

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 6275

To improve the health of minority individuals.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 29, 2006

Mrs. CHRISTENSEN (for herself, Mr. DAVIS of Alabama, and Ms. NORTON) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, the Judiciary, Ways and Means, and Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To improve the health of minority individuals.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Equity and  
5 Justice Act of 2006”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—CULTURALLY AND LINGUISTICALLY APPROPRIATE  
HEALTH CARE

- Sec. 101. Amendment to the Public Health Service Act.
- Sec. 102. Standards for language access services.
- Sec. 103. Federal reimbursement for culturally and linguistically appropriate services under the Medicare, Medicaid and State Children's Health Insurance Program.
- Sec. 104. Increasing understanding of health literacy.
- Sec. 105. Report on Federal efforts to provide culturally and linguistically appropriate healthcare services.
- Sec. 106. General Accounting Office report on impact of language access services.
- Sec. 107. Definitions.
- Sec. 108. Treatment of the Medicare part B program under title VI of the Civil Rights Act of 1964.

TITLE II—HEALTH WORKFORCE DIVERSITY

- Sec. 201. Amendment to the Public Health Service Act.
- Sec. 202. Health Careers Opportunity Program.
- Sec. 203. Program of Excellence in Health Professions Education for Underrepresented Minorities.
- Sec. 204. Hispanic-serving health professions schools.
- Sec. 205. Health Professions Student Loan fund; authorizations of appropriations regarding students from disadvantaged backgrounds.
- Sec. 206. National Health Service Corps; recruitment and fellowships for individuals from disadvantaged backgrounds.
- Sec. 207. Loan Repayment Program of the Centers for Disease Control and Prevention.
- Sec. 208. Cooperative agreements for online degree programs at schools of public health and schools of allied health.
- Sec. 209. Mid-career health professions scholarship program.
- Sec. 210. Strengthening and expanding rural health provider networks.
- Sec. 211. National report on the preparedness of health professionals to care for diverse populations.
- Sec. 212. Scholarship and fellowship programs.
- Sec. 213. Advisory Committee on Health Professions Training for Diversity.
- Sec. 214. McNair Postbaccalaureate Achievement program.

TITLE III—DATA COLLECTION AND REPORTING

- Sec. 301. Amendment to the Public Health Service Act.
- Sec. 302. Collection of race and ethnicity data by the Social Security Administration.
- Sec. 303. Revision of HIPAA claims standards.
- Sec. 304. National Center for Health Statistics.
- Sec. 305. Geo-access study.
- Sec. 306. Racial, ethnic, and linguistic data collected by the Federal Government.

TITLE IV—ACCOUNTABILITY AND EVALUATION

Subtitle A—General Provisions

- Sec. 401. Report on workforce diversity.

- Sec. 402. Federal agency plan to eliminate disparities and improve the health of minority populations.
- Sec. 403. Accountability within the Department of Health and Human Services.
- Sec. 404. Office of Minority Health Disparity Elimination.
- Sec. 405. Establishment of the Indian Health Service as an agency of the Public Health Service.
- Sec. 406. Establishment of individual offices of minority health within agencies of the Public Health Service.
- Sec. 407. Office of Minority Health at the Centers for Medicare and Medicaid Services.
- Sec. 408. Office of Minority Affairs at the Food and Drug Administration.
- Sec. 409. Safety and effectiveness of drugs with respect to racial and ethnic background.
- Sec. 410. United States Commission on Civil Rights.
- Sec. 411. Sense of Congress concerning full funding of activities to eliminate racial and ethnic health disparities.
- Sec. 412. Guidelines for disease screening for minority patients.

#### Subtitle B—Improving Environmental Justice

- Sec. 421. Definitions.
- Sec. 422. Environmental justice responsibilities of Federal agencies.
- Sec. 423. Interagency environmental justice working group.
- Sec. 424. Federal agency strategies.
- Sec. 425. Federal Environmental Justice Advisory Committee.
- Sec. 426. Human health and environmental research, data collection and analysis.

#### TITLE V—HEALTH EMPOWERMENT ZONES

- Sec. 501. Health empowerment zones.

1 **TITLE I—CULTURALLY AND LIN-**  
 2 **GUISTICALLY APPROPRIATE**  
 3 **HEALTH CARE**

4 **SEC. 101. AMENDMENT TO THE PUBLIC HEALTH SERVICE**

5 **ACT.**

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

1 **“TITLE XXIX—CULTURALLY AND**  
2 **LINGUISTICALLY APPRO-**  
3 **PRIATE HEALTHCARE**

4 **“SEC. 2900. DEFINITIONS.**

5 “In this title:

6 “(1) APPROPRIATE HEALTHCARE SERVICES.—

7 The term ‘appropriate healthcare services’ includes  
8 services or treatments to address physical, mental,  
9 and behavioral disorders or syndromes.

10 “(2) INDIAN TRIBE.—The term ‘Indian tribe’  
11 means any Indian tribe, band, nation, or other orga-  
12 nized group or community, including any Alaska Na-  
13 tive village or group or regional or village corpora-  
14 tion as defined in or established pursuant to the  
15 Alaska Native Claims Settlement Act (85 Stat. 688)  
16 (43 U.S.C. 1601 et seq.), which is recognized as eli-  
17 gible for the special programs and services provided  
18 by the United States to Indians because of their sta-  
19 tus as Indians.

20 “(3) LIMITED ENGLISH PROFICIENT.—The  
21 term ‘limited English proficient’ with respect to an  
22 individual means an individual who cannot speak,  
23 read, write, or understand the English language at  
24 a level that permits them to interact effectively with

1 clinical or nonclinical staff at a healthcare organiza-  
2 tion.

3 “(4) MINORITY.—

4 “(A) IN GENERAL.—The terms ‘minority’  
5 and ‘minorities’ refer to individuals from a mi-  
6 nority group.

7 “(B) POPULATIONS.—The term ‘minority’,  
8 with respect to populations, refers to racial and  
9 ethnic minority groups.

10 “(5) MINORITY GROUP.—The term ‘minority  
11 group’ has the meaning given the term ‘racial and  
12 ethnic minority group’.

13 “(6) RACIAL AND ETHNIC MINORITY GROUP.—

14 The term ‘racial and ethnic minority group’ means  
15 American Indians and Alaska Natives, African  
16 Americans (including Caribbean Blacks and Afri-  
17 cans), Asian Americans, Hispanics (including  
18 Latinos), and Native Hawaiians and other Pacific  
19 Islanders.

20 “(7) STATE.—The term ‘State’ means each of  
21 the several states, the District of Columbia, the  
22 Commonwealth of Puerto Rico, the Indian tribes,  
23 the Virgin Islands, Guam, American Samoa, and the  
24 Commonwealth of the Northern Mariana Islands.

1 **“SEC. 2901. IMPROVING ACCESS TO SERVICES FOR INDIVID-**  
2 **UALS WITH LIMITED ENGLISH PROFICIENCY.**

3 “(a) PURPOSE.—As provided in Executive Order  
4 13166, it is the purpose of this section—

5 “(1) to improve access to federally conducted  
6 and federally assisted programs and activities for in-  
7 dividuals who are limited in their English pro-  
8 ficiency;

9 “(2) to require each Federal agency to examine  
10 the services it provides and develop and implement  
11 a system by which limited English proficient individ-  
12 uals can enjoy meaningful access to those services  
13 consistent with, and without substantially burdening,  
14 the fundamental mission of the agency;

15 “(3) to require each Federal agency to ensure  
16 that recipients of Federal financial assistance pro-  
17 vide meaningful access to their limited English pro-  
18 ficient applicants and beneficiaries;

19 “(4) to ensure that recipients of Federal finan-  
20 cial assistance take reasonable steps, consistent with  
21 the guidelines set forth in the Limited English Pro-  
22 ficient Guidance of the Department of Justice (as  
23 issued on June 12, 2002), to ensure meaningful ac-  
24 cess to their programs and activities by limited  
25 English proficient individuals; and

1           “(5) to ensure compliance with title VI of the  
2           Civil Rights Act of 1964 and that healthcare pro-  
3           viders and organizations do not discriminate in the  
4           provision of services.

