

106TH CONGRESS  
2D SESSION

# S. 1880

---

## AN ACT

To amend the Public Health Service Act to improve the health of minority individuals.

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 “Minority Health and Health Disparities Research and  
6 Education Act of 2000”.

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

Sec. 1. Short title; table of contents.  
 Sec. 2. Findings.

TITLE I—IMPROVING MINORITY HEALTH AND REDUCING  
 HEALTH DISPARITIES THROUGH NATIONAL INSTITUTES OF  
 HEALTH; ESTABLISHMENT OF NATIONAL CENTER

Sec. 101. Establishment of National Center on Minority Health and Health  
 Disparities.  
 Sec. 102. Centers of excellence for research education and training.  
 Sec. 103. Extramural loan repayment program for minority health disparities  
 research.  
 Sec. 104. General provisions regarding the Center.  
 Sec. 105. Report regarding resources of National Institutes of Health dedicated  
 to minority and other health disparities research.

TITLE II—HEALTH DISPARITIES RESEARCH BY AGENCY FOR  
 HEALTHCARE RESEARCH AND QUALITY

Sec. 201. Health disparities research by Agency for Healthcare Research and  
 Quality.

TITLE III—DATA COLLECTION RELATING TO RACE OR  
 ETHNICITY

Sec. 301. Study and report by National Academy of Sciences.

TITLE IV—HEALTH PROFESSIONS EDUCATION

Sec. 401. Health professions education in health disparities.  
 Sec. 402. National conference on health professions education and health dis-  
 parities.  
 Sec. 403. Advisory responsibilities in health professions education in health dis-  
 parities and cultural competency.

TITLE V—PUBLIC AWARENESS AND DISSEMINATION OF  
 INFORMATION ON HEALTH DISPARITIES

Sec. 501. Public awareness and information dissemination.

TITLE VI—MISCELLANEOUS PROVISIONS

Sec. 601. Departmental definition regarding minority individuals.  
 Sec. 602. Conforming provision regarding definitions.  
 Sec. 603. Effective date.

3 **SEC. 2. FINDINGS.**

4 The Congress finds as follows:

5 (1) Despite notable progress in the overall  
 6 health of the Nation, there are continuing disparities

1 in the burden of illness and death experienced by Af-  
2 rican Americans, Hispanics, Native Americans, Alas-  
3 ka Natives, and Asian Pacific Islanders, compared  
4 to the United States population as a whole.

5 (2) The largest numbers of the medically under-  
6 served are white individuals, and many of them have  
7 the same health care access problems as do members  
8 of minority groups. Nearly 20,000,000 white individ-  
9 uals live below the poverty line with many living in  
10 non-metropolitan, rural areas such as Appalachia,  
11 where the high percentage of counties designated as  
12 health professional shortage areas (47 percent) and  
13 the high rate of poverty contribute to disparity out-  
14 comes. However, there is a higher proportion of ra-  
15 cial and ethnic minorities in the United States rep-  
16 resented among the medically underserved.

17 (3) There is a national need for minority sci-  
18 entists in the fields of biomedical, clinical, behav-  
19 ioral, and health services research. Ninety percent of  
20 minority physicians educated at Historically Black  
21 Medical Colleges live and serve in minority commu-  
22 nities.

23 (4) Demographic trends inspire concern about  
24 the Nation's ability to meet its future scientific,  
25 technological and engineering workforce needs. His-

1       torically, non-Hispanic white males have made up  
2       the majority of the United States scientific, techno-  
3       logical, and engineering workers.

4               (5) The Hispanic and Black population will in-  
5       crease significantly in the next 50 years. The sci-  
6       entific, technological, and engineering workforce may  
7       decrease if participation by underrepresented minori-  
8       ties remains the same.

9               (6) Increasing rates of Black and Hispanic  
10       workers can help ensure strong scientific, techno-  
11       logical, and engineering workforce.

12              (7) Individuals such as underrepresented minori-  
13       ties and women in the scientific, technological, and  
14       engineering workforce enable society to address its  
15       diverse needs.

16              (8) If there had not been a substantial increase  
17       in the number of science and engineering degrees  
18       awarded to women and underrepresented minorities  
19       over the past few decades, the United States would  
20       be facing even greater shortages in scientific, techno-  
21       logical, and engineering workers.

22              (9) In order to effectively promote a diverse and  
23       strong 21st Century scientific, technological, and en-  
24       gineering workforce, Federal agencies should expand  
25       or add programs that effectively overcome barriers

1 such as educational transition from one level to the  
2 next and student requirements for financial re-  
3 sources.

4 (10) Federal agencies should work in concert  
5 with the private nonprofit sector to emphasize the  
6 recruitment and retention of qualified individuals  
7 from ethnic and gender groups that are currently  
8 underrepresented in the scientific, technological, and  
9 engineering workforce.

10 (11) Behavioral and social sciences research has  
11 increased awareness and understanding of factors  
12 associated with health care utilization and access,  
13 patient attitudes toward health services, and risk  
14 and protective behaviors that affect health and ill-  
15 ness. These factors have the potential to then be  
16 modified to help close the health disparities gap  
17 among ethnic minority populations. In addition,  
18 there is a shortage of minority behavioral science re-  
19 searchers and behavioral health care professionals.  
20 According to the National Science Foundation, only  
21 15.5 percent of behavioral research-oriented psy-  
22 chology doctorate degrees were awarded to minority  
23 students in 1997. In addition, only 17.9 percent of  
24 practice-oriented psychology doctorate degrees were  
25 awarded to ethnic minorities.

1 **TITLE I—IMPROVING MINORITY**  
 2 **HEALTH AND REDUCING**  
 3 **HEALTH DISPARITIES**  
 4 **THROUGH NATIONAL INSTI-**  
 5 **TUTES OF HEALTH; ESTAB-**  
 6 **LISHMENT OF NATIONAL**  
 7 **CENTER**

8 **SEC. 101. ESTABLISHMENT OF NATIONAL CENTER ON MI-**  
 9 **NORITY HEALTH AND HEALTH DISPARITIES.**

10 (a) **IN GENERAL.**—Part E of title IV of the Public  
 11 Health Service Act (42 U.S.C. 287 et seq.) is amended  
 12 by adding at the end the following subpart:

13 “Subpart 6—National Center on Minority Health and  
 14 Health Disparities

15 **“SEC. 485E. PURPOSE OF CENTER.**

16 “(a) **IN GENERAL.**—The general purpose of the Na-  
 17 tional Center on Minority Health and Health Disparities  
 18 (in this subpart referred to as the ‘Center’) is the conduct  
 19 and support of research, training, dissemination of infor-  
 20 mation, and other programs with respect to minority  
 21 health conditions and other populations with health dis-  
 22 parities.

