106TH CONGRESS
1ST SESSION

S. 1880

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

IN THE SENATE OF THE UNITED STATES

NOVEMBER 8, 1999

Mr. KENNEDY (for himself, Mr. AKAKA, Mr. INOUYE, Mrs. LINCOLN, and Mr. WELLSTONE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

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 "Health Care Fairness Act of 1999".
6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

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

TITLE I—IMPROVING MINORITY HEALTH THROUGH THE NATIONAL INSTITUTES OF HEALTH

Sec. 101. Research on minority health.

"PART J—RESEARCH ON MINORITY HEALTH

"Sec. 499A. Establishment of Center.
"Sec. 499B. Advisory Council.
"Sec. 499C. Comprehensive plan and budget.
"Sec. 499D. Center funding.
"Sec. 499E. Centers of excellence for research on health disparities and training.
"Sec. 499F. Loan repayment program for biomedical research.
"Sec. 499G. Additional authorities.
"Sec. 499H. General provisions regarding the Center.

TITLE II—MEDICAL EDUCATION

Sec. 201. Grants for health care education curricula development.
Sec. 202. National Conference on Continuing Health Professional Education and Disparity in Health Outcomes.
Sec. 203. Advisory Committee.
Sec. 204. Cultural competency clearinghouse.

TITLE III—MINORITY HEALTH RESEARCH BY THE AGENCY FOR HEALTH CARE POLICY AND RESEARCH

Sec. 301. Minority health research by the Agency for Health Care Policy and Research.

TITLE IV—DATA COLLECTION RELATING TO RACE OR ETHNICITY

Sec. 401. Study and report by National Academy of Sciences.

TITLE V—PUBLIC AWARENESS

Sec. 501. Public awareness.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) The United States ranks below most indus-
4 trialized nations in health status as measured by
5 longevity, sickness, and mortality.

6 (2) The United States ranks 24th among indus-
7 trialized nations in infant mortality.

8 (3) This poor rank in health status is attributed
9 in large measure to the lower health status of Amer-
10 ica's minority populations.

1 (4) Many minority groups suffer disproportion-
2 ately from cancer. Disparities exist in both mortality
3 and incidence rates. For men and women combined,
4 African Americans have a cancer death rate about
5 35 percent higher than that for whites. Paralleling
6 the death rate, the incidence rate for lung cancer in
7 African American men is about 50 percent higher
8 than white men. Native Hawaiian men also have ele-
9 vated rates of lung cancer compared with white men.
10 Alaskan Native men and women suffer from higher
11 rates of cancers of the colon and rectum than do
12 whites. Vietnamese women in the United States have
13 a cervical cancer incidence rate more than 5 times
14 greater than white women. Hispanic women also suf-
15 fer elevated rates of cervical cancer.
16 (5) Infant death rates among African Amer-
17 ican, Native Americans and Alaskan Natives, and
18 Hispanics were well above the national average. The
19 greatest disparity exists for African Americans. The
20 overall Native American rate does not reflect the di-
21 versity among Indian communities, some of which
22 have infant mortality rates approaching twice the
23 national rate.
24 (6) Sudden infant death syndrome (referred to
25 in this section as ''SIDS'') accounts for approxi-

1 mately 10 percent of all infant deaths in the first
2 year of life. Minority populations are at greater risk
3 for SIDS. In addition to the greater risks among Af-
4 rican Americans, the rates are 3 to 4 times as high
5 for some Native American and Alaskan Native popu-
6 lations.
7 (7) Cardiovascular disease is the leading cause
8 of death for all racial and ethnic groups. Major dis-
9 parities exist among population groups, with a dis-
10 proportionate burden of death and disability from
11 cardiovascular disease in minority and low-income
12 populations. Stroke is the only leading cause of
13 death for which mortality is higher for Asian-Amer-
14 ican males than for white males.
15 (8) Racial and ethnic minorities have higher
16 rates of hypertension, tend to develop hypertension
17 at an earlier age, and are less likely to undergo
18 treatment to control their high blood pressure.
19 (9) Diabetes, the seventh leading cause of death
20 in the United States, is a serious public health prob-
21 lem affecting racial and ethnic communities. The
22 prevalence of diabetes in African Americans is ap-
23 proximately 70 percent higher than whites and the
24 prevalence in Hispanics is nearly double that of
25 whites. The prevalence rate of diabetes among Na-

1 tive Americans and Alaskan Natives is more than
2 twice that for the total population and at least 1
3 tribe, the Pimas of Arizona, have the highest known
4 prevalence of diabetes of any population in the
5 world.

6 (10) The human immunodeficiency virus (re-
7 ferred to in this section as ''HIV''), which causes ac-
8 quired immune deficiency syndrome (referred to in
9 this section as ''AIDS''), results in disproportionate
10 suffering in minority populations. Minority persons
11 represent 25 percent of the total United States pop-
12 ulation, but 54 percent of all cases of AIDS.

13 (11) More than 75 percent of AIDS cases re-
14 ported among women and children occur in minority
15 women and children.

16 (12) Nearly 2 of 5 (38 percent) Hispanic
17 adults, 1 of 4 (24 percent) African American adults,
18 and 1 of 4 (24 percent) Asian-American adults are
19 uninsured, compared with 1 of 7 (14 percent) white
20 adults.

21 (13) Elderly minorities experience disparities in
22 access to care and health status, in part because
23 medicare covers only half the health care expenses of
24 older Americans.