5           “(b) **FEDERALLY CONDUCTED PROGRAMS AND AC-**  
6 **TIVITIES.—**

7           “(1) **IN GENERAL.—**Not later than 120 days  
8           after the date of enactment of this Act, each Federal  
9           agency that carries out health care-related activities  
10          shall prepare a plan to improve access to the feder-  
11          ally conducted health care-related programs and ac-  
12          tivities of the agency by limited English proficient  
13          individuals.

14          “(2) **PLAN REQUIREMENT.—**Each plan under  
15          paragraph (1) shall be consistent with the standards  
16          set forth in section 102 of the Healthcare Equality  
17          and Accountability Act, and shall include the steps  
18          the agency will take to ensure that limited English  
19          proficient individuals have access to the agency’s  
20          health care-related programs and activities. Each  
21          agency shall send a copy of such plan to the Depart-  
22          ment of Justice, which shall serve as the central re-  
23          pository of the agencies’ plans.

24          “(c) **FEDERALLY ASSISTED PROGRAMS AND ACTIVI-**  
25 **TIES.—**

1           “(1) IN GENERAL.—Not later than 120 days  
2 after the date of enactment of this Act, each Federal  
3 agency providing health care-related Federal finan-  
4 cial assistance shall ensure that the guidance for re-  
5 cipients of Federal financial assistance developed by  
6 the agency to ensure compliance with title VI of the  
7 Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.)  
8 is specifically tailored to the recipients of such as-  
9 sistance and is consistent with the standards de-  
10 scribed in section 102 of the Healthcare Equality  
11 and Accountability Act. Each agency shall send a  
12 copy of such guidance to the Department of Justice  
13 which shall serve as the central repository of the  
14 agencies’ plans. After approval by the Department of  
15 Justice, each agency shall publish its guidance docu-  
16 ment in the Federal Register for public comment.

17           “(2) REQUIREMENTS.—The agency-specific  
18 guidance developed under paragraph (1) shall—

19                   “(A) detail how the general standards es-  
20 tablished under section 102 of the Healthcare  
21 Equality and Accountability Act will be applied  
22 to the agency’s recipients; and

23                   “(B) take into account the types of health  
24 care services provided by the recipients, the in-

1           dividuals served by the recipients, and other  
2           factors set out in such standards.

3           “(3) EXISTING GUIDANCES.—A Federal agency  
4           that has developed a guidance for purposes of title  
5           VI of the Civil Rights Act of 1964 that the Depart-  
6           ment of Justice determines is consistent with the  
7           standards described in section 102 of the Healthcare  
8           Equality and Accountability Act shall examine such  
9           existing guidance, as well as the programs and ac-  
10          tivities to which such guidance applies, to determine  
11          if modification of such guidance is necessary to com-  
12          ply with this subsection.

13          “(4) CONSULTATION.—Each Federal agency  
14          shall consult with the Department of Justice in es-  
15          tablishing the guidances under this subsection.

16          “(d) CONSULTATIONS.—

17                 “(1) IN GENERAL.—In carrying out this sec-  
18                 tion, each Federal agency that carries out health  
19                 care-related activities shall ensure that stakeholders,  
20                 such as limited English proficient individuals and  
21                 their representative organizations, recipients of Fed-  
22                 eral assistance, and other appropriate individuals or  
23                 entities, have an adequate and comparable oppor-  
24                 tunity to provide input with respect to the actions of  
25                 the agency.

1           “(2) EVALUATION.—Each Federal agency de-  
2       scribed in paragraph (1) shall evaluate the—

3           “(A) particular needs of the limited  
4       English proficient individuals served by the  
5       agency, and by a recipient of assistance pro-  
6       vided by the agency;

7           “(B) burdens of compliance with the agen-  
8       cy guidance and its recipients of the require-  
9       ments of this section; and

10          “(C) outcomes or effectiveness of services.

11 **“SEC. 2902. NATIONAL STANDARDS FOR CULTURALLY AND**  
12                           **LINGUISTICALLY APPROPRIATE SERVICES IN**  
13                           **HEALTHCARE.**

14          “Recipients of Federal financial assistance from the  
15       Secretary shall, to the extent reasonable and practicable  
16       after applying the 4-factor analysis described in title V  
17       of the Guidance to Federal Financial Assistance Recipi-  
18       ents Regarding Title VI Prohibition Against National Ori-  
19       gin Discrimination Affecting Limited-English Proficient  
20       Persons (June 12, 2002)—

21          “(1) implement strategies to recruit, retain, and  
22       promote individuals at all levels of the organization  
23       to maintain a diverse staff and leadership that can  
24       provide culturally and linguistically appropriate

1 healthcare to patient populations of the service area  
2 of the organization;

3 “(2) ensure that staff at all levels and across all  
4 disciplines of the organization receive ongoing edu-  
5 cation and training in culturally and linguistically  
6 appropriate service delivery;

7 “(3) offer and provide language assistance serv-  
8 ices, including bilingual staff and interpreter serv-  
9 ices, at no cost to each patient with limited English  
10 proficiency at all points of contact, in a timely man-  
11 ner during all hours of operation;

12 “(4) notify patients of their right to receive lan-  
13 guage assistance services in their primary language;

14 “(5) ensure the competence of language assist-  
15 ance provided to limited English proficient patients  
16 by interpreters and bilingual staff, and ensure that  
17 family, particularly minor children, and friends are  
18 not used to provide interpretation services—

19 “(A) except in case of emergency; or

20 “(B) except on request of the patient, who  
21 has been informed in his or her preferred lan-  
22 guage of the availability of free interpretation  
23 services;

24 “(6) make available easily understood patient-  
25 related materials, if such materials exist for non-lim-

1 ited English proficient patients, including informa-  
2 tion or notices about termination of benefits and  
3 post signage in the languages of the commonly en-  
4 countered groups or groups represented in the serv-  
5 ice area of the organization;

6 “(7) develop and implement clear goals, poli-  
7 cies, operational plans, and management account-  
8 ability and oversight mechanisms to provide cul-  
9 turally and linguistically appropriate services;

10 “(8) conduct initial and ongoing organizational  
11 assessments of culturally and linguistically appro-  
12 priate services-related activities and integrate valid  
13 linguistic competence-related measures into the in-  
14 ternal audits, performance improvement programs,  
15 patient satisfaction assessments, and outcomes-based  
16 evaluations of the organization;

17 “(9) ensure that, consistent with the privacy  
18 protections provided for under the regulations pro-  
19 mulgated under section 264(c) of the Health Insur-  
20 ance Portability and Accountability Act of 1996 (42  
21 U.S.C. 1320d–2 note)—

22 “(A) data on the individual patient’s race,  
23 ethnicity, and primary language are collected in  
24 health records, integrated into the organiza-

1           tion’s management information systems, and  
2           periodically updated; and

3           “(B) if the patient is a minor or is inca-  
4           pacitated, the primary language of the parent  
5           or legal guardian is collected;

6           “(10) maintain a current demographic, cultural,  
7           and epidemiological profile of the community as well  
8           as a needs assessment to accurately plan for and im-  
9           plement services that respond to the cultural and  
10          linguistic characteristics of the service area of the  
11          organization;

12          “(11) develop participatory, collaborative part-  
13          nerships with communities and utilize a variety of  
14          formal and informal mechanisms to facilitate com-  
15          munity and patient involvement in designing and im-  
16          plementing culturally and linguistically appropriate  
17          services-related activities;

18          “(12) ensure that conflict and grievance resolu-  
19          tion processes are culturally and linguistically sen-  
20          sitive and capable of identifying, preventing, and re-  
21          solving cross-cultural conflicts or complaints by pa-  
22          tients;

23          “(13) regularly make available to the public in-  
24          formation about their progress and successful inno-  
25          vations in implementing the standards under this

1 section and provide public notice in their commu-  
2 nities about the availability of this information; and

3 “(14) if requested, regularly make available to  
4 the head of each Federal entity from which Federal  
5 funds are received, information about their progress  
6 and successful innovations in implementing the  
7 standards under this section as required by the head  
8 of such entity.

