

106TH CONGRESS
2D SESSION

H. R. 5595

To provide for programs regarding the health of Hispanic individuals, and
for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 27, 2000

Mr. RODRIGUEZ (for himself, Ms. ROYBAL-ALLARD, Mr. PASTOR, Mr. ROMERO-BARCELO, Mr. UNDERWOOD, Mr. REYES, and Mrs. NAPOLITANO) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for programs regarding the health of Hispanic
individuals, and for other purposes.

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

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Hispanic Health Act of 2000”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

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

TITLE I—ANNUAL REPORT TO CONGRESS ON PROGRAMS FOR
IMPROVING HEALTH STATUS OF HISPANIC INDIVIDUALS

Sec. 101. Annual report regarding diabetes, HIV/AIDS, substance abuse, and mental health.

TITLE II—DIABETES CONTROL AND PREVENTION

Sec. 201. National Diabetes Education Program of Centers for Disease Control and Prevention; increased authorization of appropriations for activities regarding Hispanic individuals.

Sec. 202. National Institutes of Health; implementation of recommendations of Diabetes Research Working Group.

TITLE III—HIV PREVENTION ACTIVITIES REGARDING HISPANIC
INDIVIDUALS

Sec. 301. Programs of Centers for Disease Control and Prevention; representation of Hispanic individuals in membership of community planning groups.

Sec. 302. AIDS education and training centers funded by Health Resources and Services Administration; establishment of center directed toward minority populations with HIV.

TITLE IV—PREVENTION OF LATINA ADOLESCENT SUICIDES

Sec. 401. Establishment of program for prevention of Latina adolescent suicides.

TITLE V—BILINGUAL HEALTH PROFESSIONALS

Sec. 501. Training of bilingual health professionals with respect to minority health conditions.

TITLE VI—CULTURAL COMPETENCE

Sec. 601. Definition.

Sec. 602. Activities of Office of Minority Health; Center for Linguistic and Cultural Competence in Health Care.

Sec. 603. Cultural competence demonstration projects.

Sec. 604. Use of medicare and medicaid disproportionate share hospital funds to pay for translators.

TITLE VII—HISPANIC-SERVING HEALTH PROFESSIONS SCHOOLS

Sec. 701. Hispanic-serving health professions schools.

TITLE VIII—DATA REGARDING RACE AND ETHNICITY

Sec. 801. Collection of data.

Sec. 802. Development of standards; study to measure patient outcomes under medicare and medicaid programs.

TITLE IX—GENERAL PROVISIONS

Sec. 901. Definitions.

Sec. 902. Effective date.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) Type 2 diabetes accounts for 90 to 95 per-
4 cent of diabetes cases nationwide, and it is the most
5 common form of the disease in the Hispanic commu-
6 nity. Among Hispanics, type 2 diabetes is twice as
7 common as the disease is among non-Hispanic
8 whites. Six percent of the Hispanic population has
9 been diagnosed with type 2 diabetes, and another six
10 percent is estimated to have undiagnosed diabetes.

11 (2) Controlling the risk factors of diabetes can
12 prevent the development of diabetes in many geneti-
13 cally susceptible individuals. Addressing environ-
14 mental risk factors like diet, weight and physical ac-
15 tivity can significantly impact the development of di-
16 abetes.

17 (3) Hispanics account for 20 percent of new
18 AIDS cases. Of these new AIDS cases, Hispanic
19 men account for 20 percent of reported cases among
20 males, Hispanic women account for 19 percent of re-
21 ported cases among females, and Hispanic children
22 account for 22 percent of cases among all children.

23 (4) The two primary modes of HIV trans-
24 mission in the Hispanic community are (A) individ-
25 uals who have unprotected sex, and (B) individuals
26 who inject themselves with drugs.

1 (5) Mexican-American women are more likely to
2 report severe depression than their non-Hispanic
3 Anglo or African-American peers.