1 (14) Two of 5 Hispanic and 2 of 5 African
2 Americans age 65 and older rate their health status
3 as fair or poor, compared with less than 1 of 4 (23
4 percent) white Americans 65 and over.
5 (15) Nearly 2 of 5 (39 percent) African Amer-
6 ican adults and almost half (46 percent) of Hispanic
7 adults report that they do not have a regular doctor,
8 compared with 1 of 4 (26 percent) of white adults.
9 (16) Minority Americans 65 and older are less
10 likely to have a regular doctor or to see a specialist.
11 (17) Ninety percent of minority physicians pro-
12 duced by Historically Black Medical Colleges live
13 and serve in minority communities.
14 (18) Almost half (45 percent) of Hispanic
15 adults, 2 of 5 (41 percent) Asian-American adults,
16 and more than 1 of 3 (35 percent) African American
17 adults report difficulty paying for medical care, com-
18 pared with 1 of 4 (26 percent) white adults.
19 (19) Despite suffering disproportionate rates of
20 illness, death, and disability, minorities have not
21 been proportionately represented in many clinical re-
22 search trials, except in studies of behavioral risk fac-
23 tors associated with negative stereotypes.

1 (20) Culturally sensitive approaches to research
2 are needed to encourage minority participation in re-
3 search studies.
4 (21) There is a national need for minority sci-
5 entists in the field of biomedical, clinical, and health
6 services research.
7 (22) In 1990, only 3.3 percent of all United
8 States medical school faculties were underrep-
9 resented minority persons.
10 (23) Only 1 percent of full professors were
11 underrepresented minority persons in 1990.
12 (24) The proportion of underrepresented mi-
13 norities in high academic ranks, such as professors
14 and associated professors, decreased from 1980 to
15 1990.
16 (25) African Americans with identical com-
17 plaints of chest pain are less likely than white Amer-
18 icans to be referred by physicians for sophisticated
19 cardiac tests.
20 (26) Cultural competency training in medical
21 schools and residency training programs has the po-
22 tential to reduce disparities in health care and
23 health outcomes.
24 (27) More detailed data on health disparities is
25 needed to—

1 (A) evaluate the impact that race and eth-
2 nicity have on health status, access to care, and
3 quality of care; and
4 (B) enforce existing protections for equal
5 access to care.

6 TITLE I—IMPROVING MINORITY 7 HEALTH THROUGH THE NA- 8 TIONAL INSTITUTES OF 9 HEALTH

10 SEC. 101. RESEARCH ON MINORITY HEALTH.

11 Title IV of the Public Health Service Act (42 U.S.C.
12 281 et seq.) is amended by adding at the end the fol-
13 lowing:

14 "PART J—RESEARCH ON MINORITY HEALTH

15 "SEC. 499A. ESTABLISHMENT OF CENTER.

16 "(a) IN GENERAL.—There is established within the
17 National Institutes of Health an organization to be known
18 as the Center for Research on Minority Health and Health
19 Disparities (referred to in this part as the 'Center'). The
20 Center shall be headed by a director, who shall be ap-
21 pointed by the Secretary and shall report to the Director
22 of the National Institutes of Health.

23 "(b) TASK FORCE.—The Director of the Center shall
24 chair a trans-NIH task force that is composed of Institute
25 Directors, NIH senior staff, and representatives of other

1 public health agencies, that will establish a comprehensive
2 plan and budget estimates under section 499C for minor-
3 ity health that should be conducted or supported by the
4 national research institutes, and shall recommend an
5 agenda for conducting and supporting such research.

6 "(c) DUTIES.—

7 "(1) INTERAGENCY COORDINATION OF MINOR-
8 ITY HEALTH RESEARCH.—With respect to minority
9 health, the Director of the Center shall facilitate the
10 establishment of, and provide administrative support
11 to, the task force referred to in subsection (b) to
12 plan, coordinate, and evaluate all research conducted
13 at or funded by NIH.

14 "(2) MINORITY HEALTH RESEARCH INFORMA-
15 TION SYSTEM.—The Director of the Center shall es-
16 tablish a minority health research information sys-
17 tem in order to track minority-related research,
18 training, and construction. The system shall capture,
19 for each minority-related research, training, or con-
20 struction project year-end data.

21 "(3) CONSULTATIONS.—The Director of the
22 Center shall carry out this part (including devel-
23 oping and revising the plan required in section
24 499C) in consultation with the Advisory Council es-
25 tablished under section 499B, the heads of the agen-

1 cies of the National Institutes of Health, and the
2 advisory councils of such agencies.
3 "(4) COORDINATION.—The Director of the Cen-
4 ter shall act as the primary Federal official with re-
5 sponsibility for monitoring all minority health re-
6 search conducted or supported by the National Insti-
7 tutes of Health, and—
8 "(A) shall serve to represent the National
9 Institutes of Health minority health research
10 program at all relevant Executive branch task
11 forces, committees and planning activities; and
12 "(B) shall maintain communications with
13 all relevant Public Health Service agencies and
14 with various other departments of the Federal
15 Government, to ensure the timely transmission
16 of information concerning advances in minority
17 health research between these various agencies
18 for dissemination to affected communities and
19 health care providers.
20 "(d) INNOVATIVE GRANTS.—
21 "(1) IN GENERAL.—The Director of the Center,
22 in consultation with the Advisory Council, shall iden-
23 tify areas of insufficient minority health research at
24 the Institutes and Centers, and shall provide funds
25 to the Institutes and Centers for the awarding of

1 peer-reviewed grants for innovative projects that ad-
2 dress high priority areas of minority health research
3 that are not adequately addressed by other Insti-
4 tutes or Centers.

5 "(2) EXCEPTIONAL CIRCUMSTANCES.—

6 "(A) IN GENERAL.—If the Director of the
7 Center determines that the Institutes or Cen-
8 ters are unwilling or unable to award a grant
9 under paragraph (1) for the conduct of a re-
10 search project identified under such paragraph,
11 the Director, in consultation with the Advisory
12 Council, shall award 1 or more peer reviewed
13 grants to support such research project.

