

109TH CONGRESS
2D SESSION

S. 4024

To amend the Public Health Service Act to improve the health and healthcare of racial and ethnic minority and other health disparity populations.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 29, 2006

Mr. FRIST (for himself, Mr. KENNEDY, Mr. OBAMA, and Mr. BINGAMAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to improve the health and healthcare of racial and ethnic minority and other health disparity populations.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Minority Health Improvement and Health Disparity
6 Elimination Act”.

7 (b) TABLE OF CONTENTS.—

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

TITLE I—EDUCATION AND TRAINING

- Sec. 101. Cultural competency and communication for providers.
- Sec. 102. Healthcare workforce, education, and training.
- Sec. 103. Workforce training to achieve diversity.
- Sec. 104. Mid-career health professions scholarship program.
- Sec. 105. Cultural competency training.
- Sec. 106. Authorization of appropriations; reauthorizations.

TITLE II—CARE AND ACCESS

- Sec. 201. Care and access.
- Sec. 202. Authorization of appropriations.

TITLE III—RESEARCH

- Sec. 301. Agency for healthcare research and quality.
- Sec. 302. Genetic variation and health.
- Sec. 303. Evaluations by the Institute of Medicine.
- Sec. 304. National Center for Minority Health and Health Disparities reauthorization.
- Sec. 305. Authorization of appropriations.

TITLE IV—DATA COLLECTION, ANALYSIS, AND QUALITY

- Sec. 401. Data collection, analysis, and quality.

TITLE V—LEADERSHIP, COLLABORATION, AND NATIONAL ACTION PLAN

- Sec. 501. Office of Minority Health and Health Disparity Elimination.

1 **SEC. 2. DEFINITIONS.**

2 In this Act and the amendments made by this Act:

3 (1) **CULTURAL COMPETENCY.**—The term “cul-
4 turally competent”—

5 (A) when used to describe health-related
6 services, means providing healthcare tailored to
7 meet the social, cultural, and linguistic needs of
8 patients from diverse backgrounds; and

9 (B) when used to describe education or
10 training, means education or training designed
11 to prepare those receiving the education or
12 training to provide health-related services tai-

1 lored to meet the social, cultural, and linguistic
2 needs of patients from diverse backgrounds.

3 (2) HEALTH DISPARITY POPULATION.—The
4 term “health disparity population” has the meaning
5 given such term in section 903(d)(1) of the Public
6 Health Service Act (42 U.S.C. 299a–1(d)(1)).

7 (3) HEALTH LITERACY.—The term “health lit-
8 eracy” means the degree to which an individual has
9 the capacity to obtain, communicate, process, and
10 understand health information (including the lan-
11 guage in which the information is provided) and
12 services in order to make appropriate health deci-
13 sions.

14 (4) MINORITY GROUP.—The term “minority
15 group” has the meaning given the term “racial and
16 ethnic minority group” in section 1707 of the Public
17 Health Service Act (42 U.S.C. 300u–6) (as amended
18 by section 501).

19 (5) PRACTICE-BASED RESEARCH NETWORKS.—
20 The term “practice-based research network” means
21 a group of ambulatory practices devoted principally
22 to the primary care of patients, and affiliated in
23 their mission to investigate questions related to com-
24 munity-based practice and to improve the quality of
25 primary care.

1 (6) SECRETARY.—The term “Secretary” means
2 the Secretary of Health and Human Services.

3 **TITLE I—EDUCATION AND**
4 **TRAINING**

5 **SEC. 101. CULTURAL COMPETENCY AND COMMUNICATION**
6 **FOR PROVIDERS.**

7 Title II of the Public Health Service Act (42 U.S.C.
8 202 et seq.) is amended by adding at the end the fol-
9 lowing:

10 **“SEC. 270. INTERNET CLEARINGHOUSE TO IMPROVE CUL-**
11 **TURAL COMPETENCY AND COMMUNICATION**
12 **BY HEALTHCARE PROVIDERS.**

13 “(a) ESTABLISHMENT.—Not later than 1 year after
14 the date of enactment of the Minority Health Improve-
15 ment and Health Disparity Elimination Act, the Sec-
16 retary, acting through the Deputy Assistant Secretary for
17 Minority Health and Health Disparity Elimination, shall
18 assist providers to improve the health and healthcare of
19 racial and ethnic minority and other health disparity pop-
20 ulations by developing and maintaining an Internet Clear-
21 inghouse within the Office of Minority Health and Health
22 Disparity Elimination that—

23 “(1) increases cultural competency;

24 “(2) improves communication between
25 healthcare providers, staff, and their patients, in-

1 including those patients with low functional health lit-
2 eracy;

3 “(3) improves healthcare quality and patient
4 satisfaction;

5 “(4) reduces medical errors and healthcare
6 costs; and

7 “(5) reduces duplication of effort regarding
8 translation of materials.

9 “(b) INTERNET CLEARINGHOUSE.—Not later than
10 12 months after the date of enactment of this section the
11 Secretary, acting through the Deputy Assistant Secretary
12 for Minority Health and Health Disparity Elimination,
13 and in consultation with the Director of the Office for Civil
14 Rights, shall carry out subsection (a) by—

15 “(1) developing and maintaining, through the
16 Office of Minority Health and Health Disparity
17 Elimination, an accessible library and database on
18 the Internet with easily searchable, clinically-relevant
19 information regarding culturally competent
20 healthcare for racial and ethnic minority and other
21 health disparity populations, including Internet links
22 to additional resources that fulfill the purpose of this
23 section;

24 “(2) developing and making templates for vis-
25 ual aids and standard documents with clear expla-

1 nations that can help patients and consumers access
2 and make informed decisions about healthcare, in-
3 cluding—

4 “(A) administrative and legal documents,
5 including informed consent and advanced direc-
6 tives;

7 “(B) clinical information, including infor-
8 mation pertaining to treatment adherence, self-
9 management training for chronic conditions,
10 preventing transmission of disease, and dis-
11 charge instructions;

12 “(C) patient education and outreach mate-
13 rials, including immunization or screening no-
14 tices and health warnings; and

15 “(D) Federal health forms and notices;

16 “(3) ensuring that documents described in
17 paragraph (2) are posted in English and non-
18 English languages and are culturally appropriate;

19 “(4) encouraging healthcare providers to cus-
20 tomize such documents for their use;

21 “(5) facilitating access to such documents, in-
22 cluding distribution in both paper and electronic for-
23 mats;

24 “(6) providing technical assistance to healthcare
25 providers with respect to the access and use of infor-

1 information described in paragraph (1) including infor-
2 mation to help healthcare providers—

3 “(A) understand the concept of cultural
4 competence;

5 “(B) implement culturally competent prac-
6 tices;

7 “(C) care for patients with low functional
8 health literacy, including helping such patients
9 understand and participate in healthcare deci-
10 sions;

11 “(D) understand and apply Federal guid-
12 ance and directives regarding healthcare for ra-
13 cial and ethnic minority and other health dis-
14 parity populations;

15 “(E) obtain reimbursement for provision of
16 culturally competent services;

17 “(F) understand and implement
18 bioinformatics and health information tech-
19 nology in order to improve healthcare for racial
20 and ethnic minority and other health disparity
21 populations; and

22 “(G) conduct other activities determined
23 appropriate by the Secretary;

24 “(7) providing educational materials to pa-
25 tients, representatives of community-based organiza-

1 tions, and the public with respect to the access and
2 use of information described in paragraph (1), in-
3 cluding—

4 “(A) information to help such individ-
5 uals—

6 “(i) understand the concept of cul-
7 tural competence, and the role of cultural
8 competence in the delivery of healthcare;

9 “(ii) work with healthcare providers to
10 implement culturally competent practices;
11 and

12 “(iii) understand the concept of low
13 functional health literacy, and the barriers
14 it presents to care; and

15 “(B) other material determined appro-
16 priate by the Secretary; and

17 “(8) supporting initiatives that the Secretary
18 determines to be useful to fulfill the purposes of the
19 Internet Clearinghouse.

20 “(c) DEFINITIONS.—The definitions contained in sec-
21 tion 2 of the Minority Health Improvement and Health
22 Disparity Elimination Act shall apply for purposes of this
23 section.”.

1 **SEC. 102. HEALTHCARE WORKFORCE, EDUCATION, AND**
 2 **TRAINING.**

3 (a) IN GENERAL.—Part F of title VII of the Public
 4 Health Service Act (42 U.S.C. 295j et seq.) is amended
 5 by inserting after section 792 the following:

6 **“SEC. 793. HEALTHCARE WORKFORCE, EDUCATION, AND**
 7 **TRAINING.**

8 “(a) IN GENERAL.—The Secretary, acting through
 9 the Administrator of the Health Resources and Services
 10 Administration and the Deputy Assistant Secretary for
 11 Minority Health and Health Disparity Elimination, shall
 12 establish an aggregated and disaggregated database on
 13 health professional students, including applicants, matric-
 14 ulates, and graduates.

15 “(b) REQUIREMENT TO COLLECT DATA.—

16 “(1) IN GENERAL.—Each health professions
 17 school described in paragraph (2) that receives Fed-
 18 eral funds, shall collect race and ethnicity data, pri-
 19 mary language data, and other health disparity data,
 20 as feasible and pursuant to subsection (d), con-
 21 cerning the students described in subsection (a), as
 22 well as intended geographical site of practice and in-
 23 tended discipline of practice for graduates. In col-
 24 lecting such data, a school shall—

25 “(A) at a minimum, use the categories for
 26 race and ethnicity established by the Director of

1 the Office of Management and Budget in effect
2 on the date of enactment of the Minority
3 Health Improvement and Health Disparity
4 Elimination Act; and

5 “(B) if practicable, collect data on addi-
6 tional population groups if such data can be ag-
7 gregated into the minimum race and ethnicity
8 data categories.

9 “(2) HEALTH PROFESSIONS SCHOOL.—A health
10 professions school described under this paragraph is
11 a school of medicine or osteopathic medicine, public
12 health, nursing, dentistry, optometry, pharmacy, al-
13 lied health, podiatric medicine, or veterinary medi-
14 cine, or a graduate program in mental health prac-
15 tice.

16 “(c) REPORTING.—Each school or program described
17 under subsection (b), shall, on an annual basis, report to
18 the Secretary data on race and ethnicity and primary lan-
19 guage collected under this section for inclusion in the
20 database established under subsection (a). The Secretary
21 shall ensure that such disparity data is reported to Con-
22 gress and made available to the public.

23 “(d) HEALTH DISPARITY MEASURES.—The Sec-
24 retary shall develop, report, and disseminate measures of
25 the other health data referenced in section 793(b)(1), to

1 ensure uniform and consistent collection and reporting of
2 these measures by health professions schools. In devel-
3 oping such measures, the Secretary shall take into consid-
4 eration health disparity indicators developed pursuant to
5 section 2901(c).

6 “(e) USE OF DATA.—Data reported pursuant to sub-
7 section (c) shall be used by the Secretary to conduct ongo-
8 ing short- and long-term analyses of diversity within
9 health professions schools and the health professions. The
10 Secretary shall ensure that such analyses are reported to
11 Congress and made available to the public.

12 “(f) CULTURAL COMPETENCY TRAINING.—The Sec-
13 retary shall collect and report data from health professions
14 schools regarding the extent to which cultural competency
15 training is provided to health professions students, and
16 conduct periodic assessments regarding the preparedness
17 of such students to care for patients from racial and ethnic
18 minority and other health disparity populations.

19 “(g) PRIVACY.—The Secretary shall ensure that all
20 data collected under this section is protected from inap-
21 propriate internal and external use by any entity that col-
22 lects, stores, or receives the data and that such data is
23 collected without personally identifiable information.

24 “(h) PARTNERSHIP.—The Secretary may contract
25 with external entities to fulfill the requirements under this

1 section if such entities have demonstrated expertise and
2 experience collecting, analyzing, and reporting data re-
3 quired under this section for health professional stu-
4 dents.”.

5 (b) NATIONAL HEALTH SERVICE CORPS PRO-
6 GRAM.—

7 (1) ASSIGNMENT OF CORPS PERSONNEL.—Sec-
8 tion 333(a)(3) of the Public Health Service Corps
9 (42 U.S.C. 254f(a)(3)) is amended to read as fol-
10 lows:

11 “(3)(A) In approving applications for assign-
12 ment of members of the Corps the Secretary shall
13 not discriminate against application from entities
14 which are not receiving Federal financial assistance
15 under this Act.

16 “(B) In approving such applications, the Sec-
17 retary shall—

18 “(i) give preference to applications in
19 which a nonprofit entity or public entity shall
20 provide a site to which Corps members may be
21 assigned; and

22 “(ii) give highest preference to applica-
23 tions—

24 “(I) from entities described in clause
25 (i) that are federally qualified health cen-

1 ters as defined in section 1905(l)(2)(B) of
2 the Social Security Act; and

3 “(II) from entities described in clause
4 (i) that primarily serve racial and ethnic
5 minority and other health disparity popu-
6 lations with annual incomes at or below
7 twice those set forth in the most recent
8 poverty guidelines issued by the Secretary
9 pursuant to section 673(2) of the Commu-
10 nity Services Block Grant Act (42 U.S.C.
11 9902(2)).”.

12 (2) PRIORITIES IN ASSIGNMENT OF CORPS PER-
13 SONNEL.—Section 333A of the Public Health Serv-
14 ice Act (42 U.S.C. 254f-1) is amended—

15 (A) in subsection (a)—

16 (i) by redesignating paragraphs (1),
17 (2), and (3) as paragraphs (2), (3), and
18 (4), respectively; and

19 (ii) by striking “shall—” and insert-
20 ing “shall—

21 “(1) give preference to applications as set forth
22 in subsection (a)(3) of section 333;”; and

23 (B) by striking “subsection (a)(1)” each
24 place it appears and inserting “subsection
25 (a)(2)”.

1 (3) CONFORMING AMENDMENT.—Section
2 338I(c)(3)(B)(ii) of the Public Health Service Act
3 (42 U.S.C. 254q–1(c)(3)(B)(ii)) is amended by
4 striking “section 333A(a)(1)” and inserting “section
5 333A(a)(2)”.

6 **SEC. 103. WORKFORCE TRAINING TO ACHIEVE DIVERSITY.**

7 (a) CENTERS OF EXCELLENCE.—Section 736 of the
8 Public Health Service Act (42 U.S.C. 293) is amended—
9 (1) by striking subsection (a) and inserting the
10 following:

11 “(a) IN GENERAL.—The Secretary shall make grants
12 to, and enter into contracts with, public and nonprofit pri-
13 vate health or educational entities, including designated
14 health professions schools described in subsection (c), for
15 the purpose of assisting the entities in supporting pro-
16 grams of excellence in health professions education for
17 underrepresented minorities in health professions.”;

18 (2) by striking subsection (b) and inserting the
19 following:

20 “(b) REQUIRED USE OF FUNDS.—The Secretary
21 may not make a grant under subsection (a) unless the des-
22 ignated health professions school involved agrees, subject
23 to subsection (c)(1)(C), to use the funds awarded under
24 the grant to—

1 “(1) develop a large competitive applicant pool
2 through linkages with institutions of higher edu-
3 cation, local school districts, and other community-
4 based entities and establish an education pipeline for
5 health professions careers;

6 “(2) establish, strengthen, or expand programs
7 to enhance the academic performance of underrep-
8 resented minority in health professions students at-
9 tending the school;

10 “(3) improve the capacity of such school to
11 train, recruit, and retain underrepresented minority
12 faculty members including the payment of such sti-
13 pends and fellowships as the Secretary may deter-
14 mine appropriate;

15 “(4) carry out activities to improve the informa-
16 tion resources, clinical education, curricula, and cul-
17 tural and linguistic competence of the graduates of
18 the school, as it relates to minority health and other
19 health disparity issues;

20 “(5) facilitate faculty and student research on
21 health issues particularly affecting racial and ethnic
22 minority and other health disparity populations, in-
23 cluding research on issues relating to the delivery of
24 culturally competent healthcare (as defined in sec-
25 tion 270);

1 “(6) carry out a program to train students of
2 the school in providing health services to racial and
3 ethnic minority and other health disparity popu-
4 lations (as defined in section 903(d)(1)) through
5 training provided to such students at community-
6 based health facilities that—

7 “(A) provide such health services; and

8 “(B) are located at a site remote from the
9 main site of the teaching facilities of the school;

10 “(7) provide stipends as the Secretary deter-
11 mines appropriate, in amounts as the Secretary de-
12 termines appropriate; and

13 “(8) conduct accountability and other reporting
14 activities, as required by the Secretary in subsection
15 (i).”;

16 (3) in subsection (c)—

17 (A) by amending paragraph (1) to read as
18 follows:

19 “(1) DESIGNATED SCHOOLS.—

20 “(A) IN GENERAL.—The designated health
21 professions schools referred to in subsection (a)
22 are such schools that meet each of the condi-
23 tions specified in subparagraphs (B) and (C),
24 and that—

1 “(i) meet each of the conditions speci-
2 fied in paragraph (2)(A);

3 “(ii) meet each of the conditions spec-
4 ified in paragraph (3);

5 “(iii) meet each of the conditions
6 specified in paragraph (4); or

7 “(iv) meet each of the conditions spec-
8 ified in paragraph (5).

