

108TH CONGRESS
1ST SESSION

S. 453

To authorize the Health Resources and Services Administration and the National Cancer Institute 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.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 26, 2003

Mrs. HUTCHISON (for herself, Mr. BINGAMAN, Mr. COCHRAN, and Mrs. FEINSTEIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To authorize the Health Resources and Services Administration and the National Cancer Institute 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,*

1 **SECTION 1. SHORT TITLE.**

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

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

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

13 (2) Many racial and ethnic minority groups suf-
14 fer disproportionately from cancer. Mortality and
15 morbidity rates remain the most important measures
16 of the overall progress against cancer. Decreasing
17 rates of death from cancer reflect improvements in
18 both prevention and treatment. Among all ethnic
19 groups in the United States, African American
20 males have the highest overall rate of mortality from
21 cancer. Some specific forms of cancer affect other
22 ethnic minority communities at rates up to several
23 times higher than the national averages (such as
24 stomach and liver cancers among Asian American
25 populations, colon and rectal cancer among Alaska

1 natives, and cervical cancer among Hispanic and Vi-
2 etnamese-American women).

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

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

18 (5) Minority populations are disproportionately
19 impacted by diabetes and other chronic diseases.
20 Hispanics are twice as likely to have diabetes as
21 non-Hispanic whites; diabetes is the fourth leading
22 cause of death among Hispanic women and elderly.
23 African Americans are 1.7 times as likely to have di-
24 abetes as the general population. More than 15% of

1 the combined populations of Native Americans and
 2 Alaska Natives have diabetes.

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

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

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

15 **“SEC. 330L. MODEL COMMUNITY CANCER AND CHRONIC**
 16 **DISEASE CARE AND PREVENTION; PATIENT**
 17 **NAVIGATORS.**

18 “(a) MODEL COMMUNITY CANCER AND CHRONIC
 19 DISEASE CARE AND PREVENTION.—

20 “(1) IN GENERAL.—The Secretary, acting
 21 through the Administrator of the Health Resources
 22 and Services Administration, may make grants to
 23 public and nonprofit private health centers (includ-
 24 ing health centers under section 330, Indian Health
 25 Service Centers, tribal governments, urban Indian

1 organizations, clinics serving Asian Americans and
 2 Pacific Islanders and Alaskan Natives, rural health
 3 clinics, and qualified nonprofit entities that enter
 4 into partnerships with public and nonprofit private
 5 health centers to provide navigation services, which
 6 demonstrate the ability to perform all the functions
 7 described in this subsection and subsections (b), and
 8 (c)) for the development and operation of model pro-
 9 grams that—

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

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

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

21 “(i) accomplish, to the extent possible,
 22 the follow-up and diagnosis of an abnormal
 23 finding and the treatment and appropriate
 24 follow-up care of cancer or other chronic
 25 disease; and

1 “(ii) facilitate access to appropriate
2 health care services within the health care
3 system to ensure optimal patient utiliza-
4 tion of such services, including aid in co-
5 ordinating and scheduling appointments
6 and referrals, community outreach, assist-
7 ance with transportation arrangements,
8 and assistance with insurance issuers and
9 other barriers to care;

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

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

22 “(2) OUTREACH SERVICES.—A condition for
23 the receipt of a grant under paragraph (1) is that
24 the applicant involved agree to provide ongoing out-
25 reach activities while receiving the grant, in a man-

ner that is culturally competent for the health disparity population served by the program, to inform the public, and the specific community that the program is serving, of the services of the model program under the grant. Such activities shall include facilitating access to appropriate health care services and patient navigators within the health care system to ensure optimal patient utilization of these services.

“(3) DATA COLLECTION AND REPORT.—

“(A) IN GENERAL.—To provide for effective program evaluation, a grant recipient under this subsection shall collect specific patient data with respect to services provided to each patient served through the program and shall establish and implement procedures and protocols, consistent with applicable Federal and State laws (including sections 160 and 164 of title 45, Code of Federal Regulations) to ensure the confidentiality of all information shared by a patient in the program (or their personal representative) and their health care providers, group health plans, or health insurance insurers.