14 "(B) LIMITATION.—The total amount of
15 grants awarded under subparagraph (A) for a
16 fiscal year shall not exceed an amount equal to
17 10 percent of the total final budget for the mi-
18 nority health disparities comprehensive plan for
19 the National Institutes of Health for the fiscal
20 year, or $130,000,000, whichever is greater.

21 "(3) ADMINISTRATION OF RESEARCH PRO-
22 POSALS.—

23 "(A) REQUESTS.—The Director of the
24 Center may issue requests for research pro-

1 posals in areas identified under paragraph
2 (2)(A).
3 ''(B) DELEGATION.—The Director of the
4 Center may delegate responsibility for the re-
5 view and management of research proposals
6 under this subsection to another Institute or
7 Center, or to the Center for Scientific Review.
8 ''(C) FINAL APPROVAL.—The Director of
9 the Center may issue a final approval of re-
10 search awards under paragraph (1) so long as
11 such approval is provided within 30 days of the
12 date on which the award is approved by an In-
13 stitute or Center.
14 ''(e) DEFINITIONS.—In this part:
15 ''(1) MINORITY HEALTH CONDITIONS.—The
16 term 'minority health conditions', with respect to in-
17 dividuals who are members of racial, ethnic, and in-
18 digenous (including Native Americans, Alaskan Na-
19 tives, and Native Hawaiians) minority groups,
20 means all diseases, disorders, and conditions (includ-
21 ing with respect to mental health)—
22 ''(A) unique to, more serious, or more
23 prevalent in such individuals;

1 ‘‘(B) for which the factors of medical risk
2 or types of medical intervention are different
3 for such individuals; or
4 ‘‘(C) which have been found to result in
5 health disparities but for which insufficient re-
6 search has been conducted.
7 ‘‘(2) MINORITY HEALTH RESEARCH.—The term
8 ‘minority health research’ means basic and clinical
9 research on minority health conditions, including re-
10 search on preventing such conditions.
11 **‘‘SEC. 499B. ADVISORY COUNCIL.**
12 ‘‘(a) IN GENERAL.—The Secretary shall establish an
13 advisory council (referred to in this part as the ‘Advisory
14 Council’), pursuant to the Federal Advisory Committee
15 Act, for the purpose of providing advice to the Director
16 of the Center on carrying out this part.
17 ‘‘(b) COMPOSITION.—The Advisory Council shall be
18 composed of not less than 18, and not more than 24 indi-
19 viduals, who are not officers or employees of the Federal
20 Government, to be appointed by the Secretary. A majority
21 of the members of the Advisory Council shall be individ-
22 uals with demonstrated expertise regarding minority
23 health issues. The Advisory Council shall include rep-
24 resentatives of communities impacted by racial and ethnic

1 health disparities. The Director of the Center shall serve
2 as the chairperson of the Advisory Council.

3 **"SEC. 499C. COMPREHENSIVE PLAN AND BUDGET.**

4 ''(a) IN GENERAL.—Subject to this section and other
5 applicable law, the Director of the Center (in consultation
6 with the Advisory Council) and the members of the Task
7 Force established under section 499A, in carrying out sec-
8 tion 499A, shall—

9 ''(1) establish a comprehensive plan and budget
10 for the conduct and support of all minority health
11 research activities of the agencies of the National In-
12 stitutes of Health (which plan shall be first estab-
13 lished under this subsection not later than 12
14 months after the date of the enactment of this part),
15 which budget shall be submitted to the Secretary,
16 the Director of the Office of Management and Budg-
17 et and Congress and included in the annual budget
18 justification for the National Institutes of Health;

19 ''(2) ensure that the plan and budget estab-
20 lishes priorities, consistent with sound medical and
21 scientific judgment, among the minority health re-
22 search activities that such agencies are authorized to
23 carry out;

24 ''(3) ensure that the plan and budget estab-
25 lishes objectives regarding such activities, describes

1 the means for achieving the objectives, and des-
2 ignates the date by which the objectives are expected
3 to be achieved;
4 "(4) ensure that all amounts appropriated for
5 such activities are expended in accordance with the
6 plan and budget;
7 "(5) review the plan and budget not less than
8 annually, and coordinate revisions to the plan as ap-
9 propriate; and
10 "(6) ensure that the plan and budget serve as
11 a broad, binding statement of policies regarding mi-
12 nority health research activities of the agencies, but
13 does not remove the responsibility of the heads of
14 the agencies for the approval of specific programs or
15 projects, grant management, or for other details of
16 the daily administration of such activities, in accord-
17 ance with the plan and budget.
18 "(b) CERTAIN COMPONENTS.—With respect to mi-
19 nority health research activities of the agencies of the Na-
20 tional Institutes of Health, the plan and budget shall—
21 "(1) provide for basic research;
22 "(2) provide for clinical research;
23 "(3) provide for research that is conducted by
24 the agencies;

1 "(4) provide for research that is supported by
2 the agencies;
3 "(5) provide for proposals developed pursuant
4 to solicitations by the agencies and for proposals de-
5 veloped independently of such solicitations; and
6 "(6) provide for prevention research, behavioral
7 research and social sciences research.
8 "(c) APPROVAL.—The plan and budget established
9 under this section are subject to the approval of the Direc-
10 tor of the Center and the Director of the National Insti-
11 tutes of Health.
12 "(d) BUDGET ITEMS FOR MINORITY HEALTH.—In
13 the Budget of the United States that is submitted to Con-
14 gress by the President, the President shall, with respect
15 to each Institute or agency of the National Institutes of
16 Health, include a separate line item account for the
17 amount that each such Institute or agency requests for
18 minority health activities.
19 **"SEC. 499D. CENTER FUNDING.**
20 "For the purpose of carrying out administrative func-
21 tions related to minority health research activities under
22 the plan under sections 499A, 499B, and 499C, there are
23 authorized to be appropriated $100,000,000 for fiscal year
24 2000, and such sums as may be necessary for each of fis-
25 cal years 2001 through 2004.

