

108TH CONGRESS  
1ST SESSION

# H. R. 918

To authorize the Health Resources and Services Administration, the National Cancer Institute, and the Indian Health Service to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist individuals of health disparity populations in receiving such services.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 26, 2003

Mr. MENENDEZ (for himself, Ms. PRYCE of Ohio, Mr. GREEN of Texas, Ms. ROS-LEHTINEN, Mr. THOMPSON of Mississippi, Mr. LINCOLN DIAZ-BALART of Florida, Mr. RODRIGUEZ, Mrs. WILSON of New Mexico, Mrs. CHRISTENSEN, Mr. QUINN, Mr. SERRANO, Mr. McCOTTER, Mr. PALLONE, Mr. PEARCE, Mr. UDALL of New Mexico, and Mr. MARIO DIAZ-BALART of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce and in addition to the Committee on Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To authorize the Health Resources and Services Administration, the National Cancer Institute, and the Indian Health Service to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist

individuals of health disparity populations in receiving such services.

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

3 **SECTION 1. SHORT TITLE.**

4        This Act may be cited as the “Patient Navigator,  
5 Outreach, and Chronic Disease Prevention Act of 2003”.

6 **SEC. 2. FINDINGS.**

7        The Congress finds as follows:

8            (1) Despite notable progress in the overall  
9 health of the Nation, there are continuing disparities  
10 in the burden of illness and death experienced by Af-  
11 rican Americans, Latinos and Hispanics, Native  
12 Americans, Alaska Natives, Asian and Pacific Is-  
13 landers and the poor, compared to the United States  
14 population as a whole.

15            (2) Many racial and ethnic minority groups suf-  
16 fer disproportionately from cancer. Mortality and  
17 morbidity rates remain the most important measures  
18 of the overall progress against cancer. Decreasing  
19 rates of death from cancer reflect improvements in  
20 both prevention and treatment. Among all ethnic  
21 groups in the United States, African American  
22 males have the highest overall rate of mortality from  
23 cancer. Some specific forms of cancer affect other  
24 ethnic minority communities at rates up to several

1 times higher than the national averages (such as  
2 stomach and liver cancers among Asian American  
3 populations, colon and rectal cancer among Alaska  
4 natives, and cervical cancer among Hispanic and Vi-  
5 etnamese-American women).

6 (3) Regions characterized by high rates of pov-  
7 erty also have high mortality for some forms of can-  
8 cer. For example, in Appalachian Kentucky the inci-  
9 dence of lung cancer among white males was 127  
10 per 100,000 in 1992, a rate higher than that for any  
11 ethnic minority group in the United States during  
12 the same period.

13 (4) Major disparities for other chronic diseases  
14 exist among population groups, with a dispropor-  
15 tionate burden of death and disability from cardio-  
16 vascular disease in racial and ethnic minority and  
17 low-income populations. Compared with rates for the  
18 general population, coronary heart disease mortality  
19 was 40 percent lower for Asian Americans but 40  
20 percent higher for African-Americans.

21 (5) Minority populations are disproportionately  
22 impacted by diabetes and other chronic diseases.  
23 Hispanics are twice as likely to have diabetes as  
24 non-Hispanic whites; diabetes is the fourth leading  
25 cause of death among Hispanic women and elderly.

1 African Americans are 1.7 times as likely to have di-  
2 abetes as the general population. More than 15 per-  
3 cent of the combined populations of Native Ameri-  
4 cans and Alaska Natives have diabetes.

5 (6) Culturally competent approaches to chronic  
6 disease care are needed to encourage increased par-  
7 ticipation of racial and ethnic minorities and the  
8 medically underserved in chronic disease prevention,  
9 early detection and treatment programs.

10 **SEC. 3. HRSA GRANTS FOR MODEL COMMUNITY CANCER**  
11 **AND CHRONIC DISEASE CARE AND PREVEN-**  
12 **TION; HRSA GRANTS FOR PATIENT NAVIGA-**  
13 **TORS.**

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

17 **“SEC. 330I. MODEL COMMUNITY CANCER AND CHRONIC**  
18 **DISEASE CARE AND PREVENTION; PATIENT**  
19 **NAVIGATORS.**

20 “(a) MODEL COMMUNITY CANCER AND CHRONIC  
21 DISEASE CARE AND PREVENTION.—

22 “(1) IN GENERAL.—The Secretary, acting  
23 through the Administrator of the Health Resources  
24 and Services Administration, may make grants to  
25 public and nonprofit private health centers (includ-

1       ing health centers under section 330, Indian Health  
2       Service Centers, tribal governments, urban Indian  
3       organizations, tribal organizations, clinics serving  
4       Asian Americans and Pacific Islanders and Alaskan  
5       Natives, and rural health clinics and qualified non-  
6       profit entities that partner with one or more centers  
7       providing health care to provide navigation services,  
8       which demonstrate the ability to perform all of the  
9       functions outlined in this subsection and subsections  
10      (b) and (c)) for the development and operation of  
11      model programs that—

12               “(A) provide to individuals of health dis-  
13               parity populations prevention, early detection,  
14               treatment, and appropriate follow-up care serv-  
15               ices for cancer and chronic diseases;