9 **“SEC. 2903. ROBERT T. MATSUI CENTER FOR CULTURAL**  
10 **AND LINGUISTIC COMPETENCE IN**  
11 **HEALTHCARE.**

12 “(a) ESTABLISHMENT.—The Secretary, acting  
13 through the Director of the Office of Minority Health Dis-  
14 parity Elimination, shall establish and support a center  
15 to be known as the ‘Robert T. Matsui Center for Cultural  
16 and Linguistic Competence in Healthcare’ (referred to in  
17 this section as the ‘Center’) to carry out the following ac-  
18 tivities:

19 “(1) REMOTE MEDICAL INTERPRETING.—The  
20 Center shall provide remote medical interpreting, di-  
21 rectly or through contracts, to healthcare providers  
22 who otherwise would be unable to provide language  
23 interpreting services, at reasonable or no cost as de-  
24 termined appropriate by the Director of the Center.  
25 Methods of interpretation may include remote, si-

1       multaneous or consecutive interpreting through tele-  
2       phonic systems, video conferencing, and other meth-  
3       ods determined appropriate by the Secretary for pa-  
4       tients with limited English proficiency. The quality  
5       of such interpreting shall be monitored and reported  
6       publicly. Nothing in this paragraph shall be con-  
7       strued to limit the ability of healthcare providers or  
8       organizations to provide medical interpreting serv-  
9       ices directly and obtain reimbursement for such  
10      services as provided for under the medicare, med-  
11      icaid or SCHIP programs under titles XVIII, XIX,  
12      or XXI of the Social Security Act.

13           “(2) MODEL LANGUAGE ASSISTANCE PRO-  
14      GRAMS.—The Center shall provide for the collection  
15      and dissemination of information on current model  
16      language assistance programs and strategies to im-  
17      prove language access to healthcare for individuals  
18      with limited English proficiency, including case stud-  
19      ies using de-identified patient information, program  
20      summaries, and program evaluations.

21           “(3) MEDICAL INTERPRETING GUIDELINES.—

22           “(A) IN GENERAL.—The Center shall con-  
23      vene a national working group to develop med-  
24      ical interpreting and translation guidelines and  
25      standards for—

1 “(i) the provision of services;

2 “(ii) the actual practice of inter-  
3 preting;

4 “(iii) the training of medical inter-  
5 preters and translators, developed by inter-  
6 preters and translators.

7 “(B) PUBLICATION.—Not later than 18  
8 months after the date of enactment of this Act,  
9 the Center shall publish guidelines and stand-  
10 ards developed under this paragraph in the  
11 Federal Register.

12 “(4) INTERNET HEALTH CLEARINGHOUSE.—  
13 The Center shall develop and maintain an Internet  
14 clearinghouse to reduce medical errors and improve  
15 medical outcomes and reduce healthcare costs  
16 caused by communication with individuals with lim-  
17 ited English proficiency or low functional health lit-  
18 eracy and reduce or eliminate the duplication of ef-  
19 fort to translate materials by—

20 “(A) developing and making available tem-  
21 plates for standard documents that are nec-  
22 essary for patients and consumers to access and  
23 make educated decisions about their healthcare,  
24 including—

1           “(i) administrative and legal docu-  
2           ments such as informed consent, advanced  
3           directives, and waivers of rights;

4           “(ii) clinical information such as how  
5           to take medications, how to prevent trans-  
6           mission of a contagious disease, and other  
7           prevention and treatment instructions;

8           “(iii) patient education and outreach  
9           materials such as immunization notices,  
10          health warnings, or screening notices; and

11          “(iv) additional health or healthcare-  
12          related materials as determined appro-  
13          priate by the Director of the Center;

14          “(B) ensuring that the documents the  
15          posted in English and non-English languages  
16          and are culturally appropriate;

17          “(C) allowing public review of the docu-  
18          ments before dissemination in order to ensure  
19          that the documents are understandable and cul-  
20          turally appropriate for the target populations;

21          “(D) allowing healthcare providers to cus-  
22          tomize the documents for their use;

23          “(E) facilitating access to these docu-  
24          ments;

1           “(F) providing technical assistance with  
2           respect to the access and use of such informa-  
3           tion; and

4           “(G) carrying out any other activities the  
5           Secretary determines to be useful to fulfill the  
6           purposes of the Clearinghouse.

7           “(5) PROVISION OF INFORMATION.—The Cen-  
8           ter shall provide information relating to culturally  
9           and linguistically competent healthcare for minority  
10          populations residing in the United States to all  
11          healthcare providers and healthcare organizations at  
12          no cost. Such information shall include—

13           “(A) tenets of culturally and linguistically  
14           competent care;

15           “(B) cultural and linguistic competence  
16           self-assessment tools;

17           “(C) cultural and linguistic competence  
18           training tools;

19           “(D) strategic plans to increase cultural  
20           and linguistic competence in different types of  
21           healthcare organizations; and

22           “(E) resources for cultural competence in-  
23           formation for educators, practitioners and re-  
24           searchers.

1       “(b) DIRECTOR.—The Center shall be headed by a  
2 Director who shall be appointed by, and who shall report  
3 to, the Deputy Assistant Secretary for Minority Health  
4 Disparity Elimination.

5       “(c) AVAILABILITY OF LANGUAGE ACCESS.—The Di-  
6 rector shall collaborate with the Administrator of the Cen-  
7 ters for Medicare and Medicaid Services and the Adminis-  
8 trator of the Health Resources and Services Administra-  
9 tion, to notify healthcare providers and healthcare organi-  
10 zations about the availability of language access services  
11 by the Center.

12       “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
13 is authorized to be appropriated to carry out this section  
14 such sums as may be necessary for each of fiscal years  
15 2006 through 2011.

16 **“SEC. 2904. INNOVATIONS IN LANGUAGE ACCESS GRANTS.**

17       “(a) IN GENERAL.—The Secretary, acting through  
18 the Administrator of the Centers for Medicare and Med-  
19 icaid Services, the Administrator of the Health Resources  
20 and Services Administration, the Secretary of Education,  
21 and the Deputy Assistant Secretary for Minority Health  
22 Disparity Elimination, shall award grants to eligible enti-  
23 ties to enable such entities to design, implement, and  
24 evaluate innovative, cost-effective programs to improve

1 language access to healthcare for individuals with limited  
2 English proficiency.

3 “(b) ELIGIBILITY.—To be eligible to receive a grant  
4 under subsection (a) an entity shall—

5 “(1) be a city, county, Indian tribe, State, terri-  
6 tory, community-based and other nonprofit organiza-  
7 tion, health center or community clinic, university,  
8 college, or other entity designated by the Secretary;  
9 and

10 “(2) prepare and submit to the Secretary an  
11 application, at such time, in such manner, and ac-  
12 companied by such additional information as the  
13 Secretary may require.

14 “(c) USE OF FUNDS.—An entity shall use funds re-  
15 ceived under a grant under this section to—

16 “(1) develop, implement, and evaluate models of  
17 providing real-time interpretation services through  
18 in-person interpretation, communications, and com-  
19 puter technology, including the Internet, teleconfer-  
20 encing, or video conferencing;

21 “(2) develop short-term medical interpretation  
22 training courses and incentives for bilingual  
23 healthcare staff who are asked to interpret in the  
24 workplace;

1           “(3) develop formal training programs for indi-  
2           viduals interested in becoming dedicated healthcare  
3           interpreters;

4           “(4) provide staff language training instruction  
5           which shall include information on the practical limi-  
6           tations of such instruction for non-native speakers;

7           “(5) provide basic healthcare-related English  
8           language instruction for limited English proficient  
9           individuals; and

10          “(6) develop other language assistance services  
11          as determined appropriate by the Secretary.

12          “(d) PRIORITY.—In awarding grants under this sec-  
13          tion, the Secretary shall give priority to entities that have  
14          developed partnerships with organizations or agencies with  
15          experience in language access services.

16          “(e) EVALUATION.—An entity that receives a grant  
17          under this section shall submit to the Secretary an evalua-  
18          tion that describes the activities carried out with funds  
19          received under the grant, and how such activities improved  
20          access to healthcare services and the quality of healthcare  
21          for individuals with limited English proficiency. Such eval-  
22          uation shall be collected and disseminated through the  
23          Center for Linguistic and Cultural Competence in  
24          Healthcare established under section 2903.

1       “(f) GRANTEE CONVENTION.—The Secretary, acting  
2 through the Director of the Center for Linguistic and Cul-  
3 tural Competence in Healthcare, shall at the end of the  
4 grant cycle convene grantees under this section to share  
5 findings and develop and disseminate model programs and  
6 practices.