1 **"SEC. 499E. CENTERS OF EXCELLENCE FOR RESEARCH ON**
2 **HEALTH DISPARITIES AND TRAINING.**

3 "(a) IN GENERAL.—The Secretary, acting through
4 the Director of the National Institutes of Health, shall
5 make grants to, and enter into contracts with, designated
6 biomedical research institutions described in subsection
7 (c), and other public and nonprofit health or educational
8 entities, for the purpose of assisting the institutions in
9 supporting programs of excellence in biomedical research
10 education for under-represented minority individuals.

11 "(b) REQUIRED USE OF FUNDS.—

12 "(1) IN GENERAL.—The Secretary may not
13 make a grant under subsection (a) unless the des-
14 ignated biomedical research institution involved
15 agrees, subject to subsection (c)(1)(B), to expend
16 the grant—

17 "(A) to conduct minority health research
18 and research into the nature of health dispari-
19 ties that affect racial, ethnic, and indigenous
20 minorities, the causes of such disparities, and
21 remedies for such disparities;

22 "(B) to train minorities as professionals in
23 the area of biomedical research;

24 "(C) to expand, remodel, renovate, or alter
25 existing research facilities or construct new re-
26 search facilities for the purpose of conducting

1 biomedical research related to health dispari-
2 ties; or
3 "(D) to establish or increase an endow-
4 ment fund in accordance with paragraph (2).
5 "(2) ENDOWMENT FUNDS.—
6 "(A) IN GENERAL.—Except as provided in
7 subparagraph (B), an institution that meets the
8 requirements of subparagraph (B) may utilize
9 not to exceed 35 percent of the amounts re-
10 ceived under a grant under subsection (a) to es-
11 tablish or increase an endowment fund at the
12 institution. Amounts used under this subpara-
13 graph shall be dedicated exclusively to the sup-
14 port of biomedical research and the associated
15 costs of such research.
16 "(B) REQUIREMENTS.—To be eligible to
17 use funds as provided for under subparagraph
18 (A), an institution shall not have a endowment
19 fund that is worth in excess of an amount equal
20 to 50 percent of the national average of all en-
21 dowment funds at all institutions that are of
22 the same biomedical research discipline.
23 "(c) CENTERS OF EXCELLENCE.—

1 "(1) GENERAL CONDITIONS.—The conditions
2 specified in this paragraph are that a designated
3 biomedical research institution—
4 "(A) has a significant number of under-
5 represented minority individuals enrolled in the
6 institution, including individuals accepted for
7 enrollment in the institution;
8 "(B) has been effective in assisting under-
9 represented minority students of the institution
10 to complete the program of education and re-
11 ceive the degree involved;
12 "(C) has been effective in recruiting under-
13 represented minority individuals to enroll in and
14 graduate from the institution, including pro-
15 viding scholarships and other financial assist-
16 ance to such individuals and encouraging
17 under-represented minority students from all
18 levels of the educational pipeline to pursue bio-
19 medical research careers; and
20 "(D) has made significant recruitment ef-
21 forts to increase the number of under-rep-
22 resented minority individuals serving in faculty
23 or administrative positions at the institution.
24 "(2) CONSORTIUM.—Any designated biomedical
25 research institution involved may, with other bio-

1 medical institutions (designated or otherwise) form a
2 consortium to carry out the purposes described in
3 subsection (b) at the institutions of the consortium.
4 ''(3) APPLICATION OF CRITERIA TO OTHER
5 PROGRAMS.—In the case of any criteria established
6 by the Secretary for purposes of determining wheth-
7 er institutions meet the conditions described in para-
8 graph (1), this section may not, with respect to ra-
9 cial, ethnic, and indigenous minorities, be construed
10 to authorize, require, or prohibit the use of such cri-
11 teria in any program other than the program estab-
12 lished in this section.
13 ''(d) DURATION OF GRANT.—The period during
14 which payments are made under a grant under subsection
15 (a) may not exceed 5 years. Such payments shall be sub-
16 ject to annual approval by the Secretary and to the avail-
17 ability of appropriations for the fiscal year involved to
18 make the payments.
19 ''(e) DEFINITIONS.—In this section:
20 ''(1) MINORITY.—The term 'minority' means an
21 individual from a racial or ethnic group that is
22 under-represented in health research.
23 ''(2) PROGRAM OF EXCELLENCE.—The term
24 'program of excellence' means any program carried
25 out by a designated biomedical research institution

1 with a grant made under subsection (a), if the pro-
2 gram is for purposes for which the institution in-
3 volved is authorized in subsection (b) or (c) to ex-
4 pend the grant.

5 "(f) FUNDING.—

6 "(1) AUTHORIZATION OF APPROPRIATIONS.—
7 For the purpose of making grants under subsection
8 (a), there are authorized to be appropriated such
9 sums as may be necessary for each of the fiscal
10 years 2000 through 2004.

11 "(2) NO LIMITATION.—Nothing in this sub-
12 section shall be construed as limiting the centers of
13 excellence referred to in this section to the des-
14 ignated amount, or to preclude such entities from
15 competing for other grants under this section.

16 "(3) MAINTENANCE OF EFFORT.—

17 "(A) IN GENERAL.—With respect to activi-
18 ties for which a grant made under this part are
19 authorized to be expended, the Secretary may
20 not make such a grant to a center of excellence
21 for any fiscal year unless the center agrees to
22 maintain expenditures of non-Federal amounts
23 for such activities at a level that is not less
24 than the level of such expenditures maintained
25 by the center for the fiscal year preceding the

1 fiscal year for which the institution receives
2 such a grant.
3 "(B) USE OF FEDERAL FUNDS.—With re-
4 spect to any Federal amounts received by a cen-
5 ter of excellence and available for carrying out
6 activities for which a grant under this part is
7 authorized to be expended, the Secretary may
8 not make such a grant to the center for any fis-
9 cal year unless the center agrees that the center
10 will, before expending the grant, expend the
11 Federal amounts obtained from sources other
12 than the grant.