23 “(b) **PRIORITIES.**—The Director of the Center shall  
 24 in expending amounts appropriated under this subpart

1 give priority to conducting and supporting minority health  
2 disparities research.

3 “(c) MINORITY HEALTH DISPARITIES RESEARCH.—

4 For purposes of this subpart:

5 “(1) The term ‘minority health disparities re-  
6 search’ means basic, clinical, and behavioral research  
7 on minority health conditions (as defined in para-  
8 graph (2)), including research to prevent, diagnose,  
9 and treat such conditions.

10 “(2) The term ‘minority health conditions’, with  
11 respect to individuals who are members of minority  
12 groups, means all diseases, disorders, and conditions  
13 (including with respect to mental health and sub-  
14 stance abuse)—

15 “(A) unique to, more serious, or more  
16 prevalent in such individuals;

17 “(B) for which the factors of medical risk  
18 or types of medical intervention may be dif-  
19 ferent for such individuals, or for which it is  
20 unknown whether such factors or types are dif-  
21 ferent for such individuals; or

22 “(C) with respect to which there has been  
23 insufficient research involving such individuals  
24 as subjects or insufficient data on such individ-  
25 uals.

1           “(3) The term ‘minority group’ has the mean-  
2           ing given the term ‘racial and ethnic minority group’  
3           in section 1707.

4           “(4) The terms ‘minority’ and ‘minorities’ refer  
5           to individuals from a minority group.

6           “(d) HEALTH DISPARITY POPULATIONS.—For pur-  
7           poses of this subpart:

8           “(1) A population is a health disparity popu-  
9           lation if, as determined by the Director of the Cen-  
10          ter after consultation with the Director of the Agen-  
11          cy for Healthcare Research and Quality, there is a  
12          significant disparity in the overall rate of disease in-  
13          cidence, prevalence, morbidity, mortality, or survival  
14          rates in the population as compared to the health  
15          status of the general population.

16          “(2) The Director shall give priority consider-  
17          ation to determining whether minority groups qual-  
18          ify as health disparity populations under paragraph  
19          (1).

20          “(3) The term ‘health disparities research’  
21          means basic, clinical, and behavioral research on  
22          health disparity populations (including individual  
23          members and communities of such populations) that  
24          relates to health disparities as defined under para-  
25          graph (1), including the causes of such disparities



1 and methods to prevent, diagnose, and treat such  
2 disparities.

3 “(e) COORDINATION OF ACTIVITIES.—The Director  
4 of the Center shall act as the primary Federal official with  
5 responsibility for coordinating all minority health dispari-  
6 ties research and other health disparities research con-  
7 ducted or supported by the National Institutes of Health,  
8 and—

9 “(1) shall represent the health disparities re-  
10 search program of the National Institutes of Health,  
11 including the minority health disparities research  
12 program, at all relevant Executive branch task  
13 forces, committees and planning activities; and

14 “(2) shall maintain communications with all rel-  
15 evant Public Health Service agencies, including the  
16 Indian Health Service, and various other depart-  
17 ments of the Federal Government to ensure the  
18 timely transmission of information concerning ad-  
19 vances in minority health disparities research and  
20 other health disparities research between these var-  
21 ious agencies for dissemination to affected commu-  
22 nities and health care providers.

23 “(f) COLLABORATIVE COMPREHENSIVE PLAN AND  
24 BUDGET.—

1           “(1) IN GENERAL.—Subject to the provisions of  
2 this section and other applicable law, the Director of  
3 NIH, the Director of the Center, and the directors  
4 of the other agencies of the National Institutes of  
5 Health in collaboration (and in consultation with the  
6 advisory council for the Center) shall—

7           “(A) establish a comprehensive plan and  
8 budget for the conduct and support of all mi-  
9 nority health disparities research and other  
10 health disparities research activities of the  
11 agencies of the National Institutes of Health  
12 (which plan and budget shall be first estab-  
13 lished under this subsection not later than 12  
14 months after the date of the enactment of this  
15 subpart);

16           “(B) ensure that the plan and budget es-  
17 tablish priorities among the health disparities  
18 research activities that such agencies are au-  
19 thorized to carry out;

20           “(C) ensure that the plan and budget es-  
21 tablish objectives regarding such activities, de-  
22 scribes the means for achieving the objectives,  
23 and designates the date by which the objectives  
24 are expected to be achieved;

1           “(D) ensure that, with respect to amounts  
2           appropriated for activities of the Center, the  
3           plan and budget give priority in the expenditure  
4           of funds to conducting and supporting minority  
5           health disparities research;

6           “(E) ensure that all amounts appropriated  
7           for such activities are expended in accordance  
8           with the plan and budget;

9           “(F) review the plan and budget not less  
10          than annually, and revise the plan and budget  
11          as appropriate;

12          “(G) ensure that the plan and budget serve  
13          as a broad, binding statement of policies re-  
14          garding minority health disparities research and  
15          other health disparities research activities of the  
16          agencies, but do not remove the responsibility of  
17          the heads of the agencies for the approval of  
18          specific programs or projects, or for other de-  
19          tails of the daily administration of such activi-  
20          ties, in accordance with the plan and budget;  
21          and

22          “(H) promote coordination and collabora-  
23          tion among the agencies conducting or sup-  
24          porting minority health or other health dispari-  
25          ties research.