1 “(B) USE OF DATA.—A grant recipient
2 under this subsection may, consistent with ap-
3 plicable Federal and State confidentiality laws,
4 collect, use, or disclose aggregate information
5 that is not individually identifiable (as such
6 term is defined for purposes of sections 160
7 and 164 of title 45 Code of Federal Regula-
8 tions).

9 “(C) REPORT.—Using data collected under
10 this paragraph, a grantee shall prepare and
11 submit to the Secretary an annual report that
12 summarizes and analyzes such data and pro-
13 vides information on the need for navigation
14 services, the types of access difficulties resolved,
15 the sources of repeated resolutions, and the
16 flaws in the system of access, including insur-
17 ance 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 Secretary and the
21 application is in such form, is made in such manner,
22 and contains such agreements, assurances, and in-
23 formation as the Secretary determines to be nec-
24 essary to carry out this section.

25 “(5) EVALUATIONS.—

1 “(A) IN GENERAL.—The Secretary, acting
2 through the Administrator of the Health Re-
3 sources and Services Administration, shall, di-
4 rectly or through grants or contracts, provide
5 for evaluations to determine which outreach ac-
6 tivities under paragraph (2) were most effective
7 in informing the public, and the specific com-
8 munity that the program is serving, of the
9 model program services and to determine the
10 extent to which such programs were effective in
11 providing culturally competent services to the
12 health disparity population served by the pro-
13 grams.

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

18 “(6) COORDINATION WITH OTHER PRO-
19 GRAMS.—The Secretary shall coordinate the pro-
20 gram under this subsection with the program under
21 subsection (b), with the program under section
22 417D, and to the extent practicable, with programs
23 for prevention centers that are carried out by the
24 Director of the Centers for Disease Control and Pre-
25 vention.

1 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

2 “(1) IN GENERAL.—The Secretary, acting
3 through the Administrator of the Health Resources
4 and Services Administration, may make grants to
5 public and nonprofit private health centers (includ-
6 ing health centers under section 330, Indian Health
7 Service Centers, tribal governments, urban Indian
8 organizations, clinics serving Asian Americans and
9 Pacific Islanders and Alaskan Natives, rural health
10 clinics, and qualified nonprofit entities that enter
11 into partnerships with public and nonprofit private
12 health centers to provide navigation services, which
13 demonstrate the ability to perform all the functions
14 described in subsections (a), (b), and (c)) for the de-
15 velopment and operation of programs to pay the
16 costs of such health centers in—

17 “(A) assigning patient navigators, in ac-
18 cordance with applicable criteria of the Sec-
19 retary, for managing the care of individuals of
20 health disparity populations for the duration of
21 receiving health services from the health cen-
22 ters, including aid in coordinating and sched-
23 uling appointments and referrals, community
24 outreach, assistance with transportation ar-

1 rangements, and assistance with insurance
2 issuers and other barriers to care;

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

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

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

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

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

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

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

1 “(v) aiding patients with health insur-
 2 ance coverage issues;

3 “(E) requiring training for patient naviga-
 4 tors to ensure the ability of such navigators to
 5 perform all of the duties required under this
 6 subsection and in subsection (a), including
 7 training to ensure that such navigators are in-
 8 formed about health insurance systems and are
 9 able to aid patients in resolving access issues;
 10 and

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

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

23 “(3) DATA COLLECTION AND REPORT.—

24 “(A) IN GENERAL.—To provide for effec-
 25 tive patient navigator program evaluation, a

1 grant recipient under this subsection shall col-
2 lect specific patient data with respect to naviga-
3 tion services provided to each patient served
4 through the program and shall establish and
5 implement procedures and protocols, consistent
6 with applicable Federal and State laws (includ-
7 ing sections 160 and 164 of title 45, Code of
8 Federal Regulations) to ensure the confiden-
9 tiality of all information shared by a patient in
10 the program (or their personal representative)
11 and their health care providers, group health
12 plans, or health insurance insurers.

13 “(B) USE OF DATA.—A grant recipient
14 under this subsection may, consistent with ap-
15 plicable Federal and State confidentiality laws,
16 collect, use, or disclose aggregate information
17 that is not individually identifiable (as such
18 term is defined for purposes of sections 160
19 and 164 of title 45 Code of Federal Regula-
20 tions).