13 **"SEC. 499F. LOAN REPAYMENT PROGRAM FOR BIOMEDICAL**
14 **RESEARCH.**

15 "(a) IN GENERAL.—The Secretary, acting through
16 the Director of the National Institutes of Health, shall es-
17 tablish a program of entering into contracts with qualified
18 health professionals under which such health professionals
19 agree to engage in minority health research or research
20 into the nature of health disparities that affect racial, eth-
21 nic, and indigenous populations, in consideration of the
22 Federal Government agreeing to repay, for each year of
23 such service, not more than $35,000 of the principal and
24 interest of the educational loans of such health profes-
25 sionals.

1 "(b) SERVICE PROVISIONS.—The provisions of sec-
2 tions 338B, 338C, and 338E shall, except as inconsistent
3 with subsection (a), apply to the program established in
4 such subsection (a) to the same extent and in the same
5 manner as such provisions apply to the National Health
6 Service Corps Loan Repayment Program established in
7 subpart III of part D of title III.
8 "(c) AVAILABILITY OF APPROPRIATIONS.—Amounts
9 available for carrying out this section shall remain avail-
10 able until the expiration of the second fiscal year begin-
11 ning after the fiscal year for which the amounts were made
12 available.
13 "(d) HEALTH DISPARITIES.—In carrying out this
14 section, the Secretary shall take steps sufficient to ensure
15 the active participation of appropriately qualified minority
16 heath professionals, including extensive outreach and re-
17 cruitment efforts. In complying with this subsection, the
18 Secretary shall waive the requirement that the recipients
19 of loan repayment assistance agree to engage in minority
20 health research or research into the nature of health dis-
21 parities that affect racial, ethnic and indigenous popu-
22 lations.
23 "(e) AUTHORIZATION OF APPROPRIATIONS.—For the
24 purpose of carrying out this section, there are authorized

1 to be appropriated such sums as may be necessary for
2 each of the fiscal years 2000 through 2004.

3 **“SEC. 499G. ADDITIONAL AUTHORITIES.**

4 ‘‘(a) IN GENERAL.—In overseeing and supporting mi-
5 nority health research, the Director of the Center—

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

10 ‘‘(2) shall assist in the administration of section
11 492B with respect to the inclusion of members of
12 minority groups as subjects in clinical research; and

13 ‘‘(3) subject to section 405(b)(2) and without
14 regard to section 3324 of title 31, United States
15 Code, and section 3709 of the Revised Statutes (41
16 U.S.C. 5), may enter into such contracts and cooper-
17 ative agreements with any public agency, or with
18 any person, firm, association, corporation, or edu-
19 cational institution, as may be necessary to expedite
20 and coordinate minority health research.

21 ‘‘(b) REPORT TO CONGRESS AND THE SECRETARY.—
22 The Director of the Center shall each fiscal year prepare
23 and submit to the appropriate committees of Congress and
24 the Secretary a report—

1 "(1) describing and evaluating the progress
2 made in such fiscal year in minority health research
3 conducted or supported by the Institutes;
4 "(2) summarizing and analyzing expenditures
5 made in such fiscal year for activities with respect
6 to minority health research conducted or supported
7 by the National Institutes of Health; and
8 "(3) containing such recommendations as the
9 Director considers appropriate.
10 "(c) PROJECTS FOR COOPERATION AMONG PUBLIC
11 AND PRIVATE HEALTH ENTITIES.—In carrying out sub-
12 section (a), the Director of the Center shall establish
13 projects to promote cooperation among Federal agencies,
14 State, local, and regional public health agencies, and pri-
15 vate entities, in minority health research.
16 **"SEC. 499H. GENERAL PROVISIONS REGARDING THE**
17 **CENTER.**
18 "(a) ADMINISTRATIVE SUPPORT FOR CENTER.—The
19 Secretary, acting through the Director of the National In-
20 stitutes of Health, shall provide administrative support
21 and support services to the Director of the Center and
22 shall ensure that such support takes maximum advantage
23 of existing administrative structures at the agencies of the
24 National Institutes of Health.

1 “(b) REQUIRED EXPERTISE.—The Director of the
2 Center, in consultation with the Advisory Council and the
3 Center for Scientific Review, shall ensure that scientists
4 with appropriate expertise in research on minority health
5 are incorporated into the review, oversight, and manage-
6 ment processes of all research projects in the National In-
7 stitutes of Health minority health research program and
8 other activities under such program.

9 “(c) TECHNICAL ASSISTANCE.—The Director of the
10 Center, in consultation with the directors of the national
11 research institutes and centers, shall ensure that appro-
12 priate technical assistance is available to applicants for all
13 research projects and other activities supported by the Na-
14 tional Institutes of Health minority health research pro-
15 gram.

16 “(d) EVALUATION AND REPORT.—

17 “(1) EVALUATION.—Not later than 5 years
18 after the date of the enactment of this part, the Sec-
19 retary shall conduct an evaluation to—

20 “(A) determine the effect of this section on
21 the planning and coordination of the minority
22 health research programs at the institutes, cen-
23 ters and divisions of the National Institutes of
24 Health;

1 "(B) evaluate the extent to which this part
2 has eliminated the duplication of administrative
3 resources among such Institutes, centers and
4 divisions; and

5 "(C) provide recommendations concerning
6 future alterations with respect to this part.

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

14 TITLE II—MEDICAL EDUCATION

15 SEC. 201. GRANTS FOR HEALTH CARE EDUCATION CUR-
16 RICULA DEVELOPMENT.

17 Part F of title VII of the Public Health Service Act
18 (42 U.S.C. 295j et seq.) is amended by inserting after sec-
19 tion 791 the following:

20 "SEC. 791A. GRANTS FOR HEALTH PROFESSIONS EDU-
21 CATION CURRICULA DEVELOPMENT.