1           “(2) CERTAIN COMPONENTS OF PLAN AND  
2 BUDGET.—With respect to health disparities re-  
3 search activities of the agencies of the National In-  
4 stitutes of Health, the Director of the Center shall  
5 ensure that the plan and budget under paragraph  
6 (1) provide for—

7           “(A) basic research and applied research,  
8 including research and development with re-  
9 spect to products;

10           “(B) research that is conducted by the  
11 agencies;

12           “(C) research that is supported by the  
13 agencies;

14           “(D) proposals developed pursuant to so-  
15 licitations by the agencies and for proposals de-  
16 veloped independently of such solicitations; and

17           “(E) behavioral research and social  
18 sciences research, which may include cultural  
19 and linguistic research in each of the agencies.

20           “(3) MINORITY HEALTH DISPARITIES RE-  
21 SEARCH.—The plan and budget under paragraph (1)  
22 shall include a separate statement of the plan and  
23 budget for minority health disparities research.

24           “(g) PARTICIPATION IN CLINICAL RESEARCH.—The  
25 Director of the Center shall work with the Director of

1 NIH and the directors of the agencies of the National In-  
2 stitutes of Health to carry out the provisions of section  
3 492B that relate to minority groups.

4 “(h) RESEARCH ENDOWMENTS.—

5 “(1) IN GENERAL.—The Director of the Center  
6 may carry out a program to facilitate minority  
7 health disparities research and other health dispari-  
8 ties research by providing for research endowments  
9 at centers of excellence under section 736.

10 “(2) ELIGIBILITY.—The Director of the Center  
11 may provide for a research endowment under para-  
12 graph (1) only if the institution involved meets the  
13 following conditions:

14 “(A) The institution does not have an en-  
15 dowment that is worth in excess of an amount  
16 equal to 50 percent of the national average of  
17 endowment funds at institutions that conduct  
18 similar biomedical research or training of health  
19 professionals.

20 “(B) The application of the institution  
21 under paragraph (1) regarding a research en-  
22 dowment has been recommended pursuant to  
23 technical and scientific peer review and has  
24 been approved by the advisory council under  
25 subsection (j).

1       “(i) CERTAIN ACTIVITIES.—In carrying out sub-  
2 section (a), the Director of the Center—

3               “(1) shall assist the Director of the National  
4 Center for Research Resources in carrying out sec-  
5 tion 481(c)(3) and in committing resources for con-  
6 struction at Institutions of Emerging Excellence;

7               “(2) shall establish projects to promote coopera-  
8 tion among Federal agencies, State, local, tribal, and  
9 regional public health agencies, and private entities  
10 in health disparities research; and

11              “(3) may utilize information from previous  
12 health initiatives concerning minorities and other  
13 health disparity populations.

14       “(j) ADVISORY COUNCIL.—

15              “(1) IN GENERAL.—The Secretary shall, in ac-  
16 cordance with section 406, establish an advisory  
17 council to advise, assist, consult with, and make rec-  
18 ommendations to the Director of the Center on mat-  
19 ters relating to the activities described in subsection  
20 (a), and with respect to such activities to carry out  
21 any other functions described in section 406 for ad-  
22 visory councils under such section. Functions under  
23 the preceding sentence shall include making rec-  
24 ommendations on budgetary allocations made in the  
25 plan under subsection (f), and shall include review-

1 ing reports under subsection (k) before the reports  
2 are submitted under such subsection.

3 “(2) MEMBERSHIP.—With respect to the mem-  
4 bership of the advisory council under paragraph (1),  
5 a majority of the members shall be individuals with  
6 demonstrated expertise regarding minority health  
7 disparity and other health disparity issues; rep-  
8 resentatives of communities impacted by minority  
9 and other health disparities shall be included; and a  
10 diversity of health professionals shall be represented.  
11 The membership shall in addition include a rep-  
12 resentative of the Office of Behavioral and Social  
13 Sciences Research under section 404A.

14 “(k) ANNUAL REPORT.—The Director of the Center  
15 shall prepare an annual report on the activities carried out  
16 or to be carried out by the Center, and shall submit each  
17 such report to the Committee on Health, Education,  
18 Labor, and Pensions of the Senate, the Committee on  
19 Commerce of the House of Representatives, the Secretary,  
20 and the Director of NIH. With respect to the fiscal year  
21 involved, the report shall—

22 “(1) describe and evaluate the progress made in  
23 health disparities research conducted or supported  
24 by the national research institutes;

1           “(2) summarize and analyze expenditures made  
2           for activities with respect to health disparities re-  
3           search conducted or supported by the National Insti-  
4           tutes of Health;

5           “(3) include a separate statement applying the  
6           requirements of paragraphs (1) and (2) specifically  
7           to minority health disparities research; and

8           “(4) contain such recommendations as the Di-  
9           rector considers appropriate.

10          “(1) AUTHORIZATION OF APPROPRIATIONS.—For the  
11          purpose of carrying out this subpart, there are authorized  
12          to be appropriated \$100,000,000 for fiscal year 2001, and  
13          such sums as may be necessary for each of the fiscal years  
14          2002 through 2005. Such authorization of appropriations  
15          is in addition to other authorizations of appropriations  
16          that are available for the conduct and support of minority  
17          health disparities research or other health disparities re-  
18          search by the agencies of the National Institutes of  
19          Health.”.

20          (b) CONFORMING AMENDMENT.—Part A of title IV  
21          of the Public Health Service Act (42 U.S.C. 281 et seq.)  
22          is amended—

23                  (1) in section 401(b)(2)—

24                          (A) in subparagraph (F), by moving the  
25                          subparagraph two ems to the left; and



1 (B) by adding at the end the following sub-  
2 paragraph:

3 “(G) The National Center on Minority Health  
4 and Health Disparities.”; and

5 (2) by striking section 404.

6 **SEC. 102. CENTERS OF EXCELLENCE FOR RESEARCH EDU-  
7 CATION AND TRAINING.**

8 Subpart 6 of part E of title IV of the Public Health  
9 Service Act, as added by section 101(a) of this Act, is  
10 amended by adding at the end the following section:

11 **“SEC. 485F. CENTERS OF EXCELLENCE FOR RESEARCH  
12 EDUCATION AND TRAINING.**

13 “(a) IN GENERAL.—The Director of the Center shall  
14 make awards of grants or contracts to designated bio-  
15 medical and behavioral research institutions under para-  
16 graph (1) of subsection (c), or to consortia under para-  
17 graph (2) of such subsection, for the purpose of assisting  
18 the institutions in supporting programs of excellence in  
19 biomedical and behavioral research training for individuals  
20 who are members of minority health disparity populations  
21 or other health disparity populations.