21 “(C) REPORT.—Using data collected under
22 this paragraph, a grantee shall prepare and
23 submit to the Secretary an annual report that
24 summarizes and analyzes such data and pro-
25 vides information on the need for navigation

1 services, the types of access difficulties resolved,
2 the sources of repeated resolutions, and the
3 flaws in the system of access, including insur-
4 ance barriers.

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

12 “(5) EVALUATIONS.—

13 “(A) IN GENERAL.—The Secretary, acting
14 through the Administrator of the Health Re-
15 sources and Services Administration, shall, di-
16 rectly or through grants or contracts, provide
17 for evaluations to determine the effects of the
18 services of patient navigators on the individuals
19 of health disparity populations for whom the
20 services were provided, taking into account the
21 matters referred to in paragraph (1)(C).

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

1 “(6) COORDINATION WITH OTHER PRO-
 2 GRAMS.—The Secretary shall coordinate the pro-
 3 gram under this subsection with the program under
 4 subsection (a) and with the program under section
 5 417D.

6 “(c) REQUIREMENTS REGARDING FEES.—

7 “(1) IN GENERAL.—A condition for the receipt
 8 of a grant under subsection (a)(1) or (b)(1) is that
 9 the program for which the grant is made have in ef-
 10 fect—

11 “(A) a schedule of fees or payments for
 12 the provision of its health care services related
 13 to the prevention and treatment of disease that
 14 is consistent with locally prevailing rates or
 15 charges and is designed to cover its reasonable
 16 costs of operation; and

17 “(B) a corresponding schedule of discounts
 18 to be applied to the payment of such fees or
 19 payments, which discounts are adjusted on the
 20 basis of the ability of the patient to pay.

21 “(2) RULE OF CONSTRUCTION.—Nothing in
 22 this section shall be construed to require payment
 23 for navigation services or to require payment for
 24 health care services in cases where the care is pro-
 25 vided free of charge, including the case of services

1 provided through programs of the Indian Health
2 Service.

3 “(d) MODEL.—Not later than three years after the
4 date of the enactment of this section, the Secretary shall
5 develop a peer-reviewed model of systems for the services
6 provided by this section. The Secretary shall update such
7 model as may be necessary to ensure that the best prac-
8 tices are being utilized.

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

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

19 “(1) The term ‘culturally competent’, with re-
20 spect to providing health-related services, means
21 services that, in accordance with standards and
22 measures of the Secretary, are designed to effec-
23 tively and efficiently respond to the cultural and lin-
24 guistic needs of patients.

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

3 “(3) The term ‘health disparity population’
4 means a population where there exists a significant
5 disparity in the overall rate of disease incidence,
6 morbidity, mortality, or survival rates in the popu-
7 lation as compared to the health status of the gen-
8 eral population. Such term includes—

9 “(A) racial and ethnic minority groups as
10 defined in section 1707; and

11 “(B) medically underserved groups, such
12 as rural and low-income individuals and individ-
13 uals with low levels of literacy.

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

16 “(i) assisting and guiding patients with a
17 symptom or an abnormal finding or diagnosis of
18 cancer or other chronic disease within the
19 health care system to accomplish the follow-up
20 and diagnosis of an abnormal finding as well as
21 the treatment and appropriate follow-up care of
22 cancer or other chronic disease; and

23 “(ii) identifying, anticipating, and helping
24 patients overcome barriers within the health
25 care system to ensure prompt diagnostic and

1 treatment resolution of an abnormal finding of
2 cancer or other chronic disease.

3 “(B) Such term includes representatives of the
4 target health disparity population, such as nurses,
5 social workers, cancer survivors, and patient advocates.
6

7 “(g) AUTHORIZATION OF APPROPRIATIONS.—

8 “(1) IN GENERAL.—

9 “(A) MODEL PROGRAMS.—For the purpose
10 of carrying out subsection (a) (other than the
11 purpose described in paragraph (2)(A)), there
12 are authorized to be appropriated such sums as
13 may be necessary for each of the fiscal years
14 2004 through 2008.

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

21 “(C) BUREAU OF PRIMARY HEALTH
22 CARE.—Amounts appropriated under subparagraph
23 (A) or (B) shall be administered through
24 the Bureau of Primary Health Care.