22 "(a) GRANTS FOR GRADUATE EDUCATION CUR-
23 RICULA DEVELOPMENT.—

24 "(1) IN GENERAL.—The Secretary, acting
25 through the Administrator for the Health Resources

1 and Services Administration and in collaboration
2 with the Administrator for Health Care Policy and
3 Research and the Deputy Assistant Secretary for
4 Minority Health, may make awards of grants, con-
5 tracts, or cooperative agreements to public and non-
6 profit private entities for the purpose of carrying out
7 research projects and demonstration projects to de-
8 velop curricula to reduce disparity in health care
9 outcomes, including curricula and faculty develop-
10 ment for cultural competency in graduate and un-
11 dergraduate health professions education.

12 "(2) ELIGIBILITY.—To be eligible to receive a
13 grant, contract or cooperative agreements under
14 paragraph (1), an entity shall—

15 "(A) be a school of medicine, school of os-
16 teopathic medicine, school of dentistry, school of
17 public health, school of nursing, school of phar-
18 macy, school of allied health, or other recog-
19 nized health profession school; and

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

24 "(3) USE OF FUNDS.—An entity shall use
25 amounts received under a grant under paragraph (1)

1 to carry out research projects and demonstration
2 projects to develop curricula to reduce disparity in
3 health care outcomes, including curricula for cultural
4 competency in graduate medical education. Such
5 curricula shall focus on the need to remove bias
6 from health care at a personal level as well as at
7 a systematic level.

8 "(4) NUMBER OF GRANTS AND GRANT TERM.—
9 The Secretary shall award not to exceed 20 grants,
10 contracts or cooperative agreements (or combination
11 thereof) under paragraph (1) in each of the first and
12 second fiscal years for which funds are available
13 under subsection (f). The term of each such grant,
14 contract or cooperative agreement shall be 3 years.

15 "(b) GRANTS FOR CONTINUING HEALTH PROFES-
16 SIONAL EDUCATION CURRICULA DEVELOPMENT.—

17 "(1) IN GENERAL.—The Secretary, acting
18 through the Health Resources and Services Adminis-
19 tration and the Agency for Health Care Policy and
20 Research and in collaboration with the Office of Mi-
21 nority Health, shall award grants, contracts or coop-
22 erative agreements to eligible entities for the estab-
23 lishment of demonstration projects to develop cur-
24 ricula to reduce disparity in health care and health

1 outcomes, including curricula for cultural com-
2 petency, in continuing medical education.
3 "(2) ELIGIBILITY.—To be eligible to receive a
4 grant, contract, or cooperative agreement under
5 paragraph (1) an entity shall—
6 "(A) be a school of medicine, school of os-
7 teopathic medicine, school of dentistry, school of
8 public health, school of nursing, school of phar-
9 macy, school of allied health, or other recog-
10 nized health profession school; and
11 "(B) prepare and submit to the Secretary
12 an application at such time, in such manner,
13 and containing such information as the Sec-
14 retary may require.
15 "(3) USE OF FUNDS.—An entity shall use
16 amounts received under a grant, contract, or cooper-
17 ative agreement under paragraph (1) to develop and
18 evaluate the effect and impact of curricula for con-
19 tinuing medical education courses or programs to
20 provide education concerning issues relating to dis-
21 parity in health care and health outcomes, including
22 cultural competency of health professionals. Such
23 curricula shall focus on the need to remove bias
24 from health care at a personal level as well as at a
25 systemic level.

1 "(4) NUMBER OF GRANTS AND GRANT TERM.—
2 The Secretary shall award not to exceed 20 grants,
3 contracts, or cooperative under paragraph (1) in
4 each of the first and second fiscal years for which
5 funds are available under subsection (f). The term of
6 each such grant shall be 3 years.
7 "(c) DISTRIBUTION OF PROJECTS.—The Secretary
8 shall ensure that, to the extent practicable, projects under
9 subsections (a) and (b) are carried out in each of the prin-
10 cipal geographic regions of the United States and address
11 issues associated with different minority groups and
12 health professions.
13 "(d) MONITORING.—An entity that receives a grant,
14 contract or cooperative agreement under subsection (a) or
15 (b) shall ensure that procedures are in place to monitor
16 activities undertaken using grant, contract or cooperative
17 agreement funds. Such entity shall annually prepare and
18 submit to the Secretary a report concerning the effective-
19 ness of curricula developed under the grant contract or
20 cooperative agreement.
21 "(e) REPORT TO CONGRESS.—Not later than Janu-
22 ary 1, 2002, the Secretary shall prepare and submit to
23 the appropriate committees of Congress, a report con-
24 cerning the effectiveness of programs funded under this
25 section and a plan to encourage the implementation and

1 utilization of curricula to reduce disparity in health care
2 and health outcomes. A final report shall be submitted by
3 the Secretary not later than January 1, 2004.
4 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
5 is authorized to be appropriated to carry out this section,
6 $3,500,000 for fiscal year 2000, $7,000,000 for fiscal year
7 2001, $7,000,000 for fiscal year 2002, and $3,500,000
8 for fiscal year 2003.".