22 “(b) REQUIRED USE OF FUNDS.—An award may be  
23 made under subsection (a) only if the applicant involved  
24 agrees that the grant will be expended—

1           “(1) to train members of minority health dis-  
2           parity populations or other health disparity popu-  
3           lations as professionals in the area of biomedical or  
4           behavioral research or both; or

5           “(2) to expand, remodel, renovate, or alter ex-  
6           isting research facilities or construct new research  
7           facilities for the purpose of conducting minority  
8           health disparities research and other health dispari-  
9           ties research.

10          “(c) CENTERS OF EXCELLENCE.—

11           “(1) IN GENERAL.—For purposes of this sec-  
12           tion, a designated biomedical and behavioral re-  
13           search institution is a biomedical and behavioral re-  
14           search institution that—

15           “(A) has a significant number of members  
16           of minority health disparity populations or  
17           other health disparity populations enrolled as  
18           students in the institution (including individuals  
19           accepted for enrollment in the institution);

20           “(B) has been effective in assisting such  
21           students of the institution to complete the pro-  
22           gram of education or training and receive the  
23           degree involved;

24           “(C) has made significant efforts to recruit  
25           minority students to enroll in and graduate

1 from the institution, which may include pro-  
2 viding means-tested scholarships and other fi-  
3 nancial assistance as appropriate; and

4 “(D) has made significant recruitment ef-  
5 forts to increase the number of minority or  
6 other members of health disparity populations  
7 serving in faculty or administrative positions at  
8 the institution.

9 “(2) CONSORTIUM.—Any designated biomedical  
10 and behavioral research institution involved may,  
11 with other biomedical and behavioral institutions  
12 (designated or otherwise), including tribal health  
13 programs, form a consortium to receive an award  
14 under subsection (a).

15 “(3) APPLICATION OF CRITERIA TO OTHER  
16 PROGRAMS.—In the case of any criteria established  
17 by the Director of the Center for purposes of deter-  
18 mining whether institutions meet the conditions de-  
19 scribed in paragraph (1), this section may not, with  
20 respect to minority health disparity populations or  
21 other health disparity populations, be construed to  
22 authorize, require, or prohibit the use of such cri-  
23 teria in any program other than the program estab-  
24 lished in this section.

1       “(d) DURATION OF GRANT.—The period during  
2 which payments are made under a grant under subsection  
3 (a) may not exceed 5 years. Such payments shall be sub-  
4 ject to annual approval by the Director of the Center and  
5 to the availability of appropriations for the fiscal year in-  
6 volved to make the payments.

7       “(e) MAINTENANCE OF EFFORT.—

8           “(1) IN GENERAL.—With respect to activities  
9 for which an award under subsection (a) is author-  
10 ized to be expended, the Director of the Center may  
11 not make such an award to a designated research in-  
12 stitution or consortium for any fiscal year unless the  
13 institution, or institutions in the consortium, as the  
14 case may be, agree to maintain expenditures of non-  
15 Federal amounts for such activities at a level that is  
16 not less than the level of such expenditures main-  
17 tained by the institutions involved for the fiscal year  
18 preceding the fiscal year for which such institutions  
19 receive such an award.

20           “(2) USE OF FEDERAL FUNDS.—With respect  
21 to any Federal amounts received by a designated re-  
22 search institution or consortium and available for  
23 carrying out activities for which an award under  
24 subsection (a) is authorized to be expended, the Di-  
25 rector of the Center may make such an award only

1 if the institutions involved agree that the institutions  
2 will, before expending the award, expend the Federal  
3 amounts obtained from sources other than the  
4 award.

5 “(f) CERTAIN EXPENDITURES.—The Director of the  
6 Center may authorize a designated biomedical and behav-  
7 ioral research institution to expend a portion of an award  
8 under subsection (a) for research endowments.

9 “(g) DEFINITIONS.—For purposes of this section:

10 “(1) The term ‘designated biomedical and be-  
11 havioral research institution’ has the meaning indi-  
12 cated for such term in subsection (c)(1). Such term  
13 includes any health professions school receiving an  
14 award of a grant or contract under section 736.

15 “(2) The term ‘program of excellence’ means  
16 any program carried out by a designated biomedical  
17 and behavioral research institution with an award  
18 under subsection (a), if the program is for purposes  
19 for which the institution involved is authorized in  
20 subsection (b) to expend the grant.

21 “(h) AUTHORIZATION OF APPROPRIATIONS.—For the  
22 purpose of making grants under subsection (a), there are  
23 authorized to be appropriated such sums as may be nec-  
24 essary for each of the fiscal years 2001 through 2005.”.

1 **SEC. 103. EXTRAMURAL LOAN REPAYMENT PROGRAM FOR**  
2 **MINORITY HEALTH DISPARITIES RESEARCH.**

3 Subpart 6 of part E of title IV of the Public Health  
4 Service Act, as amended by section 102 of this Act, is  
5 amended by adding at the end the following section:

6 **“SEC. 485G. LOAN REPAYMENT PROGRAM FOR MINORITY**  
7 **HEALTH DISPARITIES RESEARCH.**

8 “(a) IN GENERAL.—The Director of the Center shall  
9 establish a program of entering into contracts with quali-  
10 fied health professionals under which such health profes-  
11 sionals agree to engage in minority health disparities re-  
12 search or other health disparities research in consideration  
13 of the Federal Government agreeing to repay, for each  
14 year of engaging in such research, not more than \$35,000  
15 of the principal and interest of the educational loans of  
16 such health professionals.

17 “(b) SERVICE PROVISIONS.—The provisions of sec-  
18 tions 338B, 338C, and 338E shall, except as inconsistent  
19 with subsection (a), apply to the program established in  
20 such subsection to the same extent and in the same man-  
21 ner as such provisions apply to the National Health Serv-  
22 ice Corps Loan Repayment Program established in sub-  
23 part III of part D of title III.