7       “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
8 is authorized to be appropriated to carry out this section,  
9 such sums as may be necessary for each of fiscal years  
10 2006 through 2011.

11 **“SEC. 2905. RESEARCH ON LANGUAGE ACCESS.**

12       “(a) IN GENERAL.—The Director of the Agency for  
13 Healthcare Research and Quality, in collaboration with  
14 the Deputy Assistant Secretary for Minority Health Dis-  
15 parity Elimination, shall expand research concerning—

16               “(1) the barriers to healthcare services includ-  
17 ing mental and behavioral services that are faced by  
18 limited English proficient individuals;

19               “(2) the impact of language barriers on the  
20 quality of healthcare and the health status of limited  
21 English proficient individuals and populations;

22               “(3) healthcare provider attitudes, knowledge,  
23 and awareness of the barriers described in para-  
24 graphs (1) and (2);



1 participate in such activities that provides at the minimum  
2 the factors and principles set forth in the Department of  
3 Justice guidance published on June 12, 2002.

4 **SEC. 103. FEDERAL REIMBURSEMENT FOR CULTURALLY**  
5 **AND LINGUISTICALLY APPROPRIATE SERV-**  
6 **ICES UNDER THE MEDICARE, MEDICAID AND**  
7 **STATE CHILDREN'S HEALTH INSURANCE**  
8 **PROGRAM.**

9 (a) DEMONSTRATION PROJECT PROMOTING ACCESS  
10 FOR MEDICARE BENEFICIARIES WITH LIMITED ENGLISH  
11 PROFICIENCY.—

12 (1) IN GENERAL.—The Secretary shall conduct  
13 a demonstration project (in this section referred to  
14 as the “project”) to demonstrate the impact on costs  
15 and health outcomes of providing reimbursement for  
16 interpreter services to certain medicare beneficiaries  
17 who are limited English proficient in urban and  
18 rural areas.

19 (2) SCOPE.—The Secretary shall carry out the  
20 project in not less than 30 States through contracts  
21 with—

22 (A) health plans (under part C of title  
23 XVIII of the Social Security Act);

24 (B) small providers;

25 (C) hospitals; and

1 (D) community-based clinics.

2 (3) DURATION.—Each contract entered into  
3 under the project shall extend over a period of not  
4 longer than 2 years.

5 (4) REPORT.—Upon completion of the project,  
6 the Secretary shall submit a report to Congress on  
7 the project which shall include recommendations re-  
8 garding the extension of such project to the entire  
9 medicare program.

10 (5) EVALUATION.—The Director of the Agency  
11 for Healthcare Research and Quality shall award  
12 grants to public and private nonprofit entities for  
13 the evaluation of the project. Such evaluations shall  
14 focus on access, utilization, efficiency, cost-effective-  
15 ness, patient satisfaction, and select health out-  
16 comes.

17 (b) MEDICAID.—Section 1903(a)(3) of the Social Se-  
18 curity Act (42 U.S.C. 1396b(a)(3)) is amended—

19 (1) in subparagraph (E), by striking “plus” at  
20 the end and inserting “and”; and

21 (2) by adding at the end the following:

22 “(F) 90 percent of the sums expended with  
23 respect to costs incurred during such quarter as  
24 are attributable to the provision of culturally  
25 and linguistically appropriate services, including

1 oral interpretation, translations of written ma-  
2 terials, and other cultural and linguistic services  
3 for individuals with limited English proficiency  
4 and disabilities who apply for, or receive, med-  
5 ical assistance under the State plan (including  
6 any waiver granted to the State plan); plus”.

7 (c) SCHIP.—Section 2105(a)(1) of the Social Secu-  
8 rity Act (42 U.S.C. 1397ee(a)) is amended—

9 (1) in the matter preceding subparagraph (A),  
10 by inserting “or, in the case of expenditures de-  
11 scribed in subparagraph (D)(iv), 90 percent” after  
12 “enhanced FMAP”; and

13 (2) in subparagraph (D)—

14 (A) in clause (iii), by striking “and” at the  
15 end;

16 (B) by redesignating clause (iv) as clause  
17 (v); and

18 (C) by inserting after clause (iii) the fol-  
19 lowing:

20 “(iv) for expenditures attributable to  
21 the provision of culturally and linguistically  
22 appropriate services, including oral inter-  
23 pretation, translations of written materials,  
24 and other language services for individuals  
25 with limited English proficiency and dis-

1                   abilities who apply for, or receive, child  
2                   health assistance under the plan; and”.

3           (d) **EFFECTIVE DATE.**—The amendments made by  
4 this section take effect on October 1, 2006.

5 **SEC. 104. INCREASING UNDERSTANDING OF HEALTH LIT-**  
6 **ERACY.**

7           (a) **IN GENERAL.**—The Secretary, acting through the  
8 Director of the Agency for Healthcare Research and Qual-  
9 ity and the Administrator of the Health Resources and  
10 Services Administration, shall award grants to eligible en-  
11 tities to improve healthcare for patient populations that  
12 have low functional health literacy.

13           (b) **ELIGIBILITY.**—To be eligible to receive a grant  
14 under subsection (a), an entity shall—

15                   (1) be a hospital, health center or clinic, health  
16 plan, or other health entity; and

17                   (2) prepare and submit to the Secretary an ap-  
18 plication at such time, in such manner, and con-  
19 taining such information as the Secretary may re-  
20 quire.

21           (c) **USE OF FUNDS.**—

22                   (1) **AGENCY FOR HEALTHCARE RESEARCH AND**  
23 **QUALITY.**—Grants awarded under subsection (a)  
24 through the Agency for Healthcare Research and  
25 Quality shall be used—

1 (A) to define and increase the under-  
2 standing of health literacy;

3 (B) to investigate the correlation between  
4 low health literacy and health and healthcare;

5 (C) to clarify which aspects of health lit-  
6 eracy have an effect on health outcomes; and

7 (D) for any other activity determined ap-  
8 propriate by the Director of the Agency.

9 (2) HEALTH RESOURCES AND SERVICES ADMIN-  
10 ISTRATION.—Grants awarded under subsection (a)  
11 through the Health Resources and Services Adminis-  
12 tration shall be used to conduct demonstration  
13 projects for interventions for patients with low  
14 health literacy that may include—

15 (A) the development of new disease man-  
16 agement programs for patients with low health  
17 literacy;

18 (B) the tailoring of existing disease man-  
19 agement programs addressing mental and phys-  
20 ical health conditions for patients with low  
21 health literacy;

22 (C) the translation of written health mate-  
23 rials for patients with low health literacy;

24 (D) the identification, implementation, and  
25 testing of low health literacy screening tools;



1           (1) a description and evaluation of the activities  
2 carried out under this Act; and

3           (2) a description of best practices, model pro-  
4 grams, guidelines, and other effective strategies for  
5 providing access to culturally and linguistically ap-  
6 propriate healthcare services.

7 **SEC. 106. GENERAL ACCOUNTING OFFICE REPORT ON IM-**  
8 **PACT OF LANGUAGE ACCESS SERVICES.**

9           Not later than 3 years after the date of enactment  
10 of this Act, the Comptroller General of the United States  
11 shall examine, and prepare and publish a report on, the  
12 impact of language access services on the health and  
13 healthcare of limited English proficient populations. Such  
14 report shall include—

15           (1) recommendations on the development and  
16 implementation of policies and practices by  
17 healthcare organizations and providers for limited  
18 English proficient patient populations;

19           (2) a description of the effect of providing lan-  
20 guage access services on quality of healthcare and  
21 access to care and reduced medical error; and

22           (3) a description of the costs associated with or  
23 savings related to provision of language access serv-  
24 ices.

1 **SEC. 107. DEFINITIONS.**

2 In this title:

3 (1) INCORPORATED DEFINITIONS.—The defini-  
4 tions contained in section 2900 of the Public Health  
5 Service Act, as added by section 101, shall apply.

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

8 **SEC. 108. TREATMENT OF THE MEDICARE PART B PRO-**  
9 **GRAM UNDER TITLE VI OF THE CIVIL RIGHTS**  
10 **ACT OF 1964.**

11 A payment provider of services or physician or other  
12 supplier under part B of title XVIII of the Social Security  
13 Act shall be deemed a grant, and not a contract of insur-  
14 ance or guaranty, for the purposes of title VI of the Civil  
15 Rights Act of 1964.