16               “(B) ensure that the health services are  
17               provided to such individuals in a culturally com-  
18               petent manner;

19               “(C) assign patient navigators, in accord-  
20               ance with applicable criteria of the Secretary,  
21               for managing the care of individuals of health  
22               disparity populations to—

23                       “(i) accomplish, to the extent possible,  
24                       the follow-up and diagnosis of an abnormal  
25                       finding and the treatment and appropriate

1 follow-up care of cancer or other chronic  
2 disease; and

3 “(ii) facilitate access to appropriate  
4 health care services within the health care  
5 system to ensure optimal patient utiliza-  
6 tion of such services, including aid in co-  
7 ordinating and scheduling appointments  
8 and referrals, community outreach, assist-  
9 ance with transportation arrangements,  
10 and assistance with insurance issues and  
11 other barriers to care and providing infor-  
12 mation about clinical trials;

13 “(D) require training for patient naviga-  
14 tors employed through such model programs to  
15 ensure the ability of navigators to perform all  
16 of the duties required in this subsection and in  
17 subsection (b), including training to ensure that  
18 navigators are informed about health insurance  
19 systems and are able to aid patients in resolv-  
20 ing access issues; and

21 “(E) ensure that consumers have direct ac-  
22 cess to patient navigators during regularly  
23 scheduled hours of business operation.

24 “(2) OUTREACH SERVICES.—A condition for  
25 the receipt of a grant under paragraph (1) is that

1 the applicant involved agree to provide ongoing out-  
2 reach activities while receiving the grant, in a man-  
3 ner that is culturally competent for the health dis-  
4 parity population served by the program, to inform  
5 the public and the specific community that the pro-  
6 gram is serving of the services of the model program  
7 under the grant. Such activities shall include facili-  
8 tating access to appropriate health care services and  
9 patient navigators within the health care system to  
10 ensure optimal patient utilization of these services.

11 “(3) DATA COLLECTION AND REPORT.—In  
12 order to allow for effective program evaluation, the  
13 grantee shall collect specific patient data recording  
14 services provided to each patient served by the pro-  
15 gram and shall establish and implement procedures  
16 and protocols, consistent with applicable Federal and  
17 State laws (including 45 C.F.R. 160 and 164) to en-  
18 sure the confidentiality of all information shared by  
19 a participant in the program, or their personal rep-  
20 resentative and their health care providers, group  
21 health plans, or health insurance insurers with the  
22 program. The program may, consistent with applica-  
23 ble Federal and State confidentiality laws, collect,  
24 use or disclose aggregate information that is not in-  
25 dividually identifiable (as defined in 45 C.F.R. 160

1 and 164). With this data, the grantee shall submit  
2 an annual report to the Secretary that summarizes  
3 and analyzes these data, provides information on  
4 needs for navigation services, types of access difficul-  
5 ties resolved, sources of repeated resolution and  
6 flaws in the system of access, including insurance  
7 barriers.

8 “(4) APPLICATION FOR GRANT.—A grant may  
9 be made under paragraph (1) only if an application  
10 for the grant is submitted to the Secretary and the  
11 application is in such form, is made in such manner,  
12 and contains such agreements, assurances, and in-  
13 formation as the Secretary determines to be nec-  
14 essary to carry out this section.

15 “(5) EVALUATIONS.—

16 “(A) IN GENERAL.—The Secretary, acting  
17 through the Administrator of the Health Re-  
18 sources and Services Administration, shall, di-  
19 rectly or through grants or contracts, provide  
20 for evaluations to determine which outreach ac-  
21 tivities under paragraph (2) were most effective  
22 in informing the public and the specific commu-  
23 nity that the program is serving of the model  
24 program services and to determine the extent to  
25 which such programs were effective in providing



1 culturally competent services to the health dis-  
2 parity population served by the programs.

3 “(B) DISSEMINATION OF FINDINGS.—The  
4 Secretary shall as appropriate disseminate to  
5 public and private entities the findings made in  
6 evaluations under subparagraph (A).

7 “(6) COORDINATION WITH OTHER PRO-  
8 GRAMS.—The Secretary shall coordinate the pro-  
9 gram under this subsection with the program under  
10 subsection (b), with the program under section  
11 417D, and to the extent practicable, with programs  
12 for prevention centers that are carried out by the  
13 Director of the Centers for Disease Control and Pre-  
14 vention.

15 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

16 “(1) IN GENERAL.—The Secretary, acting  
17 through the Administrator of the Health Resources  
18 and Services Administration, may make grants to  
19 public and nonprofit private health centers (includ-  
20 ing health centers under section 330, Indian Health  
21 Service Centers, tribal governments, urban Indian  
22 organizations, tribal organizations, clinics serving  
23 Asian Americans and Pacific Islanders and Alaskan  
24 Natives, and rural health clinics and qualified non-  
25 profit entities that partner with one or more centers

1 providing health care to provide navigation services,  
2 which demonstrate the ability to perform all of the  
3 functions outlined in this subsection and subsections  
4 (a) and (c)) for the development and operation of  
5 programs to pay the costs of such health centers  
6 in—