4 (6) Hispanic girls now lead girls nationwide in
5 rates of suicide attempts, alcohol and drug abuse,
6 and self-reported gun possession.

7 (7) Federal agencies do not have adequate
8 mechanisms to collect health care data for Hispanic-
9 Americans and other minority groups.

10 (8) The lack of understandable or culturally ap-
11 propriate information on health care options pre-
12 vents many Hispanics from receiving adequate care
13 and from making educated decisions about their
14 well-being.

15 **TITLE I—ANNUAL REPORT TO**
16 **CONGRESS ON PROGRAMS**
17 **FOR IMPROVING HEALTH**
18 **STATUS OF HISPANIC INDI-**
19 **VIDUALS**

20 **SEC. 101. ANNUAL REPORT REGARDING DIABETES, HIV/**
21 **AIDS, SUBSTANCE ABUSE, AND MENTAL**
22 **HEALTH.**

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services (in this Act referred to as the “Sec-
25 retary”) shall annually submit to the Congress a report

1 on programs carried out through the Public Health Serv-
2 ice with respect to improving the health status of Hispanic
3 individuals regarding diabetes, HIV infection, AIDS, sub-
4 stance abuse, and mental health, including—

5 (1) prevention programs carried out through
6 the Centers for Disease Control and Prevention and
7 the Substance Abuse and Mental Health Services
8 Administration;

9 (2) treatment programs carried out through the
10 Health Resources and Services Administration and
11 the Substance Abuse and Mental Health Services
12 Administration;

13 (3) research programs carried out through the
14 National Institutes of Health; and

15 (4) activities of the Office of Public Health and
16 Science, including activities of the Office of Minority
17 Health.

18 (b) DATA COLLECTION.—Each report under sub-
19 section (a) shall include information on programs carried
20 out through the Public Health Service to collect data that
21 relates to the health status of Hispanic individuals regard-
22 ing diabetes, HIV infection, AIDS, substance abuse, and
23 mental health.

1 **TITLE II—DIABETES CONTROL**
2 **AND PREVENTION**

3 **SEC. 201. NATIONAL DIABETES EDUCATION PROGRAM OF**
4 **CENTERS FOR DISEASE CONTROL AND PRE-**
5 **VENTION; INCREASED AUTHORIZATION OF**
6 **APPROPRIATIONS FOR ACTIVITIES REGARD-**
7 **ING HISPANIC INDIVIDUALS.**

8 (a) IN GENERAL.—For the purpose of carrying out
9 the activities described in subsection (b) through the Na-
10 tional Diabetes Education Program of the Centers for Dis-
11 ease Control and Prevention, there are authorized to be
12 appropriated \$100,000,000 for fiscal year 2001, and such
13 sums as may be necessary for each of the fiscal years 2002
14 through 2005. Such authorization of appropriations is in
15 addition to other authorizations of appropriations that are
16 available for such purpose.

17 (b) INCREASE IN PREVENTION ACTIVITIES.—The ac-
18 tivities referred to in subsection (a) are—

19 (1) identifying geographic areas in which the
20 incidence of or mortality from diabetes in Hispanic
21 individuals is significantly above the national aver-
22 age for such individuals; and

23 (2) carrying out in such areas prevention activi-
24 ties regarding diabetes that are directed toward His-

1 panic individuals, including education programs and
2 screening programs.

3 **SEC. 202. NATIONAL INSTITUTES OF HEALTH; IMPLEMEN-**
4 **TATION OF RECOMMENDATIONS OF DIABE-**
5 **TES RESEARCH WORKING GROUP.**

6 For the purpose of carrying out the plan to imple-
7 ment the recommendations of the Diabetes Research
8 Working Group of the National Institute on Diabetes and
9 Digestive and Kidney Diseases (which plan was developed
10 and submitted to the Congress pursuant to the Depart-
11 ment of Health and Human Services Appropriations Act,
12 2000), there are authorized to be appropriated
13 \$1,000,000,000 for fiscal year 2001, and such sums as
14 may be necessary for each of the fiscal years 2002 through
15 2005.