16 **TITLE II—HEALTH WORKFORCE**  
17 **DIVERSITY**

18 **SEC. 201. AMENDMENT TO THE PUBLIC HEALTH SERVICE**  
19 **ACT.**

20 Title XXIX of the Public Health Service Act, as  
21 added by section 101, is amended by adding at the end  
22 the following:

1           **“Subtitle A—Diversifying the**  
2                           **Healthcare Workplace**

3   **“SEC. 2911. REPORT ON WORKFORCE DIVERSITY.**

4           “(a) IN GENERAL.—Not later than July 1, 2006, and  
5 biannually thereafter, the Secretary, acting through the  
6 director of each entity within the Department of Health  
7 and Human Services, shall prepare and submit to the  
8 Committee on Health, Education, Labor, and Pensions of  
9 the Senate and the Committee on Energy and Commerce  
10 of the House of Representatives a report on health work-  
11 force diversity.

12           “(b) REQUIREMENT.—The report under subsection  
13 (a) shall contain the following information:

14                   “(1) A description of any grant support that is  
15 provided by each entity for workforce diversity ini-  
16 tiatives with the following information—

17                           “(A) the number of grants made;

18                           “(B) the purpose of the grants;

19                           “(C) the populations served through the  
20 grants;

21                           “(D) the organizations and institutions re-  
22 ceiving the grants; and

23                           “(E) the tracking efforts that were used to  
24 follow the progress of participants.

1           “(2) A description of the entity’s plan to  
2 achieve workforce diversity goals that includes, to  
3 the extent relevant to such entity—

4           “(A) the number of underrepresented mi-  
5 nority health professionals that will be needed  
6 in various disciplines over the next 10 years to  
7 achieve population parity;

8           “(B) the level of funding needed to fully  
9 expand and adequately support health profes-  
10 sions pipeline programs;

11           “(C) the impact such programs have had  
12 on the admissions practices and policies of  
13 health professions schools;

14           “(D) the management strategy necessary  
15 to effectively administer and institutionalize  
16 health profession pipeline programs; and

17           “(E) the impact that the Government Per-  
18 formance and Results Act (GPRA) has had on  
19 evaluating the performance of grantees and  
20 whether the GPRA is the best assessment tool  
21 for programs under titles VII and VIII.

22           “(3) A description of measurable objectives of  
23 each entity relating to workforce diversity initiatives.

1 “(c) PUBLIC AVAILABILITY.—The report under sub-  
2 section (a) shall be made available for public review and  
3 comment.

4 **“SEC. 2912. NATIONAL WORKING GROUP ON WORKFORCE**  
5 **DIVERSITY.**

6 “(a) IN GENERAL.—The Secretary, acting through  
7 the Bureau of Health Professions within the Health Re-  
8 sources and Services Administration, shall award a grant  
9 to an entity determined appropriate by the Secretary for  
10 the establishment of a national working group on work-  
11 force diversity.

12 “(b) REPRESENTATION.—In establishing the national  
13 working group under subsection (a), the grantee shall en-  
14 sure that the group has representation from the following  
15 entities:

16 “(1) The Health Resources and Services Ad-  
17 ministration.

18 “(2) The Department of Health and Human  
19 Services Data Council.

20 “(3) The Office of Minority Health Disparity  
21 Elimination.

22 “(4) The Bureau of Labor Statistics of the De-  
23 partment of Labor.

24 “(5) The Public Health Practice Program Of-  
25 fice—Office of Workforce Policy and Planning.

1           “(6) The National Center on Minority Health  
2           and Health Disparities.

3           “(7) The Agency for Healthcare Research and  
4           Quality.

5           “(8) The Institute of Medicine Study Com-  
6           mittee for the 2004 workforce diversity report.

7           “(9) The Indian Health Service.

8           “(10) Academic institutions.

9           “(11) Consumer organizations.

10          “(12) Health professional associations, includ-  
11          ing those that represent underrepresented minority  
12          populations.

13          “(13) Researchers in the area of health work-  
14          force.

15          “(14) Health workforce accreditation entities.

16          “(15) Private foundations that have sponsored  
17          workforce diversity initiatives.

18          “(16) Not less than 5 health professions stu-  
19          dents representing various health profession fields  
20          and levels of training.

21          “(c) ACTIVITIES.—The working group established  
22          under subsection (a) shall convene at least twice each year  
23          to complete the following activities:

24                 “(1) Review current public and private health  
25                 workforce diversity initiatives.

1           “(2) Identify successful health workforce diver-  
2           sity programs and practices.

3           “(3) Examine challenges relating to the devel-  
4           opment and implementation of health workforce di-  
5           versity initiatives.

6           “(4) Draft a national strategic work plan for  
7           health workforce diversity, including recommenda-  
8           tions for public and private sector initiatives.

9           “(5) Develop a framework and methods for the  
10          evaluation of current and future health workforce di-  
11          versity initiatives.

12          “(6) Develop recommended standards for work-  
13          force diversity that could be applicable to all health  
14          professions programs and programs funded under  
15          this Act.

16          “(7) Develop curriculum guidelines for diversity  
17          training.

18          “(8) Develop a strategy for the inclusion of  
19          community members on admissions committees for  
20          health profession schools.

21          “(9) Other activities determined appropriate by  
22          the Secretary.

23          “(d) ANNUAL REPORT.—Not later than 1 year after  
24          the establishment of the working group under subsection  
25          (a), and annually thereafter, the working group shall pre-

1 pare and make available to the general public for com-  
2 ment, an annual report on the activities of the working  
3 group. Such report shall include the recommendations of  
4 the working group for improving health workforce diver-  
5 sity.

6 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
7 is authorized to be appropriated to carry out this section,  
8 such sums as may be necessary for each of fiscal years  
9 2007 through 2012.

10 **“SEC. 2913. TECHNICAL CLEARINGHOUSE FOR HEALTH**  
11 **WORKFORCE DIVERSITY.**

12 “(a) IN GENERAL.—The Secretary, acting through  
13 the Office of Minority Health Disparity Elimination, and  
14 in collaboration with the Bureau of Health Professions  
15 within the Health Resources and Services Administration,  
16 shall establish a technical clearinghouse on health work-  
17 force diversity within the Office of Minority Health Dis-  
18 parity Elimination and coordinate current and future  
19 clearinghouses.

20 “(b) INFORMATION AND SERVICES.—The clearing-  
21 house established under subsection (a) shall offer the fol-  
22 lowing information and services:

23 “(1) Information on the importance of health  
24 workforce diversity.

1           “(2) Statistical information relating to under-  
2           represented minority representation in health and al-  
3           lied health professions and occupations.

4           “(3) Model health workforce diversity practices  
5           and programs.

6           “(4) Admissions policies that promote health  
7           workforce diversity and are in compliance with Fed-  
8           eral and State laws.

9           “(5) Lists of scholarship, loan repayment, and  
10          loan cancellation grants as well as fellowship infor-  
11          mation for underserved populations for health pro-  
12          fessions schools.

13          “(6) Foundation and other large organizational  
14          initiatives relating to health workforce diversity.

15          “(c) CONSULTATION.—In carrying out this section,  
16          the Secretary shall consult with non-Federal entities which  
17          may include minority health professional associations to  
18          ensure the adequacy and accuracy of information.

19          “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
20          is authorized to be appropriated to carry out this section,  
21          such sums as may be necessary for each of fiscal years  
22          2007 through 2012.

1 **“SEC. 2914. EVALUATION OF WORKFORCE DIVERSITY INI-**  
2 **TIATIVES.**

3 “(a) **IN GENERAL.**—The Secretary, acting through  
4 the Bureau of Health Professions within the Health Re-  
5 sources and Services Administration, shall award grants  
6 to eligible entities for the conduct of an evaluation of cur-  
7 rent health workforce diversity initiatives funded by the  
8 Department of Health and Human Services.