9 **SEC. 202. NATIONAL CONFERENCE ON CONTINUING**
10 **HEALTH PROFESSIONAL EDUCATION AND**
11 **DISPARITY IN HEALTH OUTCOMES.**

12 (a) IN GENERAL.—Not later than 1 year after the
13 date of enactment of this Act, the Secretary of Health and
14 Human Services shall convene a national conference on
15 continuing health professions education as a method for
16 reducing disparity in health care and health outcomes, in-
17 cluding continuing medical education on cultural com-
18 petency. The conference shall include sessions to address
19 measurements of outcomes to assess the effectiveness of
20 curricula in reducing disparity.
21 (b) PARTICIPANTS.—The Secretary of Health and
22 Human Services shall invite minority health advocacy
23 groups, health education entities described in section
24 741(b)(1) of the Public Health Service Act (as added by

1 section 201), and other interested parties to attend the
2 conference under subsection (a).
3 (c) ISSUES.—The national conference convened under
4 subsection (a) shall address issues relating to the role of
5 continuing medical education in the effort to reduce dis-
6 parity in health care and health outcomes, including the
7 role of continuing medical education in improving the cul-
8 tural competency of health professionals and health pro-
9 fessions faculty. The conference shall focus on methods
10 to achieve reductions in the disparities in health care and
11 health outcomes through continuing medical education
12 courses or programs and on strategies for measuring the
13 effectiveness of curricula to reduce disparities.
14 (d) PUBLICATION OF FINDINGS.—Not later than 6
15 months after the convening of the national conference
16 under subsection (a), the Secretary of Health and Human
17 Services shall publish in the Federal Register a summary
18 of the proceedings and the findings of the conference.
19 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated such sums as may be nec-
21 essary to carry out this section.
22 **SEC. 203. ADVISORY COMMITTEE.**
23 (a) ESTABLISHMENT.—The Secretary of Health and
24 Human Services shall establish an advisory committee to
25 provide advice to the Secretary on matters related to the

development, implementation, and evaluation of graduate and continuing education curricula for health care professionals to decrease the disparity in health care and health outcomes, including curricula on cultural competency as a method of eliminating health disparity.

(b) MEMBERSHIP.—Not later than 3 months after the date on which amounts are appropriated to carry out this section, the Secretary of Health and Human Services shall appoint the members of the advisory committee. Such members shall be appointed from among individuals who—

(1) unless otherwise specified, are not officers or employees of the Federal Government;

(2) are experienced in issues relating to health disparity; and

(3) meet such other requirements as the Secretary determines appropriate;

and shall include a representative of the Office of Minority Health under section 1707 of the Public Health Service Act (42 U.S.C. 300u–6) and such other representatives of offices and agencies of the Public Health Service as the Secretary determines to be appropriate. The Secretary shall ensure that members of minority communities are well represented on the advisory committee. Such representatives shall include 1 or more individuals who serve

1 on the advisory committee under section 1707(c) of such
2 Act.

3 (c) COLLABORATION.—The advisory committee shall
4 carry out its duties under this section in collaboration with
5 the Office of Minority Health of the Department of Health
6 and Human Services, and other offices, centers, and insti-
7 tutes of the Department of Health and Human Services,
8 and other Federal agencies.

9 (d) TERMINATION.—The advisory committee shall
10 terminate on the date that is 4 years after the date on
11 which the first member of the committee is appointed.

12 (e) EXISTING COMMITTEE.—The Secretary may des-
13 ignate an existing advisory committee operating under the
14 authority of the Office of Minority Health of the Depart-
15 ment of Health and Human Services to serve as the advi-
16 sory committee under this section.

17 **SEC. 204. CULTURAL COMPETENCY CLEARINGHOUSE.**

18 (a) ESTABLISHMENT.—The Director of the Office of
19 Minority Health of the Department of Health and Human
20 Services shall establish within the Resource Center of the
21 Office of Minority Health, or through the awarding of a
22 contract provide for the establishment of, an information
23 clearinghouse for curricula to reduce racial and ethnic dis-
24 parity in health care and health outcomes. The clearing-
25 house shall facilitate and enhance, through the effective

1 dissemination of information, knowledge and under-
2 standing of practices that lead to decreases in the dis-
3 parity of health across minority and ethnic groups, includ-
4 ing curricula for continuing medical education to develop
5 cultural competency in health care professionals.

6 (b) AVAILABILITY OF INFORMATION.—Information
7 contained in the clearinghouse shall be made available to
8 minority health advocacy groups, health education entities
9 described in section 791A(b)(2)(A) of the Public Health
10 Service Act (as added by section 201), health maintenance
11 organizations, and other interested parties.

12 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated such sums as may be nec-
14 essary to carry out this section.

15 TITLE III—MINORITY HEALTH 16 RESEARCH BY THE AGENCY 17 FOR HEALTH CARE POLICY 18 AND RESEARCH

19 SEC. 301. MINORITY HEALTH RESEARCH BY THE AGENCY 20 FOR HEALTH CARE POLICY AND RESEARCH.

21 (a) IN GENERAL.—Part A of title IX of the Public
22 Health Service Act (42 U.S.C. 299 et seq.) is amended
23 by adding at the end the following:

1 **“SEC. 906. RESEARCH ON MINORITY HEALTH DISPARITIES.**

2 ‘‘(a) IN GENERAL.—The Administrator of the Agen-
3 cy for Health Care Policy and Research shall—

4 ‘‘(1) conduct and support research to identify
5 how to improve the quality and outcomes of health
6 care services for minority populations and the causes
7 of health disparities for minority populations, includ-
8 ing barriers to health care access;

9 ‘‘(2) conduct and support research and support
10 demonstration projects to identify, test, and evaluate
11 strategies for eliminating the disparities described in
12 paragraph (1) and promoting effective interventions;

13 ‘‘(3) develop measures for the assessment and
14 improvement of the quality and appropriateness of
15 health care services provided to minority popu-
16 lations; and

17 ‘‘(4) in carrying out 902(c), provide support to
18 increase the number of minority health care re-
19 searchers and the health services research capacity
20 of institutions that train minority health care re-
21 searchers.