9 “(B) GENERAL CONDITIONS.—The condi-
10 tions specified in this subparagraph are that a
11 designated health professions school—

12 “(i) has a significant number of
13 underrepresented minority in health pro-
14 fessions students enrolled in the school, in-
15 cluding individuals accepted for enrollment
16 in the school;

17 “(ii) has been effective in assisting
18 such students of the school to complete the
19 program of education and receive the de-
20 gree involved;

21 “(iii) has been effective in recruiting
22 such students to enroll in and graduate
23 from the school, including providing schol-
24 arships and other financial assistance to
25 such students and encouraging such stu-

1 dents from all levels of the educational
2 pipeline to pursue health professions ca-
3 reers; and

4 “(iv) has made significant recruitment
5 efforts to increase the number of underrep-
6 resented minority in health professions in-
7 dividuals serving in faculty or administra-
8 tive positions at the school.

9 “(C) CONSORTIUM.—The condition speci-
10 fied in this subparagraph is that, in accordance
11 with subsection (e)(1), the designated health
12 profession school involved has with other health
13 profession schools (designated or otherwise)
14 formed a consortium to carry out the purposes
15 described in subsection (b) at the schools of the
16 consortium.

17 “(D) APPLICATION OF CRITERIA TO
18 OTHER PROGRAMS.—In the case of any criteria
19 established by the Secretary for purposes of de-
20 termining whether schools meet the conditions
21 described in subparagraph (B), this section may
22 not, with respect to racial and ethnic minorities,
23 be construed to authorize, require, or prohibit
24 the use of such criteria in any program other
25 than the program established in this section.”;

1 (B) by amending paragraph (2) to read as
2 follows:

3 “(2) CENTERS OF EXCELLENCE AT CERTAIN
4 HISTORICALLY BLACK COLLEGES AND UNIVER-
5 SITIES.—

6 “(A) CONDITIONS.—The conditions speci-
7 fied in this subparagraph are that a designated
8 health professions school is a school described
9 in section 799B(1).

10 “(B) USE OF GRANT.—In addition to the
11 purposes described in subsection (b), a grant
12 under subsection (a) to a designated health pro-
13 fessions school meeting the conditions described
14 in subparagraph (A) may be expended—

15 “(i) to develop a plan to achieve insti-
16 tutional improvements, including financial
17 independence, to enable the school to sup-
18 port programs of excellence in health pro-
19 fessions education for underrepresented
20 minority individuals; and

21 “(ii) to provide improved access to the
22 library and informational resources of the
23 school.

24 “(C) EXCEPTION.—The requirements of
25 paragraph (1)(C) shall not apply to a histori-

1 cally black college or university that receives
2 funding under this paragraph or paragraph
3 (5).”; and

4 (C) by amending paragraphs (3) through
5 (5) to read as follows:

6 “(3) HISPANIC CENTERS OF EXCELLENCE.—
7 The conditions specified in this paragraph are
8 that—

9 “(A) with respect to Hispanic individuals,
10 each of clauses (i) through (iv) of paragraph
11 (1)(B) applies to the designated health profes-
12 sions school involved;

13 “(B) the school agrees, as a condition of
14 receiving a grant under subsection (a) of this
15 section, that the school will, in carrying out the
16 duties described in subsection (b) of this sec-
17 tion, give priority to carrying out the duties
18 with respect to Hispanic individuals; and

19 “(C) the school agrees, as a condition of
20 receiving a grant under subsection (a) of this
21 section, that—

22 “(i) the school will establish an ar-
23 rangement with 1 or more public or non-
24 profit community-based Hispanic serving
25 organizations, or public or nonprofit pri-

1 vate institutions of higher education, in-
2 cluding schools of nursing, whose enroll-
3 ment of students has traditionally included
4 a significant number of Hispanic individ-
5 uals, the purposes of which will be to carry
6 out a program—

7 “(I) to identify Hispanic students
8 who are interested in a career in the
9 health profession involved; and

10 “(II) to facilitate the educational
11 preparation of such students to enter
12 the health professions school; and

13 “(ii) the school will make efforts to
14 recruit Hispanic students, including stu-
15 dents who have participated in the under-
16 graduate or other matriculation program
17 carried out under arrangements established
18 by the school pursuant to clause (i)(II) and
19 will assist Hispanic students regarding the
20 completion of the educational requirements
21 for a degree from the school.

22 “(4) NATIVE AMERICAN CENTERS OF EXCEL-
23 LENCE.—Subject to subsection (e), the conditions
24 specified in this paragraph are that—

1 “(A) with respect to Native Americans,
2 each of clauses (i) through (iv) of paragraph
3 (1)(B) applies to the designated health profes-
4 sions school involved;

5 “(B) the school agrees, as a condition of
6 receiving a grant under subsection (a) of this
7 section, that the school will, in carrying out the
8 duties described in subsection (b) of this sec-
9 tion, give priority to carrying out the duties
10 with respect to Native Americans; and

11 “(C) the school agrees, as a condition of
12 receiving a grant under subsection (a) of this
13 section, that—

14 “(i) the school will establish an ar-
15 rangement with 1 or more public or non-
16 profit private institutions of higher edu-
17 cation, including schools of nursing, whose
18 enrollment of students has traditionally in-
19 cluded a significant number of Native
20 Americans, the purpose of which arrange-
21 ment will be to carry out a program—

22 “(I) to identify Native American
23 students, from the institutions of
24 higher education referred to in clause

1 (i), who are interested in health pro-
2 fessions careers; and

3 “(II) to facilitate the educational
4 preparation of such students to enter
5 the designated health professions
6 school; and

7 “(ii) the designated health professions
8 school will make efforts to recruit Native
9 American students, including students who
10 have participated in the undergraduate
11 program carried out under arrangements
12 established by the school pursuant to
13 clause (i) and will assist Native American
14 students regarding the completion of the
15 educational requirements for a degree from
16 the designated health professions school.

17 “(5) OTHER CENTERS OF EXCELLENCE.—The
18 conditions specified in this paragraph are—

19 “(A) with respect to other centers of excel-
20 lence, the conditions described in clauses (i)
21 through (iv) of paragraph (1)(B); and

22 “(B) that the health professions school in-
23 volved has an enrollment of underrepresented
24 minorities in health professions significantly

1 above the national average for such enrollments
2 of health professions schools.”; and

3 (4) by striking subsection (h) and inserting the
4 following:

5 “(h) FORMULA FOR ALLOCATIONS.—

6 “(1) ALLOCATIONS.—Based on the amount ap-
7 propriated under section 106(a) of the Minority
8 Health Improvement and Health Disparity Elimini-
9 nation Act for a fiscal year, the following subpara-
10 graphs shall apply as appropriate:

11 “(A) IN GENERAL.—If the amounts appro-
12 priated under section 106(a) of the Minority
13 Health Improvement and Health Disparity
14 Elimination Act for a fiscal year are
15 \$24,000,000 or less—

16 “(i) the Secretary shall make available
17 \$12,000,000 for grants under subsection
18 (a) to health professions schools that meet
19 the conditions described in subsection
20 (c)(2)(A); and

21 “(ii) and available after grants are
22 made with funds under clause (i), the Sec-
23 retary shall make available—

24 “(I) 60 percent of such amount
25 for grants under subsection (a) to

1 health professions schools that meet
2 the conditions described in paragraph
3 (3) or (4) of subsection (c) (including
4 meeting the conditions under sub-
5 section (e)); and

6 “(II) 40 percent of such amount
7 for grants under subsection (a) to
8 health professions schools that meet
9 the conditions described in subsection
10 (c)(5).

11 “(B) FUNDING IN EXCESS OF
12 \$24,000,000.—If amounts appropriated under
13 section 106(a) of the Minority Health Improve-
14 ment and Health Disparity Elimination Act for
15 a fiscal year exceed \$24,000,000 but are less
16 than \$30,000,000—

17 “(i) 80 percent of such excess
18 amounts shall be made available for grants
19 under subsection (a) to health professions
20 schools that meet the requirements de-
21 scribed in paragraph (3) or (4) of sub-
22 section (c) (including meeting conditions
23 pursuant to subsection (e)); and

24 “(ii) 20 percent of such excess
25 amount shall be made available for grants

1 under subsection (a) to health professions
2 schools that meet the conditions described
3 in subsection (c)(5).

4 “(C) FUNDING IN EXCESS OF
5 \$30,000,000.—If amounts appropriated under
6 section 106(a) of the Minority Health Improve-
7 ment and Health Disparity Elimination Act for
8 a fiscal year exceed \$30,000,000 but are less
9 than \$40,000,000, the Secretary shall make
10 available—

11 “(i) not less than \$12,000,000 for
12 grants under subsection (a) to health pro-
13 fessions schools that meet the conditions
14 described in subsection (c)(2)(A);

15 “(ii) not less than \$12,000,000 for
16 grants under subsection (a) to health pro-
17 fessions schools that meet the conditions
18 described in paragraph (3) or (4) of sub-
19 section (c) (including meeting conditions
20 pursuant to subsection (e));

21 “(iii) not less than \$6,000,000 for
22 grants under subsection (a) to health pro-
23 fessions schools that meet the conditions
24 described in subsection (c)(5); and

1 “(iv) after grants are made with
2 funds under clauses (i) through (iii), any
3 remaining excess amount for grants under
4 subsection (a) to health professions schools
5 that meet the conditions described in para-
6 graph (2)(A), (3), (4), or (5) of subsection
7 (c).

8 “(D) FUNDING IN EXCESS OF
9 \$40,000,000.—If amounts appropriated under
10 section 106(a) of the Minority Health Improve-
11 ment and Health Disparity Elimination Act for
12 a fiscal year are \$40,000,000 or more, the Sec-
13 retary shall make available—

14 “(i) not less than \$16,000,000 for
15 grants under subsection (a) to health pro-
16 fessions schools that meet the conditions
17 described in subsection (c)(2)(A);

18 “(ii) not less than \$16,000,000 for
19 grants under subsection (a) to health pro-
20 fessions schools that meet the conditions
21 described in paragraph (3) or (4) of sub-
22 section (c) (including meeting conditions
23 pursuant to subsection (e));

24 “(iii) not less than \$8,000,000 for
25 grants under subsection (a) to health pro-

1 fessions schools that meet the conditions
2 described in subsection (c)(5); and

3 “(iv) after grants are made with
4 funds under clauses (i) through (iii), any
5 remaining funds for grants under sub-
6 section (a) to health professions schools
7 that meet the conditions described in para-
8 graph (2)(A), (3), (4), or (5) of subsection
9 (c).

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

15 “(3) MAINTENANCE OF EFFORT.—

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

1 fiscal year for which the school receives such a
2 grant.

3 “(B) USE OF FEDERAL FUNDS.—With re-
4 spect to any Federal amounts received by a cen-
5 ter of excellence and available for carrying out
6 activities for which a grant under this part is
7 authorized to be expended, the center shall, be-
8 fore expending the grant, expend the Federal
9 amounts obtained from sources other than the
10 grant, unless given prior approval from the Sec-
11 retary.

12 “(i) EVALUATIONS.—

13 “(1) ADVISORY COMMITTEE.—

14 “(A) IN GENERAL.—Not later than 90
15 days after the date of enactment of the Minor-
16 ity Health Improvement and Health Disparity
17 Elimination Act, the Secretary shall establish
18 and appoint the members of an advisory com-
19 mittee composed of representatives of govern-
20 ment agencies, including the Health Resources
21 and Services Administration, the Office of Mi-
22 nority Health and Health Disparity Elimini-
23 nation, and the Indian Health Service, commu-
24 nity stakeholders and experts in identifying and
25 addressing the health concerns of racial and

1 ethnic minority and other health disparity pop-
2 ulations, and designees from health professions
3 schools described in subsection (b).

4 “(B) DUTIES.—The advisory committee
5 shall develop and recommend performance
6 measures with which to assess, based on data to
7 be compiled by recipients of grants or contracts
8 under this section or section 736, 737, 738, or
9 739, the extent to which the program described
10 in this section and sections 736, 737, 738, and
11 739 has met the purpose of this part. The advi-
12 sory committee shall submit such recommenda-
13 tions to the Administrator of the Health Re-
14 sources and Services Administration not later
15 than 6 months after the appointment of the ad-
16 visory committee.

17 “(C) NOTIFICATION.—Not later than 30
18 days after the submission of the recommenda-
19 tions, the Administrator of the Health Re-
20 sources and Services Administration shall re-
21 view the recommendations and establish per-
22 formance measures described in subparagraph
23 (B), and the Administrator shall notify recipi-
24 ents of grants or contracts under this section or
25 section 736, 737, 738, or 739 of the new per-

1 performance measures and make requirements re-
2 lated to the performance measures publicly
3 available both on the website of the Administra-
4 tion and as part of any notifications of awards
5 released to entities receiving the grants or con-
6 tracts.

7 “(2) DATA COLLECTION AND ANNUAL EVALUA-
8 TIONS.—

9 “(A) IN GENERAL.—The Administrator of
10 the Health Resources and Services Administra-
11 tion shall collect annual data from recipients of
12 grants or contracts under this section or section
13 736, 737, 738, or 739 on the performance
14 measures established under paragraph (1).

15 “(B) BIENNIAL MEETING.—The Adminis-
16 trator of the Health Resources and Services Ad-
17 ministration shall convene a meeting of the ad-
18 visory committee established under paragraph
19 (1) not less than twice per year. At the meet-
20 ing, the advisory committee shall recommend
21 any necessary changes to such performance
22 measures to improve data collection and short-
23 term evaluation with respect to the programs
24 carried out under this section or section 736,

1 737, 738, or 739, and provide technical assist-
2 ance as necessary.

3 “(3) UPDATES.—The Administrator of the
4 Health Resources and Services Administration shall
5 determine whether to incorporate the recommended
6 changes as described in paragraph (2)(B) and pro-
7 vide technical assistance as necessary. The Adminis-
8 trator shall not penalize a current recipient of a
9 grant or contract under this section or section 736,
10 737, 738, or 739 for failing to comply with the re-
11 vised data collection or performance measure re-
12 quirements if the recipient demonstrates an inability
13 to provide additional data mandated under the re-
14 quirements.

15 “(4) ACCOUNTABILITY.—The Administrator
16 shall review and take into consideration performance
17 measurement data previously collected from recipi-
18 ents of grants or contracts under this section or sec-
19 tion 736, 737, 738, or 739 when deciding to renew
20 the grants or contracts of such recipients.”.

21 (b) COOPERATIVE AGREEMENTS FOR ONLINE DE-
22 GREE PROGRAMS AT SCHOOLS OF PUBLIC HEALTH AND
23 SCHOOLS OF ALLIED HEALTH.—Part B of title VII of
24 the Public Health Service Act (42 U.S.C. 293 et seq.) is
25 amended by adding at the end the following:

1 **“SEC. 742. COOPERATIVE AGREEMENTS FOR ONLINE DE-**
2 **GREE PROGRAMS.**

3 “(a) COOPERATIVE AGREEMENTS.—The Secretary
4 shall award cooperative agreements to accredited schools
5 of public health, schools of allied health, and public health
6 programs to design and implement a degree program over
7 the Internet (referred to in this section as an ‘online de-
8 gree program’).

9 “(b) APPLICATION.—To be eligible to receive a coop-
10 erative agreement under subsection (a), an accredited
11 school of public health, school of allied health, or public
12 health program shall submit an application at such time,
13 in such manner, and containing such information as the
14 Secretary may require.