9 “(b) **ELIGIBILITY.**—To be eligible to receive a grant  
10 under subsection (a) an entity shall—

11 “(1) be a city, county, Indian tribe, State, terri-  
12 tory, community-based nonprofit organization,  
13 health center, university, college, or other entity de-  
14 termined appropriate by the Secretary;

15 “(2) with respect to an entity that is not an  
16 academic medical center, university, or private re-  
17 search institution, carry out activities under the  
18 grant in partnership with an academic medical cen-  
19 ter, university, or private research institution; and

20 “(3) submit to the Secretary an application at  
21 such time, in such manner, and containing such in-  
22 formation as the Secretary may require.

23 “(c) **USE OF FUNDS.**—Amounts awarded under a  
24 grant under subsection (a) shall be used to support the  
25 following evaluation activities:

1           “(1) Determinations of measures of health  
2 workforce diversity success.

3           “(2) The short- and long-term tracking of par-  
4 ticipants in health workforce diversity pipeline pro-  
5 grams funded by the Department of Health and  
6 Human Services.

7           “(3) Assessments of partnerships formed  
8 through activities to increase health workforce diver-  
9 sity.

10          “(4) Assessments of barriers to health work-  
11 force diversity.

12          “(5) Assessments of policy changes at the Fed-  
13 eral, State, and local levels.

14          “(6) Assessments of coordination within and be-  
15 tween Federal agencies and other institutions.

16          “(7) Other activities determined appropriate by  
17 the Secretary and the Working Group established  
18 under section 2912.

19          “(d) REPORT.—Not later than 1 year after the date  
20 of enactment of this title, the Bureau of Health Profes-  
21 sions within the Health Resources and Services Adminis-  
22 tration shall prepare and make available for public com-  
23 ment a report that summarizes the findings made by enti-  
24 ties under grants under this section.

1       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated to carry out this section,  
3 such sums as may be necessary for each of fiscal years  
4 2007 through 2012.

5       **“SEC. 2915. DATA COLLECTION AND REPORTING BY**  
6                   **HEALTH PROFESSIONAL SCHOOLS.**

7       “(a) IN GENERAL.—The Secretary, acting through  
8 the Bureau of Health Professions of the Health Resources  
9 and Services Administration and the Office of Minority  
10 Health Disparity Elimination, shall establish an aggre-  
11 gated database on health professional students.

12       “(b) REQUIREMENT TO COLLECT DATA.—Each  
13 health professional school (including medical, dental, and  
14 nursing schools) and allied health profession school and  
15 program that receives Federal funds shall collect race, eth-  
16 nicity, and language proficiency data concerning those stu-  
17 dents enrolled at such schools or in such programs. In col-  
18 lecting such data, a school or program shall—

19               “(1) at a minimum, use the categories for race  
20 and ethnicity described in the 1997 Office of Man-  
21 agement and Budget Standards for Maintaining,  
22 Collecting, and Presenting Federal Data on Race  
23 and Ethnicity and available language standards; and



1           “(1) be an educational institution or entity that  
2           historically produces or trains meaningful numbers  
3           of underrepresented minority health professionals,  
4           including—

5                   “(A) Historically Black Colleges and Uni-  
6                   versities;

7                   “(B) Hispanic-Serving Health Professions  
8                   Schools;

9                   “(C) Hispanic-Serving Institutions;

10                  “(D) Tribal Colleges and Universities;

11                  “(E) Asian American and Pacific Islander-  
12                  serving institutions;

13                  “(F) institutions that have programs to re-  
14                  cruit and retain underrepresented minority  
15                  health professionals, in which a significant  
16                  number of the enrolled participants are under-  
17                  represented minorities;

18                  “(G) health professional associations,  
19                  which may include underrepresented minority  
20                  health professional associations; and

21                  “(H) institutions—

22                          “(i) located in communities with pre-  
23                          dominantly underrepresented minority pop-  
24                          ulations;

1           “(ii) with whom partnerships have  
2           been formed for the purpose of increasing  
3           workforce diversity; and

4           “(iii) in which at least 20 percent of  
5           the enrolled participants are underrep-  
6           resented minorities; and

7           “(2) submit to the Secretary an application at  
8           such time, in such manner, and containing such in-  
9           formation as the Secretary may require.

10          “(c) USE OF FUNDS.—Amounts received under a  
11         grant under subsection (a) shall be used to expand existing  
12         workforce diversity programs, implement new workforce  
13         diversity programs, or evaluate existing or new workforce  
14         diversity programs, including with respect to mental  
15         health care professions. Such programs shall enhance di-  
16         versity by considering minority status as part of an indi-  
17         vidualized consideration of qualifications. Possible activi-  
18         ties may include—

19                 “(1) educational outreach programs relating to  
20                 opportunities in the health professions;

21                 “(2) scholarship, fellowship, grant, loan repay-  
22                 ment, and loan cancellation programs;

23                 “(3) post-baccalaureate programs;

1           “(4) academic enrichment programs, particu-  
2           larly targeting those who would not be competitive  
3           for health professions schools;

4           “(5) kindergarten through 12th grade and  
5           other health pipeline programs;

6           “(6) mentoring programs;

7           “(7) internship or rotation programs involving  
8           hospitals, health systems, health plans and other  
9           health entities;

10          “(8) community partnership development for  
11          purposes relating to workforce diversity; or

12          “(9) leadership training.

13          “(d) REPORTS.—Not later than 1 year after receiving  
14 a grant under this section, and annually for the term of  
15 the grant, a grantee shall submit to the Secretary a report  
16 that summarizes and evaluates all activities conducted  
17 under the grant.

18          “(e) DEFINITION.—In this section, the term ‘Asian  
19 American and Pacific Islander-serving institutions’ means  
20 institutions—

21               “(1) that are eligible institutions under section  
22               312(b) of the Higher Education Act of 1965; and

23               “(2) that, at the time of their application, have  
24               an enrollment of undergraduate students that is

1       made up of at least 10 percent Asian American and  
2       Pacific Islander students.

3       “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
4 is authorized to be appropriated to carry out this section,  
5 such sums as may be necessary for each of fiscal years  
6 2007 through 2012.

7       **“SEC. 2917. CAREER DEVELOPMENT FOR SCIENTISTS AND**  
8                                   **RESEARCHERS.**

9       “(a) IN GENERAL.—The Secretary, acting through  
10 the Director of the National Institutes of Health, the Di-  
11 rector of the Centers for Disease Control and Prevention,  
12 the Commissioner of Food and Drugs, and the Director  
13 of the Agency for Healthcare Research and Quality, shall  
14 award grants that expand existing opportunities for sci-  
15 entists and researchers and promote the inclusion of  
16 underrepresented minorities in the health professions.

17       “(b) RESEARCH FUNDING.—The head of each entity  
18 within the Department of Health and Human Services  
19 shall establish or expand existing programs to provide re-  
20 search funding to scientists and researchers in-training.  
21 Under such programs, the head of each such entity shall  
22 give priority in allocating research funding to support  
23 health research in traditionally underserved communities,  
24 including underrepresented minority communities, and re-  
25 search classified as community or participatory.

1       “(c) DATA COLLECTION.—The head of each entity  
2 within the Department of Health and Human Services  
3 shall collect data on the number (expressed as an absolute  
4 number and a percentage) of underrepresented minority  
5 and nonminority applicants who receive and are denied  
6 agency funding at every stage of review. Such data shall  
7 be reported annually to the Secretary and the appropriate  
8 committees of Congress.

9       “(d) STUDENT LOAN REIMBURSEMENT.—The Sec-  
10 retary shall establish a student loan reimbursement pro-  
11 gram to provide student loan reimbursement assistance to  
12 researchers who focus on racial and ethnic disparities in  
13 health. The Secretary shall promulgate regulations to de-  
14 fine the scope and procedures for the program under this  
15 subsection.

16       “(e) STUDENT LOAN CANCELLATION.—The Sec-  
17 retary shall establish a student loan cancellation program  
18 to provide student loan cancellation assistance to research-  
19 ers who focus on racial and ethnic disparities in health.  
20 Students participating in the program shall make a min-  
21 imum 5-year commitment to work at an accredited health  
22 profession school. The Secretary shall promulgate addi-  
23 tional regulations to define the scope and procedures for  
24 the program under this subsection.

1       “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated to carry out this section,  
3 such sums as may be necessary for each of fiscal years  
4 2007 through 2012.