16 **TITLE III—HIV PREVENTION AC-**
17 **TIVITIES REGARDING HIS-**
18 **PANIC INDIVIDUALS**

19 **SEC. 301. PROGRAMS OF CENTERS FOR DISEASE CONTROL**
20 **AND PREVENTION; REPRESENTATION OF HIS-**
21 **PANIC INDIVIDUALS IN MEMBERSHIP OF**
22 **COMMUNITY PLANNING GROUPS.**

23 (a) IN GENERAL.—With respect to community plan-
24 ning groups that the Centers for Disease Control and Pre-
25 vention utilizes in carrying out programs for the preven-

1 tion of HIV infection, the Secretary, acting through the
2 Director of such Centers, shall carry out the following:

3 (1) The Secretary shall identify community
4 planning groups for which Hispanic individuals are
5 underrepresented as members in relation to the
6 number of Hispanic individuals with HIV who reside
7 in the communities involved.

8 (2) The Secretary shall develop a plan to in-
9 crease the representation of Hispanic individuals in
10 the membership of the community planning groups
11 identified under paragraph (1). Such plan may pro-
12 vide for facilitating the participation of Hispanic in-
13 dividuals as members in such groups by assisting the
14 individuals with the incidental costs incurred by the
15 individuals in being such members, such as the costs
16 of transportation and child-care services.

17 (3) The plan shall include a strategy and de-
18 tailed timeline for implementing the plan.

19 (b) DEFINITION.—For purposes of this section, the
20 term “community planning group” has the meaning that
21 applies for purposes of programs established pursuant to
22 the Ryan White Comprehensive AIDS Resources Emer-
23 gency Act of 1990 (including title XXVI of the Public
24 Health Service Act).

1 **SEC. 302. AIDS EDUCATION AND TRAINING CENTERS FUND-**
2 **ED BY HEALTH RESOURCES AND SERVICES**
3 **ADMINISTRATION; ESTABLISHMENT OF CEN-**
4 **TER DIRECTED TOWARD MINORITY POPU-**
5 **LATIONS WITH HIV.**

6 (a) IN GENERAL.—In carrying out section 2692 of
7 the Public Health Service Act, the Secretary, acting
8 through the Administrator of the Health Resources and
9 Services Administration, shall make grants to eligible His-
10 panic-serving institutions for the purpose of carrying out
11 projects under such section with respect to HIV in racial
12 and ethnic minority groups.

13 (b) CULTURAL COMPETENCE.—A condition for
14 grants under subsection (a) is that the applicants involved
15 agree that the education and training provided through
16 projects under such subsection will be provided in a cul-
17 turally competent manner (as defined in section 601).

18 (c) ELIGIBLE INSTITUTIONS.—For purposes of this
19 section:

20 (1) The term ‘eligible Hispanic-serving institu-
21 tion’ means a Hispanic-serving institution that has
22 a record of carrying out HIV-related activities with
23 respect to Hispanic individuals.

24 (2) The term ‘Hispanic-serving institution’ has
25 the meaning given such term in section 502 of the
26 Higher Education Act of 1965.

1 **TITLE IV—PREVENTION OF**
2 **LATINA ADOLESCENT SUICIDES**

3 **SEC. 401. ESTABLISHMENT OF PROGRAM FOR PREVENTION**
4 **OF LATINA ADOLESCENT SUICIDES.**

5 Title V of the Public Health Service Act (42 U.S.C.
6 290aa et seq.) is amended by inserting after section 520B
7 the following section:

8 **“SEC. 520C. PREVENTION OF LATINA ADOLESCENT SUI-**
9 **CIDES.**

10 “(a) IN GENERAL.—The Secretary shall make
11 awards of grants, cooperative agreements, or contracts to
12 public and nonprofit private entities for the purpose of re-
13 ducing suicide attempts and deaths among Latina adoles-
14 cents.