15 “(c) PRIORITY.—In awarding cooperative agreements
16 under this section, the Secretary shall give priority to any
17 accredited school of public health, school of allied health,
18 or public health program that serves a disproportionate
19 number of individuals from racial and ethnic minority and
20 other health disparity populations.

21 “(d) REQUIREMENTS.—Awardees shall use an award
22 under subsection (a) to design and implement an online
23 degree program that meets the following conditions:

24 “(1) Limiting enrollment to individuals who
25 have obtained a secondary school diploma or a rec-
26 ognized equivalent.

1 **“SEC. 770. MID-CAREER HEALTH PROFESSIONS SCHOLAR-**
2 **SHIP PROGRAM.**

3 “(a) IN GENERAL.—The Secretary may make grants
4 to eligible schools to award scholarships to eligible individ-
5 uals to attend the school involved, for the purpose of ena-
6 bling the individuals to make a career change from a non-
7 health profession to a health profession.

8 “(b) APPLICATION.—To receive a grant under this
9 section, an eligible school shall submit to the Secretary
10 an application at such time, in such manner, and con-
11 taining such information as the Secretary may require.

12 “(c) USE OF FUNDS.—Amounts awarded as a schol-
13 arship under this section may be expended only for tuition
14 expenses, other reasonable educational expenses, and rea-
15 sonable living expenses incurred in the attendance of the
16 school involved.

17 “(d) DEFINITIONS.—In this section:

18 “(1) ELIGIBLE SCHOOL.—The term ‘eligible
19 school’ means an accredited school of medicine, os-
20 teopathic medicine, dentistry, nursing, pharmacy,
21 podiatric medicine, optometry, veterinary medicine,
22 public health, chiropractic, allied health, a school of-
23 fering a graduate program in behavioral and mental
24 health practice, or an entity providing programs for
25 the training of physician assistants.

1 “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible
2 individual’ means an individual who is an underrep-
3 resented minority individual who has obtained a sec-
4 ondary school diploma or its recognized equivalent.”.

5 **SEC. 105. CULTURAL COMPETENCY TRAINING.**

6 Part B of title VII of the Public Health Service Act
7 (42 U.S.C. 293 et seq.), as amended by section 104, is
8 amended by adding at the end the following:

9 **“SEC. 743. CULTURAL COMPETENCY TRAINING.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Administrator of the Health Resources and Services
12 Administration and in collaboration with the Office of Mi-
13 nority Health and Health Disparity Elimination and
14 Agency for Healthcare Research and Quality, shall sup-
15 port the development, evaluation, and dissemination of
16 model curricula for cultural competency training for use
17 in health professions schools and continuing education
18 programs, and other purposes determined appropriate by
19 the Secretary.

20 “(b) CURRICULA.—In carrying out subsection (a),
21 the Secretary shall collaborate with health professional so-
22 cieties, licensing and accreditation entities, health profes-
23 sions schools, and experts in minority health and cultural
24 competency, and other organizations as determined appro-
25 priate by the Secretary. Such curricula shall include a

1 focus on cultural competency measures and cultural com-
2 petency self-assessment methodology for health providers,
3 systems and institutions.

4 “(c) DISSEMINATION.—

5 “(1) IN GENERAL.—Such model curricula
6 should be disseminated through the Internet Clear-
7 ingshouse under section 270 and other means as de-
8 termined appropriate by the Secretary.

9 “(2) EVALUATION.—The Secretary shall evalu-
10 ate adoption and the implementation of cultural
11 competency training curricula, and facilitate inclu-
12 sion of cultural competency measures in quality
13 measurement systems as appropriate.”.

14 **SEC. 106. AUTHORIZATION OF APPROPRIATIONS; REAU-**
15 **THORIZATIONS.**

16 (a) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated—

18 (1) such sums as may be necessary for each of
19 fiscal years 2007 through 2011, to carry out the
20 amendments made by sections 101 and 102 of this
21 title (adding sections 270 and 793 to the Public
22 Health Service Act);

23 (2) \$45,000,000 for fiscal year 2007, and such
24 sums as may be necessary for each of fiscal years
25 2008 through 2011, to carry out the amendments

1 made by section 103(a) (relating to centers of excel-
2 lence in section 736 of the Public Health Service
3 Act);

4 (3) such sums as may be necessary for each of
5 fiscal years 2007 through 2011, to carry out the
6 amendments made by section 103(b) (adding section
7 742 to the Public Health Service Act);

8 (4) such sums as may be necessary for each of
9 fiscal years 2007 through 2011, to carry out the
10 amendments made by section 104(b) (adding section
11 770 to the Public Health Service Act); and

12 (5) such sums as may be necessary for each of
13 fiscal years 2007 through 2011, to carry out the
14 amendment made by section 105 (adding section
15 743 to the Public Health Service Act).

16 (b) REAUTHORIZATIONS.—The following programs
17 are reauthorized as follows:

18 (1) EDUCATIONAL ASSISTANCE IN THE HEALTH
19 PROFESSIONS REGARDING INDIVIDUALS FROM DIS-
20 ADVANTAGED BACKGROUND.—Section 740(c) of the
21 Public Health Service Act (42 U.S.C. 293a(c)) is
22 amended by striking the first sentence and inserting
23 the following: “For the purpose of grants and con-
24 tracts under section 739(a)(1), there is authorized to
25 be appropriated \$60,000,000 for fiscal year 2007

1 and such sums as may be necessary for each of fis-
2 cal years 2008 through 2011.”.

3 (2) SCHOLARSHIPS FOR DISADVANTAGED STU-
4 DENTS.—Section 740(a) of the Public Health Serv-
5 ice Act (42 U.S.C. 293a(a)) is amended by striking
6 “\$37,000,000” and all that follows through
7 “through 2002” and inserting “\$51,000,000 for fis-
8 cal year 2007, and such sums as may be necessary
9 for each of fiscal years 2008 through 2011”.

10 (3) LOAN REPAYMENTS AND FELLOWSHIPS.—
11 Section 740(b) of the Public Health Service Act (42
12 U.S.C. 293a(b)) is amended by striking
13 “\$1,100,000” and all that follows through “through
14 2002” and inserting “\$1,700,000 for fiscal year
15 2007, and such sums as may be necessary for each
16 of fiscal years 2008 through 2011”.

17 (4) GRANTS FOR HEALTH PROFESSIONS EDU-
18 CATION.—Section 741 of the Public Health Service
19 Act (42 U.S.C. 293e) is amended in subsection (b),
20 by striking “\$3,500,000” and all that follows
21 through the period and inserting “such sums as may
22 be necessary for each of fiscal years 2007 through
23 2011.”.

1 **TITLE II—CARE AND ACCESS**

2 **SEC. 201. CARE AND ACCESS.**

3 Part P of title III of the Public Health Service Act
4 (42 U.S.C. 280g et seq.) is amended by—

5 (1) redesignating the second section 339O (as
6 added by section 504 of the Violence Against
7 Women and Department of Justice Reauthorization
8 Act of 2005) as section 399P; and

9 (2) adding at the end the following:

10 **“SEC. 399Q. ACCESS, AWARENESS, AND OUTREACH ACTIVI-**
11 **TIES.**

12 “(a) **DEMONSTRATION PROJECTS.**—The Secretary
13 shall award multiyear contracts or competitive grants to
14 eligible entities to support demonstration projects de-
15 signed to improve the health and healthcare of racial and
16 ethnic minority and other health disparity populations
17 through improved access to healthcare, patient navigators,
18 and health literacy education and services.

19 “(b) **ELIGIBILITY.**—In this section:

20 “(1) **ELIGIBLE ENTITY.**—The term ‘eligible en-
21 tity’ means an organization or a community-based
22 consortium.

23 “(2) **ORGANIZATION.**—The term ‘organization’
24 means—

25 “(A) a hospital, health plan, or clinic;

1 “(B) an academic institution;

2 “(C) a State health agency;

3 “(D) an Indian Health Service hospital or
4 clinic, Indian tribal health facility, or urban In-
5 dian facility;

6 “(E) a nonprofit organization, including a
7 faith-based organization or consortium, to the
8 extent that a contract or grant awarded to such
9 an entity is consistent with the requirements of
10 section 1955;

11 “(F) a primary care practice-based re-
12 search network; and

13 “(G) any other similar entity determined
14 to be appropriate by the Secretary.

15 “(3) COMMUNITY-BASED CONSORTIUM.—The
16 term ‘community-based consortium’ means a part-
17 nership that—

18 “(A) includes—

19 “(i) individuals who are representa-
20 tives of organizations of racial and ethnic
21 minority and other health disparity popu-
22 lations;

23 “(ii) community leaders and leaders of
24 community-based organizations;

1 “(iii) healthcare providers, including
2 providers who treat racial and ethnic mi-
3 nority and other health disparity popu-
4 lations; and

5 “(iv) experts in the area of social and
6 behavioral science, who have knowledge,
7 training, or practical experience in health
8 policy, advocacy, cultural or linguistic com-
9 petency, or other relevant areas as deter-
10 mined by the Secretary; and

11 “(B) is located within a federally- or State-
12 designated medically underserved area, a feder-
13 ally designated health provider shortage area,
14 or an area with a significant population of ra-
15 cial and ethnic minorities.

16 “(c) APPLICATION.—An eligible entity seeking a con-
17 tract or grant under this section shall submit an applica-
18 tion to the Secretary at such time, in such manner, and
19 containing such information as the Secretary may require,
20 including assurances that the eligible entity will—

21 “(1) target populations that are members of ra-
22 cial and ethnic minority groups and health disparity
23 populations through specific outreach activities;

24 “(2) collaborate with appropriate community
25 organizations and include meaningful community

1 participation in planning, implementation, and eval-
2 uation of activities;

3 “(3) demonstrate capacity to promote culturally
4 competent and appropriate care for target popu-
5 lations with consideration for health literacy;

6 “(4) develop a plan for long-term sustainability;

7 “(5) evaluate the effectiveness of activities
8 under this section, within an appropriate timeframe,
9 which shall include a focus on quality and outcomes
10 performance measures to ensure that the activities
11 are meeting the intended goals, and that the entity
12 is able to disseminate findings from such evalua-
13 tions;

14 “(6) provide ongoing outreach and education to
15 the health disparity populations served;

16 “(7) demonstrate coordination between public
17 and private entities; and

18 “(8) assist individuals and groups in accessing
19 public and private programs that will help eliminate
20 disparities in health and healthcare.

21 “(d) PRIORITIES.—In awarding contracts and grants
22 under this section, the Secretary shall give priority to ap-
23 plicants that are—

24 “(1) safety-net hospitals, defined as hospitals
25 with a low income utilization rate (as defined in Sec-

1 tion 1923(b)(3) of the Social Security Act (42 U.S.C.
2 1396r-4(b)(3))) greater than 25 percent;

3 “(2) community health centers, as defined in
4 section 1905(l)(2)(B) of the Social Security Act (42
5 U.S.C. 1396d(l)(2)(B)); and

6 “(3) other health systems that—

7 “(A) by legal mandate or explicitly adopted
8 mission, provide patients with access to services
9 regardless of their ability to pay;

10 “(B) provide care or treatment for a sub-
11 stantial number of patients who are uninsured,
12 are receiving assistance under a State program
13 under title XIX of the Social Security Act, or
14 are members of vulnerable populations, as de-
15 termined by the Secretary;

16 “(C) serve a disproportionate percentage of
17 patients from racial and ethnic minority and
18 other health disparity populations;

19 “(D) provide an assurance that amounts
20 received under the grant or contract will be
21 used to implement strategies that address pa-
22 tients’ linguistic needs, where necessary, and re-
23 cruit and maintain diverse staff and leadership;
24 and

1 “(E) provide an assurance that amounts
2 received under the grant or contract will be
3 used to support quality improvement activities
4 for patients from racial and ethnic minority and
5 other health disparity populations.

6 “(e) USE OF FUNDS.—An eligible entity shall use
7 such amounts received under this section for demonstra-
8 tion projects to—

9 “(1) address health disparities in the United
10 States-Mexico Border Area, as defined in section 8
11 of the United States-Mexico Border Health Commis-
12 sion Act (22 U.S.C. 290n–6), relating to health dis-
13 parities in the areas of—

14 “(A) maternal and child health;

15 “(B) primary care and preventive health,
16 including health education and promotion;

17 “(C) public health and public infrastruc-
18 ture;

19 “(D) oral health;

20 “(E) behavioral and mental health and
21 substance abuse;

22 “(F) health conditions that have a dis-
23 proportionate impact on racial and ethnic mi-
24 norities and a high prevalence in the Border
25 Area;

1 “(G) health services research;

2 “(H) the health impacts of exposure to en-
3 vironmental hazards;

4 “(I) workforce training and development;
5 or

6 “(J) other areas determined appropriate by
7 the Secretary;

8 “(2) implement the best practices in disease
9 management, including those that address co-occur-
10 ring chronic conditions, as defined by the public- pri-
11 vate partnership established under section 918(b),
12 target patients with low functional health literacy,
13 and, as feasible, incorporate health information tech-
14 nology;

15 “(3) evaluate methods for strengthening the
16 health coverage of, and continuity of coverage of, mi-
17 gratory agricultural workers and seasonal agricul-
18 tural workers, as such terms are defined in section
19 330(g), and workers in other industries with tradi-
20 tionally low rates of employer-sponsored health in-
21 surance;

22 “(4) train community health workers to edu-
23 cate, guide, and provide outreach in a community
24 setting regarding problems prevalent among medi-

1 cally underserved populations (as defined in section
2 330(b)); or

3 “(5) identify, educate, and enroll eligible pa-
4 tients from racial and ethnic minorities and other
5 health disparity populations into clinical trials.

6 “(f) REPORT.—Not later than 3 years after the date
7 an entity receives a contract or grant under this section
8 and annually thereafter, the entity shall provide to the
9 Secretary a report containing the results of any evaluation
10 conducted pursuant to subsection (e)(5).

11 “(g) DISSEMINATION OF FINDINGS.—The Secretary
12 shall, as appropriate, disseminate to public and private en-
13 tities, including Congress, the findings made in evalua-
14 tions described under subsection (f).

15 **“SEC. 399R. GRANTS FOR RACIAL AND ETHNIC AP-
16 PROACHES TO COMMUNITY HEALTH.**

17 “(a) PURPOSE.—It is the purpose of this section to
18 provide for the awarding of grants to assist communities
19 in mobilizing and organizing resources in support of effec-
20 tive and sustainable programs that will reduce or eliminate
21 disparities in health and healthcare experienced by racial
22 and ethnic minority individuals.

23 “(b) AUTHORITY TO AWARD GRANTS.—The Sec-
24 retary, acting through the Centers for Disease Control and
25 Prevention and the Office of Minority Health and Health

1 Disparity Elimination, shall award planning, implementa-
2 tion, and evaluation grants to eligible entities to assist in
3 designing, implementing, and evaluating culturally and
4 linguistically appropriate, science-based and community-
5 driven sustainable strategies to eliminate racial and ethnic
6 health and healthcare disparities.

7 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
8 a grant under this section, an entity shall—

9 “(1) represent a coalition—

10 “(A) whose principal purpose is to develop
11 and implement interventions to reduce or elimi-
12 nate a health or healthcare disparity in a tar-
13 geted racial or ethnic minority group in the
14 community served by the coalition; and

15 “(B) that includes—

16 “(i) at least 3 members selected from
17 among—

18 “(I) public health departments;

19 “(II) community-based organiza-
20 tions;

21 “(III) university and research or-
22 ganizations;

23 “(IV) American Indian tribal or-
24 ganizations, national American Indian
25 organizations, Indian Health Service,

1 or organizations serving Alaska Na-
2 tives;

3 “(V) organizations serving Native
4 Hawaiians;

5 “(VI) organizations serving Pa-
6 cific Islanders; and

7 “(VII) interested public or pri-
8 vate healthcare providers or organiza-
9 tions as deemed appropriate by the
10 Secretary; and

11 “(ii) at least 1 member from a com-
12 munity-based organization that represents
13 the targeted racial or ethnic minority
14 group; and

15 “(2) submit to the Secretary an application at
16 such time, in such manner, and containing such in-
17 formation as the Secretary may require, which shall
18 include—

19 “(A) a description of the targeted racial or
20 ethnic population in the community to be served
21 under the grant;

22 “(B) a description of at least 1 health dis-
23 parity that exists in the racial or ethnic tar-
24 geted population, including infant mortality,
25 breast and cervical cancer screening and man-

1 agement, cardiovascular disease, diabetes, child
2 and adult immunization levels, or HIV/AIDS;
3 and

4 “(C) a demonstration of a proven record of
5 accomplishment of the coalition members in
6 serving and working with the targeted commu-
7 nity.