22 ‘‘(b) RESEARCH AND DEMONSTRATION PROJECTS.—

23 ‘‘(1) IN GENERAL.—In carrying out subsection
24 (a), the Administrator shall conduct and support re-
25 search to—

1 ''(A) identify the clinical, cultural, socio-
2 economic, and organizational factors that con-
3 tribute to health disparities for minority popu-
4 lations (including examination of patterns of
5 clinical decisionmaking and of the availability of
6 support services);
7 ''(B) identify and evaluate clinical and or-
8 ganizational strategies to improve the quality,
9 outcomes, and access to care for minority popu-
10 lations;
11 ''(C) support demonstrations to test such
12 strategies; and
13 ''(D) widely disseminate strategies for
14 which there is scientific evidence of effective-
15 ness.
16 ''(2) USE OF CERTAIN STRATEGIES.—In car-
17 rying out this section the Administrator shall imple-
18 ment research strategies and mechanisms that will
19 enhance the involvement of minority health services
20 researchers, institutions that train minority re-
21 searchers, and members of minority populations for
22 whom the Agency is attempting to improve the qual-
23 ity and outcomes of care, including—
24 ''(A) centers of excellence that can dem-
25 onstrate, either individually or through con-

1 sortia, a combination of multi-disciplinary ex-
2 pertise in outcomes or quality improvement re-
3 search and a demonstrated capacity to engage
4 minority populations in the planning, conduct
5 and translation of research, with linkages to
6 relevant sites of care;
7 ''(B) provider-based research networks, in-
8 cluding health plans, facilities, or delivery sys-
9 tem sites of care (especially primary care), that
10 make extensive use of minority health care pro-
11 viders or serve minority patient populations and
12 have the capacity to evaluate and promote qual-
13 ity improvement; and
14 ''(C) other innovative mechanisms or strat-
15 egies that will facilitate the translation of past
16 research investments into clinical practices that
17 can reasonably be expected to benefit these pop-
18 ulations.
19 ''(c) QUALITY MEASUREMENT DEVELOPMENT.—
20 ''(1) IN GENERAL.—To ensure that minority
21 populations benefit from the progress made in the
22 ability of individuals to measure the quality of health
23 care delivery, the Administrator of the Agency for
24 Health Care Policy and Research shall support the
25 development of quality of health care measures that

1 assess the experience of minority populations with
2 health care systems, such as measures that assess
3 the access of minority populations to health care, the
4 cultural competence of the care provided, the quality
5 of the care provided, the outcomes of care, or other
6 aspects of health care practice that the Adminis-
7 trator determines to be important.

8 ''(2) REPORT.—Not later than 24 months after
9 the date of enactment of this section, the Secretary,
10 acting through the Administrator, shall prepare and
11 submit to the appropriate committees of Congress a
12 report describing the state-of-the-art of quality
13 measurement for minority populations which will
14 identify critical unmet needs, the current activities
15 of the Department to address those needs, and a de-
16 scription of related activities in the private sector.''.

17 (b) FUNDING.—Section 926 of the Public Health
18 Service Act (42 U.S.C. 299c–5) is amended by adding at
19 the end the following:

20 ''(f) MINORITY HEALTH DISPARITIES RESEARCH.—
21 For the purpose of carrying out the activities under sec-
22 tion 906, there are authorized to be appropriated such
23 sums as may be necessary for each of the fiscal years 2000
24 through 2004.''.

1 # TITLE IV—DATA COLLECTION
2 # RELATING TO RACE OR ETH-
3 # NICITY

4 **SEC. 401. STUDY AND REPORT BY NATIONAL ACADEMY OF**
5 **SCIENCES.**

6 (a) STUDY.—The Secretary of Health and Human
7 Services shall enter into a contract with the National
8 Academy of Sciences for the conduct of a comprehensive
9 study of the Department of Health and Human Services'
10 data collection systems and practices, and any data collec-
11 tion or reporting systems required under any of the pro-
12 grams or activities of the Department, relating to the col-
13 lection of data on race or ethnicity, including other Fed-
14 eral data collection systems (such as the Social Security
15 Administration) with which the Department interacts to
16 collect relevant data on race and ethnicity.

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

23 (1) identifies the data needed to support efforts
24 to evaluate the effects of race and ethnicity on ac-
25 cess to and quality of health care and other services

1 and on disparity in health and other social outcomes,
2 the data needed to define appropriate quality of care
3 measures to assess the equivalence of health care
4 outcomes in health care payer systems, and the data
5 needed to enforce existing protections for equal ac-
6 cess to health care;

7 (2) examines the effectiveness of the systems
8 and practices of the Department of Health and
9 Human Services described in subsection (a), includ-
10 ing demonstration projects of the Department, and
11 the effectiveness of selected systems and practices of
12 other Federal and State agencies and the private
13 sector, in collecting and analyzing such data;

14 (3) contains recommendations for ensuring that
15 the Department of Health and Human Services, in
16 administering its entire array of programs and ac-
17 tivities, collects, or causes to be collected, accurate
18 and complete information relating to race and eth-
19 nicity as may be necessary to monitor access to and
20 quality of health care and to ensure the capability to
21 monitor and enforce civil rights laws; and

22 (4) includes projections about the costs associ-
23 ated with the implementation of the recommenda-
24 tions described in paragraph (3), and the possible ef-
25 fects of the costs on program operations.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated such sums as may be
3 necessary for fiscal year 2000 to carry out this section.

4 TITLE V—PUBLIC AWARENESS

5 SEC. 501. PUBLIC AWARENESS.

6 (a) PUBLIC AWARENESS CAMPAIGN.—The Secretary
7 of Health and Human Services, acting through the Sur-
8 geon General and the Director of the Office for Civil
9 Rights, shall conduct a national media campaign for the
10 purpose of informing the public about racial and ethnic
11 disparities in health care and health outcomes.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—For the
13 purpose of carrying out subsection (a), there are author-
14 ized to be appropriated such sums as may be necessary
15 for fiscal year 2000.

○