15 “(b) COLLABORATION.—The Secretary shall ensure
16 that the program under this section is developed in col-
17 laboration with the relevant institutes at the National In-
18 stitutes of Health, the Health Resources and Services Ad-
19 ministration, the Centers for Disease Control and Preven-
20 tion, and the Administration on Children and Families.

21 “(c) PREFERENCE.—In making awards under sub-
22 section (a), the Secretary shall give preference to appli-
23 cants that—

1 “(1) demonstrate a strong linkage with schools
2 and are actually supported by and operated within
3 a school facility or associated setting; and

4 “(2) involve direct services to Latina adoles-
5 cents.

6 “(d) REQUIREMENTS.—A condition for the receipt of
7 an award under subsection (a) is that the applicant in-
8 volved demonstrate that the project to be carried out with
9 the award will—

10 “(1) provide for the timely assessment and
11 treatment of Latina adolescents at risk for suicide;

12 “(2) use evidenced based strategies;

13 “(3) be based on exemplary practices that are
14 adapted to the unique characteristics and needs of
15 the local community;

16 “(4) be integrated into the existing health care
17 system in the community including primary health
18 care, mental health services, and substance abuse
19 services as appropriate;

20 “(5) be integrated into other systems in the
21 community to address the needs of Latina adoles-
22 cents including the educational system, juvenile jus-
23 tice, and recreation;

1 “(6) provide support services to the families
2 and friends of those who plan, attempt, or actually
3 commit suicide;

4 “(7) provide culturally, linguistically and devel-
5 opmentally appropriate services;

6 “(8) agree to outcomes evaluation to determine
7 the success of the program and the possibility of
8 replication to other adolescent girls at risk of sui-
9 cide;

10 “(9) provide or ensure referral for mental
11 health and substance abuse services as needed; and

12 “(10) ensure that staff used in the program are
13 trained in suicide prevention, are capable of pro-
14 viding culturally and linguistically appropriate serv-
15 ices and that professionals involved in the system of
16 care are given training in identifying persons at risk
17 of suicide.

18 “(e) COORDINATION.—A condition for the receipt of
19 an award under subsection (a) is that the applicant in-
20 volved demonstrate that—

21 “(1) the application has the support of the local
22 communities and the approval of the political sub-
23 division to be served by the project; and

24 “(2) the applicant has discussed the application
25 with State mental health officials.

1 “(f) MATCHING REQUIREMENT.—With respect to the
2 costs to be incurred by an applicant in carrying out a
3 project under subsection (a), the Secretary may require
4 as a condition of the receipt of the award that the appli-
5 cant make available (directly or through donations from
6 public or private entities) non-Federal contributions to-
7 ward such costs in an amount that is not less than 25
8 percent of such costs (\$1 for each \$3 of Federal funds
9 provided in the award).

10 “(g) EVALUATION.—The Secretary shall ensure that
11 entities receiving awards under subsection (a) submit an
12 evaluation of the project that includes an evaluation of—

13 “(1) the efficacy of project strategies; and

14 “(2) short, intermediate, and long-term out-
15 comes, including the overall impact of the project on
16 the self-esteem of Latina adolescents and their emo-
17 tional development and ability to deal in a positive
18 and confident manner with their families, social en-
19 vironment, and peers.

20 “(h) DISSEMINATION AND EDUCATION.—The Sec-
21 retary shall ensure that the findings from the program
22 under this section are disseminated to State and local gov-
23 ernmental agencies and private providers of mental health
24 and substance abuse services.

1 “(i) DURATION OF PROJECTS.—With respect to an
2 award under subsection (a), the period during which pay-
3 ments under such award are made may not exceed 5 years.

4 “(j) DEFINITION.—For purposes of this section, the
5 term ‘adolescent’ means an individual between the ages
6 of 11 and 17 (inclusive).

