

# Union Calendar No. 447

108TH CONGRESS  
2D SESSION

# H. R. 918

**[Report No. 108-727, Part I]**

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

OCTOBER 5, 2004

Additional sponsors: Ms. GINNY BROWN-WAITE of Florida, Mr. FROST, Mr. FORD, Mr. NORWOOD, Mr. KILDEE, Mr. RENZI, Mr. RANGEL, Mr. RAMSTAD, Ms. KILPATRICK, Mr. PICKERING, Mr. CAPUANO, Mrs. CAPITO, Mr. MATSUI, Mr. FLETCHER, Mr. ISRAEL, Mr. GRIJALVA, Mr. GREEN of Wisconsin, Mr. OBERSTAR, Mr. LAHOOD, Mr. MEEHAN, Mr. ROGERS of Michigan, Mr. STUPAK, Mr. PASCRELL, Mr. HOLT, Ms. MCCOLLUM, Ms. BALDWIN, Mr. PAYNE, Mr. WHITFIELD, Mr. KIND, Mr. GOSS, Mr. PETERSON of Minnesota, Mr. BOOZMAN, Mrs. MCCARTHY of New York, Mr. UPTON, Mr. BURNS, Mr. KING of New York, Mr. CUNNINGHAM, Mrs. MYRICK, Mr. TIBERI, Mr. SMITH of Washington, Mr. COX, Mr. WICKER, Mr. CASTLE, Mr. LATOURETTE, Ms. HOOLEY of Or-

egon, Mrs. EMERSON, Mr. KIRK, Mr. KLECZKA, Mr. SHIMKUS, Mr. WELLER, Mr. SIMMONS, Mr. NETHERCUTT, Mr. RYAN of Wisconsin, Mr. ROSS, Mr. COSTELLO, Mr. WALSH, Mr. ROGERS of Kentucky, Mr. SMITH of New Jersey, Mr. CAMP, Mrs. JONES of Ohio, Mr. BOSWELL, Mr. BARTON of Texas, Mr. GILLMOR, Mr. HALL, Mr. MARSHALL, Mr. SESSIONS, Mr. BASS, Mr. JOHNSON of Illinois, Mr. TERRY, Mr. FERGUSON, Mr. McDERMOTT, Mr. HAYWORTH, Mr. LEACH, Mr. EHLERS, Mr. KINGSTON, Mr. BRADLEY of New Hampshire, Mr. KENNEDY of Minnesota, Mr. GRAVES, Mr. SCHROCK, Mr. CLAY, Mrs. JO ANN DAVIS of Virginia, Ms. JACKSON-LEE of Texas, Mr. BISHOP of Georgia, Mr. HYDE, Mr. MOORE, Mr. ISSA, Mr. WAXMAN, Mr. KLINE, Mr. GREENWOOD, Mr. DAVIS of Florida, Mr. SCOTT of Virginia, Mr. CRAMER, Mr. FILNER, Mr. McHUGH, Mr. ANDREWS, Mr. REYES, Mr. MICHAUD, Ms. BERKLEY, Ms. MCCARTHY of Missouri, Mr. TOWNS, Mr. CUMMINGS, Mrs. KELLY, Mr. BELL, Mr. PLATTS, Mr. ALLEN, Mr. KENNEDY of Rhode Island, Mr. BISHOP of Utah, Mr. SHAYS, Mr. VITTER, Mr. CARSON of Oklahoma, Mr. WYNN, Ms. HERSETH, Mr. WALDEN of Oregon, Mr. ROTHMAN, Mr. DEAL of Georgia, Mr. GONZALEZ, and Mr. McNULTY

OCTOBER 5, 2004

Reported from the Committee on Energy and Commerce with amendments

[Strike out all after the enacting clause and insert the part printed in *italic*]

OCTOBER 5, 2004

Referral to the Committee on Resources extended for a period ending not later than October 5, 2004

OCTOBER 5, 2004

Committee on Resources discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on February 26, 2003]

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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 Out-*  
5 *reach and Chronic Disease Prevention Act of 2004”.*