7 “(A) assigning patient navigators, in ac-  
8 cordance with applicable criteria of the Sec-  
9 retary, for managing the care of individuals of  
10 health disparity populations for the duration of  
11 receiving health services from the health cen-  
12 ters, including aid in coordinating and sched-  
13 uling appointments and referrals, community  
14 outreach, assistance with transportation ar-  
15 rangements, and assistance with insurance  
16 issues and other barriers to care and providing  
17 information about clinical trials;

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

23 “(C) ensuring that patient navigators with  
24 direct knowledge of the communities they serve

1 provide services to such individuals in a cul-  
2 turally competent manner;

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

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

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

10 “(iii) determining coverage under  
11 health insurance and health plans for all  
12 services;

13 “(iv) ensuring the initiation, continu-  
14 ation and/or sustained access to care pre-  
15 scribed by the patients’ health care pro-  
16 viders; and

17 “(v) aiding patients with health insur-  
18 ance coverage issues;

19 “(E) requiring training for patient naviga-  
20 tors to ensure the ability of navigators to per-  
21 form all of the duties required in this sub-  
22 section and in subsection (a), including training  
23 to ensure that navigators are informed about  
24 health insurance systems and are able to aid  
25 patients in resolving access issues; and

1           “(F) ensuring that consumers have direct  
2           access to patient navigators during regularly  
3           scheduled hours of business operation.

4           “(2) OUTREACH SERVICES.—A condition for  
5           the receipt of a grant under paragraph (1) is that  
6           the applicant involved agree to provide ongoing out-  
7           reach activities while receiving the grant, in a man-  
8           ner that is culturally competent for the health dis-  
9           parity population served by the program, to inform  
10          the public and the specific community that the pa-  
11          tient navigator is serving of the services of the model  
12          program under the grant.

13          “(3) DATA COLLECTION AND REPORT.—In  
14          order to allow for effective patient navigator pro-  
15          gram evaluation, the grantee shall collect specific pa-  
16          tient data recording navigation services provided to  
17          each patient served by the program and shall estab-  
18          lish and implement procedures and protocols, con-  
19          sistent with applicable Federal and State laws (in-  
20          cluding 45 C.F.R. 160 and 164) to ensure the con-  
21          fidentiality of all information shared by a participant  
22          in the program, or their personal representative and  
23          their health care providers, group health plans, or  
24          health insurance insurers with the program. The pa-  
25          tient navigator program may, consistent with appli-

1 cable Federal and State confidentiality laws, collect,  
2 use or disclose aggregate information that is not in-  
3 dividualy identifiable (as defined in 45 C.F.R. 160  
4 and 164). With this data, the grantee shall submit  
5 an annual report to the Secretary that summarizes  
6 and analyzes these data, provides information on  
7 needs for navigation services, types of access difficul-  
8 ties resolved, sources of repeated resolution and  
9 flaws in the system of access, including insurance  
10 barriers.

11 “(4) APPLICATION FOR GRANT.—A grant may  
12 be made under paragraph (1) only if an application  
13 for the grant is submitted to the Secretary and the  
14 application is in such form, is made in such manner,  
15 and contains such agreements, assurances, and in-  
16 formation as the Secretary determines to be nec-  
17 essary to carry out this section.

18 “(5) EVALUATIONS.—

19 “(A) IN GENERAL.—The Secretary, acting  
20 through the Administrator of the Health Re-  
21 sources and Services Administration, shall, di-  
22 rectly or through grants or contracts, provide  
23 for evaluations to determine the effects of the  
24 services of patient navigators on the individuals  
25 of health disparity populations for whom the

1 services were provided, taking into account the  
2 matters referred to in paragraph (1)(C).

3 “(B) DISSEMINATION OF FINDINGS.—The  
4 Secretary shall as appropriate disseminate to  
5 public and private entities the findings made in  
6 evaluations under subparagraph (A).

7 “(6) COORDINATION WITH OTHER PRO-  
8 GRAMS.—The Secretary shall coordinate the pro-  
9 gram under this subsection with the program under  
10 subsection (a) and with the program under section  
11 417D.

12 “(c) REQUIREMENTS REGARDING FEES.—

13 “(1) IN GENERAL.—A condition for the receipt  
14 of a grant under subsection (a)(1) or (b)(1) is that  
15 the program for which the grant is made have in ef-  
16 fect—

17 “(A) a schedule of fees or payments for  
18 the provision of its health care services related  
19 to the prevention and treatment of disease that  
20 is consistent with locally prevailing rates or  
21 charges and is designed to cover its reasonable  
22 costs of operation; and

23 “(B) a corresponding schedule of discounts  
24 to be applied to the payment of such fees or

1 payments, which discounts are adjusted on the  
2 basis of the ability of the patient to pay.

3 “(2) RULE OF CONSTRUCTION.—Nothing in  
4 this section shall be construed to require payment  
5 for navigation services or to require payment for  
6 health care services in cases where care is provided  
7 free of charge, including the case of services pro-  
8 vided through programs of the Indian Health Serv-  
9 ice.