5       **“SEC. 2918. CAREER SUPPORT FOR NON-RESEARCH**  
6                                   **HEALTH PROFESSIONALS.**

7       “(a) IN GENERAL.—The Secretary, acting through  
8 the Director of the Centers for Disease Control and Pre-  
9 vention, the Administrator of the Substance Abuse and  
10 Mental Health Services Administration, the Administrator  
11 of the Health Resources and Services Administration, and  
12 the Administrator of the Centers for Medicare and Med-  
13 icaid Services shall establish a program to award grants  
14 to eligible individuals for career support in non-research-  
15 related healthcare.

16       “(b) ELIGIBILITY.—To be eligible to receive a grant  
17 under subsection (a) an individual shall—

18               “(1) be a student in a health professions school,  
19 a graduate of such a school who is working in a  
20 health profession, or a faculty member of such a  
21 school; and

22               “(2) submit to the Secretary an application at  
23 such time, in such manner, and containing such in-  
24 formation as the Secretary may require.

1       “(c) USE OF FUNDS.—An individual shall use  
2 amounts received under a grant under this section to—

3               “(1) support the individual’s health activities or  
4 projects that involve underserved communities, in-  
5 cluding racial and ethnic minority communities;

6               “(2) support health-related career advancement  
7 activities; and

8               “(3) to pay, or as reimbursement for payments  
9 of, student loans for individuals who are health pro-  
10 fessionals and are focused on health issues affecting  
11 underserved communities, including racial and eth-  
12 nic minority communities.

13       “(d) DEFINITION.—In this section, the term ‘career  
14 in non-research-related healthcare’ means employment or  
15 intended employment in the field of public health, health  
16 policy, health management, health administration, medi-  
17 cine, nursing, pharmacy, allied health, community health,  
18 or other fields determined appropriate by the Secretary,  
19 other than in a position that involves research.

20       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
21 is authorized to be appropriated to carry out this section,  
22 such sums as may be necessary for each of fiscal years  
23 2007 through 2012.

1 **“SEC. 2919. RESEARCH ON THE EFFECT OF WORKFORCE DI-**  
2 **VERSITY ON QUALITY.**

3 “(a) IN GENERAL.—The Director of the Agency for  
4 Healthcare Research and Quality, in collaboration with  
5 the Deputy Assistant Secretary for Minority Health Dis-  
6 parity Elimination and the Director of the National Cen-  
7 ter on Minority Health and Health Disparities, shall  
8 award grants to eligible entities to expand research on the  
9 link between health workforce diversity and quality  
10 healthcare.

11 “(b) ELIGIBILITY.—To be eligible to receive a grant  
12 under subsection (a) an entity shall—

13 “(1) be a clinical, public health, or health serv-  
14 ices research entity or other entity determined ap-  
15 propriate by the Director; 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.

19 “(c) USE OF FUNDS.—Amounts received under a  
20 grant awarded under subsection (a) shall be used to sup-  
21 port research that investigates the effect of health work-  
22 force diversity on—

23 “(1) language access;

24 “(2) cultural competence;

25 “(3) patient satisfaction;

26 “(4) timeliness of care;

1           “(5) safety of care;  
2           “(6) effectiveness of care;  
3           “(7) efficiency of care;  
4           “(8) patient outcomes;  
5           “(9) community engagement;  
6           “(10) resource allocation;  
7           “(11) organizational structure; or  
8           “(12) other topics determined appropriate by  
9           the Director.

10          “(d) PRIORITY.—In awarding grants under sub-  
11 section (a), the Director shall give individualized consider-  
12 ation to all relevant aspects of the applicant’s background.  
13 Consideration of prior research experience involving the  
14 health of underserved communities shall be such a factor.

15          “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
16 is authorized to be appropriated to carry out this section,  
17 such sums as may be necessary for each of fiscal years  
18 2007 through 2012.

19          **“SEC. 2920. HEALTH DISPARITIES EDUCATION PROGRAM.**

20          “(a) ESTABLISHMENT.—The Secretary, acting  
21 through the National Center on Minority Health and  
22 Health Disparities and in collaboration with the Office of  
23 Minority Health Disparity Elimination, the Office for Civil  
24 Rights, the Centers for Disease Control and Prevention,  
25 the Centers for Medicare and Medicaid Services, the

1 Health Resources and Services Administration, and other  
2 appropriate public and private entities, shall establish and  
3 coordinate a health and healthcare disparities education  
4 program to support, develop, and implement educational  
5 initiatives and outreach strategies that inform healthcare  
6 professionals and the public about the existence of and  
7 methods to reduce racial and ethnic disparities in health  
8 and healthcare.

9       “(b) ACTIVITIES.—The Secretary, through the edu-  
10 cation program established under subsection (a) shall,  
11 through the use of public awareness and outreach cam-  
12 paigns targeting the general public and the medical com-  
13 munity at large—

14               “(1) disseminate scientific evidence for the ex-  
15 istence and extent of racial and ethnic disparities in  
16 healthcare, including disparities that are not other-  
17 wise attributable to known factors such as access to  
18 care, patient preferences, or appropriateness of  
19 intervention, as described in the 2002 Institute of  
20 Medicine Report, Unequal Treatment;

21               “(2) disseminate new research findings to  
22 healthcare providers and patients to assist them in  
23 understanding, reducing, and eliminating health and  
24 healthcare disparities;



1 nority Health Disparity Elimination, and the Director of  
2 the National Center for Minority Health and Health Dis-  
3 parities, shall award grants to eligible entities to test, im-  
4 plement, and evaluate models of cultural competence  
5 training, including continuing education, for healthcare  
6 providers in coordination with the initiative under section  
7 2920(a).

8 “(b) ELIGIBILITY.—To be eligible to receive a grant  
9 under subsection (a), an entity shall—

10 “(1) be an academic medical center, a health  
11 center or clinic, a hospital, a health plan, a health  
12 system, or a health care professional guild (including  
13 a mental health care professional guild);

14 “(2) partner with a minority serving institution,  
15 minority professional association, or community-  
16 based organization representing minority popu-  
17 lations, in addition to a research institution to carry  
18 out activities under this grant; and

19 “(3) prepare and submit to the Secretary an  
20 application at such time, in such manner, and con-  
21 taining such information as the Secretary may re-  
22 quire.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
24 is authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years  
2 2007 through 2012.”.

3 **SEC. 202. HEALTH CAREERS OPPORTUNITY PROGRAM.**

4 (a) PURPOSE.—It is the purpose of this section to  
5 diversify the healthcare workforce by increasing the num-  
6 ber of individuals from disadvantaged backgrounds in the  
7 health and allied health professions by enhancing the aca-  
8 demic skills of students from disadvantaged backgrounds  
9 and supporting them in successfully competing, entering,  
10 and graduating from health professions training pro-  
11 grams.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
13 740(c) of the Public Health Service Act (42 U.S.C.  
14 293d(c)) is amended by striking “\$29,400,000” and all  
15 that follows through “2002” and inserting “\$50,000,000  
16 for fiscal year 2007, and such sums as may be necessary  
17 for each of fiscal years 2008 through 2012”.

18 **SEC. 203. PROGRAM OF EXCELLENCE IN HEALTH PROFES-**  
19 **SIONS EDUCATION FOR UNDERREP-**  
20 **RESENTED MINORITIES.**

21 (a) PURPOSE.—It is the purpose of this section to  
22 diversify the healthcare workforce by supporting programs  
23 of excellence in designated health professions schools that  
24 demonstrate a commitment to underrepresented minority  
25 populations with a focus on minority health issues, cul-

1 tural and linguistic competence, and eliminating health  
2 disparities.

3 (b) AUTHORIZATION OF APPROPRIATION.—Section  
4 737(h)(1) of the Public Health Service Act (42 U.S.C.  
5 293(h)(1)) is amended to read as follows:

6 “(1) AUTHORIZATION OF APPROPRIATIONS.—  
7 For the purpose of making grants under subsection  
8 (a), there are authorized to be appropriated  
9 \$50,000,000 for fiscal year 2007, and such sums as  
10 may be necessary for each of the fiscal years 2008  
11 through 2012.”.

