to services and further difficulties resulting
4 from a lack of continuity of care, are barriers for
5 millions of low-income and underserved Americans in
6 the current health care delivery system.

7 (2) The Public Health Service has determined
8 that many health problems are rooted in poverty and
9 hit hardest at those least able to protect themselves.

10 (3) The Public Health Service has established
11 goals and objectives regarding improvements in the
12 health of the public by the year 2000. An evaluation
13 by the Service, entitled “Health United States 1992
14 and Healthy People 2000 Review”, illustrates the
15 acute access problem faced by rural areas and the
16 inner cities. The evaluation cites the fact that sub-
17 urbs have the lowest death rates, while death rates
18 in rural counties are 12 percent higher and in large
19 core metropolitan counties, 19 percent higher.

20 (4) Discussions of health care reform focus al-
21 most exclusively on questions of how to extend
22 health insurance to the Nation’s 35–40 million unin-
23 sured and make services available while simulta-
24 neously bringing medical cost under control; how-
25 ever, it is imperative to correct the fundamental and

1 deep-rooted obstacles that low-income urban and
2 rural Americans confront when trying to access med-
3 ical care and preventive health services. For exam-
4 ple, in 1991, 19 million American women qualified
5 for mammography screening benefits through Medi-
6 care; however, only 670,000 (or less than 3 percent)
7 took advantage of this benefit.

8 (5) People who are local, indigenous members
9 and residents of underserved communities are
10 uniquely knowledgeable about their populations'
11 needs; where such individuals are already serving as
12 community health advisors, they communicate to
13 health and social service providers the needs of com-
14 munity members, provide quality health promotion
15 and disease prevention information to the commu-
16 nity and serve as the crucial link between their com-
17 munities and providers to increase utilization of
18 available preventive health services and to reach out
19 to communities to increase the effectiveness of the
20 health care delivery system, reduce preventable mor-
21 bidity and mortality, and improve the quality of life.

22 **SEC. 3. FORMULA GRANTS REGARDING COMMUNITY**
23 **HEALTH ADVISOR PROGRAMS.**

24 (a) IN GENERAL.—In the case of each State (or en-
25 tity designated by a State under subsection (b)) that sub-

1 mits to the Secretary an application in accordance with
2 section 6 for a fiscal year, the Secretary of Health and
3 Human Services, acting through the Director of the Cen-
4 ters for Disease Control and Prevention, shall make an
5 award of financial assistance to the State or entity for the
6 development and operation of community health advisor
7 programs under section 4(b). The award shall consist of
8 the allotment determined under section 7 with respect to
9 the State, subject to section 12(b).

10 (b) DESIGNATED ENTITIES.—With respect to the
11 State involved, an entity other than the State may receive
12 an award under paragraph (1) only if the entity—

13 (1) is a public or nonprofit private academic or-
14 ganization (or other public or nonprofit private en-
15 tity); and

16 (2) has been designated by the State to carry
17 out the purpose described in such paragraph in the
18 State and to receive amounts under such paragraph
19 in lieu of the State.

20 (c) ROLE OF STATE AGENCY FOR PUBLIC
21 HEALTH.—A funding agreement for an award under sub-
22 section (a) is that—

23 (1) if the applicant is a State, the award will
24 be administered by the State agency with the prin-

1 cial responsibility for carrying out public health
2 programs; and

3 (2) if the applicant is an entity designated
4 under subsection (b), the award will be administered
5 in consultation with such State agency.

6 (d) STATEWIDE RESPONSIBILITIES; LIMITATION ON
7 EXPENDITURES.—

8 (1) STATEWIDE RESPONSIBILITIES.—A funding
9 agreement for an award under subsection (a) is that
10 the applicant involved will—

11 (A) operate a clearinghouse to maintain
12 and disseminate information on community
13 health advisor programs (and similar programs)
14 in the State, including information on develop-
15 ing and operating such programs, on training
16 individuals to participate in the programs, and
17 on evaluation of the programs;

18 (B) provide to community health advisor
19 programs in the State technical assistance in
20 training community health advisors under sec-
21 tion 5(g)(1); and

22 (C) coordinate the activities carried out in
23 the State under the award, including coordina-
24 tion between the various community health ad-
25 visor programs and coordination between such

1 programs and related activities of the State and
2 of other public or private entities.