24 “(c) REQUIREMENT REGARDING HEALTH DISPARITY  
25 POPULATIONS.—The Director of the Center shall ensure  
26 that not fewer than 50 percent of the contracts entered

1 into under subsection (a) are for appropriately qualified  
 2 health professionals who are members of a health disparity  
 3 population.

4 “(d) PRIORITY.—With respect to minority health dis-  
 5 parities research and other health disparities research  
 6 under subsection (a), the Secretary shall ensure that pri-  
 7 ority is given to conducting projects of biomedical re-  
 8 search.

9 “(e) FUNDING.—

10 “(1) AUTHORIZATION OF APPROPRIATIONS.—

11 For the purpose of carrying out this section, there  
 12 are authorized to be appropriated such sums as may  
 13 be necessary for each of the fiscal years 2001  
 14 through 2005.

15 “(2) AVAILABILITY OF APPROPRIATIONS.—

16 Amounts available for carrying out this section shall  
 17 remain available until the expiration of the second  
 18 fiscal year beginning after the fiscal year for which  
 19 the amounts were made available.”.

20 **SEC. 104. GENERAL PROVISIONS REGARDING THE CENTER.**

21 Subpart 6 of part E of title IV of the Public Health  
 22 Service Act, as amended by section 103 of this Act, is  
 23 amended by adding at the end the following section:

1 **“SEC. 485H. GENERAL PROVISIONS REGARDING THE CEN-**  
2 **TER.**

3 “(a) ADMINISTRATIVE SUPPORT FOR CENTER.—The  
4 Secretary, acting through the Director of the National In-  
5 stitutes of Health, shall provide administrative support  
6 and support services to the Director of the Center and  
7 shall ensure that such support takes maximum advantage  
8 of existing administrative structures at the agencies of the  
9 National Institutes of Health.

10 “(b) EVALUATION AND REPORT.—

11 “(1) EVALUATION.—Not later than 5 years  
12 after the date of the enactment of this subpart, the  
13 Secretary shall conduct an evaluation to—

14 “(A) determine the effect of this subpart  
15 on the planning and coordination of health dis-  
16 parities research programs at the agencies of  
17 the National Institutes of Health;

18 “(B) evaluate the extent to which this sub-  
19 part has eliminated the duplication of adminis-  
20 trative resources among such Institutes, centers  
21 and divisions; and

22 “(C) provide, to the extent determined by  
23 the Secretary to be appropriate, recommenda-  
24 tions concerning future legislative modifications  
25 with respect to this subpart, for both minority



1 health disparities research and other health dis-  
2 parities research.

3 “(2) MINORITY HEALTH DISPARITIES RE-  
4 SEARCH.—The evaluation under paragraph (1) shall  
5 include a separate statement that applies subpara-  
6 graphs (A) and (B) of such paragraph to minority  
7 health disparities research.

8 “(3) REPORT.—Not later than 1 year after the  
9 date on which the evaluation is commenced under  
10 paragraph (1), the Secretary shall prepare and sub-  
11 mit to the Committee on Health, Education, Labor,  
12 and Pensions of the Senate, and the Committee on  
13 Commerce of the House of Representatives, a report  
14 concerning the results of such evaluation.”.

15 **SEC. 105. REPORT REGARDING RESOURCES OF NATIONAL**  
16 **INSTITUTES OF HEALTH DEDICATED TO MI-**  
17 **NORITY AND OTHER HEALTH DISPARITIES**  
18 **RESEARCH.**

19 Not later than December 1, 2003, the Director of the  
20 National Center on Minority Health and Health Dispari-  
21 ties (established by the amendment made by section  
22 101(a)), after consultation with the advisory council for  
23 such Center, shall submit to the Congress, the Secretary  
24 of Health and Human Services, and the Director of the

1 National Institutes of Health a report that provides the  
2 following:

3           (1) Recommendations for the methodology that  
4           should be used to determine the extent of the re-  
5           sources of the National Institutes of Health that are  
6           dedicated to minority health disparities research and  
7           other health disparities research, including deter-  
8           mining the amount of funds that are used to con-  
9           duct and support such research. With respect to  
10          such methodology, the report shall address any dis-  
11          crepancies between the methodology used by such  
12          Institutes as of the date of the enactment of this Act  
13          and the methodology used by the Institute of Medi-  
14          cine as of such date.

15          (2) A determination of whether and to what ex-  
16          tent, relative to fiscal year 1999, there has been an  
17          increase in the level of resources of the National In-  
18          stitutes of Health that are dedicated to minority  
19          health disparities research, including the amount of  
20          funds used to conduct and support such research.  
21          The report shall include provisions describing wheth-  
22          er and to what extent there have been increases in  
23          the number and amount of awards to minority serv-  
24          ing institutions.

1 **TITLE II—HEALTH DISPARITIES**  
2 **RESEARCH BY AGENCY FOR**  
3 **HEALTHCARE RESEARCH**  
4 **AND QUALITY**

5 **SEC. 201. HEALTH DISPARITIES RESEARCH BY AGENCY FOR**  
6 **HEALTHCARE RESEARCH AND QUALITY.**

7 (a) GENERAL.—Part A of title IX of the Public  
8 Health Service Act (42 U.S.C. 299 et seq.) is amended—

9 (1) in section 902, by striking subsection (g);

10 and

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

12 **“SEC. 903. RESEARCH ON HEALTH DISPARITIES.**

13 **“(a) IN GENERAL.—**The Director shall—

14 **“(1) conduct and support research to identify**  
15 **populations for which there is a significant disparity**  
16 **in the quality, outcomes, cost, or use of health care**  
17 **services or access to and satisfaction with such serv-**  
18 **ices, as compared to the general population;**

19 **“(2) conduct and support research on the**  
20 **causes of and barriers to reducing the health dis-**  
21 **parities identified in paragraph (1), taking into ac-**  
22 **count such factors as socioeconomic status, attitudes**  
23 **toward health, the language spoken, the extent of**  
24 **formal education, the area or community in which**

1 the population resides, and other factors the Direc-  
2 tor determines to be appropriate;

3 “(3) conduct and support research and support  
4 demonstration projects to identify, test, and evaluate  
5 strategies for reducing or eliminating health dispari-  
6 ties, including development or identification of effec-  
7 tive service delivery models, and disseminate effec-  
8 tive strategies and models;

9 “(4) develop measures and tools for the assess-  
10 ment and improvement of the outcomes, quality, and  
11 appropriateness of health care services provided to  
12 health disparity populations;

13 “(5) in carrying out section 902(c), provide  
14 support to increase the number of researchers who  
15 are members of health disparity populations, and the  
16 health services research capacity of institutions that  
17 train such researchers; and

18 “(6) beginning with fiscal year 2003, annually  
19 submit to the Congress a report regarding prevailing  
20 disparities in health care delivery as it relates to ra-  
21 cial factors and socioeconomic factors in priority  
22 populations.