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

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

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

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

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

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

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

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

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

22                 “(i) assisting and guiding patients with a  
23                 symptom or an abnormal finding or diagnosis of  
24                 cancer or other chronic disease within the  
25                 health care system to accomplish the follow-up



1 and diagnosis of an abnormal finding as well as  
2 the treatment and appropriate follow-up care of  
3 cancer or other chronic disease including pro-  
4 viding information about clinical trials; and

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

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

14 “(g) AUTHORIZATION OF APPROPRIATIONS.—

15 “(1) IN GENERAL.—

16 “(A) MODEL PROGRAMS.—For the purpose  
17 of carrying out subsection (a) (other than the  
18 purpose described in paragraph (2)(A)), there  
19 are authorized to be appropriated such sums as  
20 may be necessary for each of the fiscal years  
21 2004 through 2008.

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

1           sums as may be necessary for each of the fiscal  
2           years 2004 through 2008.

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

7           “(2) PROGRAMS IN RURAL AREAS.—

8           “(A) MODEL PROGRAMS.—For the purpose  
9           of carrying out subsection (a) by making grants  
10          under such subsection for model programs in  
11          rural areas, there are authorized to be appro-  
12          priated such sums as may be necessary for each  
13          of the fiscal years 2004 through 2008.

14          “(B) PATIENT NAVIGATORS.—For the pur-  
15          pose of carrying out subsection (b) by making  
16          grants under such subsection for programs in  
17          rural areas, there are authorized to be appro-  
18          priated such sums as may be necessary for each  
19          of the fiscal years 2004 through 2008.

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

24          “(3) RELATION TO OTHER AUTHORIZATIONS.—

25          Authorizations of appropriations under paragraphs

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

4 **SEC. 4. NCI GRANTS FOR MODEL COMMUNITY CANCER AND**  
5 **CHRONIC DISEASE CARE AND PREVENTION;**  
6 **NCI GRANTS FOR PATIENT NAVIGATORS.**

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

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

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

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

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

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

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

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

10                   “(ii) facilitate access to appropriate  
11                   health care services within the health care  
12                   system to ensure optimal patient utiliza-  
13                   tion of such services, including aid in co-  
14                   ordinating and scheduling appointments  
15                   and referrals, community outreach, assist-  
16                   ance with transportation arrangements,  
17                   and assistance with insurance issues and  
18                   other barriers to care and providing infor-  
19                   mation about clinical trials;

20           “(D) require training for patient naviga-  
21           tors employed through such model programs to  
22           ensure the ability of navigators to perform all  
23           of the duties required in this subsection and in  
24           subsection (b), including training to ensure that  
25           navigators are informed about health insurance

1 systems and are able to aid patients in resolv-  
2 ing access issues; and

3 “(E) ensure that consumers have direct ac-  
4 cess to patient navigators during regularly  
5 scheduled hours of business operation.

6 “(2) ELIGIBLE ENTITIES.—For purposes of this  
7 section, an eligible entity is a designated cancer cen-  
8 ter of the Institute, an academic institution, Indian  
9 Health Service Clinics, tribal governments, urban In-  
10 dian organizations, tribal organizations, a hospital, a  
11 qualified nonprofit entity that partners with one or  
12 more centers providing health care to provide navi-  
13 gation services, which demonstrates the ability to  
14 perform all of the functions outlined in this sub-  
15 section and subsections (b) and (c), or any other  
16 public or private entity determined to be appropriate  
17 by the Director of the Institute, that provides serv-  
18 ices described in paragraph (1)(A) for cancer and  
19 chronic diseases.

20 “(3) DATA COLLECTION AND REPORT.—In  
21 order to allow for effective program evaluation, the  
22 grantee shall collect specific patient data recording  
23 services provided to each patient served by the pro-  
24 gram and shall establish and implement procedures  
25 and protocols, consistent with applicable Federal and

1 State laws (including 45 C.F.R. 160 and 164) to en-  
2 sure the confidentiality of all information shared by  
3 a participant in the program, or their personal rep-  
4 resentative and their health care providers, group  
5 health plans, or health insurance insurers with the  
6 program. The program may, consistent with applica-  
7 ble Federal and State confidentiality laws, collect,  
8 use or disclose aggregate information that is not in-  
9 dividually identifiable (as defined in 45 CFR 160  
10 and 164). With this data, the grantee shall submit  
11 an annual report to the Secretary that summarizes  
12 and analyzes these data, provides information on  
13 needs for navigation services, types of access difficul-  
14 ties resolved, sources of repeated resolution and  
15 flaws in the system of access, including insurance  
16 barriers.

17 “(4) OUTREACH SERVICES.—A condition for  
18 the receipt of a grant under paragraph (1) is that  
19 the applicant involved agree to provide ongoing out-  
20 reach activities while receiving the grant, in a man-  
21 ner that is culturally competent for the health dis-  
22 parity population served by the program, to inform  
23 the public and the specific community that the pro-  
24 gram is serving of the services of the model program  
25 under the grant. Such activities shall include facili-

1 tating access to appropriate health care services and  
2 patient navigators within the health care system to  
3 ensure optimal patient utilization of these services.

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

11 “(6) EVALUATIONS.—

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

23 “(B) DISSEMINATION OF FINDINGS.—The  
24 Director of the Institute shall as appropriate  
25 disseminate to public and private entities the

1 findings made in evaluations under subpara-  
2 graph (A).