6 **SEC. 2. PATIENT NAVIGATOR GRANTS.**

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

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

11       “(a) *GRANTS.—The Secretary, acting through the Ad-*  
12 *ministrator of the Health Resources and Services Adminis-*  
13 *tration, may make grants to eligible entities for the develop-*  
14 *ment and operation of demonstration programs to provide*  
15 *patient navigator services to improve health care outcomes.*  
16 *The Secretary shall coordinate with, and ensure the partici-*  
17 *pation of, the Indian Health Service, the National Cancer*  
18 *Institute, the Office of Rural Health Policy, and such other*  
19 *offices and agencies as deemed appropriate by the Sec-*  
20 *retary, regarding the design and evaluation of the dem-*  
21 *onstration programs.*

22       “(b) *USE OF FUNDS.—A condition on the receipt of*  
23 *a grant under this section is that the grantee agree to use*  
24 *the grant to recruit, assign, train, and employ patient navi-*

1 gators who have direct knowledge of the communities they  
2 serve to facilitate the care of individuals, including by per-  
3 forming each of the following duties:

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

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

20           “(3) Notifying individuals of clinical trials and  
21           facilitating enrollment in these trials if requested and  
22           eligible.

23           “(4) Anticipating, identifying, and helping pa-  
24           tients to overcome barriers within the health care sys-  
25           tem to ensure prompt diagnostic and treatment reso-

1 *lution of an abnormal finding of cancer or other*  
2 *chronic disease.*

3 “(5) *Coordinating with the relevant health insur-*  
4 *ance ombudsman programs to provide information to*  
5 *individuals who are at risk for or who have cancer*  
6 *or other chronic diseases about health coverage, in-*  
7 *cluding private insurance, health care savings ac-*  
8 *counts, and other publicly funded programs (such as*  
9 *Medicare, Medicaid, and the State children’s health*  
10 *insurance program).*

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

17 “(c) *GRANT PERIOD.—*

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

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

24 “(A) *each such extension shall be for a pe-*  
25 *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 grant.

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

6           “(d) *APPLICATION.*—

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

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

17          “(e) *UNIFORM BASELINE MEASURES.*—The Secretary  
18          shall establish uniform baseline measures in order to prop-  
19          erly evaluate the impact of the demonstration projects under  
20          this section.

21          “(f) *PREFERENCE.*—In making grants under this sec-  
22          tion, the Secretary shall give preference to eligible entities  
23          that demonstrate in their applications plans to utilize pa-  
24          tient navigator services to overcome significant barriers in

1 *order to improve health care outcomes in their respective*  
2 *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 health*  
7 *care services.*

8       “(h) *STUDY; REPORTS.—*

9               “(1) *FINAL REPORT BY SECRETARY.—Not later*  
10 *than 6 months after the completion of the demonstra-*  
11 *tion grant program under this section, the Secretary*  
12 *shall conduct a study of the results of the program*  
13 *and submit to the Congress a report on such results*  
14 *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 pa-*  
23 *tient 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 this*  
2        *section at such intervals as the Secretary determines*  
3        *to be appropriate.*

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

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

11               *“(j) DEFINITIONS.—In this section:*

12                *“(1) The term ‘eligible entity’ means a public or*  
13        *nonprofit private health center (including a Federally*  
14        *qualified health center (as that term is defined in sec-*  
15        *tion 1861(aa)(4) of the Social Security Act)), a health*  
16        *facility operated by or pursuant to a contract with*  
17        *the Indian Health Service, a hospital, a cancer cen-*  
18        *ter, a rural health clinic, an academic health center,*  
19        *or a nonprofit entity that enters into a partnership*  
20        *or coordinates referrals with such a center, clinic, fa-*  
21        *cility, or hospital to provide patient navigator serv-*  
22        *ices.*

23                *“(2) The term ‘health disparity population’*  
24        *means a population that, as determined by the Sec-*  
25        *retary, has a significant disparity in the overall rate*

1       *of disease incidence, prevalence, morbidity, mortality,*  
2       *or survival rates as compared to the health status of*  
3       *the general population.*

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

8       “(k) *AUTHORIZATION OF APPROPRIATIONS.—*

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

14               “(2) *AVAILABILITY.—The amounts appropriated*  
15       *pursuant to paragraph (1) shall remain available for*  
16       *obligation through the end of fiscal year 2010.”.*

Amend the title so as to read: “A bill 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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108<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

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