23 “(b) RESEARCH AND DEMONSTRATION PROJECTS.—

1           “(1) IN GENERAL.—In carrying out subsection  
2 (a), the Director shall conduct and support research  
3 and support demonstrations to—

4           “(A) identify the clinical, cultural, socio-  
5 economic, geographic, and organizational fac-  
6 tors that contribute to health disparities, in-  
7 cluding minority health disparity populations,  
8 which research shall include behavioral re-  
9 search, such as examination of patterns of clin-  
10 ical decisionmaking, and research on access,  
11 outreach, and the availability of related support  
12 services (such as cultural and linguistic serv-  
13 ices);

14           “(B) identify and evaluate clinical and or-  
15 ganizational strategies to improve the quality,  
16 outcomes, and access to care for health dis-  
17 parity populations, including minority health  
18 disparity populations;

19           “(C) test such strategies and widely dis-  
20 seminate those strategies for which there is sci-  
21 entific evidence of effectiveness; and

22           “(D) determine the most effective ap-  
23 proaches for disseminating research findings to  
24 health disparity populations, including minority  
25 populations.

1           “(2) USE OF CERTAIN STRATEGIES.—In car-  
2           rying out this section, the Director shall implement  
3           research strategies and mechanisms that will en-  
4           hance the involvement of individuals who are mem-  
5           bers of minority health disparity populations or  
6           other health disparity populations, health services re-  
7           searchers who are such individuals, institutions that  
8           train such individuals as researchers, members of  
9           minority health disparity populations or other health  
10          disparity populations for whom the Agency is at-  
11          tempting to improve the quality and outcomes of  
12          care, and representatives of appropriate tribal or  
13          other community-based organizations with respect to  
14          health disparity populations. Such research strate-  
15          gies and mechanisms may include the use of—

16                 “(A) centers of excellence that can dem-  
17                 onstrate, either individually or through con-  
18                 sortia, a combination of multi-disciplinary ex-  
19                 pertise in outcomes or quality improvement re-  
20                 search, linkages to relevant sites of care, and a  
21                 demonstrated capacity to involve members and  
22                 communities of health disparity populations, in-  
23                 cluding minority health disparity populations, in  
24                 the planning, conduct, dissemination, and  
25                 translation of research;

1           “(B) provider-based research networks, in-  
2           cluding health plans, facilities, or delivery sys-  
3           tem sites of care (especially primary care), that  
4           make extensive use of health care providers who  
5           are members of health disparity populations or  
6           who serve patients in such populations and have  
7           the capacity to evaluate and promote quality  
8           improvement;

9           “(C) service delivery models (such as  
10           health centers under section 330 and the Indian  
11           Health Service) to reduce health disparities;  
12           and

13           “(D) innovative mechanisms or strategies  
14           that will facilitate the translation of past re-  
15           search investments into clinical practices that  
16           can reasonably be expected to benefit these pop-  
17           ulations.

18           “(c) QUALITY MEASUREMENT DEVELOPMENT.—

19           “(1) IN GENERAL.—To ensure that health dis-  
20           parity populations, including minority health dis-  
21           parity populations, benefit from the progress made  
22           in the ability of individuals to measure the quality  
23           of health care delivery, the Director shall support  
24           the development of quality of health care measures  
25           that assess the experience of such populations with

1 health care systems, such as measures that assess  
2 the access of such populations to health care, the  
3 cultural competence of the care provided, the quality  
4 of the care provided, the outcomes of care, or other  
5 aspects of health care practice that the Director de-  
6 termines to be important.

7 “(2) EXAMINATION OF CERTAIN PRACTICES.—  
8 The Director shall examine the practices of pro-  
9 viders that have a record of reducing health dispari-  
10 ties or have experience in providing culturally com-  
11 petent health services to minority health disparity  
12 populations or other health disparity populations. In  
13 examining such practices of providers funded under  
14 the authorities of this Act, the Director shall consult  
15 with the heads of the relevant agencies of the Public  
16 Health Service.

17 “(3) REPORT.—Not later than 36 months after  
18 the date of the enactment of this section, the Sec-  
19 retary, acting through the Director, shall prepare  
20 and submit to the appropriate committees of Con-  
21 gress a report describing the state-of-the-art of qual-  
22 ity measurement for minority and other health dis-  
23 parity populations that will identify critical unmet  
24 needs, the current activities of the Department to



1 address those needs, and a description of related ac-  
2 tivities in the private sector.

3 “(d) DEFINITION.—For purposes of this section:

4 “(1) The term ‘health disparity population’ has  
5 the meaning given such term in section 485E, except  
6 that in addition to the meaning so given, the Direc-  
7 tor may determine that such term includes popu-  
8 lations for which there is a significant disparity in  
9 the quality, outcomes, cost, or use of health care  
10 services or access to or satisfaction with such serv-  
11 ices as compared to the general population.

12 “(2) The term ‘minority’, with respect to popu-  
13 lations, refers to racial and ethnic minority groups  
14 as defined in section 1707.”.

15 (b) FUNDING.—Section 927 of the Public Health  
16 Service Act (42 U.S.C. 299c–6) is amended by adding at  
17 the end the following:

18 “(d) HEALTH DISPARITIES RESEARCH.—For the  
19 purpose of carrying out the activities under section 903,  
20 there are authorized to be appropriated \$50,000,000 for  
21 fiscal year 2001, and such sums as may be necessary for  
22 each of the fiscal years 2002 through 2005.”.