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

10 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

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

15 “(A) assigning patient navigators, in ac-  
16 cordance with applicable criteria of the Sec-  
17 retary, for managing the care of individuals of  
18 health disparity populations for the duration of  
19 receiving health services from the health cen-  
20 ters, including aid in coordinating and sched-  
21 uling appointments and referrals, community  
22 outreach, assistance with transportation ar-  
23 rangements, and assistance with insurance  
24 issues and other barriers to care and providing  
25 information about clinical trials;



1           “(B) ensuring that the services provided by  
2 the patient navigators to such individuals in-  
3 clude case management and psychosocial as-  
4 sessment and care or information and referral  
5 to such services;

6           “(C) ensuring that the patient navigators  
7 with direct knowledge of the communities they  
8 serve provide services to such individuals in a  
9 culturally competent manner;

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

12                   “(i) coordination of health services,  
13 including psychosocial assessment and  
14 care;

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

17                   “(iii) determining coverage under  
18 health insurance and health plans for all  
19 services;

20                   “(iv) ensuring the initiation, continu-  
21 ation and/or sustained access to care pre-  
22 scribed by the patients’ health care pro-  
23 viders; and

24                   “(v) aiding patients with health insur-  
25 ance coverage issues;

1           “(E) requiring training for patient naviga-  
2           tors to ensure the ability of navigators to per-  
3           form all of the duties required in this sub-  
4           section and in subsection (a), including training  
5           to ensure that navigators are informed about  
6           health insurance systems and are able to aid  
7           patients in resolving access issues; and

8           “(F) ensuring that consumers have direct  
9           access to patient navigators during regularly  
10          scheduled hours of business operation.

11          “(2) OUTREACH SERVICES.—A condition for  
12          the receipt of a grant under paragraph (1) is that  
13          the applicant involved agree to provide ongoing out-  
14          reach activities while receiving the grant, in a man-  
15          ner that is culturally competent for the health dis-  
16          parity population served by the program, to inform  
17          the public and the specific community that the pa-  
18          tient navigator is serving of the services of the model  
19          program under the grant.

20          “(3) DATA COLLECTION AND REPORT.—In  
21          order to allow for effective patient navigator pro-  
22          gram evaluation, the grantee shall collect specific pa-  
23          tient data recording navigation services provided to  
24          each patient served by the program and shall estab-  
25          lish and implement procedures and protocols, con-

1       sistent with applicable Federal and State laws (in-  
2       cluding 45 C.F.R. 160 and 164) to ensure the con-  
3       fidentiality of all information shared by a participant  
4       in the program, or their personal representative and  
5       their health care providers, group health plans, or  
6       health insurance insurers with the program. The pa-  
7       tient navigator program may, consistent with appli-  
8       cable Federal and State confidentiality laws, collect,  
9       use or disclose aggregate information that is not in-  
10      dividually identifiable (as defined in 45 C.F.R. 160  
11      and 164). With this data, the grantee shall submit  
12      an annual report to the Secretary that summarizes  
13      and analyzes these data, provides information on  
14      needs for navigation services, types of access difficul-  
15      ties resolved, sources of repeated resolution and  
16      flaws in the system of access, including insurance  
17      barriers.

18               “(4) APPLICATION FOR GRANT.—A grant may  
19      be made under paragraph (1) only if an application  
20      for the grant is submitted to the Director of the In-  
21      stitute and the application is in such form, is made  
22      in such manner, and contains such agreements, as-  
23      surances, and information as the Director deter-  
24      mines to be necessary to carry out this section.

25               “(5) EVALUATIONS.—

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

9           “(B) DISSEMINATION OF FINDINGS.—The  
10          Director of the Institute shall as appropriate  
11          disseminate to public and private entities the  
12          findings made in evaluations under subpara-  
13          graph (A).

14          “(6) COORDINATION WITH OTHER PRO-  
15          GRAMS.—The Secretary shall coordinate the pro-  
16          gram under this subsection with the program under  
17          subsection (a) and with the program under section  
18          330I.

19          “(c) REQUIREMENTS REGARDING FEES.—

20                 “(1) IN GENERAL.—A condition for the receipt  
21                 of a grant under subsection (a)(1) or (b)(1) is that  
22                 the program for which the grant is made have in ef-  
23                 fect—

24                         “(A) a schedule of fees or payments for  
25                         the provision of its health care services related

1 to the prevention and treatment of disease that  
2 is consistent with locally prevailing rates or  
3 charges and is designed to cover its reasonable  
4 costs of operation; and

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

9 “(2) RULE OF CONSTRUCTION.—Nothing in  
10 this section shall be construed to require payment  
11 for navigation services or to require payment for  
12 health care services in cases where care is provided  
13 free of charge, including the case of services pro-  
14 vided through programs of the Indian Health Serv-  
15 ice.

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

22 “(e) DURATION OF GRANT.—The period during  
23 which payments are made to an entity from a grant under  
24 subsection (a)(1) or (b)(1) may not exceed five years. The  
25 provision of such payments are subject to annual approval

1 by the Director of the Institute of the payments and sub-  
2 ject to the availability of appropriations for the fiscal year  
3 involved to make the payments. This subsection may not  
4 be construed as establishing a limitation on the number  
5 of grants under such subsection that may be made to an  
6 entity.