3 (2) LIMITATION.—A funding agreement for an
4 award under subsection (a) is that the applicant in-
5 volved will not expend more than 15 percent of the
6 award in the aggregate for carrying out paragraph
7 (1) and for the expenses of administering the award
8 with respect to the State involved, including the
9 process of receiving payments from the Secretary
10 under the award, allocating the payments among the
11 entities that are to develop and operate the commu-
12 nity health advisor programs involved, and monitor-
13 ing compliance with the funding agreements made
14 under this Act by the applicant.

15 **SEC. 4. REQUIREMENTS REGARDING COMMUNITY HEALTH**
16 **ADVISOR PROGRAMS.**

17 (a) PURPOSE OF AWARD; HEALTHY PEOPLE 2000
18 OBJECTIVES.—

19 (1) IN GENERAL.—Subject to paragraph (2), a
20 funding agreement for an award under section 3 for
21 an applicant is that the purpose of the award is,
22 through community health advisor programs under
23 subsection (b), to assist the State involved in attain-
24 ing the Healthy People 2000 Objectives (as defined
25 in subsection (d)).

1 (2) AUTHORITY REGARDING SELECTION OF PRI-
2 ORITY OBJECTIVES.—With respect to compliance
3 with the agreement made under paragraph (1), an
4 applicant receiving an award under section 3 may,
5 from among the various Healthy People 2000 Objec-
6 tives, select one or more Objectives to be given prior-
7 ity in the operation of a community health advisor
8 program of the applicant, subject to the applicant
9 selecting such priorities in consultation with the en-
10 tity that is to carry out the program.

11 (b) REQUIREMENTS FOR PROGRAMS.—

12 (1) IN GENERAL.—A funding agreement for an
13 award under section 3 for an applicant is that, in
14 expending the award, the purpose described in sub-
15 section (a)(1) will be carried out in accordance with
16 the following:

17 (A) For each community for which the
18 purpose is to be carried out, the applicant will
19 establish a program in accordance with this
20 subsection.

21 (B) The program will be carried out in a
22 community only if the applicant has, under sec-
23 tion 5(a), identified the community as having a
24 significant need for the program.

1 (C) The program will be operated by a
2 public or nonprofit private entity with experi-
3 ence in providing health or health-related social
4 services to individuals who are underserved with
5 respect to such services.

6 (D) The services of the program, as speci-
7 fied in paragraph (2), will be provided prin-
8 cipally by community health advisors (as de-
9 fined in subsection (d)).

10 (2) AUTHORIZED PROGRAM SERVICES.—For
11 purposes of paragraph (1)(D), the services specified
12 in this paragraph for a program are as follows:

13 (A) The program will collaborate with
14 health care providers and related entities in
15 order to facilitate the provision of health serv-
16 ices and health-related social services (including
17 collaborating with local health departments,
18 community health centers, migrant health cen-
19 ters, rural health clinics, hospitals, physicians
20 and nurses, providers of health education, and
21 providers of social services).

22 (B) The program will provide public edu-
23 cation on health promotion and disease preven-
24 tion and facilitate the use of available health
25 services and health-related social services.

1 (C) The program will provide health-relat-
2 ed counseling.

3 (D) The program will provide referrals for
4 available health services and health-related so-
5 cial services.

6 (E) For the purpose of increasing the ca-
7 pacity of individuals to utilize health services
8 and health-related social services under Federal,
9 State, and local programs, the following condi-
10 tions will be met:

11 (i) The program will assist individuals
12 in establishing eligibility under the pro-
13 grams and in receiving the services or
14 other benefits of the programs.

15 (ii) The program will provide such
16 other services as the Secretary determines
17 to be appropriate, which services may in-
18 clude (but are not limited to) transpor-
19 tation and translation services.

20 (F) The program will provide outreach
21 services to inform the community of the avail-
22 ability of the services of the program.

23 (c) PRIORITY FOR MEDICALLY UNDERSERVED COM-
24 MUNITIES.—A funding agreement for an award under sec-
25 tion 3 is that the applicant involved will give priority to

1 developing and operating community health advisor pro-
2 grams for medically underserved communities.