1 **TITLE III—DATA COLLECTION**  
2 **RELATING TO RACE OR ETH-**  
3 **NICITY**

4 **SEC. 301. STUDY AND REPORT BY NATIONAL ACADEMY OF**  
5 **SCIENCES.**

6 (a) STUDY.—The National Academy of Sciences shall  
7 conduct a comprehensive study of the Department of  
8 Health and Human Services' data collection systems and  
9 practices, and any data collection or reporting systems re-  
10 quired under any of the programs or activities of the De-  
11 partment, relating to the collection of data on race or eth-  
12 nicity, including other Federal data collection systems  
13 (such as the Social Security Administration) with which  
14 the Department interacts to collect relevant data on race  
15 and ethnicity.

16 (b) REPORT.—Not later than 1 year after the date  
17 of enactment of this Act, the National Academy of  
18 Sciences shall prepare and submit to the Committee on  
19 Health, Education, Labor, and Pensions of the Senate and  
20 the Committee on Commerce of the House of Representa-  
21 tives, a report that—

22 (1) identifies the data needed to support efforts  
23 to evaluate the effects of socioeconomic status, race  
24 and ethnicity on access to health care and other  
25 services and on disparity in health and other social

1 outcomes and the data needed to enforce existing  
2 protections for equal access to health care;

3 (2) examines the effectiveness of the systems  
4 and practices of the Department of Health and  
5 Human Services described in subsection (a), includ-  
6 ing pilot and demonstration projects of the Depart-  
7 ment, and the effectiveness of selected systems and  
8 practices of other Federal, State, and tribal agencies  
9 and the private sector, in collecting and analyzing  
10 such data;

11 (3) contains recommendations for ensuring that  
12 the Department of Health and Human Services, in  
13 administering its entire array of programs and ac-  
14 tivities, collects, or causes to be collected, reliable  
15 and complete information relating to race and eth-  
16 nicity; and

17 (4) includes projections about the costs associ-  
18 ated with the implementation of the recommenda-  
19 tions described in paragraph (3), and the possible ef-  
20 fects of the costs on program operations.

21 (c) AUTHORIZATION OF APPROPRIATIONS.—For the  
22 purpose of carrying out this section, there are authorized  
23 to be appropriated such sums as may be necessary for fis-  
24 cal year 2001.

1                   **TITLE IV—HEALTH**  
2                   **PROFESSIONS EDUCATION**

3   **SEC. 401. HEALTH PROFESSIONS EDUCATION IN HEALTH**  
4                   **DISPARITIES.**

5           (a) IN GENERAL.—Part B of title VII of the Public  
6 Health Service Act (42 U.S.C. 293 et seq.) is amended  
7 by inserting after section 740 the following:

8   **“SEC. 741. GRANTS FOR HEALTH PROFESSIONS EDU-**  
9                   **CATION.**

10           “(a) GRANTS FOR HEALTH PROFESSIONS EDU-  
11 CATION IN HEALTH DISPARITIES AND CULTURAL COM-  
12 PETENCY.—

13                   “(1) IN GENERAL.—The Secretary, acting  
14 through the Administrator of the Health Resources  
15 and Services Administration, may make awards of  
16 grants, contracts, or cooperative agreements to pub-  
17 lic and nonprofit private entities (including tribal en-  
18 tities) for the purpose of carrying out research and  
19 demonstration projects (including research and dem-  
20 onstration projects for continuing health professions  
21 education) for training and education of health pro-  
22 fessionals for the reduction of disparities in health  
23 care outcomes and the provision of culturally com-  
24 petent health care.

1           “(2) ELIGIBLE ENTITIES.—Unless specifically  
2           required otherwise in this title, the Secretary shall  
3           accept applications for grants or contracts under  
4           this section from health professions schools, aca-  
5           demic health centers, State or local governments, or  
6           other appropriate public or private nonprofit entities  
7           (or consortia of entities, including entities promoting  
8           multidisciplinary approaches) for funding and par-  
9           ticipation in health professions training activities.  
10          The Secretary may accept applications from for-  
11          profit private entities as determined appropriate by  
12          the Secretary.

13          “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
14          are authorized to be appropriated to carry out subsection  
15          (a), \$3,500,000 for fiscal year 2001, \$7,000,000 for fiscal  
16          year 2002, \$7,000,000 for fiscal year 2003, and  
17          \$3,500,000 for fiscal year 2004.”.

18          (b) NURSING EDUCATION.—Part A of title VIII of  
19          the Public Health Service Act (42 U.S.C. 296 et seq.) is  
20          amended—

21                  (1) by redesignating section 807 as section 808;

22                  and

23                  (2) by inserting after section 806 the following:

1 **“SEC. 807. GRANTS FOR HEALTH PROFESSIONS EDU-**  
 2 **CATION.**

3       “(a) GRANTS FOR HEALTH PROFESSIONS EDU-  
 4 CATION IN HEALTH DISPARITIES AND CULTURAL COM-  
 5 PETENCY.—The Secretary, acting through the Adminis-  
 6 trator of the Health Resources and Services Administra-  
 7 tion, may make awards of grants, contracts, or cooperative  
 8 agreements to eligible entities for the purpose of carrying  
 9 out research and demonstration projects (including re-  
 10 search and demonstration projects for continuing health  
 11 professions education) for training and education for the  
 12 reduction of disparities in health care outcomes and the  
 13 provision of culturally competent health care. Grants  
 14 under this section shall be the same as provided in section  
 15 741.”.

16       “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
 17 are to be appropriated to carry out subsection (a) such  
 18 sums as may be necessary for each of the fiscal years 2001  
 19 through 2004.”.

20 **SEC. 402. NATIONAL CONFERENCE ON HEALTH PROFES-**  
 21 **SIONS EDUCATION AND HEALTH DISPARI-**  
 22 **TIES.**

23       (a) IN GENERAL.—Not later than 1 year after the  
 24 date of enactment of this Act, the Secretary of Health and  
 25 Human Services (in this section referred to as the “Sec-  
 26 retary”), acting through the Administrator of the Health

1 Resources and Services Administration, shall convene a  
2 national conference on health professions education as a  
3 method for reducing disparities in health outcomes.