8 “(d) PLANNING GRANTS.—

9 “(1) IN GENERAL.—The Secretary shall award
10 one-time grants to eligible entities described in sub-
11 section (c) to support the planning and development
12 of culturally and linguistically appropriate programs
13 that utilize science-based and community-driven
14 strategies to reduce or eliminate a health or
15 healthcare disparity in the targeted population. Such
16 grants may be used to—

17 “(A) expand the coalition that is rep-
18 resented by the eligible entity through the iden-
19 tification of additional partners, particularly
20 among the targeted community, and establish
21 linkages with national, State, tribal, or local
22 public and private partners which may include
23 community health workers, advocacy, and policy
24 organizations;

25 “(B) establish community working groups;

1 “(C) conduct a needs assessment of the
2 community and targeted population to deter-
3 mine a health disparity and the factors contrib-
4 uting to that disparity, using input from the
5 targeted community;

6 “(D) participate in workshops sponsored
7 by the Office of Minority Health and Health
8 Disparity Elimination or the Centers for Dis-
9 ease Control and Prevention for technical as-
10 sistance, planning, evaluation, and other pro-
11 grammatic issues;

12 “(E) identify promising intervention strat-
13 egies; and

14 “(F) develop a plan with the input of the
15 targeted community that includes strategies
16 for—

17 “(i) implementing intervention strate-
18 gies that have the greatest potential for re-
19 ducing the health disparity in the target
20 population;

21 “(ii) identifying other sources of rev-
22 enue and integrating current and proposed
23 funding sources to ensure long-term sus-
24 tainability of the program; and

1 “(iii) evaluating the program, includ-
2 ing collecting data and measuring progress
3 toward reducing or eliminating the health
4 disparity in the targeted population that
5 takes into account the evaluation model de-
6 veloped by the Centers for Disease Control
7 and Prevention in collaboration with the
8 Office of Minority Health and Health Dis-
9 parity Elimination.

10 “(2) DURATION.—The period during which
11 payments may be made under a grant under para-
12 graph (1) shall not exceed 1 year, except where the
13 Secretary determines that extraordinary cir-
14 cumstances exist as described in section 340(e)(3).

15 “(e) IMPLEMENTATION GRANTS.—

16 “(1) IN GENERAL.—The Secretary shall award
17 grants to eligible entities that have received a plan-
18 ning grant under subsection (d) to enable such enti-
19 ty to—

20 “(A) implement a plan to address the se-
21 lected health disparity for the target population,
22 in an effective and timely manner;

23 “(B) collect data appropriate for moni-
24 toring and evaluating the program carried out
25 under the grant;

1 “(C) analyze and interpret data, or col-
2 laborate with academic or other appropriate in-
3 stitutions, for such analysis and collection;

4 “(D) participate in conferences and work-
5 shops for the purpose of informing and edu-
6 cating others regarding the experiences and les-
7 sons learned from the project;

8 “(E) collaborate with appropriate partners
9 to publish the results of the project for the ben-
10 efit of the public health community;

11 “(F) establish mechanisms with other pub-
12 lic or private groups to maintain financial sup-
13 port for the program after the grant termi-
14 nates; and

15 “(G) maintain relationships with local
16 partners and continue to develop new relation-
17 ships with national and State partners.

18 “(2) DURATION.—The period during which
19 payments may be made under a grant under para-
20 graph (1) shall not exceed 4 years. Such payments
21 shall be subject to annual approval by the Secretary
22 and to the availability of appropriations for the fis-
23 cal year involved.

24 “(f) EVALUATION GRANTS.—

1 “(1) IN GENERAL.—The Secretary may award
2 grants to eligible entities that have received an im-
3 plementation grant under subsection (e) that require
4 additional assistance for the purpose of rigorous
5 data analysis, program evaluation (including process
6 and outcome measures), or dissemination of find-
7 ings.

8 “(2) PRIORITY.—In awarding grants under this
9 subsection, the Secretary shall give priority to—

10 “(A) entities that in previous funding cy-
11 cles—

12 “(i) have received a planning grant
13 under subsection (d); or

14 “(ii) implemented activities of the
15 type described in subsection (e)(1); and

16 “(B) entities that incorporate best prac-
17 tices or build on successful models in their ac-
18 tion plan, including the use of community
19 health workers.

20 “(g) SUSTAINABILITY.—The Secretary shall give pri-
21 ority to an eligible entity under this section if the entity
22 agrees that, with respect to the costs to be incurred by
23 the entity in carrying out the activities for which the grant
24 was awarded, the entity (and each of the participating
25 partners in the coalition represented by the entity) will

1 maintain its expenditures of non-Federal funds for such
2 activities at a level that is not less than the level of such
3 expenditures during the fiscal year immediately preceding
4 the first fiscal year for which the grant is awarded.

5 “(h) NONDUPLICATION.—Funds provided through
6 this grant program should supplement, not supplant, ex-
7 isting Federal funding, and the funds should not be used
8 to duplicate the activities of the other health disparity
9 grant programs in this Act.

10 “(i) TECHNICAL ASSISTANCE.—The Secretary may,
11 either directly or by grant or contract, provide any entity
12 that receives a grant under this section with technical and
13 other nonfinancial assistance necessary to meet the re-
14 quirements of this section.

15 “(j) DISSEMINATION.—The Secretary shall enable
16 grantees to share best practices, evaluation results, and
17 reports using the Internet, conferences, and other perti-
18 nent information regarding the projects funded by this
19 section, including the outreach efforts of the Office of Mi-
20 nority Health and Health Disparity Elimination.

21 “(k) ADMINISTRATIVE BURDENS.—The Secretary
22 shall make every effort to minimize duplicative or unneces-
23 sary administrative burdens on grantees.

1 **“SEC. 399S. GRANTS FOR HEALTH DISPARITY**
2 **COLLABORATIVES.**

3 “(a) **PURPOSE.**—The Secretary, acting through the
4 Administrator of the Health Resources and Services Ad-
5 ministration, shall award grants to eligible entities to as-
6 sist in implementing systems of primary care practices
7 through which to eliminate disparities in the delivery of
8 healthcare and improve the healthcare provided to all pa-
9 tients.

10 “(b) **ELIGIBLE ENTITIES.**—To be eligible to receive
11 a grant under this section, an entity shall—

12 “(1) be a federally qualified health center as de-
13 fined in section 1905(l)(2)(B) of the Social Security
14 Act with the ability to establish and lead a collabo-
15 rative partnership; and

16 “(2) submit to the Secretary an application, at
17 such time, in such manner, and containing such in-
18 formation as the Secretary may require, which shall
19 include plans to implement collaboratives in one or
20 more of the following areas:

21 “(A) Diabetes.

22 “(B) Asthma.

23 “(C) Depression.

24 “(D) Cardiovascular disease.

25 “(E) Cancer.

1 “(F) Preventive health, including
2 screenings.

3 “(G) Perinatal health.

4 “(H) Patient safety.

5 “(I) Other areas as designated by the Sec-
6 retary.

7 “(c) NONDUPLICATION.—Funds provided through
8 this grant program should supplement, not supplant, ex-
9 isting Federal funding, and the funds should not be used
10 to duplicate the activities of the other health disparity
11 grant programs in this Act.

12 “(d) TECHNICAL ASSISTANCE.—The Secretary may,
13 either directly or by grant or contract, provide any entity
14 that receives a grant under this section with technical and
15 other nonfinancial assistance necessary to meet the re-
16 quirements of this section.

17 “(e) ADMINISTRATIVE BURDENS.—The Secretary
18 shall make every effort to minimize duplicative or unneces-
19 sary administrative burdens on grantees.

20 **“SEC. 399T. COMMUNITY HEALTH INITIATIVES.**

21 “(a) PURPOSE.—The Secretary shall establish the
22 Community Health Initiative demonstration program to
23 support comprehensive State, tribal, or local initiatives to
24 improve the health of racial and ethnic minority and other
25 health disparity populations.

1 “(b) COMMUNITY HEALTH INITIATIVE PROGRAM.—

2 “(1) IN GENERAL.—The Secretary shall award
3 Community Health Initiative Program grants to
4 State and local public health agencies of eligible
5 communities. Each grant shall be funded for 5
6 years.

7 “(2) ELIGIBLE COMMUNITIES.—

8 “(A) IDENTIFICATION.—The Secretary
9 shall develop, after opportunity for public re-
10 view and comment, and implement a metric for
11 identifying and notifying eligible communities
12 pursuant to subparagraph (B), and report such
13 findings to Congress and the public.

14 “(B) ELIGIBILITY.—Eligible communities
15 shall be communities that are most at risk, or
16 at greatest disproportionate risk, for adverse
17 health outcomes, as measured by—

18 “(i) overall burden of disease and
19 health conditions;

20 “(ii) accessibility to and availability of
21 health and economic resources;

22 “(iii) proportion of individuals from
23 racial and ethnic minority and other health
24 disparity populations; and

1 “(iv) other factors as determined ap-
2 propriate by the Secretary.

3 “(3) AGENCY COLLABORATION.—The Secretary,
4 in collaboration with the Deputy Assistant Secretary
5 for Minority Health and Health Disparity Elimini-
6 nation, the Director of the Centers for Disease Con-
7 trol and Prevention, the Administrator of the Health
8 Resources and Services Administration, the Director
9 of the Indian Health Service, and heads of other
10 Federal agencies as appropriate, shall determine,
11 with respect to the Community Health Initiative
12 Program—

13 “(A) core goals, objectives and reasonable
14 timelines for implementing, evaluating and sus-
15 taining comprehensive and effective health and
16 healthcare improvement activities in eligible
17 communities;

18 “(B) current programmatic and research
19 initiatives in which eligible communities may
20 participate;

21 “(C) existing agency resources that can be
22 targeted to eligible communities; and

23 “(D) mechanisms to facilitate joint appli-
24 cation, or establish a common application, to
25 multiple grant programs, as appropriate.

1 “(4) APPLICATIONS.—

2 “(A) IN GENERAL.—The State and local
3 public health agencies of eligible communities
4 shall jointly submit an application to the Sec-
5 retary at such time, in such manner, and ac-
6 companied by such information as the Secretary
7 may require, including a strategic plan that
8 shall—

9 “(i) describe the proposed activities
10 pursuant to paragraph (5);

11 “(ii) report the extent to which local
12 institutions and organizations and commu-
13 nity residents have participated in the stra-
14 tegic plan development;

15 “(iii) identify established public-pri-
16 vate partnerships, and State, local, and
17 private resources that will be available;

18 “(iv) identify Federal funding needed
19 to support the proposed activities; and

20 “(v) report the baselines, methods,
21 and benchmarks for measuring the success
22 of activities proposed in the strategic plan.

23 “(B) COMMUNITY ADVISORY BOARD.—

24 “(i) IN GENERAL.—In order to receive
25 a Community Health Initiative Program

1 grant under this section, an eligible com-
2 munity shall have a community advisory
3 board.

4 “(ii) MEMBERS.—

5 “(I) COMMUNITY.—The majority
6 of the members of a community advi-
7 sory board under clause (i) shall be
8 individuals that will benefit from the
9 activities or services provided by the
10 grants under this section.

11 “(II) REPRESENTATIVES.—A

12 community advisory board shall in-
13 clude representatives from the State
14 health department and county or local
15 health department, community-based
16 organizations, environmental and pub-
17 lic health experts, healthcare profes-
18 sionals and providers, nonprofit lead-
19 ers, community organizers, elected of-
20 ficials, private payers, employers, and
21 consumers.

22 “(iii) DUTIES.—A community advi-
23 sory board shall—

1 “(I) oversee the functions and
2 operations of Community Health Ini-
3 tiative Program grant activities;

4 “(II) assist in the evaluation of
5 such activities; and

6 “(III) prepare an annual report
7 that describes the progress made to-
8 wards achieving stated goals and rec-
9 ommends future courses of action.

10 “(5) USE OF FUNDS.—An eligible community
11 that receives a grant under this section shall use the
12 funding to support activities to achieve stated core
13 goals and objectives, pursuant to paragraph (3),
14 which may include initiatives that—

15 “(A) promote disease prevention and
16 health promotion, particularly for racial and
17 ethnic minority and other health disparity pop-
18 ulations;

19 “(B) facilitate partnerships between
20 healthcare providers, public and health agen-
21 cies, academic institutions, community based or
22 advocacy organizations, elected officials, profes-
23 sional societies, and other stakeholder groups;

1 “(C) enhance the local capacity for aggre-
2 gated and disaggregated health data collection
3 and reporting;

4 “(D) coordinate and integrate community-
5 based activities including education, city plan-
6 ning, transportation initiatives, environmental
7 changes, and other related activities at the local
8 level that help improve public health and ad-
9 dress health concerns;

10 “(E) mobilize financial and other resources
11 from the public and private sector to increase
12 local capacity to address health issues;

13 “(F) support the training of staff in com-
14 munication and outreach to the general public,
15 particularly those at disproportionate risk for
16 health and healthcare disparities;

17 “(G) assist eligible communities in meeting
18 Healthy People 2010 objectives; and

19 “(H) aid eligible communities in providing
20 employment, and cultural and recreational re-
21 sources that enable healthy lifestyles.

22 “(6) EVALUATION.—The Secretary, directly or
23 through contract, shall conduct and report an eval-
24 uation of the Community Health Initiative Program
25 that shall be available to the public.

1 “(7) SUPPLEMENT NOT SUPPLANT.—Grant
2 funds received under this section shall be used to
3 supplement, and not supplant, funding that would
4 otherwise be used for activities described under this
5 section.

6 **“SEC. 399U. OUTREACH.**

7 “(a) IN GENERAL.—The Secretary, in collaboration
8 with the Office for Minority Health and Health Disparity
9 Elimination, the Centers for Medicare and Medicaid Serv-
10 ices, and the Health Resources and Services Administra-
11 tion, shall establish a grant program to improve outreach,
12 participation, and enrollment by eligible entities with re-
13 spect to available healthcare programs.

14 “(b) ELIGIBILITY.—In this section, the term ‘eligible
15 entity’ means any of the following:

16 “(1) A State or local government.

17 “(2) A Federal health safety net organization.

18 “(3) A national, local, or community-based pub-
19 lic or nonprofit private organization.

20 “(4) A faith-based organization or consortia, to
21 the extent that a grant awarded to such an entity
22 is consistent with the requirements of section 1955
23 relating to a grant award to nongovernmental enti-
24 ties.

25 “(5) An elementary or secondary school.

1 “(c) DEFINITION.—In this section:

2 “(1) FEDERAL HEALTH SAFETY NET ORGANI-
3 ZATION.—The term ‘Federal health safety net orga-
4 nization’ means—

5 “(A) an Indian tribe, tribal organization,
6 or an urban Indian organization receiving funds
7 under title V of the Indian Health Care Im-
8 provement Act (25 U.S.C. 1651 et seq.), or an
9 Indian Health Service provider;

10 “(B) a Federally-qualified health center
11 (as defined in section 330);

12 “(C) a hospital defined as a dispropor-
13 tionate share hospital;

14 “(D) a covered entity described in section
15 340B(a)(4); and

16 “(E) any other entity or a consortium that
17 serves children under a federally funded pro-
18 gram, including the special supplemental nutri-
19 tion program for women, infants, and children
20 (WIC) established under section 17 of the Child
21 Nutrition Act of 1966 (42 U.S.C. 1786), the
22 head start and early head start programs under
23 the Head Start Act (42 U.S.C. 9831 et seq.),
24 the school lunch program established under the
25 Richard B. Russell National School Lunch Act

1 (42 U.S.C. 1751 et seq.), and an elementary or
2 secondary school.

3 “(2) INDIANS; INDIAN TRIBE; TRIBAL ORGANI-
4 ZATION; URBAN INDIAN ORGANIZATION.—The terms
5 ‘Indian’, ‘Indian tribe’, ‘tribal organization’, and
6 ‘urban Indian organization’ have the meanings given
7 such terms in section 4 of the Indian Health Care
8 Improvement Act (25 U.S.C. 1603).