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

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

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

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

22 “(A) racial and ethnic minority groups as  
23 defined in section 1707; and

1           “(B) medically underserved groups, such  
2           as rural and low-income individuals and individ-  
3           uals with low levels of literacy.

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

6           “(i) assisting and guiding patients with a  
7           symptom or an abnormal finding or diagnosis of  
8           cancer or other chronic disease within the  
9           health care system to accomplish the follow-up  
10          and diagnosis of an abnormal finding as well as  
11          the treatment and appropriate follow-up care of  
12          cancer or other chronic disease, including pro-  
13          viding information about clinical trials; and

14          “(ii) identifying, anticipating, and helping  
15          patients overcome barriers within the health  
16          care system to ensure prompt diagnostic and  
17          treatment resolution of an abnormal finding of  
18          cancer or other chronic disease.

19          “(B) Such term includes representatives of the  
20          target health disparity population, such as nurses,  
21          social workers, cancer survivors, and patient advo-  
22          cates.

23          “(g) AUTHORIZATION OF APPROPRIATIONS.—

24          “(1) MODEL PROGRAMS.—For the purpose of  
25          carrying out subsection (a), there are authorized to

1 be appropriated such sums as may be necessary for  
2 each of the fiscal years 2004 through 2008.

3 “(2) PATIENT NAVIGATORS.—For the purpose  
4 of carrying out subsection (b), there are authorized  
5 to be appropriated such sums as may be necessary  
6 for each of the fiscal years 2004 through 2008.

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

12 **SEC. 5. IHS GRANTS FOR MODEL COMMUNITY CANCER AND**  
13 **CHRONIC DISEASE CARE AND PREVENTION;**  
14 **IHS GRANTS FOR PATIENT NAVIGATORS.**

15 (a) MODEL COMMUNITY CANCER AND CHRONIC DIS-  
16 EASE CARE AND PREVENTION.—

17 (1) IN GENERAL.—The Director of the Indian  
18 Health Service may make grants to Indian Health  
19 Service Centers, tribal governments, urban Indian  
20 organizations, tribal organizations, and qualified  
21 nonprofit entities demonstrating the ability to per-  
22 form all of the functions outlined in this subsection  
23 and subsections (b) and (c) that partner with pro-  
24 viders or centers providing health care serving Na-  
25 tive American populations to provide navigation



1 services, for the development and operation of model  
2 programs that—

3 (A) provide to individuals of health dis-  
4 parity populations prevention, early detection,  
5 treatment, and appropriate follow-up care serv-  
6 ices for cancer and chronic diseases;

7 (B) ensure that the health services are pro-  
8 vided to such individuals in a culturally com-  
9 petent manner;

10 (C) assign patient navigators, in accord-  
11 ance with applicable criteria of the Secretary,  
12 for managing the care of individuals of health  
13 disparity populations to—

14 (i) accomplish, to the extent possible,  
15 the follow-up and diagnosis of an abnormal  
16 finding and the treatment and appropriate  
17 follow-up care of cancer or other chronic  
18 disease; and

19 (ii) facilitate access to appropriate  
20 health care services within the health care  
21 system to ensure optimal patient utiliza-  
22 tion of such services, including aid in co-  
23 ordinating and scheduling appointments  
24 and referrals, community outreach, assist-  
25 ance with transportation arrangements,

1           and assistance with insurance issues and  
2           other barriers to care and providing infor-  
3           mation about clinical trials;

4           (D) require training for patient navigators  
5           employed through such model programs to en-  
6           sure the ability of navigators to perform all of  
7           the duties required in this subsection and in  
8           subsection (b), including training to ensure that  
9           navigators are informed about health insurance  
10          systems and are able to aid patients in resolv-  
11          ing access issues; and

12          (E) ensure that consumers have direct ac-  
13          cess to patient navigators during regularly  
14          scheduled hours of business operation.

15          (2) OUTREACH SERVICES.—A condition for the  
16          receipt of a grant under paragraph (1) is that the  
17          applicant involved agree to provide ongoing outreach  
18          activities while receiving the grant, in a manner that  
19          is culturally competent for the health disparity popu-  
20          lation served by the program, to inform the public  
21          and the specific community that the program is  
22          serving of the services of the model program under  
23          the grant. Such activities shall include facilitating  
24          access to appropriate health care services and pa-

1       tient navigators within the health care system to en-  
2       sure optimal patient utilization of these services.

3           (3) DATA COLLECTION AND REPORT.—In order  
4       to allow for effective program evaluation, the grantee  
5       shall collect specific patient data recording services  
6       provided to each patient served by the program and  
7       shall establish and implement procedures and proto-  
8       cols, consistent with applicable Federal and State  
9       laws (including 45 C.F.R. 160 and 164) to ensure  
10      the confidentiality of all information shared by a  
11      participant in the program, or their personal rep-  
12      resentative and their health care providers, group  
13      health plans, or health insurance insurers with the  
14      program. The program may, consistent with applica-  
15      ble Federal and State confidentiality laws, collect,  
16      use or disclose aggregate information that is not in-  
17      dividually identifiable (as defined in 45 C.F.R. 160  
18      and 164). With this data, the grantee shall submit  
19      an annual report to the Secretary that summarizes  
20      and analyzes these data, provides information on  
21      needs for navigation services, types of access difficul-  
22      ties resolved, sources of repeated resolution and  
23      flaws in the system of access, including insurance  
24      barriers.