7 “(k) FUNDING.—

8 “(1) AUTHORIZATION OF APPROPRIATIONS.—
9 For the purpose of carrying out this section, there
10 are authorized to be appropriated \$10,000,000 for
11 fiscal year 2001, and such sums as may be nec-
12 essary for each of the fiscal years 2002 and 2005.

13 “(2) ALLOCATION FOR PROGRAM MANAGE-
14 MENT.—Of the amount appropriated under para-
15 graph (1) for a fiscal year, the Secretary may re-
16 serve not more than 1 percent for administering the
17 program under this section.”.

18 **TITLE V—BILINGUAL HEALTH**

19 **PROFESSIONALS**

20 **SEC. 501. TRAINING OF BILINGUAL HEALTH PROFES-**
21 **SIONALS WITH RESPECT TO MINORITY**
22 **HEALTH CONDITIONS.**

23 (a) IN GENERAL.—The Secretary, acting through the
24 Administrator of the Health Resources and Services Ad-
25 ministration, shall (directly or through awards of grants

1 or contracts to public or nonprofit private entities) carry
2 out a program—

3 (1) to identify health professionals who speak
4 both English and a language used by racial or ethnic
5 minority groups in the United States; and

6 (2) to train such health professionals with re-
7 spect to the treatment of minority health conditions,
8 such as diabetes, HIV infection, substance abuse,
9 and conditions regarding mental health.

10 (b) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out subsection (a), there are author-
12 ized to be appropriated such sums as may be necessary
13 for each of the fiscal years 2001 through 2005.

14 **TITLE VI—CULTURAL**
15 **COMPETENCE**

16 **SEC. 601. DEFINITION.**

17 (a) IN GENERAL.—For purposes of this Act, the term
18 “culturally competent”, with respect to the manner in
19 which health-related services, education, and training are
20 provided, means providing the services, education, and
21 training in the language and cultural context that is most
22 appropriate for the individuals for whom the services, edu-
23 cation, and training are intended, including as necessary
24 the provision of bilingual services.

1 (b) MODIFICATION.—The definition established in
2 subsection (a) may be modified as needed at the discretion
3 of the Secretary after providing a 30-day notice to the
4 Congress.

5 **SEC. 602. ACTIVITIES OF OFFICE OF MINORITY HEALTH;**
6 **CENTER FOR LINGUISTIC AND CULTURAL**
7 **COMPETENCE IN HEALTH CARE.**

8 (a) EDUCATIONAL MATERIALS; TECHNICAL ASSIST-
9 ANCE.—

10 (1) IN GENERAL.—The Secretary, through the
11 Office of Minority Health under section 1707 of the
12 Public Health Service Act, shall—

13 (A) provide for the development of edu-
14 cational materials on providing health services
15 in a culturally competent manner;

16 (B) provide technical assistance in carrying
17 out programs that use such materials; and

18 (C) provide technical assistance on other
19 matters regarding the provision of health serv-
20 ices in a culturally competent manner.

21 (2) AUTHORIZATION OF APPROPRIATIONS.—For
22 the purpose of carrying out paragraph (1), there are
23 authorized to be appropriated \$1,000,000 for fiscal
24 year 2001, and such sums as may be necessary for
25 each of the fiscal years 2002 through 2005.

1 (b) CENTER FOR LINGUISTIC AND CULTURAL COM-
2 PETENCE IN HEALTH CARE.—

3 (1) IN GENERAL.—The Secretary, through the
4 Office of Minority Health under section 1707 of the
5 Public Health Service Act, shall provide for a Center
6 for Linguistic and Cultural Competence in Health
7 Care to carry out programs to promote and facilitate
8 the provision of health-related services, education,
9 and training in a culturally competent manner.

10 (2) AUTHORIZATION OF APPROPRIATIONS.—For
11 the purpose of carrying out paragraph (1), there are
12 authorized to be appropriated \$5,000,000 for fiscal
13 year 2001, and such sums as may be necessary for
14 each of the fiscal years 2002 through 2005.

