

108TH CONGRESS
2^D SESSION

H. R. 918

AN ACT

To amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, and for other purposes.

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To amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Patient Navigator Out-
3 reach and Chronic Disease Prevention Act of 2004”.

4 **SEC. 2. PATIENT NAVIGATOR GRANTS.**

5 Subpart V of part D of title III of the Public Health
6 Service Act (42 U.S.C. 256) is amended by adding at the
7 end the following:

8 **“SEC. 340A. PATIENT NAVIGATOR GRANTS.**

9 “(a) GRANTS.—The Secretary, acting through the
10 Administrator of the Health Resources and Services Ad-
11 ministration, may make grants to eligible entities for the
12 development and operation of demonstration programs to
13 provide patient navigator services to improve health care
14 outcomes. The Secretary shall coordinate with, and ensure
15 the participation of, the Indian Health Service, the Na-
16 tional Cancer Institute, the Office of Rural Health Policy,
17 and such other offices and agencies as deemed appropriate
18 by the Secretary, regarding the design and evaluation of
19 the demonstration programs.

20 “(b) USE OF FUNDS.—A condition on the receipt of
21 a grant under this section is that the grantee agree to
22 use the grant to recruit, assign, train, and employ patient
23 navigators who have direct knowledge of the communities
24 they serve to facilitate the care of individuals, including
25 by performing each of the following duties:

1 “(1) Acting as contacts, including by assisting
2 in the coordination of health care services and pro-
3 vider referrals, for individuals who are seeking pre-
4 vention or early detection services for, or who fol-
5 lowing a screening or early detection service are
6 found to have a symptom, abnormal finding, or diag-
7 nosis of, cancer or other chronic disease.

8 “(2) Facilitating the involvement of community
9 organizations providing assistance to individuals who
10 are at risk for or who have cancer or other chronic
11 diseases to receive better access to high-quality
12 health care services (such as by creating partner-
13 ships with patient advocacy groups, charities, health
14 care centers, community hospice centers, other
15 health care providers, or other organizations in the
16 targeted community).

17 “(3) Notifying individuals of clinical trials and
18 facilitating enrollment in these trials if requested
19 and eligible.

20 “(4) Anticipating, identifying, and helping pa-
21 tients to overcome barriers within the health care
22 system to ensure prompt diagnostic and treatment
23 resolution of an abnormal finding of cancer or other
24 chronic disease.

1 “(5) Coordinating with the relevant health in-
2 surance ombudsman programs to provide informa-
3 tion to individuals who are at risk for or who have
4 cancer or other chronic diseases about health cov-
5 erage, including private insurance, health care sav-
6 ings accounts, and other publicly funded programs
7 (such as Medicare, Medicaid, and the State chil-
8 dren’s health insurance program).

9 “(6) Conducting ongoing outreach to health dis-
10 parity populations, including the uninsured, rural
11 populations, and other medically underserved popu-
12 lations, in addition to assisting other individuals who
13 are at risk for or who have cancer or other chronic
14 diseases to seek preventative care.

15 “(c) GRANT PERIOD.—

16 “(1) IN GENERAL.—Subject to paragraphs (2)
17 and (3), the Secretary may award grants under this
18 section for periods of not more than 3 years.

19 “(2) EXTENSIONS.—Subject to paragraph (3),
20 the Secretary may extend the period of a grant
21 under this section, except that—

22 “(A) each such extension shall be for a pe-
23 riod of not more than 1 year; and

1 “(B) the Secretary may make not more
2 than 4 such extensions with respect to any
3 grant.

4 “(3) END OF GRANT PERIOD.—In carrying out
5 this section, the Secretary may not authorize any
6 grant period ending after September 30, 2010.

7 “(d) APPLICATION.—

8 “(1) IN GENERAL.—To seek a grant under this
9 section, an eligible entity shall submit an application
10 to the Secretary in such form, in such manner, and
11 containing such information as the Secretary may
12 require.