9 “(d) PRIORITY FOR AWARD OF GRANTS.—

10 “(1) IN GENERAL.—In making grants under
11 subsection (a), the Secretary shall give priority to—

12 “(A) eligible entities that propose to target
13 geographic areas with high rates of—

14 “(i) eligible but unenrolled children,
15 including such children who reside in rural
16 areas; or

17 “(ii) racial and ethnic minorities and
18 health disparity populations, including
19 those proposals that address cultural and
20 linguistic barriers to enrollment; and

21 “(B) eligible entities that plan to engage in
22 outreach efforts with respect to individuals de-
23 scribed in subparagraph (A) and that are—

24 “(i) Federal health safety net organi-
25 zations; or

1 “(ii) faith-based organizations or con-
2 sortia.

3 “(2) TEN PERCENT SET ASIDE FOR OUTREACH
4 TO INDIAN CHILDREN.—An amount equal to 10 per-
5 cent of the funds appropriated under section 202(3)
6 of the Minority Health Improvement and Health
7 Disparity Elimination Act to carry out this section
8 for a fiscal year shall be used by the Secretary to
9 award grants to Indian Health Service providers and
10 urban Indian organizations receiving funds under
11 title V of the Indian Health Care Improvement Act
12 (25 U.S.C. 1651 et seq.) for outreach to, and enroll-
13 ment of, children who are Indians.”.

14 **SEC. 202. AUTHORIZATION OF APPROPRIATIONS.**

15 There are authorized to be appropriated—

16 (1) such sums as may be necessary for each of
17 fiscal years 2007 through 2011, to carry out section
18 399Q of the Public Health Service Act (as added by
19 section 201);

20 (2) \$52,000,000 for fiscal year 2007, and such
21 sums as may be necessary for each of fiscal years
22 2008 through 2011, to carry out section 399R of the
23 Public Health Service Act (as added by section 201);
24 and

1 (3) such sums as necessary for each of fiscal
 2 years 2007 through 2011, to carry out sections
 3 399S, 399T, and 399U of the Public Health Service
 4 Act (as added by section 201).

5 **TITLE III—RESEARCH**

6 **SEC. 301. AGENCY FOR HEALTHCARE RESEARCH AND** 7 **QUALITY.**

8 Part B of title IX of the Public Health Service Act
 9 (42 U.S.C. 299b et seq.) is amended by adding at the end
 10 the following:

11 **“SEC. 918. ENHANCED RESEARCH WITH RESPECT TO** 12 **HEALTHCARE DISPARITIES.**

13 “(a) ACCELERATING THE ELIMINATION OF DISPARI-
 14 TIES.—

15 “(1) STRATEGIC PLAN.—The Secretary, acting
 16 through the Director, and in collaboration with the
 17 Deputy Assistant Secretary for Minority Health and
 18 Health Disparity Elimination, shall develop a stra-
 19 tegic plan regarding research supported by the agen-
 20 cy to improve healthcare and eliminate healthcare
 21 disparities among racial and ethnic minority and
 22 other health disparity populations. In developing
 23 such plan, the Secretary shall—

24 “(A) determine which areas of research
 25 focus would have the greatest impact on

1 healthcare improvement and elimination of dis-
2 parities, taking into consideration the overall
3 health status of various populations, disproport-
4 ionate burden of diseases or health conditions,
5 and types of interventions for which data on ef-
6 fectiveness is limited;

7 “(B) establish measurable goals and objec-
8 tives which will allow assessment of progress;

9 “(C) solicit public review and comment
10 from experts in healthcare, minority health and
11 health disparities, health services research, and
12 other areas as determined appropriate by the
13 Secretary;

14 “(D) incorporate recommendations from
15 the Institute of Medicine, pursuant to section
16 303 of the Minority Health Improvement and
17 Health Disparity Elimination Act, as appro-
18 priate;

19 “(E) complete such plan within 12 months
20 of enactment of the Minority Health Improve-
21 ment and Health Disparity Elimination Act,
22 and update such plan and report on progress
23 meeting established goals and objectives not
24 less than every 2 years;

1 “(F) include progress meeting plan goals
2 and objectives in annual performance budget
3 submissions;

4 “(G) ensure coordination and integration
5 with the National Plan to Improve Minority
6 Health and Eliminate Health Disparities, as de-
7 scribed in section 1707(c) and other Depart-
8 ment-wide initiatives, as feasible; and

9 “(H) report the plan to the Congress and
10 make available to the public in print and elec-
11 tronic format.

12 “(2) ESTABLISHMENT OF GRANTS.—The Sec-
13 retary, acting through the Director, and in collabo-
14 ration with the Deputy Assistant Secretary for Mi-
15 nority Health and Health Disparity Elimination,
16 may award grants or contracts to eligible entities for
17 research to improve the health of racial and ethnic
18 minority and other health disparity populations (as
19 defined in section 903(d)).

20 “(3) APPLICATION; ELIGIBLE ENTITIES.—

21 “(A) APPLICATION.—To receive a grant or
22 contract under this section, an eligible entity
23 shall submit to the Secretary an application at
24 such time, in such manner, and containing such
25 information as the Secretary may require.

1 “(B) ELIGIBLE ENTITIES.—To be eligible
2 to receive a grant or contract under this sec-
3 tion, an entity shall be a health center, hospital,
4 health plan, health system, community clinic, or
5 other health entity determined appropriate by
6 the Secretary, that—

7 “(i) by legal mandate or explicitly
8 adopted mission, provides patients with ac-
9 cess to services regardless of their ability
10 to pay;

11 “(ii) provides care or treatment for a
12 substantial number of patients who are un-
13 insured, are receiving assistance under a
14 State program under title XIX of the So-
15 cial Security Act, or are members of vul-
16 nerable populations, as determined by the
17 Secretary;

18 “(iii) serves a disproportionate per-
19 centage of patients from racial and ethnic
20 minority and other health disparity popu-
21 lations;

22 “(iv) provides an assurance that
23 amounts received under the grant or con-
24 tract will be used to implement strategies
25 that address patients’ linguistic needs,

1 where necessary, and recruit and maintain
2 diverse staff and leadership; and

3 “(v) provides an assurance that
4 amounts received under the grant or con-
5 tract will be used to support quality im-
6 provement activities for patients from ra-
7 cial and ethnic minority and other health
8 disparity populations.

9 “(C) PREFERENCE.—Consortia of 3 or
10 more eligible entities shall be given a preference
11 for grant or contract funding.

12 “(4) RESEARCH.—The research funded under
13 paragraph (2), with respect to racial and ethnic mi-
14 nority and other health disparity populations,
15 shall—

16 “(A) prioritize the translation of existing
17 research into practical interventions for improv-
18 ing health and healthcare and reducing dispari-
19 ties;

20 “(B) target areas of need as identified in
21 the strategic plan pursuant to subsection (a)(1),
22 the National Healthcare Disparities Report
23 published by the Agency for Healthcare Re-
24 search and Quality, relevant reports by the In-

1 stitute of Medicine, and other reports issued by
2 Federal health agencies;

3 “(C) include a focus on community-based
4 solutions and partnerships as appropriate;

5 “(D) expand practice-based research net-
6 works (primary care and larger delivery sys-
7 tems) to include networks of delivery sites serv-
8 ing large numbers of minority and health dis-
9 parity populations including—

10 “(i) public hospitals and private non-
11 profit hospitals;

12 “(ii) health centers;

13 “(iii) health plans; and

14 “(iv) other sites as determined appro-
15 priate by the Director.

16 “(5) DISSEMINATION OF RESEARCH FIND-
17 INGS.—To ensure that findings from the research
18 described in paragraph (4) are disseminated and ap-
19 plied promptly, the Director shall—

20 “(A) develop outreach and training pro-
21 grams for healthcare providers with respect to
22 the practical and effective interventions that re-
23 sult from research programs carried out with
24 grants or contracts awarded under this section;
25 and

1 “(B) provide technical assistance for the
2 implementation of evidence-based practices that
3 will improve health and healthcare and reduce
4 disparities.

5 “(b) REALIZING THE POTENTIAL OF DISEASE MAN-
6 AGEMENT.—

7 “(1) PUBLIC-PRIVATE SECTOR PARTNERSHIP
8 TO ASSESS EFFECTIVENESS OF EXISTING DISEASE
9 MANAGEMENT STRATEGIES.—

10 “(A) IN GENERAL.—The Secretary shall
11 establish a public-private partnership to iden-
12 tify, evaluate, and disseminate effective disease
13 management strategies, tailored to improve
14 healthcare and health outcomes for patients
15 from racial and ethnic minority and other
16 health disparity populations. Such strategies
17 shall reflect established healthcare quality
18 standards and benchmarks and other evidence-
19 based recommendations.

20 “(B) PARTNERSHIP COMPOSITION.—The
21 partnership’s members shall include the fol-
22 lowing:

23 “(i) Representatives from the fol-
24 lowing:

1 “(I) The Office of Minority
2 Health and Health Disparity Elimini-
3 nation.

4 “(II) The Centers for Disease
5 Control and Prevention.

6 “(III) The Agency for Healthcare
7 Research and Quality.

8 “(IV) The Centers for Medicare
9 and Medicaid Services.

10 “(V) The Health Resources and
11 Services Administration.

12 “(VI) The Indian Health Service.

13 “(VII) Other agencies as des-
14 ignated by the Secretary.

15 “(ii) Representatives of health plans,
16 employers, or other private entities that
17 have implemented disease management
18 programs.

19 “(iii) Representatives of hospitals,
20 community health centers, large, small, or
21 solo provider groups, or other organiza-
22 tions that provide healthcare and have im-
23 plemented disease management programs.

24 “(iv) Community-based representa-
25 tives who have been involved with estab-

1 lishing, implementing, or evaluating dis-
2 ease management programs.

3 “(v) Other individuals as designated
4 by the Secretary.

5 “(C) PARTNERSHIP DUTIES.—

6 “(i) IN GENERAL.—Not later than 18
7 months after the date of enactment of the
8 Minority Health Improvement and Health
9 Disparity Elimination Act, the partnership
10 shall release a best practices report, with a
11 particular focus on the following:

12 “(I) Self-management training.

13 “(II) Increasing patient partici-
14 pation in and satisfaction with
15 healthcare encounters.

16 “(III) Helping patients use qual-
17 ity performance and cost information
18 to choose appropriate healthcare pro-
19 viders for their care.

20 “(IV) Interventions outside of a
21 traditional healthcare environment, in-
22 cluding the workplace, school, commu-
23 nity, or home.

1 “(V) Interventions utilizing com-
2 munity health workers and case man-
3 agers.

4 “(VI) Interventions that imple-
5 ment integrated disease management
6 and treatment strategies to address
7 multiple chronic co-occurring condi-
8 tions.

9 “(VII) Other interventions as
10 identified by the Secretary.

11 “(2) REPORT.—

12 “(A) IN GENERAL.—Not later than Sep-
13 tember 30, 2010, the partnership shall submit
14 to the Secretary and the relevant committees of
15 Congress a report that describes the extent to
16 which the activities and research funded under
17 this section have been successful in reducing
18 and eliminating disparities in health and
19 healthcare in targeted populations.

20 “(B) AVAILABILITY.—The Secretary shall
21 ensure that the report is made available on the
22 Internet websites of the Office of Minority
23 Health and Health Disparity Elimination, the
24 Agency for Healthcare Research and Quality,
25 and other agencies as appropriate.”.

1 **SEC. 302. GENETIC VARIATION AND HEALTH.**

2 (a) IN GENERAL.—The Secretary shall ensure that
3 any current, proposed, or future research and pro-
4 grammatic activities regarding genomics include focus on
5 genetic variation within and between populations, with a
6 focus on racial and ethnic minority populations, that may
7 affect risk of disease or response to drug therapy and
8 other treatments, in order to ensure that all populations
9 are able to derive full benefit from genomic tests and
10 treatments that may improve their health and healthcare.
11 The Secretary shall encourage, with respect to racial and
12 ethnic minority populations, efforts to—

13 (1) increase access, availability, and utilization
14 of genomic tests and treatments;

15 (2) determine and monitor appropriateness of
16 use of genomic tests and treatments;

17 (3) increase awareness of the importance of
18 knowing one’s family history and the relationships
19 between genes, the social and physical environment,
20 and health; and

21 (4) expand genomics research that would help
22 to—

23 (A) improve tests to facilitate earlier and
24 more accurate diagnoses;

1 (B) enhance the safety of drugs, particu-
2 larly for drugs that pose an elevated risk for
3 adverse drug events in such populations;

4 (C) increase the effectiveness of drugs,
5 particularly for diseases and conditions that dis-
6 proportionately affect such populations; and

7 (D) augment the current understanding of
8 the interactions between genomic, social and
9 physical environmental factors and their influ-
10 ence on the causality, prevention, and treatment
11 of diseases common in such populations.

12 (b) GENETIC VARIATION, ENVIRONMENT, AND
13 HEALTH SUMMIT.—

14 (1) SUMMIT.—Not later than 1 year after the
15 date of enactment of this Act, the Director of the
16 National Human Genome Research Institute, in col-
17 laboration with the Director of the Office of
18 Genomics and Disease Prevention at the Centers for
19 Disease Control and Prevention, the Director of the
20 Office of Behavioral and Social Science Research at
21 the National Institutes of Health, and the Deputy
22 Assistant Secretary of the Office of Minority Health
23 and Health Disparity Elimination, shall convene a
24 Summit for the purpose of providing leadership and
25 guidance to Secretary, Congress, and other public

1 and private entities on current and future areas of
2 focus for genomics research, including translation of
3 findings from such research, relating to improving
4 the health of racial and ethnic minority populations
5 and reducing health disparities.

6 (2) PARTICIPATION.—The Summit shall in-
7 clude—

8 (A) representatives from the Federal
9 health agencies, including the National Insti-
10 tutes of Health, the Centers for Disease Control
11 and Prevention, the Food and Drug Adminis-
12 tration, the Health Resources and Services Ad-
13 ministration, and additional agencies and de-
14 partments as determined appropriate by the
15 Secretary;

16 (B) independent experts and stakeholders
17 from relevant industry and academic institu-
18 tions, particularly those that have demonstrated
19 expertise in both genomics and minority health
20 and serve a disproportionate number of racial
21 and ethnic minority patients; and

22 (C) leaders of community organizations
23 that work to reduce and eliminate health dis-
24 parities.

1 (3) REPORT.—Not later than 90 days after the
2 conclusion of the Summit, the Director of the Na-
3 tional Human Genome Research Institute shall sub-
4 mit to Congress and make available to the public a
5 report detailing recommendations on—

6 (A) an appropriate description of human
7 diversity, incorporating available information on
8 genetics, for use in genomic research and pro-
9 grams operated or supported by the Federal
10 Government;

11 (B) guiding ethics, principles, and proto-
12 cols for the inclusion and designation of racial
13 and ethnic minority populations in genomics re-
14 search, particularly clinical trials programs op-
15 erated or supported by the Federal Govern-
16 ment;

17 (C) ways to increase access to and utiliza-
18 tion of effective pharmacogenomic and other ge-
19 netic screening and services for racial and eth-
20 nic minority populations;

21 (D) research opportunities and funding
22 support in the area of genomic variation that
23 may improve the health and healthcare of mi-
24 nority populations;

1 (E) ways to enhance integration of Federal
2 Government-wide efforts and activities per-
3 taining to race, genomics, and health; and

4 (F) need for additional privacy protections
5 in preventing stigmatization and inappropriate
6 use of genetic information.

7 (c) PHARMACOGENOMICS AND EMERGING ISSUES
8 ADVISORY COMMITTEE.—

9 (1) IN GENERAL.—The Secretary, under section
10 222 of the Public Health Service Act (42 U.S.C.
11 217a), shall convene and consult an advisory com-
12 mittee on issues relating to pharmacogenomics (re-
13 ferred to in this subsection as the “Advisory Com-
14 mittee”).

15 (2) DUTIES.—

16 (A) IN GENERAL.—The Advisory Com-
17 mittee shall advise and make recommendations
18 to the Secretary, through the Commissioner of
19 Food and Drugs and in consultation with the
20 Director of the National Institutes of Health,
21 on the evolving science of pharmacogenomics
22 and interindividual variability in drug response,
23 as it relates to the health of racial and ethnic
24 minorities.