25 “(2) PROGRAMS IN RURAL AREAS.—

1 “(A) MODEL PROGRAMS.—For the purpose
2 of carrying out subsection (a) by making grants
3 under such subsection for model programs in
4 rural areas, there are authorized to be appro-
5 priated such sums as may be necessary for each
6 of the fiscal years 2004 through 2008.

7 “(B) PATIENT NAVIGATORS.—For the pur-
8 pose of carrying out subsection (b) by making
9 grants under such subsection for programs in
10 rural areas, there are authorized to be appro-
11 priated such sums as may be necessary for each
12 of the fiscal years 2004 through 2008.

13 “(C) OFFICE OF RURAL HEALTH POL-
14 ICY.—Amounts appropriated under subpara-
15 graph (A) or (B) shall be administered through
16 the Office of Rural Health Policy.

17 “(3) RELATION TO OTHER AUTHORIZATIONS.—
18 Authorizations of appropriations under paragraphs
19 (1) and (2) are in addition to other authorizations
20 of appropriations that are available for the purposes
21 described in such paragraphs.”.

1 **SEC. 4. NCI GRANTS FOR MODEL COMMUNITY CANCER AND**
 2 **CHRONIC DISEASE CARE AND PREVENTION;**
 3 **NCI GRANTS FOR PATIENT NAVIGATORS.**

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

7 **“SEC. 417E. MODEL COMMUNITY CANCER AND CHRONIC**
 8 **DISEASE CARE AND PREVENTION; PATIENT**
 9 **NAVIGATORS.**

10 “(a) MODEL COMMUNITY CANCER AND CHRONIC
 11 DISEASE CARE AND PREVENTION.—

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

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

19 “(B) ensure that the health services are
 20 provided to such individuals in a culturally com-
 21 petent manner;

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

1 “(i) accomplish, to the extent possible,
2 the follow-up and diagnosis of an abnormal
3 finding and the treatment and appropriate
4 follow-up care of cancer or other chronic
5 disease; and

6 “(ii) facilitate access to appropriate
7 health care services within the health care
8 system to ensure optimal patient utiliza-
9 tion of such services, including aid in co-
10 ordinating and scheduling appointments
11 and referrals, community outreach, assist-
12 ance with transportation arrangements,
13 and assistance with insurance issuers and
14 other barriers to care;

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

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

4 “(2) ELIGIBLE ENTITIES.—For purposes of this
5 section, an eligible entity is a designated cancer cen-
6 ter of the Institute, an academic institution, an In-
7 dian Health Services Clinic, a tribal government, an
8 urban Indian organization, a hospital, a qualified
9 nonprofit entity that enters into a partnership with
10 public and nonprofit private health centers to pro-
11 vide navigation services and which demonstrates the
12 ability to perform all the functions described in sub-
13 sections (a), (b), and (c), or any other public or pri-
14 vate entity determined to be appropriate by the Di-
15 rector of the Institute that provides services de-
16 scribed in paragraph (1)(A) for cancer and chronic
17 diseases, a nonprofit organization, or any other pub-
18 lic or private entity determined to be appropriate by
19 the Director of the Institute, that provides services
20 described in paragraph (1)(A) for cancer or chronic
21 diseases.

22 “(3) DATA COLLECTION AND REPORT.—

23 “(A) IN GENERAL.—To provide for effec-
24 tive program evaluation, a grant recipient under
25 this subsection shall collect specific patient data

1 with respect to services provided to each patient
2 served through the program and shall establish
3 and implement procedures and protocols, con-
4 sistent with applicable Federal and State laws
5 (including sections 160 and 164 of title 45,
6 Code of Federal Regulations) to ensure the con-
7 fidentiality of all information shared by a pa-
8 tient in the program (or their personal rep-
9 resentative) and their health care providers,
10 group health plans, or health insurance insur-
11 ers.

12 “(B) USE OF DATA.—A grant recipient
13 under this subsection may, consistent with ap-
14 plicable Federal and State confidentiality laws,
15 collect, use, or disclose aggregate information
16 that is not individually identifiable (as such
17 term is defined for purposes of sections 160
18 and 164 of title 45 Code of Federal Regula-
19 tions).