3 (d) CERTAIN DEFINITIONS.—

4 (1) COMMUNITY HEALTH ADVISOR.—For pur-
5 poses of this Act, the term “community health advi-
6 sor” means an individual—

7 (A) who has demonstrated the capacity to
8 carry out one or more of the authorized pro-
9 gram services;

10 (B) who, for not less than 1 year, has been
11 a resident of the community in which the com-
12 munity health advisor program involved is to be
13 operated; and

14 (C) is a member of a socioeconomic group
15 to be served by the program.

16 (2) HEALTHY PEOPLE 2000 OBJECTIVES.—For
17 purposes of this Act, the term “Healthy People 2000
18 Objectives” means the objectives established by the
19 Secretary toward increasing the span of healthy life,
20 reducing health disparities among various popu-
21 lations, and providing access to preventive services,
22 which objectives apply to the health status of the
23 population of the United States for the year 2000.

1 (3) MEDICALLY UNDERSERVED COMMUNITY.—
2 For purposes of this Act, the term “medically under-
3 served community” means—

4 (A) a community that has a substantial
5 number of individuals who are members of a
6 medically underserved population, as defined in
7 section 330 of the Public Health Service Act; or

8 (B) a community a significant portion of
9 which is a health professional shortage area
10 designated under section 332 of such Act.

11 **SEC. 5. ADDITIONAL AGREEMENTS.**

12 (a) IDENTIFICATION OF COMMUNITY NEEDS.—A
13 funding agreement for an award under section 3 that the
14 applicant involved will—

15 (1) identify the needs of the community in-
16 volved for the authorized program services;

17 (2) in identifying such needs, consult with
18 members of the community, with individuals and
19 programs that provide health services in the commu-
20 nity, and with individuals and programs that provide
21 health-related social services in the community; and

22 (3) consider such needs in carrying out a com-
23 munity health advisor program for the community.

24 (b) MATCHING FUNDS.—

1 (1) IN GENERAL.—With respect to the cost of
2 carrying out a community health advisor program, a
3 funding agreement for an award under section 3 is
4 that the applicant involved will make available (di-
5 rectly or through donations from public or private
6 entities) non-Federal contributions toward such cost
7 in an amount that is not less than 25 percent of
8 such cost.

9 (2) DETERMINATION OF AMOUNT CONTRIB-
10 UTED.—

11 (A) Non-Federal contributions required in
12 paragraph (1) may be in cash or in kind, fairly
13 evaluated, including plant, equipment, or serv-
14 ices. Amounts provided by the Federal Govern-
15 ment, or services assisted or subsidized to any
16 significant extent by the Federal Government,
17 may not be included in determining the amount
18 of such non-Federal contributions.

19 (B) With respect to the State in which the
20 community health advisor program involved is
21 to be carried out, amounts provided by the
22 State in compliance with subsection (c) shall be
23 included in determining the amount of non-Fed-
24 eral contributions under paragraph (1).

1 (c) MAINTENANCE OF EFFORT.—With respect to the
2 purposes for which an award under section 3 is authorized
3 in this Act to be expended, the Secretary may make such
4 an award only if the State involved agrees to maintain
5 expenditures of non-Federal amounts for such purposes
6 at a level that is not less than the level of such expendi-
7 tures maintained by the State for the fiscal year preceding
8 the first fiscal year for which such an award is made with
9 respect to the State.

10 (d) CULTURAL CONTEXT OF SERVICES.—A funding
11 agreement for an award under section 3 for an applicant
12 is that the services of the community health advisor pro-
13 gram involved will be provided in the language and cul-
14 tural context most appropriate for the individuals served
15 by the program.

16 (e) NUMBER OF PROGRAMS PER AWARD; PROGRAMS
17 FOR URBAN AND RURAL AREAS.—A funding agreement
18 for an award under section 3 for an applicant is that the
19 number of community health advisor programs operated
20 in the State with the award will be determined by the Sec-
21 retary, except that (subject to section 4(b)(1)(B)) such a
22 program will be carried out in not less than one urban
23 area of the State, and in not less than one rural area of
24 the State.

1 (f) ONGOING SUPERVISION OF ADVISORS.—A fund-
2 ing agreement for an award under section 3 is that the
3 applicant involved will ensure that each community health
4 advisor program operated with the award provides for the
5 ongoing supervision of the community health advisors of
6 the program.