15 **SEC. 603. CULTURAL COMPETENCE DEMONSTRATION**
16 **PROJECTS.**

17 (a) IN GENERAL.—The Secretary, acting through the
18 Administrator of the Health Care Financing Administra-
19 tion, shall conduct a cultural competence demonstration
20 project under which grants are made to two hospitals with
21 a history in the medicare program to enable them to im-
22 plement standards for the culturally competent provision
23 of services to address the specific needs of any population
24 that constitutes at least 5 percent of the population served
25 by the hospital involved.

1 (b) NUMBER AND TYPE.—Of the hospitals provided
2 grants under this section, one shall be located in an urban
3 and the other in a rural area (as defined in section
4 1886(d)(2)(D) of the Social Security Act). The urban hos-
5 pital shall serve a significant limited English proficient
6 population and be within 175 miles of the border with
7 Mexico. In selecting such hospitals, the Secretary shall
8 give preference to hospitals that serve large immigrant
9 populations.

10 (c) AMOUNT AND DURATION OF GRANT.—A grant
11 under this section for a hospital shall be in the amount
12 of \$5,000,000 and shall be for a period of 5 years.

13 (d) EVALUATION AND REPORT.—

14 (1) EVALUATION.—The Secretary shall also
15 provide for a grant to an appropriate qualified entity
16 in an amount not to exceed \$1,000,000 to evaluate
17 the demonstration projects conducted under this sec-
18 tion.

19 (2) REPORT.—The Secretary shall submit to
20 Congress a report on the projects conducted under
21 this section. The Secretary shall include in such re-
22 port the results of the evaluation conducted under
23 paragraph (1) and recommendations on whether on-
24 going medicare funding should be provided for im-

1 professions schools for the purpose of carrying out pro-
2 grams to recruit Hispanic individuals to enroll in and
3 graduate from the schools, which may include providing
4 scholarships and other financial assistance as appropriate.

5 (b) ELIGIBILITY.—For purposes of subsection (a), an
6 entity is a Hispanic-serving health professions school if the
7 entity—

8 (1) is a school or program under section 799B
9 of the Public Health Service Act;

10 (2) has an enrollment of full-time equivalent
11 students that is at least 5 percent Hispanic stu-
12 dents;

13 (3) has been effective in carrying out programs
14 to recruit Hispanic individuals to enroll in and grad-
15 uate from the school;

16 (4) has been effective in recruiting and retain-
17 ing Hispanic faculty members; and

18 (5) has a significant number of graduates who
19 are providing health services to medically under-
20 served populations or to individuals in health profes-
21 sional shortage areas.

22 (c) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purpose of carrying out this section, there are authorized
24 to be appropriated such sums as may be necessary for
25 each of the fiscal years 2001 through 2005.

1 **TITLE VIII—DATA REGARDING**
2 **RACE AND ETHNICITY**

3 **SEC. 801. COLLECTION OF DATA.**

4 Part A of title III of the Public Health Service Act
5 (42 U.S.C. 241 et seq.) is amended by inserting after sec-
6 tion 306 the following section:

7 “DATA ON RACE AND ETHNICITY

8 “SEC. 306A. (a) IN GENERAL.—The Secretary shall
9 by regulation provide for the following:

10 “(1) Health data collected under programs car-
11 ried out by the Secretary (whether collected directly
12 or pursuant to grants, cooperative agreements, or
13 contracts) shall include data on race and ethnicity
14 and shall, at a minimum, use the categories for race
15 and ethnicity described in OMB Directive 15.

16 “(2) Data collected by the Secretary pursuant
17 to title VI of the Civil Rights Act of 1964 shall in-
18 clude data on race and ethnicity and shall, at a min-
19 imum, use such categories.

20 “(3) Data on race and ethnicity that is collected
21 under paragraph (1) or (2) shall use the procedures
22 described in such Directive for collecting data from
23 an individual, and shall be maintained and presented
24 (including for reporting purposes) in accordance
25 with such Directive.