20 “(C) REPORT.—Using data collected under
21 this paragraph, a grantee shall prepare and
22 submit to the Secretary an annual report that
23 summarizes and analyzes such data and pro-
24 vides information on the need for navigation
25 services, the types of access difficulties resolved,

1 the sources of repeated resolutions, and the
2 flaws in the system of access, including insur-
3 ance barriers.

4 “(4) 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 pro-
11 gram is serving, of the services of the model pro-
12 gram under the grant. Such activities shall include
13 facilitating access to appropriate health care services
14 and patient navigators within the health care system
15 to ensure optimal patient utilization of these serv-
16 ices.

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

24 “(6) 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 which outreach activities under paragraph
 5 (3) were most effective in informing the public,
 6 and the specific community that the program is
 7 serving, of the model program services and to
 8 determine the extent to which such programs
 9 were effective in providing culturally competent
 10 services to the health disparity population
 11 served by the programs.

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

17 “(7) COORDINATION WITH OTHER PRO-
 18 GRAMS.—The Secretary shall coordinate the pro-
 19 gram under this subsection with the program under
 20 subsection (b), with the program under section 330I,
 21 and to the extent practicable, with programs for pre-
 22 vention centers that are carried out by the Director
 23 of the Centers for Disease Control and Prevention.

24 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

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

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

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

20 “(C) ensuring that patient navigators with
21 direct knowledge of the communities they serve
22 provide services to such individuals in a cul-
23 turally competent manner;

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

1 “(i) coordination of health services,
2 including psychosocial assessment and
3 care;

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

6 “(iii) determining coverage under
7 health insurance and health plans for all
8 services;

9 “(iv) ensuring the initiation, continu-
10 ation, or sustained access to care pre-
11 scribed by the patients’ health care pro-
12 viders; and

13 “(v) aiding patients with health insur-
14 ance coverage issues;

15 “(E) requiring training for patient naviga-
16 tors to ensure the ability of such navigators to
17 perform all of the duties required under this
18 subsection and in subsection (a), including
19 training to ensure that such navigators are in-
20 formed about health insurance systems and are
21 able to aid patients in resolving access issues;
22 and

23 “(F) ensuring that consumers have direct
24 access to patient navigators during regularly
25 scheduled hours of business operation.

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

10 “(3) DATA COLLECTION AND REPORT.—

11 “(A) IN GENERAL.—To provide for effec-
 12 tive patient navigator program evaluation, a
 13 grant recipient under this subsection shall col-
 14 lect specific patient data with respect to naviga-
 15 tion services provided to each patient served
 16 through the program and shall establish and
 17 implement procedures and protocols, consistent
 18 with applicable Federal and State laws (includ-
 19 ing sections 160 and 164 of title 45, Code of
 20 Federal Regulations) to ensure the confiden-
 21 tiality of all information shared by a patient in
 22 the program (or their personal representative)
 23 and their health care providers, group health
 24 plans, or health insurance insurers.

“(B) USE OF DATA.—A grant recipient under this subsection may, consistent with applicable Federal and State confidentiality laws, collect, use, or disclose aggregate information that is not individually identifiable (as such term is defined for purposes of sections 160 and 164 of title 45 Code of Federal Regulations).

“(C) REPORT.—Using data collected under this paragraph, a grantee shall prepare and submit to the Secretary an annual report that summarizes and analyzes such data and provides information on the need for navigation services, the types of access difficulties resolved, the sources of repeated resolutions, and the flaws in the system of access, including insurance barriers.

“(4) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Director of the Institute and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

“(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 the care is pro-
13 vided free of charge, including the case of services
14 provided through programs of the Indian Health
15 Service.

16 “(d) MODEL.—Not later than three 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 infor-
 13 mation 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 Title II of the Indian Health Care Improvement Act
 16 (25 U.S.C. 162 et seq.) is amended by adding at the end
 17 the following:

18 **“SEC. 226. MODEL COMMUNITY CANCER AND CHRONIC DIS-**
 19 **EASE CARE AND PREVENTION; PATIENT**
 20 **NAVIGATORS.**

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

23 “(1) IN GENERAL.—The Director of the Service
 24 may make grants to Indian Health Service Centers,
 25 tribal governments, urban Indian organizations, trib-