7 (g) CERTAIN EXPENDITURES.—

8 (1) TRAINING; CONTINUING EDUCATION.—
9 Funding agreements for an award under section 3
10 include the following:

11 (A) The applicant involved will ensure
12 that, for each community health advisor pro-
13 gram operated with the award, a program is
14 carried out to train community health advisors
15 to provide the authorized program services, in-
16 cluding practical experiences in providing serv-
17 ices for health promotion and disease preven-
18 tion.

19 (B) The program of training will provide
20 for the continuing education of the community
21 health advisors.

22 (C) Not more than 15 percent of the
23 award will be expended for the program of
24 training.

1 (2) COMPENSATION.—With respect to compli-
2 ance with the agreements made under this Act, the
3 purposes for which an award under section 3 may be
4 expended include providing compensation for the
5 services of community health advisors.

6 (h) REPORTS TO SECRETARY; ASSESSMENT OF EF-
7 FECTIVENESS.—Funding agreements for an award under
8 section 3 for an applicant include the following:

9 (1) The applicant will ensure that, for each fis-
10 cal year for which a community health advisor pro-
11 gram receives amounts from the award, the program
12 will prepare a report describing the activities of the
13 program for such year, including—

14 (A) a specification of the number of indi-
15 viduals served by the program;

16 (B) a specification of the entities with
17 which the program has collaborated in carrying
18 out the purpose described in section 4(a)(1);
19 and

20 (C) an assessment of the extent of the ef-
21 fectiveness of the program in carrying out such
22 purpose.

23 (2) Such reports will include such additional in-
24 formation regarding the applicant and the programs
25 as the Secretary may require.

1 (3) The applicant will prepare the reports as a
2 single document and will submit the document to the
3 Secretary not later than February 1 of the fiscal
4 year following the fiscal year for which the reports
5 were prepared.

6 **SEC. 6. APPLICATION FOR ASSISTANCE; STATE PLAN.**

7 The Secretary may make an award under section 3
8 only if—

9 (1) an application for the award is submitted to
10 the Secretary;

11 (2) the application is submitted not later than
12 the date specified by the Secretary;

13 (3) the application contains each funding agree-
14 ment described in this Act;

15 (4) the application contains a State plan de-
16 scribing the purposes for which the award is to be
17 expended in the State, including a description of the
18 manner in which the applicant will comply with each
19 such funding agreement; and

20 (5) the application is in such form, is made in
21 such manner, and contains such agreements, assur-
22 ances, and information as the Secretary determines
23 to be necessary to carry out this Act.

1 **SEC. 7. DETERMINATION OF AMOUNT OF ALLOTMENT.**

2 (a) IN GENERAL.—For purposes of section 3, the al-
3 lotment under this section with respect to a State for a
4 fiscal year is the greater of—

5 (1) the sum of the respective amounts deter-
6 mined for the State under subsection (b) and sub-
7 section (c); and

8 (2) \$500,000.

9 (b) AMOUNT RELATING TO POPULATION.—For pur-
10 poses of subsection (a), the amount determined under this
11 subsection is the product of—

12 (1) an amount equal to 50 percent of the
13 amount appropriated under section 12 for the fiscal
14 year and available for awards under section 3; and

15 (2) the percentage constituted by the ratio of—

16 (A) the number of individuals residing in
17 the State involved; to

18 (B) the sum of the respective amounts de-
19 termined for each State under subparagraph

20 (A).

21 (c) AMOUNT RELATING TO POVERTY LEVEL.—For
22 purposes of subsection (a), the amount determined under
23 this subsection is the product of—

24 (1) the amount determined under subsection
25 (b)(1); and

26 (2) the percentage constituted by the ratio of—

1 (A) the number of individuals residing in
2 the State whose income is at or below an
3 amount equal to 200 percent of the official pov-
4 erty line; to

5 (B) the sum of the respective amounts de-
6 termined for each State under subparagraph

7 (A).

8 **SEC. 8. QUALITY ASSURANCE; COST-EFFECTIVENESS.**

9 The Secretary shall establish guidelines for assuring
10 the quality of community health advisor programs (includ-
11 ing quality in the training of community health advisors)
12 and for assuring the cost-effectiveness of the programs.
13 A funding agreement for an award under section 3 is that
14 the applicant involved will carry out such programs in ac-
15 cordance with the guidelines.