1 “(4) Such other data as the Secretary may des-
2 ignate (including administrative records) shall be
3 collected, maintained, and presented in accordance
4 with such Directive, to the extent that such data are
5 collected by the Secretary and relate to health-re-
6 lated programs that are carried out by the Sec-
7 retary.

8 “(b) EXEMPTIONS.—The final rule promulgated by
9 the Secretary under subsection (a) shall be in accordance
10 with the following:

11 “(1) Such rule shall provide that, with respect
12 to a program referred to in subsection (a) or an ac-
13 tivity under the program, a requirement under the
14 rule does not apply to the extent that compliance
15 with the requirement would exceed the authority
16 provided by law for the program, or would be incon-
17 sistent with the purpose of the program or activity.

18 “(2) Such rule shall provide that the Secretary
19 may provide an exemption from the applicability of
20 a requirement under the rule to a program, or an
21 activity under the program, if the Secretary deter-
22 mines that there is a reasonable basis for providing
23 the exemption.

24 “(3) With respect to each program or activity
25 that the Secretary determines is exempt under para-

1 graph (1) or (2), such rule shall require the
2 Secretary—

3 “(A) to publish in the Federal Register a
4 notice of such fact;

5 “(B) to include in the notice an expla-
6 nation of the reason or reasons underlying the
7 determination by the Secretary that the stand-
8 ard described in paragraph (1) or (2) (as appli-
9 cable) has been met; and

10 “(C) to so publish the notice not later than
11 30 days after the date on which the determina-
12 tion involved is made.

13 “(c) DEFINITION.—For purposes of this section, the
14 term ‘OMB Directive 15’ means Statistical Policy Direc-
15 tive No. 15, Race and Ethnic Standards for Federal Sta-
16 tistics and Administrative Reporting, as established by the
17 Director of the Office of Management and Budget through
18 the notice issued October 30, 1997 (62 FR 58782). Such
19 term includes any subsequent revisions to such Direc-
20 tive.”.

21 **SEC. 802. DEVELOPMENT OF STANDARDS; STUDY TO MEAS-**
22 **URE PATIENT OUTCOMES UNDER MEDICARE**
23 **AND MEDICAID PROGRAMS.**

24 (a) DEVELOPMENT OF STANDARDS.—Not later than
25 one year after the date of the enactment of this Act, the

1 Secretary, through the Administrator of the Health Care
2 Financing Administration, shall develop outcome meas-
3 ures to evaluate, by race and ethnicity, the performance
4 of health care programs and projects that provide health
5 care to individuals under the medicare and medicaid pro-
6 grams (under titles XVIII and XIX, respectively, of the
7 Social Security Act).

8 (b) STUDY.—After the Secretary develops the out-
9 come measures under subsection (a), the Secretary shall
10 conduct a study that evaluates, by race and ethnicity, the
11 performance of health care programs and projects referred
12 to in subsection (a).

13 (c) REPORT TO CONGRESS.—Not later than two years
14 after the date of the enactment of this Act, the Secretary
15 shall submit to Congress a report describing the outcome
16 measures developed under subsection (a), and the results
17 of the study conducted pursuant to subsection (b).

18 **TITLE IX—GENERAL**

19 **PROVISIONS**

20 **SEC. 901. DEFINITIONS.**

21 For purposes of this Act:

22 (1) The term “culturally competent” has the
23 meaning given such term in section 601.

24 (2) The term “HIV” means the human im-
25 munodeficiency virus, the causative agent for ac-

1 quired immune deficiency syndrome (commonly
2 known as AIDS).

3 (3) The term “Secretary” has the meaning in-
4 dicated for such term in section 101(a).

5 **SEC. 902. EFFECTIVE DATE.**

6 This Act and the amendments made by this Act take
7 effect upon the date of the enactment of this Act.

○