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

8           (5) EVALUATIONS.—

9           (A) IN GENERAL.—The Secretary, acting  
10          through the Director of the Indian Health Serv-  
11          ice, shall, directly or through grants or con-  
12          tracts, provide for evaluations to determine  
13          which outreach activities under paragraph (2)  
14          were most effective in informing the public and  
15          the specific community that the program is  
16          serving of the model program services and to  
17          determine the extent to which such programs  
18          were effective in providing culturally competent  
19          services to the health disparity population  
20          served by the programs.

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

1 (6) COORDINATION WITH OTHER PROGRAMS.—

2 The Secretary shall coordinate the program under  
3 this subsection with the program under subsection  
4 (b), with the program under section 417D, and to  
5 the extent practicable, with programs for prevention  
6 centers that are carried out by the Director of the  
7 Centers for Disease Control and Prevention.

8 (b) PROGRAM FOR PATIENT NAVIGATORS.—

9 (1) IN GENERAL.—The Secretary, acting  
10 through the Director of the Indian Health Service,  
11 may make grants to Indian Health Service Centers,  
12 tribal governments, urban Indian organizations, trib-  
13 al organizations, and qualified nonprofit entities  
14 demonstrating the ability to perform all of the func-  
15 tions outlined in this subsection and subsections (a)  
16 and (c) that partner with providers or centers pro-  
17 viding health care serving Native American popu-  
18 lations to provide navigation services, for the devel-  
19 opment and operation of model programs to pay the  
20 costs of such organizations in—

21 (A) assigning patient navigators, in accord-  
22 ance with applicable criteria of the Secretary,  
23 for individuals of health disparity populations  
24 for the duration of receiving health services  
25 from the health centers, including aid in coordi-

1 nating and scheduling appointments and refer-  
2 rals, community outreach, assistance with  
3 transportation arrangements, and assistance  
4 with insurance issues and other barriers to care  
5 and providing information about clinical trials;

6 (B) ensuring that the services provided by  
7 the patient navigators to such individuals in-  
8 clude case management and psychosocial as-  
9 sessment and care or information and referral  
10 to such services;

11 (C) ensuring that patient navigators with  
12 direct knowledge of the communities they serve  
13 provide services to such individuals in a cul-  
14 turally competent manner;

15 (D) developing model practices for patient  
16 navigators, including with respect to—

17 (i) coordination of health services, in-  
18 cluding psychosocial assessment and care;

19 (ii) appropriate follow-up care, includ-  
20 ing psychosocial assessment and care;

21 (iii) determining coverage under  
22 health insurance and health plans for all  
23 services;

24 (iv) ensuring the initiation, continu-  
25 ation and/or sustained access to care pre-

1           scribed by the patients' health care pro-  
2           viders; and

3                   (v) aiding patients with health insur-  
4           ance coverage issues;

5                   (E) requiring training for patient naviga-  
6           tors to ensure the ability of navigators to per-  
7           form all of the duties required in this sub-  
8           section and in subsection (a), including training  
9           to ensure that navigators are informed about  
10          health insurance systems and are able to aid  
11          patients in resolving access issues; and

12                   (F) ensuring that consumers have direct  
13          access to patient navigators during regularly  
14          scheduled hours of business operation.

15           (2) OUTREACH SERVICES.—A condition for the  
16          receipt of a grant under paragraph (1) is that the  
17          applicant involved agree to provide ongoing outreach  
18          activities while receiving the grant, in a manner that  
19          is culturally competent for the health disparity popu-  
20          lation served by the program, to inform the public  
21          and the specific community that the patient navi-  
22          gator is serving of the services of the model program  
23          under the grant.

24                   (3) DATA COLLECTION AND REPORT.—In order  
25          to allow for effective patient navigator program eval-

1 uation, the grantee shall collect specific patient data  
2 recording navigation services provided to each pa-  
3 tient served by the program and shall establish and  
4 implement procedures and protocols, consistent with  
5 applicable Federal and State laws (including 45  
6 C.F.R. 160 and 164) to ensure the confidentiality of  
7 all information shared by a participant in the pro-  
8 gram, or their personal representative and their  
9 health care providers, group health plans, or health  
10 insurance insurers with the program. The patient  
11 navigator program may, consistent with applicable  
12 Federal and State confidentiality laws, collect, use or  
13 disclose aggregate information that is not individ-  
14 ually identifiable (as defined in 45 C.F.R. 160 and  
15 164). With this data, the grantee shall submit an  
16 annual report to the Secretary that summarizes and  
17 analyzes these data, provides information on needs  
18 for navigation services, types of access difficulties re-  
19 solved, sources of repeated resolution and flaws in  
20 the system of access, including insurance barriers.

21 (4) APPLICATION FOR GRANT.—A grant may be  
22 made under paragraph (1) only if an application for  
23 the grant is submitted to the Secretary and the ap-  
24 plication is in such form, is made in such manner,  
25 and contains such agreements, assurances, and in-



1 formation as the Secretary determines to be nec-  
2 essary to carry out this section.