1 al organizations, and qualified nonprofit entities that
2 enter into partnerships with public and nonprofit
3 private health centers serving Native American pop-
4 ulations to provide navigation services and that dem-
5 onstrate the ability to perform all the functions de-
6 scribed in this subsection and subsections (b) and
7 (c), for the development and operation of model pro-
8 grams that—

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

13 “(B) ensure that the health services are
14 provided to such individuals in a culturally com-
15 petent manner;

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

20 “(i) accomplish, to the extent possible,
21 the follow-up and diagnosis of an abnormal
22 finding and the treatment and appropriate
23 follow-up care of cancer or other chronic
24 disease; and

1 “(ii) facilitate access to appropriate
2 health care services within the health care
3 system to ensure optimal patient utiliza-
4 tion of such services, including aid in co-
5 ordinating and scheduling appointments
6 and referrals, community outreach, assist-
7 ance with transportation arrangements,
8 and assistance with insurance issuers and
9 other barriers to care;

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

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

22 “(2) OUTREACH SERVICES.—A condition for
23 the receipt of a grant under paragraph (1) is that
24 the applicant involved agree to provide ongoing out-
25 reach activities while receiving the grant, in a man-

ner that is culturally competent for the health disparity population served by the program, to inform the public, and the specific community that the program is serving, of the services of the model program under the grant. Such activities shall include facilitating access to appropriate health care services and patient navigators within the health care system to ensure optimal patient utilization of these services.

“(3) DATA COLLECTION AND REPORT.—

“(A) IN GENERAL.—To provide for effective program evaluation, a grant recipient under this subsection shall collect specific patient data with respect to services provided to each patient served through the program and shall establish and implement procedures and protocols, consistent with applicable Federal and State laws (including sections 160 and 164 of title 45, Code of Federal Regulations) to ensure the confidentiality of all information shared by a patient in the program (or their personal representative) and their health care providers, group health plans, or health insurance issuers.

1 “(B) USE OF DATA.—A grant recipient
2 under this subsection may, consistent with ap-
3 plicable Federal and State confidentiality laws,
4 collect, use, or disclose aggregate information
5 that is not individually identifiable (as such
6 term is defined for purposes of sections 160
7 and 164 of title 45 Code of Federal Regula-
8 tions).

9 “(C) REPORT.—Using data collected under
10 this paragraph, a grantee shall prepare and
11 submit to the Secretary an annual report that
12 summarizes and analyzes such data and pro-
13 vides information on the need for navigation
14 services, the types of access difficulties resolved,
15 the sources of repeated resolutions, and the
16 flaws in the system of access, including insur-
17 ance 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
21 Service 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 Service, directly or through grants or contracts,
 3 shall provide for evaluations to determine which
 4 outreach activities under paragraph (2) were
 5 most effective in informing the public, and the
 6 specific community that the program is serving,
 7 of the model program services and to determine
 8 the extent to which such programs were effec-
 9 tive in providing culturally competent services
 10 to the health disparity population served by the
 11 programs.

12 “(B) DISSEMINATION OF FINDINGS.—The
 13 Director of the Service shall as appropriate dis-
 14 seminate to public and private entities the find-
 15 ings made in evaluations under subparagraph
 16 (A).

17 “(6) COORDINATION WITH OTHER PRO-
 18 GRAMS.—The Director of the Service shall coordi-
 19 nate the program under this subsection with the pro-
 20 gram under subsection (b), with the program under
 21 section 417D of the Public Health Service Act, and
 22 to the extent practicable, with programs for preven-
 23 tion centers that are carried out by the Director of
 24 the Centers for Disease Control and Prevention.

25 “(b) PROGRAM FOR PATIENT NAVIGATORS.—

1 “(1) IN GENERAL.—The Director of the Service
2 may make grants to Indian Health Service Centers,
3 tribal governments, urban Indian organizations, trib-
4 al organizations, and qualified nonprofit entities that
5 enter into partnerships with public and nonprofit
6 private health centers serving Native American pop-
7 ulations to provide navigation services, and that
8 demonstrate the ability to perform all the functions
9 described in this subsection and subsections (b) and
10 (c), for the development and operation of model pro-
11 grams to pay the costs of such entities in—

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

22 “(B) ensuring that the services provided by
23 the patient navigators to such individuals in-
24 clude case management and psychosocial as-