1 (B) MATTERS CONSIDERED.—The rec-
2 ommendations under subparagraph (A) shall in-
3 clude recommendations on—

4 (i) the ethics, design, and analysis of
5 clinical trials involving racial and ethnic
6 minorities conducted under section 351,
7 409I, or 499 of the Public Health Service
8 Act or section 505(i), 505A, 505B, or
9 515(g) of the Federal Food, Drug, and
10 Cosmetic Act;

11 (ii) general policy and guidance with
12 respect to the development, approval or
13 clearance, and labeling of medical products
14 for racial and ethnic minorities;

15 (iii) the role of pharmacogenomics
16 during the development of drugs, biological
17 products, and diagnostics;

18 (iv) the understanding of interindi-
19 vidual variability in drug response;

20 (v) diagnostics or treatments for dis-
21 eases or conditions common in racial and
22 ethnic minorities; and

23 (vi) the identification of other areas of
24 unmet medical need.

1 (3) COMPOSITION.—The Advisory Committee
2 shall include—

3 (A) experts in the fields of—

4 (i) minority health and health dispari-
5 ties;

6 (ii) genomics;

7 (iii) pharmaceutical and diagnostic re-
8 search and development;

9 (iv) ethical, legal, and social issues re-
10 relating to clinical trials; and

11 (v) bioinformatics and information
12 technology;

13 (B) representatives from minority health
14 organizations and relevant patient organiza-
15 tions; and

16 (C) other experts as deemed appropriate
17 by the Secretary.

18 (4) COORDINATION WITH OTHER ADVISORY
19 COMMITTEES.—The Advisory Committee may con-
20 sult and coordinate with other advisory committees
21 of the Department of Health and Human Services
22 as determined appropriate by the Secretary.

23 (5) RECOMMENDATIONS.—The Advisory Com-
24 mittee shall submit recommendations to the Sec-
25 retary with respect to each of the matters described

1 under paragraph (2)(B) prior to the development by
2 the Secretary of the report described under para-
3 graph (6).

4 (6) REPORT.—Not later than 180 days after
5 the date of enactment of this Act, the Secretary—

6 (A) shall, acting through the Commissioner
7 of Food and Drugs and in consultation with the
8 Director of the National Institutes of Health,
9 and taking into consideration the recommenda-
10 tions of the Advisory Committee submitted
11 under paragraph (5), submit to the Committee
12 on Health, Education, Labor, and Pensions of
13 the Senate and the Committee on Energy and
14 Commerce of the House of Representatives, a
15 report on the evolving science of
16 pharmacogenomics as it relates to racial and
17 ethnic minorities, including a review of the
18 guidance of the Food and Drug Administration
19 on the participation of racial and ethnic minori-
20 ties in clinical trials; and

21 (B) shall ensure that such report is made
22 publicly available.

23 **SEC. 303. EVALUATIONS BY THE INSTITUTE OF MEDICINE.**

24 (a) HEALTH DISPARITIES SUMMIT.—

1 (1) IN GENERAL.—Not later than 270 days
2 after the date of enactment of this Act, the Institute
3 of Medicine shall convene a summit on health dis-
4 parities (referred to this section as the “Summit”).

5 (2) PURPOSE.—The purposes of the Summit in-
6 clude—

7 (A) reviewing current activities of the Fed-
8 eral Government in addressing health and
9 healthcare disparities as experienced by racial
10 and ethnic minority populations, and other
11 health disparity populations as practicable; and

12 (B) assessing progress made since the
13 2002 Institute of Medicine National Healthcare
14 Disparities Report.

15 (3) AREAS OF FOCUS.—The Summit shall ex-
16 amine the activities of the Federal Government to
17 reduce and eliminate health disparities, with a focus
18 on—

19 (A) education and training, including
20 health professions programs that increase mi-
21 nority representation in medicine and the health
22 professions;

23 (B) data collection and analysis;

24 (C) coordination among agencies and de-
25 partments in addressing healthcare disparities;

1 (D) research into the causes of and strate-
2 gies to eliminate health disparities; and

3 (E) programs that increase access to care
4 and improve health outcomes for health dis-
5 parity populations.

6 (4) PARTICIPATION.—Summit participants shall
7 include—

8 (A) representatives of the Federal Govern-
9 ment;

10 (B) experts with research experience in
11 identifying and addressing healthcare dispari-
12 ties among racial and ethnic minority and other
13 health disparity populations; and

14 (C) representatives from community-based
15 organizations and nonprofit groups that address
16 the issues of racial and ethnic minority and
17 other health disparity populations.

18 (5) SUMMIT PROCEEDINGS.—Not later than
19 180 days after the conclusion of the Summit, the
20 Secretary shall offer to enter into a contract with
21 the Institute of Medicine to publish a report summa-
22 rizing the discussions of the Summit and review of
23 current Federal activities to address healthcare dis-
24 parities for racial and ethnic minority and other
25 health disparity populations.

1 (b) NATIONAL PLAN TO ELIMINATE DISPARITIES.—

2 (1) PLAN.—Not later than 2 years after the
3 date of enactment of this Act, the Institute of Medi-
4 cine shall develop an evidence-based, strategic, na-
5 tional plan to eliminate disparities which shall—

6 (A) include goals, interventions, and re-
7 sources needed to eliminate disparities;

8 (B) establish a reasonable timetable to
9 reach selected priorities;

10 (C) inform and complement the National
11 Plan to Improve Minority Health and Eliminate
12 Health Disparities, pursuant to section
13 1707(c)(2) of the Public Health Service Act (as
14 added by section 501 of this Act); and

15 (D) inform the development of criteria for
16 evaluation of the effectiveness of programs au-
17 thorized under this Act (and the amendments
18 made by this Act), pursuant to subsection (e).

19 (2) REPORT.—The Secretary shall offer to
20 enter into a contract with the Institute of Medicine
21 to publish the National Plan to Eliminate Dispari-
22 ties.

23 (c) INSTITUTE OF MEDICINE EVALUATION.—

24 (1) IN GENERAL.—Not later than 3 years after
25 the date of enactment of this Act, the Secretary

1 shall offer to enter into a contract with the Institute
2 of Medicine to evaluate the effectiveness of the pro-
3 grams authorized under this Act (and the amend-
4 ments made by this Act) in addressing and reducing
5 health disparities experienced by racial and ethnic
6 minority and other health disparity populations. In
7 making such an evaluation, the Institute of Medicine
8 shall consult—

9 (A) representatives of the Federal Govern-
10 ment;

11 (B) experts with research and policy expe-
12 rience in identifying and addressing healthcare
13 disparities among racial and ethnic minority
14 and other health disparity populations; and

15 (C) representatives from community-based
16 organizations and nonprofit groups that address
17 health disparity issues.

18 (2) REPORT.—Not later than 2 years after the
19 Secretary enters into the contract under paragraph
20 (1), the Institute of Medicine shall submit to the
21 Secretary and relevant committees of Congress a re-
22 port that contains the results of the evaluation de-
23 scribed under such subparagraph, and any rec-
24 ommendations of such Institute.

1 (3) RESPONSE.—Not later than 180 days after
2 the date the Institute of Medicine submits the report
3 under this subsection, the Secretary shall publish a
4 response to such recommendations, which shall be
5 provided to the relevant committees of Congress and
6 made publicly available through the Internet Clear-
7 inghouse under section 270 of the Public Health
8 Service Act (as added by section 101).

9 (d) HEALTH INFORMATION TECHNOLOGY.—

10 (1) IN GENERAL.—Not later than 180 days
11 after the date of enactment of this Act, the Sec-
12 retary, acting through the Director of the National
13 Library of Medicine, shall offer to enter into a con-
14 tract with the Institute of Medicine to study and
15 make recommendations regarding the use of health
16 information technology and bioinformatics to im-
17 prove the health and healthcare of racial and ethnic
18 minority and other health disparity populations.

19 (2) STUDY.—The study under paragraph (1),
20 with respect to increasing access and quality of
21 healthcare for racial and ethnic minority and other
22 health disparity populations, shall assess and make
23 recommendations regarding—

1 (A) effective applications of health infor-
2 mation technology, including telemedicine and
3 telepsychiatry;

4 (B) status of development of health infor-
5 mation technology standards that will permit
6 healthcare information of the type required to
7 support patient care;

8 (C) inclusion of organizations with exper-
9 tise in minority health and health disparities in
10 the development of health information tech-
11 nology standards and applications;

12 (D) priority areas for research to improve
13 the dissemination, management, and use of bio-
14 medical knowledge that address identified and
15 unmet needs;

16 (E) educational and training needs and op-
17 portunities to assist health professionals under-
18 stand and apply health information technology;
19 and

20 (F) ways to increase recruitment and re-
21 tention of racial and ethnic minorities into the
22 field of medical informatics.

23 (3) REPORT.—Not later than 2 years after the
24 Secretary enters into the contract under paragraph
25 (1), the Institute of Medicine shall submit to the

1 Secretary and relevant committees of Congress a re-
2 port that contains the findings and recommendations
3 of this study.

4 **SEC. 304. NATIONAL CENTER FOR MINORITY HEALTH AND**
5 **HEALTH DISPARITIES REAUTHORIZATION.**

6 Section 485E of the Public Health Service Act (42
7 U.S.C. 287c-31) is amended—

8 (1) by striking subsection (e) and inserting the
9 following:

10 “(e) DUTIES OF THE DIRECTOR.—

11 “(1) INTERAGENCY COORDINATION OF MINOR-
12 ITY HEALTH AND HEALTH DISPARITIES ACTIVI-
13 TIES.—With respect to minority health and health
14 disparities, the Director of the Center shall plan, co-
15 ordinate, and evaluate research and other activities
16 conducted or supported by the agencies of the Na-
17 tional Institutes of Health. In carrying out the pre-
18 ceding sentence, the Director of the Center shall
19 evaluate the minority health and health disparity ac-
20 tivities of each of such agencies and shall provide for
21 the periodic reevaluation of such activities.

22 “(2) CONSULTATIONS.—The Director of the
23 Center shall carry out this subpart (including devel-
24 oping and revising the plan and budget required in
25 subsection (f)) in consultation with the Directors of

1 the agencies (or a designee of the Directors) of the
2 National Institutes of Health, with the advisory
3 councils of the agencies, and with the advisory coun-
4 cil established under section (j).

5 “(3) COORDINATION OF ACTIVITIES.—The Di-
6 rector of the Center shall act as the primary Federal
7 official with responsibility for coordinating all minor-
8 ity health disparities research and other health dis-
9 parities research conducted or supported by the Na-
10 tional Institutes of Health and shall—

11 “(A) represent the health disparities re-
12 search program of the National Institutes of
13 Health including the minority health disparities
14 research program at all relevant executive
15 branch task forces, committees, and planning
16 activities;

17 “(B) maintain communications with all rel-
18 evant Public Health Service agencies, including
19 the Indian Health Service and various other de-
20 partments of the Federal Government, to en-
21 sure the timely transmission of information con-
22 cerning advances in minority health disparities
23 research and other health disparities research
24 between these various agencies for dissemina-

1 tion to affected communities and healthcare
2 providers; and

3 “(C) engage with community-based organi-
4 zations and health provider groups to—

5 “(i) increase education and awareness
6 about the Center’s activities and areas of
7 research focus; and

8 “(ii) accelerate the translation of re-
9 search findings into programs including
10 those carried out by community-based or-
11 ganizations.”;

12 (2) in subsection (f)—

13 (A) by striking the subsection heading and
14 inserting the following:

15 “(f) COMPREHENSIVE PLAN FOR RESEARCH; BUDG-
16 ET ESTIMATE; ALLOCATION OF APPROPRIATIONS.—”;

17 (B) in paragraph (1)—

18 (i) by striking the matter preceding
19 subparagraph (A) and subparagraph (A)
20 and inserting the following:

21 “(1) IN GENERAL.—Subject to the provisions of
22 this section and other applicable law, the Director of
23 the Center, in consultation with the Director of
24 NIH, the Directors of the other agencies of the Na-

1 tional Institutes of Health, and the advisory council
2 established under subsection (j) shall—

3 “(A) annually review and revise a com-
4 prehensive plan (referred to in this section as
5 ‘the Plan’) and budget for the conduct and sup-
6 port of all minority health and health dispari-
7 ties research and other health disparities re-
8 search activities of the agencies of the National
9 Institutes of Health;”;

10 (ii) in subparagraph (D), by striking
11 “, with respect to amounts appropriated
12 for activities of the Center;”;

13 (iii) by striking subparagraph (F) and
14 inserting the following:

15 “(F) ensure that the Plan and budget are
16 presented to and considered by the Director
17 during the formulation of the overall annual
18 budget for the National Institutes of Health;”;

19 (iv) by redesignating subparagraphs
20 (G) and (H) as subparagraphs (I) and (J),
21 respectively; and

22 (v) by inserting after subparagraph
23 (F), the following:

24 “(G) annually submit to Congress a report
25 on the progress made with respect to the Plan;

1 “(H) creating and implementing a plan for
2 the systematic review of research activities sup-
3 ported by the National Institutes of Health that
4 are within the mission of both the Center and
5 other agencies of the National Institutes of
6 Health, by establishing mechanisms for—

7 “(i) tracking minority health and
8 health disparity research conducted within
9 the agencies;

10 “(ii) the early identification of appli-
11 cations and proposals for grants, contracts,
12 and cooperative agreements supporting ex-
13 tramural training, research, and develop-
14 ment, that are submitted to the agencies
15 and that are within the mission of the Cen-
16 ter;

17 “(iii) providing the Center with the
18 written descriptions and scientific peer re-
19 view results of such applications and pro-
20 posals;

21 “(iv) enabling the agencies to consult
22 with the Director of the Center prior to
23 final approval of such applications and
24 proposals; and

1 “(v) reporting to the Director of the
2 Center all such applications and proposals
3 that are approved for funding by the agen-
4 cies;”; and

5 (C) in paragraph (2)—

6 (i) in subparagraph (D), by striking
7 “and” at the end;

8 (ii) in subparagraph (E), by striking
9 the period and inserting “; and”; and

10 (iii) by adding at the end the fol-
11 lowing:

12 “(F) the number and type of personnel
13 needs of the Center.”;

14 (3) in subsection (h)—

15 (A) in paragraph (1), by striking “endow-
16 ments at centers of excellence under section
17 736.” and inserting the following: “endowments
18 at—

19 “(A) centers of excellence under section
20 736; and

21 “(B) centers of excellence under section
22 485F.”; and

23 (B) in paragraph (2)(A), by striking “aver-
24 age” and inserting “median”;

1 (4) by redesignating subsections (k) and (l) as
2 subsections (m) and (n), respectively;

3 (5) by inserting after subsection (j), the fol-
4 lowing:

5 “(k) REPRESENTATION OF MINORITIES AMONG RE-
6 SEARCHERS.—The Secretary, in collaboration with the Di-
7 rector of the Center, shall determine the extent to which
8 racial and ethnic minority and other health disparity pop-
9 ulations are represented among senior physicians and sci-
10 entists of the national research institutes and among phy-
11 sicians and scientists conducting research with funds pro-
12 vided by such institutes, and as appropriate, carry out ac-
13 tivities to increase the extent of such representation.

14 “(l) CANCER RESEARCH.—The Secretary, in collabo-
15 ration with the Director of the Center, shall designate and
16 support a cancer prevention, control, and population
17 science center to address the significantly elevated rate of
18 morbidity and mortality from cancer in racial and ethnic
19 minority populations. Such designated center shall be
20 housed within an existing, stand-alone cancer center at a
21 historically black college and university that has a demon-
22 strable commitment to and expertise in cancer research
23 in the basic, clinical, and population sciences.”;

24 (6) in subsection (l)(1) (as so redesignated), by
25 inserting before the semicolon the following: “, with

1 a particular focus on evaluation of progress made to-
2 ward fulfillment of the goals of the Plan”; and

3 (7) by striking subsection (m) (as so redesign-
4 nated).

5 **SEC. 305. AUTHORIZATION OF APPROPRIATIONS.**

6 (a) SECTIONS 301, 302, AND 303.—There are au-
7 thorized to be appropriated such sums as may be nec-
8 essary for each of fiscal years 2007 through 2011, to carry
9 out sections 301, 302, and 303 (and the amendments
10 made by such sections).

11 (b) SECTION 304.—

12 (1) IN GENERAL.—There are authorized to be
13 appropriated \$240,000,000 for fiscal year 2007,
14 such sums as may be necessary for each of fiscal
15 years 2008 through 2011, to carry out section 304.