4 (b) PARTICIPANTS.—The Secretary shall include in  
5 the national conference convened under subsection (a) ad-  
6 vocacy groups and educational entities as described in sec-  
7 tion 741 of the Public Health Service Act (as added by  
8 section 401), tribal health programs, health centers under  
9 section 330 of such Act, and other interested parties.

10 (c) ISSUES.—The national conference convened under  
11 subsection (a) shall include, but is not limited to, issues  
12 that address the role and impact of health professions edu-  
13 cation on the reduction of disparities in health outcomes,  
14 including the role of education on cultural competency.  
15 The conference shall focus on methods to achieve reduc-  
16 tions in disparities in health outcomes through health pro-  
17 fessions education (including continuing education pro-  
18 grams) and strategies for outcomes measurement to assess  
19 the effectiveness of education in reducing disparities.

20 (d) PUBLICATION OF FINDINGS.—Not later than 6  
21 months after the national conference under subsection (a)  
22 has convened, the Secretary shall publish in the Federal  
23 Register a summary of the proceedings and findings of  
24 the conference.

1 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated such sums as may be nec-  
3 essary to carry out this section.

4 **SEC. 403. ADVISORY RESPONSIBILITIES IN HEALTH PRO-**  
5 **FESIONS EDUCATION IN HEALTH DISPARI-**  
6 **TIES AND CULTURAL COMPETENCY.**

7 Section 1707 of the Public Health Service Act (42  
8 U.S.C. 300u-6) is amended—

9 (1) in subsection (b), by adding at the end the  
10 following paragraph:

11 “(10) Advise in matters related to the develop-  
12 ment, implementation, and evaluation of health pro-  
13 fessions education in decreasing disparities in health  
14 care outcomes, including cultural competency as a  
15 method of eliminating health disparities.”;

16 (2) in subsection (c)(2), by striking “para-  
17 graphs (1) through (9)” and inserting “paragraphs  
18 (1) through (10)”; and

19 (3) in subsection (d), by amending paragraph  
20 (1) to read as follows:

21 “(1) **RECOMMENDATIONS REGARDING LAN-**  
22 **GUAGE.—**

23 “(A) **PROFICIENCY IN SPEAKING**  
24 **ENGLISH.—**The Deputy Assistant Secretary  
25 shall consult with the Director of the Office of



1 International and Refugee Health, the Director  
 2 of the Office of Civil Rights, and the Directors  
 3 of other appropriate departmental entities re-  
 4 garding recommendations for carrying out ac-  
 5 tivities under subsection (b)(9).

6 “(B) HEALTH PROFESSIONS EDUCATION  
 7 REGARDING HEALTH DISPARITIES.—The Dep-  
 8 uty Assistant Secretary shall carry out the du-  
 9 ties under subsection (b)(10) in collaboration  
 10 with appropriate personnel of the Department  
 11 of Health of Human Services, other Federal  
 12 agencies, and other offices, centers, and institu-  
 13 tions, as appropriate, that have responsibilities  
 14 under the Minority Health and Health Dispari-  
 15 ties Research and Education Act of 2000.”.

16 **TITLE V—PUBLIC AWARENESS**  
 17 **AND DISSEMINATION OF IN-**  
 18 **FORMATION ON HEALTH DIS-**  
 19 **PARITIES**

20 **SEC. 501. PUBLIC AWARENESS AND INFORMATION DISSEMI-**  
 21 **NATION.**

22 (a) PUBLIC AWARENESS ON HEALTH DISPARI-  
 23 TIES.—The Secretary of Health and Human Services (in  
 24 this section referred to as the “Secretary”) shall conduct  
 25 a national campaign to inform the public and health care

1 professionals about health disparities in minority and  
2 other underserved populations by disseminating informa-  
3 tion and materials available on specific diseases affecting  
4 these populations and programs and activities to address  
5 these disparities. The campaign shall—

6           (1) have a specific focus on minority and other  
7           underserved communities with health disparities;  
8           and

9           (2) include an evaluation component to assess  
10          the impact of the national campaign in raising  
11          awareness of health disparities and information on  
12          available resources.

13          (b) DISSEMINATION OF INFORMATION ON HEALTH  
14          DISPARITIES.—The Secretary shall develop and imple-  
15          ment a plan for the dissemination of information and find-  
16          ings with respect to health disparities under titles I, II,  
17          III, and IV of this Act. The plan shall—

18               (1) include the participation of all agencies of  
19               the Department of Health and Human Services that  
20               are responsible for serving populations included in  
21               the health disparities research; and

22               (2) have agency-specific strategies for dissemi-  
23               nating relevant findings and information on health  
24               disparities and improving health care services to af-  
25               fected communities.

1           **TITLE VI—MISCELLANEOUS**  
 2                           **PROVISIONS**

3   **SEC. 601. DEPARTMENTAL DEFINITION REGARDING MINOR-**  
 4                           **ITY INDIVIDUALS.**

5           Section 1707(g)(1) of the Public Health Service Act  
 6 (42 U.S.C. 300u-6) is amended—

7                   (1) by striking “Asian Americans and” and in-  
 8                   serting “Asian Americans;”; and

9                   (2) by inserting “Native Hawaiians and other”  
 10                  before “Pacific Islanders;”.

11   **SEC. 602. CONFORMING PROVISION REGARDING DEFINI-**  
 12                           **TIONS.**

13           For purposes of this Act, the term “racial and ethnic  
 14   minority group” has the meaning given such term in sec-  
 15   tion 1707 of the Public Health Service Act.

16   **SEC. 603. EFFECTIVE DATE.**

17           This Act and the amendments made by this Act take  
 18   effect October 1, 2000, or upon the date of the enactment  
 19   of this Act, whichever occurs later.

          Passed the Senate October 26 (legislative day, Sep-  
 tember 22), 2000.

Attest:

*Secretary.*



106TH CONGRESS  
2D SESSION

**S. 1880**

---

---

**AN ACT**

To amend the Public Health Service Act to improve  
the health of minority individuals.

S 1880 ES—2

S 1880 ES—3

S 1880 ES—4

S 1880 ES—5