3 (5) EVALUATIONS.—

4 (A) IN GENERAL.—The Secretary, acting  
5 through the Director of the Indian Health Serv-  
6 ice, shall, directly or through grants or con-  
7 tracts, provide for evaluations to determine the  
8 effects of the services of patient navigators on  
9 the individuals of health disparity populations  
10 for whom the services were provided, taking  
11 into account the matters referred to in para-  
12 graph (1)(C).

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

17 (6) COORDINATION WITH OTHER PROGRAMS.—

18 The Secretary shall coordinate the program under  
19 this subsection with the program under subsection  
20 (a) and with the program under section 417D.

21 (c) REQUIREMENTS REGARDING FEES.—

22 (1) IN GENERAL.—A condition for the receipt  
23 of a grant under subsection (a)(1) or (b)(1) is that  
24 the program for which the grant is made have in ef-  
25 fect—

1           (A) a schedule of fees or payments for the  
2           provision of its health care services related to  
3           the prevention and treatment of disease that is  
4           consistent with locally prevailing rates or  
5           charges and is designed to cover its reasonable  
6           costs of operation; and

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

11          (2) RULE OF CONSTRUCTION.—Nothing in this  
12          section shall be construed to require payment for  
13          navigation services or to require payment for health  
14          care services in cases, such as with the Indian  
15          Health Service, where care is provided free of  
16          charge.

17          (d) MODEL.—Not later than five years after the date  
18          of the enactment of this section, the Secretary shall de-  
19          velop a peer-reviewed model of systems for the services  
20          provided by this section. The Secretary shall update such  
21          model as may be necessary to ensure that the best prac-  
22          tices are being utilized.

23          (e) DURATION OF GRANT.—The period during which  
24          payments are made to an entity from a grant under sub-  
25          section (a)(1) or (b)(1) may not exceed five years. The

1 provision of such payments are subject to annual approval  
2 by the Secretary of the payments and subject to the avail-  
3 ability of appropriations for the fiscal year involved to  
4 make the payments. This subsection may not be construed  
5 as establishing a limitation on the number of grants under  
6 such subsection that may be made to an entity.

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

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

14 (2) The term “appropriate follow-up care” in-  
15 cludes palliative and end-of-life care.

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

22 (A) racial and ethnic minority groups as  
23 defined in section 1707; and

1 (B) medically underserved groups, such as  
2 rural and low-income individuals and individ-  
3 uals with low levels of literacy.

4 (4)(A) The term “patient navigator” means an  
5 individual whose functions include—

6 (i) assisting and guiding patients with a  
7 symptom or an abnormal finding or diagnosis of  
8 cancer or other chronic disease within the  
9 health care system to accomplish the follow-up  
10 and diagnosis of an abnormal finding as well as  
11 the treatment and appropriate follow-up care of  
12 cancer or other chronic disease, including pro-  
13 viding information about clinical trials; and

14 (ii) identifying, anticipating, and helping  
15 patients overcome barriers within the health  
16 care system to ensure prompt diagnostic and  
17 treatment resolution of an abnormal finding of  
18 cancer or other chronic disease.

19 (B) Such term includes representatives of the  
20 target health disparity population, such as nurses,  
21 social workers, cancer survivors, and patient advo-  
22 cates.

23 (g) AUTHORIZATION OF APPROPRIATIONS.—

24 (1) IN GENERAL.—

1           (A) MODEL PROGRAMS.—For the purpose  
2 of carrying out subsection (a) (other than the  
3 purpose described in paragraph (2)(A)), there  
4 are authorized to be appropriated such sums as  
5 may be necessary for each of the fiscal years  
6 2004 through 2008.

7           (B) PATIENT NAVIGATORS.—For the pur-  
8 pose of carrying out subsection (b) (other than  
9 the purpose described in paragraph (2)(B)),  
10 there are authorized to be appropriated such  
11 sums as may be necessary for each of the fiscal  
12 years 2004 through 2008.

13           (C) BUREAU OF PRIMARY HEALTH CARE.—Amounts appropriated under subpara-  
14 graph (A) or (B) shall be administered through  
15 the Bureau of Primary Health Care.  
16

17 (2) PROGRAMS IN RURAL AREAS.—

18           (A) MODEL PROGRAMS.—For the purpose  
19 of carrying out subsection (a) by making grants  
20 under such subsection for model programs in  
21 rural areas, there are authorized to be appro-  
22 priated such sums as may be necessary for each  
23 of the fiscal years 2004 through 2008.

24           (B) PATIENT NAVIGATORS.—For the pur-  
25 pose of carrying out subsection (b) by making

1 grants under such subsection for programs in  
2 rural areas, there are authorized to be appro-  
3 priated such sums as may be necessary for each  
4 of the fiscal years 2004 through 2008.

5 (C) OFFICE OF RURAL HEALTH POLICY.—  
6 Amounts appropriated under subparagraph (A)  
7 or (B) shall be administered through the Office  
8 of Rural Health Policy.

9 (3) RELATION TO OTHER AUTHORIZATIONS.—  
10 Authorizations of appropriations under paragraphs  
11 (1) and (2) are in addition to other authorizations  
12 of appropriations that are available for the purposes  
13 described in such paragraphs.

○