16 (2) ALLOCATION OF FUNDS.—Subject to sec-
17 tion 485E of the Public Health Service Act (as
18 amended by section 304) and other applicable law,
19 the Director of the Center under such section 485E
20 shall direct all amounts appropriated for activities
21 under such section and in collaboration with the Di-
22 rector of National Institutes of Health and the di-
23 rectors of other institutes and centers of the Na-
24 tional Institutes of Health.

1 (3) MANAGEMENT OF ALLOCATIONS.—All
 2 amounts allocated or expended for minority health
 3 and health disparities research activities under this
 4 subsection shall be reported programmatically to and
 5 approved by the Director of the Center under such
 6 section 485E, in accordance with the Plan described
 7 under such section 485E.

8 **TITLE IV—DATA COLLECTION,**
 9 **ANALYSIS, AND QUALITY**

10 **SEC. 401. DATA COLLECTION, ANALYSIS, AND QUALITY.**

11 The Public Health Service Act (42 U.S.C. 201 et
 12 seq.) is amended by adding at the end the following:

13 **“TITLE XXIX—DATA COLLEC-**
 14 **TION, ANALYSIS, AND QUAL-**
 15 **ITY**

16 **“SEC. 2901. DATA COLLECTION, ANALYSIS, AND QUALITY.**

17 “(a) DATA COLLECTION AND REPORTING.—The Sec-
 18 retary shall ensure that not later than 3 years after the
 19 date of enactment of the Minority Health Improvement
 20 and Health Disparity Elimination Act any ongoing or new
 21 federally conducted or supported health programs (includ-
 22 ing surveys) result in the—

23 “(1) collection and reporting of data by race
 24 and ethnicity using, at a minimum, Office of Budget
 25 and Management standards in effect on the date of

1 enactment of the Minority Health Improvement and
2 Health Disparity Elimination Act;

3 “(2) collection and reporting of data by geo-
4 graphic location, socioeconomic position (such as em-
5 ployment, income, and education), primary language,
6 and, when determined practicable by the Secretary,
7 health literacy; and

8 “(3) if practicable, collection and reporting of
9 data on additional population groups if such data
10 can be aggregated into the minimum race and eth-
11 nicity data categories.

12 “(b) DATA ANALYSIS AND DISSEMINATION.—

13 “(1) DATA ANALYSIS.—

14 “(A) IN GENERAL.—The Secretary shall
15 analyze data collected under subsection (a) to
16 detect and monitor trends in disparities in
17 health and healthcare for racial and ethnic mi-
18 nority and other health disparity populations,
19 and examine the interaction between various
20 disparity indicators.

21 “(B) QUALITY ANALYSIS.—The Secretary
22 shall ensure that the analyses under subpara-
23 graph (A) incorporate data reported according
24 to quality measurement systems.

1 “(2) QUALITY MEASURES.—When the Sec-
2 retary, by statutory or regulatory authority, adopts
3 and implements any quality measures or any quality
4 measurement system, the Secretary shall ensure the
5 quality measures or quality measurement system
6 comply with the following:

7 “(A) MEASURES.—Measures selected shall,
8 to the extent practicable—

9 “(i) assess the effectiveness, timeli-
10 ness, patient self-management, patient
11 centeredness, equity, and efficiency of care
12 received by patients, including patients
13 from racial and ethnic minority and other
14 health disparity populations;

15 “(ii) are evidence based, reliable, and
16 valid; and

17 “(iii) include measures of clinical
18 processes and outcomes, patient experience
19 and efficiency.

20 “(B) CONSULTATION.—In selecting quality
21 measures or a quality measurement system or
22 systems for adoption and implementation, the
23 Secretary shall consult with—

1 “(i) individuals from racial and ethnic
2 minority and other health disparity popu-
3 lations; and

4 “(ii) experts in the identification and
5 elimination of disparities in health and
6 healthcare among racial and ethnic minor-
7 ity and other health disparity populations.

8 “(3) DISSEMINATION.—

9 “(A) IN GENERAL.—The Secretary shall
10 make the measures, data, and analyses de-
11 scribed in paragraph (1) and (2) available to—

12 “(i) the Office of Minority Health and
13 Health Disparity Elimination;

14 “(ii) the National Center on Minority
15 Health and Health Disparities;

16 “(iii) the Agency for Healthcare Re-
17 search and Quality for inclusion in the
18 Agency’s reports;

19 “(iv) the Centers for Disease Control
20 and Prevention;

21 “(v) the Centers for Medicare and
22 Medicaid Services;

23 “(vi) the Indian Health Service;

1 “(vii) other agencies within the De-
2 partment of Health and Human Services;
3 and

4 “(viii) other entities as determined ap-
5 propriate by the Secretary.

6 “(B) ADDITIONAL RESEARCH.—The Sec-
7 retary may, as the Secretary determines appro-
8 priate, make the measures, data, and analysis
9 described in paragraphs (1) and (2) available
10 for additional research, analysis, and dissemina-
11 tion to nongovernmental entities and the public.

12 “(c) RESEARCH.—

13 “(1) DISPARITY INDICATORS.—

14 “(A) IN GENERAL.—The Secretary shall
15 award grants or contracts for research to de-
16 velop appropriate methods, indicators, and
17 measures that will enable the detection and as-
18 sessment of disparities in healthcare. Such re-
19 search shall prioritize research with respect to
20 the following:

21 “(i) Race and ethnicity.

22 “(ii) Geographic location (such as
23 geocoding).

24 “(iii) Socioeconomic position (such as
25 income or education level).

1 “(iv) Health literacy.

2 “(v) Cultural competency.

3 “(vi) Additional measures as deter-
4 mined appropriate by the Secretary.

5 “(B) APPLIED RESEARCH.—The Secretary
6 shall use the results of the research from grants
7 awarded under subparagraph (A) to improve
8 the data collection described under subsection
9 (a).

10 “(2) STRATEGIC PARTNERSHIPS TO ENCOUR-
11 AGE AND IMPROVE DATA COLLECTION.—

12 “(A) IN GENERAL.—The Secretary may
13 award not more than 20 grants to eligible enti-
14 ties for the purposes of—

15 “(i) enhancing and improving methods
16 for the collection, reporting, analysis, and
17 dissemination of data, as required under
18 the Minority Health Improvement and
19 Health Disparity Elimination Act; and

20 “(ii) encouraging the collection, re-
21 porting, analysis, and dissemination of
22 data to identify and address disparities in
23 health and healthcare.

24 “(B) DEFINITION OF ELIGIBLE ENTITY.—

25 In this paragraph, the term ‘eligible entity’

1 means a health plan, federally qualified health
2 center, hospital, rural health clinic, academic
3 institution, policy research organization, or
4 other entity, including an Indian Health Service
5 hospital or clinic, Indian tribal health facility,
6 or urban Indian facility, that the Secretary de-
7 termines to be appropriate.

8 “(C) APPLICATION.—An eligible entity de-
9 siring a grant under this paragraph shall sub-
10 mit an application to the Secretary at such
11 time, in such manner, and containing such in-
12 formation as the Secretary may require.

13 “(D) PRIORITY IN AWARDING GRANTS.—In
14 awarding grants under this paragraph, the Sec-
15 retary shall give priority to eligible entities that
16 represent collaboratives with—

17 “(i) hospitals, health plans, or health
18 centers; and

19 “(ii) at least 1 community-based orga-
20 nization or patient advocacy group.

21 “(E) USE OF FUNDS.—An eligible entity
22 that receives a grant under this paragraph shall
23 use grant funds to—

24 “(i) collect, analyze, or report data by
25 race, ethnicity, geographic location, socio-

1 economic position, health literacy, or other
2 health disparity indicator;

3 “(ii) conduct and report analyses of
4 quality of healthcare and disparities in
5 health and healthcare for racial and ethnic
6 minority and other health disparity popu-
7 lations, including disparities in diagnosis,
8 management and treatment, and health
9 outcomes for acute and chronic disease;

10 “(iii) improve health data collection,
11 analysis, and reporting for subpopulations
12 and categories;

13 “(iv) modify, implement, and evaluate
14 use of health information technology sys-
15 tems that facilitate data collection, analysis
16 and reporting for racial and ethnic minor-
17 ity and other health disparity populations,
18 and support healthcare interventions;

19 “(v) develop educational programs to
20 inform patients, providers, purchasers, and
21 other individuals served about the legality
22 and importance of the collection, analysis,
23 and reporting of data by race, ethnicity,
24 socioeconomic position, geographic loca-

1 tion, and health literacy, for eliminating
2 disparities in health; and

3 “(vi) evaluate the activities conducted
4 under this paragraph.

5 “(d) TECHNICAL ASSISTANCE.—The Secretary may
6 provide technical assistance to promote compliance with
7 the data collection and reporting requirements of the Mi-
8 nority Health Improvement and Health Disparity Elimini-
9 nation Act.

10 “(e) PRIVACY AND SECURITY.—The Secretary shall
11 ensure all appropriate privacy and security protections for
12 health data collected, reported, analyzed, and dissemi-
13 nated pursuant to the Minority Health Improvement and
14 Health Disparity Elimination Act.

15 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
16 purpose of carrying out this section, there are authorized
17 to be appropriated such sums as may be necessary for
18 each of fiscal years 2007 through 2011.”.

1 **TITLE V—LEADERSHIP, COL-**
 2 **LABORATION, AND NATIONAL**
 3 **ACTION PLAN**

4 **SEC. 501. OFFICE OF MINORITY HEALTH AND HEALTH DIS-**
 5 **PARITY ELIMINATION.**

6 (a) IN GENERAL.—Section 1707 of the Public Health
 7 Service Act (42 U.S.C. 300u–6) is amended to read as
 8 follows:

9 **“SEC. 1707. OFFICE OF MINORITY HEALTH AND HEALTH**
 10 **DISPARITY ELIMINATION.**

11 “(a) ESTABLISHMENT.—For the purpose of improv-
 12 ing the health of racial and ethnic minority populations
 13 and other health disparity populations, as described in
 14 subsection (b), there is established an Office of Minority
 15 Health and Health Disparity Elimination within the Office
 16 of Public Health and Science. There shall be in the De-
 17 partment of Health and Human Services a Deputy Assist-
 18 ant Secretary for Minority Health and Health Disparity
 19 Elimination, who shall be the head of the Office of Minor-
 20 ity Health and Health Disparity Elimination. The Sec-
 21 retary, acting through such Deputy Assistant Secretary,
 22 shall carry out this section.

23 “(b) POPULATIONS TO BE SERVED.—The Secretary
 24 shall ensure that services provided under this section are
 25 prioritized to improve the health of racial and ethnic mi-

1 nority groups. To the extent that services are provided to
2 other health disparity populations, such populations, as
3 compared to the general population, must experience a—

4 “(1) disproportionate burden of disease, par-
5 ticularly chronic conditions such as hepatitis B, dia-
6 betes, heart disease, stroke, high blood pressure,
7 mental illness, asthma, obesity, HIV/AIDS, and can-
8 cer;

9 “(2) significantly elevated risk for poor health
10 outcomes, including disability and premature mor-
11 tality;

12 “(3) disproportionate lack of access to local
13 health resources, including hospitals, clinics, and
14 health professionals; and

15 “(4) lower socioeconomic position.

16 “(c) DUTIES.—With respect to racial and ethnic mi-
17 nority groups, and other health disparity groups, the Sec-
18 retary, acting through the Deputy Assistant Secretary,
19 shall carry out the following:

20 “(1) Coordinate and provide input on activities
21 within the Public Health Service that relate to dis-
22 ease prevention, health promotion, health service de-
23 livery, health workforce, and research concerning ra-
24 cial and ethnic minority populations, and other
25 health disparity populations. The Secretary shall en-

1 sure that the heads of each of the agencies of the
2 Service collaborate with the Deputy Assistant Sec-
3 retary on the development and conduct of such ac-
4 tivities.

5 “(2) Not later than 1 year after the date of en-
6 actment of the Minority Health Improvement and
7 Health Disparity Elimination Act, develop and im-
8 plement a comprehensive Department-wide plan to
9 improve minority health and eliminate health dis-
10 parities in the United States, to be known as the
11 National Plan to Improve Minority Health and
12 Eliminate Health Disparities, (referred to in this
13 section as the ‘National Plan’). With respect to de-
14 velopment and implementation of the National Plan,
15 the Secretary shall carry out the following:

16 “(A) Consult with the following:

17 “(i) The Director of the Centers for
18 Disease Control and Prevention.

19 “(ii) The Director of the National In-
20 stitutes of Health.

21 “(iii) The Director of the National
22 Center on Minority Health and Health
23 Disparities of the National Institutes of
24 Health.

1 “(iv) The Director of the Agency for
2 Healthcare Research and Quality.

3 “(v) The National Coordinator for
4 Health Information Technology.

5 “(vi) The Administrator of the Health
6 Resources and Services Administration.

7 “(vii) The Administrator of the Cen-
8 ters for Medicare & Medicaid Services.

9 “(viii) The Director of the Office for
10 Civil Rights.

11 “(ix) The Secretary of Veterans Af-
12 fairs.

13 “(x) The Administrator of the Sub-
14 stance Abuse and Mental Health Services
15 Administration.

16 “(xi) The Secretary of Defense.

17 “(xii) The Commissioner of the Food
18 and Drug Administration.

19 “(xiii) The Director of the Indian
20 Health Service.

21 “(xiv) The Secretary of Education.

22 “(xv) The Secretary of Labor.

23 “(xvi) The heads of other public and
24 private entities, as determined appropriate
25 by the Secretary.

1 “(B) Review and integrate existing infor-
2 mation and recommendations as appropriate,
3 such as Healthy People 2010, Institute of Medi-
4 cine studies, and Surgeon General Reports.

5 “(C) Ensure inclusion of measurable short-
6 range and long-range goals and objectives, a de-
7 scription of the means for achieving such goals
8 and objectives, and a designated date by which
9 such goals and objectives are expected to be
10 achieved.

11 “(D) Ensure that all amounts appro-
12 priated for such activities are expended in ac-
13 cordance with the National Plan.

14 “(E) Review the National Plan on at least
15 an annual basis, and report to the public and
16 appropriate committees of Congress on
17 progress.

18 “(F) Revise such Plan as appropriate.

19 “(G) Ensure that the National Plan will
20 serve as a binding statement of policy with re-
21 spect to the agencies’ activities related to im-
22 proving health and eliminating disparities in
23 health and healthcare.

24 “(3) Work with Federal agencies and depart-
25 ments outside of the Department of Health and

1 Human Services as appropriate to maximize re-
2 sources available to increase understanding about
3 why disparities exist, and effective ways to improve
4 health and eliminate health disparities.

5 “(4) In cooperation with the appropriate agen-
6 cies, support research, demonstrations, and evalua-
7 tions to test new and innovative models for—

8 “(A) expanding healthcare access;

9 “(B) improving healthcare quality; and

10 “(C) increasing healthcare educational op-
11 portunity.

12 “(5) Develop mechanisms that support better
13 information dissemination, education, prevention,
14 and service delivery to individuals from disadvan-
15 taged backgrounds, including individuals who are
16 members of racial or ethnic minority groups or
17 health disparity populations.

18 “(6) Increase awareness of disparities in
19 healthcare, and knowledge and understanding of
20 health risk factors, among healthcare providers,
21 health plans, and the public.

22 “(7) Advise in matters related to the develop-
23 ment, implementation, and evaluation of health pro-
24 fessions education on improving healthcare outcomes

1 and decreasing disparities in healthcare outcomes,
2 with focus on cultural competence.

3 “(8) Assist healthcare professionals, community
4 and advocacy organizations, academic medical cen-
5 ters and other health entities and public health de-
6 partments in the design and implementation of pro-
7 grams that will improve health outcomes by
8 strengthening the patient-provider relationship.

9 “(9) Carry out programs to improve access to
10 healthcare services and to improve the quality of
11 healthcare services for individuals with low func-
12 tional health literacy.

13 “(10) Facilitate the classification and collection
14 of healthcare data to allow for ongoing analysis to
15 identify and determine the causes of disparities and
16 monitoring of progress toward improving health and
17 eliminating health disparities.

18 “(11) Ensure that the National Center for
19 Health Statistics collects data on the health status
20 of each racial or ethnic minority group or health dis-
21 parity population pursuant to section 2901.

22 “(12) Support a national minority health re-
23 source center to carry out the following:

24 “(A) Facilitate the exchange of informa-
25 tion regarding matters relating to health infor-

1 mation and health promotion, preventive health
2 services, and education in the appropriate use
3 of healthcare.