1 sessment and care or information and referral
 2 to such services;

3 “(C) ensuring that patient navigators with
 4 direct knowledge of the communities they serve
 5 provide services to such individuals in a cul-
 6 turally competent manner;

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

9 “(i) coordination of health services,
 10 including psychosocial assessment and
 11 care;

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

14 “(iii) determining coverage under
 15 health insurance and health plans for all
 16 services;

17 “(iv) ensuring the initiation, continu-
 18 ation, or sustained access to care pre-
 19 scribed by the patients’ health care pro-
 20 viders; and

21 “(v) aiding patients with health insur-
 22 ance coverage issues;

23 “(E) requiring training for patient naviga-
 24 tors to ensure the ability of such navigators to
 25 perform all of the duties required under this

subsection and in subsection (a), including training to ensure that such navigators are informed about health insurance systems and are able to aid patients in resolving access issues; and

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

“(2) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing outreach activities while receiving the grant, in a manner that is culturally competent for the health disparity population served by the program, to inform the public, and the specific community that the patient navigator is serving, of the services of the model program under the grant.

“(3) DATA COLLECTION AND REPORT.—

“(A) IN GENERAL.—To provide for effective patient navigator program evaluation, a grant recipient under this subsection shall collect specific patient data with respect to navigation services provided to each patient served through the program and shall establish and implement procedures and protocols, consistent

1 with applicable Federal and State laws (includ-
2 ing sections 160 and 164 of title 45, Code of
3 Federal Regulations) to ensure the confiden-
4 tiality of all information shared by a patient in
5 the program (or their personal representative)
6 and their health care providers, group health
7 plans, or health insurance insurers.

8 “(B) USE OF DATA.—A grant recipient
9 under this subsection may, consistent with ap-
10 plicable Federal and State confidentiality laws,
11 collect, use, or disclose aggregate information
12 that is not individually identifiable (as such
13 term is defined for purposes of sections 160
14 and 164 of title 45 Code of Federal Regula-
15 tions).

16 “(C) REPORT.—Using data collected under
17 this paragraph, a grantee shall prepare and
18 submit to the Director of the Service an annual
19 report that summarizes and analyzes such data
20 and provides information on the need for navi-
21 gation services, the types of access difficulties
22 resolved, the sources of repeated resolutions,
23 and the flaws in the system of access, including
24 insurance barriers.

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

8 “(5) EVALUATIONS.—

9 “(A) IN GENERAL.—The Director of the
 10 Service, directly or through grants or contracts,
 11 shall provide for evaluations to determine the
 12 effects of the services of patient navigators on
 13 the health disparity population for whom the
 14 services were provided, taking into account the
 15 matters referred to in paragraph (1)(C).

16 “(B) DISSEMINATION OF FINDINGS.—The
 17 Director of the Service shall as appropriate dis-
 18 seminate to public and private entities the find-
 19 ings made in evaluations under subparagraph
 20 (A).

21 “(6) COORDINATION WITH OTHER PRO-
 22 GRAMS.—The Director of the Service shall coordi-
 23 nate the program under this subsection with the pro-
 24 gram under subsection (a) and with the program

1 under section 417D of the Public Health Service
2 Act.

3 “(c) REQUIREMENTS REGARDING FEES.—

4 “(1) IN GENERAL.—A condition for the receipt
5 of a grant under subsection (a)(1) or (b)(1) is that
6 the program for which the grant is made have in ef-
7 fect—

8 “(A) a schedule of fees or payments for
9 the provision of its health care services related
10 to the prevention and treatment of disease that
11 is consistent with locally prevailing rates or
12 charges and is designed to cover its reasonable
13 costs of operation; and

14 “(B) a corresponding schedule of discounts
15 to be applied to the payment of such fees or
16 payments, which discounts are adjusted on the
17 basis of the ability of the patient to pay.

18 “(2) RULE OF CONSTRUCTION.—Nothing in
19 this section shall be construed to require payment
20 for navigation services or to require payment for
21 health care services in cases where the care is pro-
22 vided free of charge, including the case of services
23 provided through programs of the Indian Health
24 Service.