13 “(2) CONTENTS.—At a minimum, the Secretary
14 shall require each such application to outline how
15 the eligible entity will establish baseline measures
16 and benchmarks that meet the Secretary’s require-
17 ments to evaluate program outcomes.

18 “(e) UNIFORM BASELINE MEASURES.—The Sec-
19 retary shall establish uniform baseline measures in order
20 to properly evaluate the impact of the demonstration
21 projects under this section.

22 “(f) PREFERENCE.—In making grants under this
23 section, the Secretary shall give preference to eligible enti-
24 ties that demonstrate in their applications plans to utilize
25 patient navigator services to overcome significant barriers

1 in order to improve health care outcomes in their respec-
2 tive communities.

3 “(g) COORDINATION WITH OTHER PROGRAMS.—The
4 Secretary shall ensure coordination of the demonstration
5 grant program under this section with existing authorized
6 programs in order to facilitate access to high-quality
7 health care services.

8 “(h) STUDY; REPORTS.—

9 “(1) FINAL REPORT BY SECRETARY.—Not later
10 than 6 months after the completion of the dem-
11 onstration grant program under this section, the
12 Secretary shall conduct a study of the results of the
13 program and submit to the Congress a report on
14 such results that includes the following:

15 “(A) An evaluation of the program out-
16 comes, including—

17 “(i) quantitative analysis of baseline
18 and benchmark measures; and

19 “(ii) aggregate information about the
20 patients served and program activities.

21 “(B) Recommendations on whether patient
22 navigator programs could be used to improve
23 patient outcomes in other public health areas.

24 “(2) INTERIM REPORTS BY SECRETARY.—The
25 Secretary may provide interim reports to the Con-

1 gress on the demonstration grant program under
2 this section at such intervals as the Secretary deter-
3 mines to be appropriate.

4 “(3) INTERIM REPORTS BY GRANTEES.—The
5 Secretary may require grant recipients under this
6 section to submit interim reports on grant program
7 outcomes.

8 “(i) RULE OF CONSTRUCTION.—This section shall
9 not be construed to authorize funding for the delivery of
10 health care services (other than the patient navigator du-
11 ties listed in subsection (b)).

12 “(j) DEFINITIONS.—In this section:

13 “(1) The term ‘eligible entity’ means a public
14 or nonprofit private health center (including a Fed-
15 erally qualified health center (as that term is defined
16 in section 1861(aa)(4) of the Social Security Act)),
17 a health facility operated by or pursuant to a con-
18 tract with the Indian Health Service, a hospital, a
19 cancer center, a rural health clinic, an academic
20 health center, or a nonprofit entity that enters into
21 a partnership or coordinates referrals with such a
22 center, clinic, facility, or hospital to provide patient
23 navigator services.

24 “(2) The term ‘health disparity population’
25 means a population that, as determined by the Sec-

1 retary, has a significant disparity in the overall rate
2 of disease incidence, prevalence, morbidity, mor-
3 tality, or survival rates as compared to the health
4 status of the general population.

5 “(3) The term ‘patient navigator’ means an in-
6 dividual who has completed a training program ap-
7 proved by the Secretary to perform the duties listed
8 in subsection (b).

9 “(k) AUTHORIZATION OF APPROPRIATIONS.—

10 “(1) IN GENERAL.—To carry out this section,
11 there are authorized to be appropriated \$2,000,000
12 for fiscal year 2006, \$5,000,000 for fiscal year
13 2007, \$8,000,000 for fiscal year 2008, \$6,500,000
14 for fiscal year 2009, and \$3,500,000 for fiscal year
15 2010.

16 “(2) AVAILABILITY.—The amounts appro-
17 priated pursuant to paragraph (1) shall remain
18 available for obligation through the end of fiscal year
19 2010.”.

Passed the House of Representatives October 5,
2004.

Attest:

Clerk.