4 “(B) Facilitate access to such information.

5 “(C) Assist in the analysis of issues and
6 problems relating to such matters.

7 “(D) Provide technical assistance with re-
8 spect to the exchange of such information (in-
9 cluding facilitating the development of materials
10 for such technical assistance).

11 “(13) Support a center for linguistic and cul-
12 tural competence to carry out the following:

13 “(A) With respect to individuals who lack
14 proficiency in speaking the English language,
15 enter into contracts with public and nonprofit
16 private providers of primary health services for
17 the purpose of increasing the access of such in-
18 dividuals to such services by developing and
19 carrying out programs to improve health lit-
20 eracy and cultural competency.

21 “(B) Carry out programs to improve ac-
22 cess to healthcare services for individuals with
23 limited proficiency in speaking the English lan-
24 guage. Activities under this subparagraph shall

1 include developing and evaluating model
2 projects.

3 “(14) Enter into interagency agreements with
4 other agencies of the Public Health Service, as ap-
5 propriate.

6 “(15) Collaborate with the Office for Civil
7 Rights to—

8 “(A) assist healthcare providers with appli-
9 cation of guidance and directives regarding
10 healthcare for racial and ethnic minority and
11 other health disparity populations, including—

12 “(i) reviewing cases with the Office of
13 Inspector General and the Office for Civil
14 Rights which have been closed without a
15 finding of discrimination to determine if a
16 pattern or practice of activities that could
17 lead to discrimination exists, and if such a
18 pattern or practice is identified, provide
19 technical assistance or education, as appli-
20 cable, to the relevant provider or to a
21 group of providers located within a par-
22 ticular geographic area;

23 “(ii) biannually publishing informa-
24 tion on cases filed with the Office for Civil
25 Rights which have resulted in a finding of

1 discrimination, including the name and lo-
2 cation of the entity found to have discrimi-
3 nated, and any findings and agreements
4 entered into between the Office for Civil
5 Rights and the entity; and

6 “(iii) monitoring and analysis of
7 trends in cases reported to the Office for
8 Civil Rights to ensure that the Office of
9 Minority Health and Health Disparity
10 Elimination acts to educate and assist
11 healthcare providers as necessary; and

12 “(B) provide technical assistance or edu-
13 cation, as applicable, to the relevant provider or
14 to a group of providers located within a par-
15 ticular geographic area.

16 “(16) Promote and expand efforts to increase
17 racial and ethnic minority enrollment in clinical
18 trials.

19 “(17) Establish working groups—

20 “(A) to examine and report recommenda-
21 tions to the Secretary regarding—

22 “(i) emergency preparedness and re-
23 sponse for underserved populations;

24 “(ii) development and implementation
25 of health information technology that can

1 assist providers to deliver culturally com-
2 petent healthcare;

3 “(iii) outreach and education of health
4 disparity groups about new Federal health
5 programs, as appropriate, including the
6 programs under part D of title XVIII of
7 the Social Security Act and chronic care
8 management programs under the Medicare
9 Prescription Drug, Improvement, and
10 Modernization Act of 2003 (and the
11 amendments made by such Act);

12 “(iv) leadership development in public
13 health; and

14 “(v) other emerging health issues at
15 the discretion of the Secretary; and

16 “(B) that include representation from the
17 relevant health agencies, centers and offices, as
18 well as public and private entities as appro-
19 priate.

20 “(d) ADVISORY COMMITTEE.—

21 “(1) IN GENERAL.—The Secretary shall estab-
22 lish an advisory committee to be known as the Advi-
23 sory Committee on Minority Health and Health Dis-
24 parities (in this subsection referred to as the ‘Com-
25 mittee’).

1 “(2) DUTIES.—The Committee shall provide
2 advice to the Deputy Assistant Secretary carrying
3 out this section, including advice on the development
4 of goals and specific program activities under sub-
5 section (c) for racial and ethnic minority groups and
6 health disparity population.

7 “(3) CHAIR.—The chairperson of the Com-
8 mittee shall be selected by the Secretary from among
9 the members of the voting members of the Com-
10 mittee. The term of office of the chairperson shall be
11 2 years.

12 “(4) COMPOSITION.—

13 “(A) The Committee shall be composed of
14 12 voting members appointed in accordance
15 with subparagraph (B), and nonvoting, ex-offi-
16 cio members designated in subparagraph (C).

17 “(B) The voting members of the Com-
18 mittee shall be appointed by the Secretary from
19 among individuals who are not officers or em-
20 ployees of the Federal Government and who
21 have expertise regarding issues of minority
22 health and health disparities. Racial and ethnic
23 minority groups and health disparity popu-
24 lations shall be appropriately represented
25 among such members.

1 “(C) The nonvoting, ex officio members of
2 the Committee shall be such officials of the De-
3 partment of Health and Human Services, in-
4 cluding the Director of the Office of Minority
5 Health and Health Disparity Elimination and
6 the Office for Civil Rights, and other officials
7 as the Secretary determines to be appropriate.

8 “(D) The Secretary shall provide an oppor-
9 tunity for the Chairman and Ranking Member
10 of the Committee on Health, Education, Labor,
11 and Pensions of the Senate to submit to the
12 Secretary names of potential Committee mem-
13 bers under this section for consideration.

14 “(5) TERMS.—Each member of the Committee
15 shall serve for a term of 4 years, except that the
16 Secretary shall initially appoint a portion of the
17 members to terms of 1 year, 2 years, and 3 years.

18 “(6) VACANCIES.—If a vacancy occurs on the
19 Committee, a new member shall be appointed by the
20 Secretary within 90 days from the date that the va-
21 cancy occurs, and serve for the remainder of the
22 term for which the predecessor of such member was
23 appointed. The vacancy shall not affect the power of
24 the remaining members to execute the duties of the
25 Committee.

1 “(7) COMPENSATION.—Members of the Com-
2 mittee who are officers or employees of the United
3 States shall serve without additional compensation.
4 Members of the Committee who are not officers or
5 employees of the United States shall receive com-
6 pensation, for each day (including travel time) they
7 are engaged in the performance of the functions of
8 the Committee. Such compensation may not be in an
9 amount in excess of the daily equivalent of the an-
10 nual maximum rate of basic pay payable under the
11 General Schedule for positions above GS-15 under
12 title 5, United States Code.

13 “(e) CERTAIN REQUIREMENTS REGARDING DU-
14 TIES.—

15 “(1) RECOMMENDATIONS REGARDING LAN-
16 GUAGE.—

17 “(A) PROFICIENCY IN SPEAKING
18 ENGLISH.—The Deputy Assistant Secretary
19 shall consult with the Director of the Office of
20 International and Refugee Health, the Director
21 of the Office for Civil Rights, and the Directors
22 of other appropriate departmental entities re-
23 garding recommendations for carrying out ac-
24 tivities under subsection (c)(9).

1 “(B) HEALTH PROFESSIONS EDUCATION
2 REGARDING HEALTH DISPARITIES.—The Dep-
3 puty Assistant Secretary shall carry out the du-
4 ties under subsection (c)(7) in collaboration
5 with appropriate personnel of the Department
6 of Health and Human Services, other Federal
7 agencies, and other offices, centers, and institu-
8 tions, as appropriate, that have responsibilities
9 under the Minority Health and Health Dispari-
10 ties Research and Education Act of 2000.

11 “(2) RESOURCE ALLOCATION.—

12 “(A) FUNDING.—In carrying out sub-
13 section (c), the Secretary shall ensure that such
14 funding and other resources directed to health
15 disparity populations that are not racial and
16 ethnic minority populations are used to supple-
17 ment, not supplant, funding and other re-
18 sources currently or historically allocated for
19 services provided to such populations.

20 “(B) ACTIVITIES.—When carrying out ac-
21 tivities for health disparity populations that are
22 not racial and ethnic minority populations, the
23 Secretary shall ensure that such activities car-
24 ried out by the Office of Minority Health and
25 Health Disparity Elimination supplement, not

1 supplant, the activities of other offices or agen-
2 cies whose primary mission by established man-
3 date, or current or historical practice is to serve
4 such populations.

5 “(3) CULTURAL COMPETENCY OF SERVICES.—

6 The Secretary shall ensure that information and
7 services provided pursuant to subsection (c) consider
8 the unique cultural or linguistic issues facing such
9 populations and are provided in the language, edu-
10 cational, and cultural context that is most appro-
11 priate for the individuals for whom the information
12 and services are intended.

13 “(4) AGENCY COORDINATION.—In carrying out

14 subsection (c), the Secretary shall ensure that new
15 or existing agency offices of minority health, or
16 other health disparity offices, report current and
17 proposed activities to the Deputy Assistant Sec-
18 retary, and provide, to the extent practicable, an op-
19 portunity for input in the development of such ac-
20 tivities by the Deputy Assistant Secretary.

21 “(f) GRANTS AND CONTRACTS REGARDING DU-

22 TIES.—

23 “(1) IN GENERAL.—In carrying out subsection

24 (c), the Secretary acting through the Deputy Assist-
25 ant Secretary, may make awards of grants, coopera-

1 tive agreements, and contracts to public and non-
2 profit private entities.

3 “(2) PROCESS FOR MAKING AWARDS.—The
4 Deputy Assistant Secretary shall ensure that awards
5 under paragraph (1) are made, to the extent prac-
6 tical, only on a competitive basis, and that a grant
7 is awarded for a proposal only if the proposal has
8 been recommended for such an award through a
9 process of peer review.

10 “(3) EVALUATION AND DISSEMINATION.—The
11 Deputy Assistant Secretary, directly or through con-
12 tracts with public and private entities, shall provide
13 for evaluations of projects carried out with awards
14 made under paragraph (1) during the preceding 2
15 fiscal years. The report shall be included in the re-
16 port required under subsection (g) for the fiscal year
17 involved.

18 “(g) STATE OFFICES OF MINORITY HEALTH.—The
19 Deputy Assistant Secretary shall assist the voluntary es-
20 tablishment and functions of State offices of minority
21 health in order to expand and coordinate State efforts to
22 improve the health of minority and other health disparity
23 populations.

1 “(1) PRIORITIES.—The Deputy Assistant Sec-
2 retary may facilitate, with respect to minority and
3 health disparity populations—

4 “(A) integration and coordination of State
5 and national efforts, including those pertaining
6 to the National Plan pursuant to subsection
7 (b);

8 “(B) strategic plan development within
9 States to assess and respond to local health
10 concerns;

11 “(C) education and engagement of key
12 stakeholders within States, including represent-
13 atives from public health agencies, hospitals,
14 clinics, provider groups, elected officials, com-
15 munity-based organizations, advocacy groups,
16 media, and the private sector;

17 “(D) development and implementation of
18 accepted standards, core competencies, and
19 minimum infrastructure requirements for State
20 offices;

21 “(E) access to State level health data for
22 minority and health disparity populations,
23 which may include State data collection and
24 analysis;

1 “(F) development, implementation, and
2 evaluation of State programs and policies, as
3 appropriate;

4 “(G) communication and networking
5 among States to share effective policies, pro-
6 grams and practices with respect to increasing
7 access and quality of care;

8 “(H) recognition and reporting of State
9 successes and challenges; and

10 “(I) identification of Federal grant pro-
11 grams and other funding for which States could
12 apply to carry out health improvement activi-
13 ties.

14 “(2) RESOURCES.—The Deputy Assistant Sec-
15 retary may provide grants and technical assistance
16 for the voluntary establishment or capacity develop-
17 ment of State offices of minority health.

18 “(3) COLLABORATION.—To the extent prac-
19 ticable, the Deputy Assistant Secretary may encour-
20 age and facilitate collaboration between State offices
21 of minority health and State offices addressing the
22 needs of other health disparity or disadvantaged
23 populations, including offices of rural health.

24 “(4) DEFINITION.—For the purpose of this
25 subsection, ‘State offices of minority health’ include

1 offices, councils, commissions, or advisory panels
2 designated by States or territories to address the
3 health of minority populations.

4 “(h) REPORTS.—

5 “(1) IN GENERAL.—Not later than 1 year after
6 the date of enactment of the Minority Health Im-
7 provement and Health Disparity Elimination Act,
8 the Secretary shall submit to the appropriate com-
9 mittees of Congress, a report on the National Plan
10 developed under subsection (c).

11 “(2) REPORT ON ACTIVITIES.—Not later than
12 February 1 of fiscal year 2008 and of each second
13 year thereafter, the Secretary shall submit to the ap-
14 propriate committees of Congress, a report describ-
15 ing the activities carried out under this section dur-
16 ing the preceding 2 fiscal years and evaluating the
17 extent to which such activities have been effective in
18 improving the health of racial and ethnic minority
19 groups and health disparity populations. Each such
20 report shall include the biennial reports submitted
21 under subsection (f)(3) for such years by the heads
22 of the Public Health Service agencies.

23 “(3) AGENCY REPORTS.—Not later than Feb-
24 ruary 1, 2007, and on a biannual basis thereafter,
25 the heads of the Public Health Service shall submit

1 to the Deputy Assistant Secretary a report that
2 summarizes the minority health and health disparity
3 activities of each of the respective agencies.

4 “(i) DEFINITIONS.—In this section:

5 “(1) The term ‘health disparity population’ has
6 the meaning given the term in section 903(d)(1).

7 “(2) The term ‘racial and ethnic minority
8 group’ means American Indians (including Alaska
9 Natives, Eskimos, and Aleuts), Asian Americans,
10 Native Hawaiians and other Pacific Islanders,
11 Blacks, and Hispanics.

12 “(3) The term ‘Hispanic’ means individuals
13 whose origin is Mexican, Puerto Rican, Cuban, Cen-
14 tral or South American, or of any other Spanish-
15 speaking country.

16 “(j) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out this section, there are authorized
18 to be appropriated \$110,000,000 for fiscal year 2007,
19 such sums as may be necessary for each of fiscal years
20 2008 through 2011.”.

21 (b) TRANSFER OF FUNCTIONS; REFERENCES.—

22 (1) TRANSFER OF FUNCTIONS.—

23 (A) OFFICE OF MINORITY HEALTH AND
24 HEALTH DISPARITY ELIMINATION.—The func-
25 tions of the Office of Minority Health under

1 section 1707 of the Public Health Service Act
2 (42 U.S.C. 300u–6) as in effect the day before
3 the date of enactment of this Act are trans-
4 ferred to the Office of Minority Health and
5 Health Disparity Elimination under such sec-
6 tion 1707 (as amended by subsection (a)).

7 (B) DEPUTY ASSISTANT SECRETARY FOR
8 MINORITY HEALTH AND HEALTH DISPARITY
9 ELIMINATION.—The functions of the Deputy
10 Assistant Secretary for Minority Health of the
11 Office of Minority Health under section 1707 of
12 the Public Health Service Act (42 U.S.C.
13 300u–6) as in effect the day before the date of
14 enactment of this Act are transferred to the
15 Deputy Assistant Secretary for Minority Health
16 and Health Disparity Elimination of the Office
17 of Minority Health and Health Disparity Elimination
18 under such section 1707 (as amended by
19 subsection (a)).

20 (2) REFERENCES.—

21 (A) OFFICE OF MINORITY HEALTH AND
22 HEALTH DISPARITY ELIMINATION.—Any ref-
23 erence in any Federal law, Executive order,
24 rule, regulation, or delegation of authority, or
25 any document of or pertaining to the Office of

1 Minority Health under section 1707 of the Pub-
2 lic Health Service Act (42 U.S.C. 300u–6) as in
3 effect the day before the enactment of this Act
4 is deemed to be a reference to the Office of Mi-
5 nority Health and Health Disparity Elimination
6 under such section 1707 (as amended by sub-
7 section (a)).

8 (B) DEPUTY ASSISTANT SECRETARY FOR
9 MINORITY HEALTH AND HEALTH DISPARITY
10 ELIMINATION.—Any reference in any Federal
11 law, Executive order, rule, regulation, or delega-
12 tion of authority, or any document of or per-
13 taining to the Deputy Assistant Secretary for
14 Minority Health of the Office of Minority
15 Health under section 1707 of the Public Health
16 Service Act (42 U.S.C. 300u–6) as in effect the
17 day before the enactment of this Act is deemed
18 to be a reference to the Deputy Assistant Sec-
19 retary for Minority Health and Health Dis-
20 parity Elimination of the Office of Minority
21 Health and Health Disparity Elimination under
22 such section 1707 (as amended by subsection
23 (a)).

○