16 **SEC. 9. EVALUATIONS; TECHNICAL ASSISTANCE.**

17 (a) EVALUATIONS.—The Secretary shall conduct
18 evaluations of community health advisor programs, and
19 may disseminate information developed as result of the
20 evaluations. In conducting such evaluations, the Secretary
21 shall determine whether the programs are in compliance
22 with the guidelines established under section 8.

23 (b) TECHNICAL ASSISTANCE.—The Secretary may
24 provide technical assistance to recipients of awards under

1 section 3 with respect to the planning, development, and
2 operation of community health advisor programs.

3 (c) GRANTS AND CONTRACTS.—The Secretary may
4 carry out this section directly or through grants, coopera-
5 tive agreements, or contracts.

6 (d) LIMITATION ON EXPENDITURES.—Of the
7 amounts appropriated under section 12 for a fiscal year,
8 the Secretary may reserve not more than 10 percent for
9 carrying out this section.

10 **SEC. 10. RULE OF CONSTRUCTION REGARDING PROGRAMS**
11 **OF INDIAN HEALTH SERVICE.**

12 This Act may not be construed as requiring the Sec-
13 retary to modify or terminate the program carried out by
14 the Director of the Indian Health Service and designated
15 by such Director as the Community Health Representative
16 Program. The Secretary shall ensure that support for such
17 Program is not supplanted by awards under section 3. In
18 communities in which both such Program and a commu-
19 nity health advisor program are being carried out, the Sec-
20 retary shall ensure that the community health advisor pro-
21 gram works in cooperation with, and as a complement to,
22 the Community Health Representative Program.

23 **SEC. 11. DEFINITIONS.**

24 For purposes of this Act:

1 (1) The term “authorized program services”,
2 with respect to a community health advisor program,
3 means the services specified in section 4(b)(2).

4 (2) The term “community health advisor” has
5 the meaning given such term in section 4(d).

6 (3) The term “community health advisor pro-
7 gram” means a program carried out under section
8 4(b).

9 (4) The term “financial assistance”, with re-
10 spect to an award under section 3, means a grant,
11 cooperative agreement, or a contract.

12 (5) The term “funding agreement” means an
13 agreement required as a condition of receiving an
14 award under section 3.

15 (6) The term “Healthy People 2000 Objectives”
16 has the meaning given such term in section 4(d).

17 (7) The term “medically underserved commu-
18 nity” has the meaning given such term in section
19 4(d).

20 (8) The term “official poverty line” means the
21 official poverty line established by the Director of
22 the Office of Management and Budget and revised
23 by the Secretary in accordance with section 673(2)
24 of the Omnibus Budget Reconciliation Act of 1981.

1 (9) The term “Secretary” means the Secretary
2 of Health and Human Services.

3 (10) The term “State” means each of the sev-
4 eral States, the District of Columbia, and each of
5 the Commonwealth of Puerto Rico, American
6 Samoa, Guam, the Commonwealth of the Northern
7 Mariana Islands, the Virgin Islands, and the Trust
8 Territory of the Pacific Islands.

9 (11) The term “State involved”, with respect to
10 an applicant for an award under section 3, means
11 the State in which the applicant is to carry out a
12 community health advisor program.

13 **SEC. 12. FUNDING.**

14 (a) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purpose of carrying out this Act, there is authorized to
16 be appropriated \$100,000,000 for each of the fiscal years
17 1995 through 2000.

18 (b) EFFECT OF INSUFFICIENT APPROPRIATIONS FOR
19 MINIMUM ALLOTMENTS.—

20 (1) IN GENERAL.—If the amounts made avail-
21 able under subsection (a) for a fiscal year are insuf-
22 ficient for providing each State (or entity designated
23 by the State pursuant to section 3, as the case may
24 be) with an award under section 3 in an amount
25 equal to or greater than the amount specified in sec-

1 tion 7(a)(2), the Secretary shall, from such amounts
2 as are made available under subsection (a), make
3 such awards on a discretionary basis.

4 (2) RULE OF CONSTRUCTION.—For purposes of
5 paragraph (1), awards under section 3 are made on
6 a discretionary basis if the Secretary determines
7 which States (or entities designated by States pursu-
8 ant to such section, as the case may be) are to re-
9 ceive such awards, subject to meeting the require-
10 ments of this Act for such an award, and the Sec-
11 retary determines the amount of such awards.

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