1 “(d) MODEL.—Not later than three years after the
 2 date of the enactment of this section, the Director of the
 3 Service shall develop a peer-reviewed model of systems for
 4 the services provided by this section. The Director shall
 5 update such model as may be necessary to ensure that
 6 the best practices are being utilized.

7 “(e) DURATION OF GRANT.—The period during
 8 which payments are made to an entity from a grant under
 9 subsection (a)(1) or (b)(1) may not exceed five years. The
 10 provision of such payments are subject to annual approval
 11 by the Director of the Service of the payments and subject
 12 to the availability of appropriations for the fiscal year in-
 13 volved to make the payments. This subsection may not be
 14 construed as establishing a limitation on the number of
 15 grants under such subsection that may be made to an enti-
 16 ty.

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

18 “(1) The term ‘culturally competent’, with re-
 19 spect to providing health-related services, means
 20 services that, in accordance with standards and
 21 measures of the Secretary, are designed to effec-
 22 tively and efficiently respond to the cultural and lin-
 23 guistic needs of patients.

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

1 “(3) The term ‘health disparity population’
 2 means a population where there exists a significant
 3 disparity in the overall rate of disease incidence,
 4 morbidity, mortality, or survival rates in the popu-
 5 lation as compared to the health status of the gen-
 6 eral population. Such term includes—

7 “(A) racial and ethnic minority groups as
 8 defined in section 1707 of the Public Health
 9 Service Act; and

10 “(B) medically underserved groups, such
 11 as rural and low-income individuals and individ-
 12 uals with low levels of literacy.

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

15 “(i) assisting and guiding patients with a
 16 symptom or an abnormal finding or diagnosis of
 17 cancer or other chronic disease within the
 18 health care system to accomplish the follow-up
 19 and diagnosis of an abnormal finding as well as
 20 the treatment and appropriate follow-up care of
 21 cancer or other chronic disease, including infor-
 22 mation about clinical trials; and

23 “(ii) identifying, anticipating, and helping
 24 patients overcome barriers within the health
 25 care system to ensure prompt diagnostic and

1 treatment resolution of an abnormal finding of
2 cancer or other chronic disease.

3 “(B) Such term includes representatives of the
4 target health disparity population, such as nurses,
5 social workers, cancer survivors, and patient advo-
6 cates.

7 “(g) AUTHORIZATION OF APPROPRIATIONS.—

8 “(1) IN GENERAL.—

9 “(A) MODEL PROGRAMS.—For the purpose
10 of carrying out subsection (a) (other than the
11 purpose described in paragraph (2)(A)), there
12 are authorized to be appropriated such sums as
13 may be necessary for each of the fiscal years
14 2004 through 2008.

15 “(B) PATIENT NAVIGATORS.—For the pur-
16 pose of carrying out subsection (b) (other than
17 the purpose described in paragraph (2)(B)),
18 there are authorized to be appropriated such
19 sums as may be necessary for each of the fiscal
20 years 2004 through 2008.

21 “(C) BUREAU OF PRIMARY HEALTH
22 CARE.—Amounts appropriated under subpara-
23 graph (A) or (B) shall be administered through
24 the Bureau of Primary Health Care.

25 “(2) PROGRAMS IN RURAL AREAS.—

1 “(A) MODEL PROGRAMS.—For the purpose
 2 of carrying out subsection (a) by making grants
 3 under such subsection for model programs in
 4 rural areas, there are authorized to be appro-
 5 priated such sums as may be necessary for each
 6 of the fiscal years 2004 through 2008.

7 “(B) PATIENT NAVIGATORS.—For the pur-
 8 pose of carrying out subsection (b) by making
 9 grants under such subsection for programs in
 10 rural areas, there are authorized to be appro-
 11 priated such sums as may be necessary for each
 12 of the fiscal years 2004 through 2008.

13 “(C) OFFICE OF RURAL HEALTH POL-
 14 ICY.—Amounts appropriated under subpara-
 15 graph (A) or (B) shall be administered through
 16 the Office of Rural Health Policy.

17 “(3) RELATION TO OTHER AUTHORIZATIONS.—
 18 Authorizations of appropriations under paragraphs
 19 (1) and (2) are in addition to other authorizations
 20 of appropriations that are available for the purposes
 21 described in such paragraphs.”.

○