12 **SEC. 204. HISPANIC-SERVING HEALTH PROFESSIONS**  
13 **SCHOOLS.**

14 Part B of title VII of the Public Health Service Act  
15 (42 U.S.C. 293 et seq.) is amended by adding at the end  
16 the following:

17 **“SEC. 742. HISPANIC-SERVING HEALTH PROFESSIONS**  
18 **SCHOOLS.**

19 “(a) IN GENERAL.—The Secretary, acting through  
20 the Administrator of the Health Resources and Services  
21 Administration, shall award grants to Hispanic-serving  
22 health professions schools for the purpose of carrying out  
23 programs to recruit Hispanic individuals to enroll in and  
24 graduate from such schools, which may include providing  
25 scholarships and other financial assistance as appropriate.

1 “(b) ELIGIBILITY.—In subsection (a), the term ‘His-  
2 panic-serving health professions school’ means an entity  
3 that—

4 “(1) is a school or program under section  
5 799B;

6 “(2) has an enrollment of full-time equivalent  
7 students that is made up of at least 9 percent His-  
8 panic students;

9 “(3) has been effective in carrying out pro-  
10 grams to recruit Hispanic individuals to enroll in  
11 and graduate from the school;

12 “(4) has been effective in recruiting and retain-  
13 ing Hispanic faculty members; and

14 “(5) has a significant number of graduates who  
15 are providing health services to medically under-  
16 served populations or to individuals in health profes-  
17 sional shortage areas.”.

18 **SEC. 205. HEALTH PROFESSIONS STUDENT LOAN FUND; AU-**  
19 **THORIZATIONS OF APPROPRIATIONS RE-**  
20 **GARDING STUDENTS FROM DISADVANTAGED**  
21 **BACKGROUNDS.**

22 Section 724(f)(1) of the Public Health Service Act  
23 (42 U.S.C. 292t(f)(1)) is amended by striking  
24 “\$8,000,000” and all that follows and inserting  
25 “\$35,000,000 for fiscal year 2007, and such sums as may

1 be necessary for each of the fiscal years 2008 through  
2 2012.”.

3 **SEC. 206. NATIONAL HEALTH SERVICE CORPS; RECRUIT-**  
4 **MENT AND FELLOWSHIPS FOR INDIVIDUALS**  
5 **FROM DISADVANTAGED BACKGROUNDS.**

6 (a) IN GENERAL.—Section 331(b) of the Public  
7 Health Service Act (42 U.S.C. 254d(b)) is amended by  
8 adding at the end the following:

9 “(3) The Secretary shall ensure that the individuals  
10 with respect to whom activities under paragraphs (1) and  
11 (2) are carried out include individuals from disadvantaged  
12 backgrounds, including activities carried out to provide  
13 health professions students with information on the Schol-  
14 arship and Repayment Programs.”.

15 (b) ASSIGNMENT OF CORPS PERSONNEL.—Section  
16 333(a) of the Public Health Service Act (42 U.S.C.  
17 254f(a)) is amended by adding at the end the following:

18 “(4) In assigning Corps personnel under this section,  
19 the Secretary shall give preference to applicants who re-  
20 quest assignment to a federally qualified health center (as  
21 defined in section 1905(l)(2)(B) of the Social Security  
22 Act) or to a provider organization that has a majority of  
23 patients who are minorities or individuals from low-income  
24 families (families with a family income that is less than  
25 200 percent of the Official Poverty Line).”.

1 **SEC. 207. LOAN REPAYMENT PROGRAM OF THE CENTERS**  
2 **FOR DISEASE CONTROL AND PREVENTION.**

3 Section 317F(c) of the Public Health Service Act (42  
4 U.S.C. 247b-7(c)) is amended—

5 (1) by striking “and” after “1994,”; and

6 (2) by inserting before the period the following:

7 “\$750,000 for fiscal year 2007, and such sums as  
8 may be necessary for each of the fiscal years 2008  
9 through 2012.”.

10 **SEC. 208. COOPERATIVE AGREEMENTS FOR ONLINE DE-**  
11 **GREE PROGRAMS AT SCHOOLS OF PUBLIC**  
12 **HEALTH AND SCHOOLS OF ALLIED HEALTH.**

13 Part B of title VII of the Public Health Service Act  
14 (42 U.S.C. 293 et seq.), as amended by section 204, is  
15 further amended by adding at the end the following:

16 **“SEC. 743. COOPERATIVE AGREEMENTS FOR ONLINE DE-**  
17 **GREE PROGRAMS.**

18 “(a) COOPERATIVE AGREEMENTS.—The Secretary,  
19 acting through the Administrator of the Health Resources  
20 and Services Administration, in consultation with the Di-  
21 rector of the Centers for Disease Control and Prevention,  
22 the Director of the Agency for Healthcare Research and  
23 Quality, and the Deputy Assistant Secretary for Minority  
24 Health Disparity Elimination, shall award cooperative  
25 agreements to schools of public health and schools of allied  
26 health to design and implement online degree programs.

1       “(b) PRIORITY.—In awarding cooperative agreements  
2 under this section, the Secretary shall give priority to any  
3 school of public health or school of allied health that has  
4 an established track record of serving medically under-  
5 served communities.

6       “(c) REQUIREMENTS.—Awardees must design and  
7 implement an online degree program, that meet the fol-  
8 lowing restrictions:

9           “(1) Enrollment of individuals who have ob-  
10 tained a secondary school diploma or its recognized  
11 equivalent.

12           “(2) Maintaining a significant enrollment of  
13 underrepresented minority or disadvantaged stu-  
14 dents.

15       “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
16 are authorized to be appropriated to carry out this section,  
17 such sums as may be necessary for each of fiscal years  
18 2007 through 2012.”.

19 **SEC. 209. MID-CAREER HEALTH PROFESSIONS SCHOLAR-**  
20 **SHIP PROGRAM.**

21       Part B of title VII of the Public Health Service Act  
22 (as amended by section 208) is further amended by adding  
23 at the end the following:

1 **“SEC. 744. MID-CAREER HEALTH PROFESSIONS SCHOLAR-**  
2 **SHIP PROGRAM.**

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

8 “(b) EXPENSES.—Amounts awarded as a scholarship  
9 under this section—

10 “(1) subject to paragraph (2), may be expended  
11 only for tuition expenses, other reasonable edu-  
12 cational expenses, and reasonable living expenses in-  
13 curred in the attendance of the school involved; and

14 “(2) may be expended for stipends to eligible  
15 individuals for the enrolled period at eligible schools,  
16 except that such a stipend may not be provided to  
17 an individual for more than 4 years, and such a sti-  
18 pend may not exceed \$35,000 per year (notwith-  
19 standing any other provision of law regarding the  
20 amount of stipends).

21 “(c) DEFINITIONS.—In this section:

22 “(1) ELIGIBLE SCHOOL.—The term ‘eligible  
23 school’ means a school of medicine, osteopathic med-  
24 icine, dentistry, nursing (as defined in section 801),  
25 pharmacy, podiatric medicine, optometry, veterinary  
26 medicine, public health, chiropractic, or allied health,

1 a school offering a graduate program in mental and  
2 behavioral health practice, or an entity providing  
3 programs for the training of physician assistants.

4 “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible  
5 individual’ means an individual who has obtained a  
6 secondary school diploma or its recognized equiva-  
7 lent.

8 “(d) PRIORITY.—In providing scholarships to eligible  
9 individuals, eligible schools shall give to individuals from  
10 disadvantaged backgrounds.

11 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
12 are authorized to be appropriated to carry out this section,  
13 such sums as may be necessary for each of fiscal years  
14 2007 through 2012.”.

15 **SEC. 210. STRENGTHENING AND EXPANDING RURAL**  
16 **HEALTH PROVIDER NETWORKS.**

17 Section 330A of the Public Health Service Act (42  
18 U.S.C. 254e) is amended—

19 (1) in subsection (h), by adding at the end the  
20 following:

21 “(4) RURAL MINORITY, BORDER, AND INDIAN  
22 POPULATIONS.—In making grants under this sec-  
23 tion, the Director of the Office of Rural Health Pol-  
24 icy of the Health Resources and Services Adminis-  
25 tration, in coordination with the Director of the In-

1       dian Health Service and the Deputy Assistant Sec-  
2       retary for Minority Health Disparity Elimination,  
3       shall make grants to entities that serve rural minor-  
4       ity, border, and Indian populations.

5               “(5) DIVERSITY HEALTH TRAINING PRO-  
6       GRAMS.—The Director of the Office of Rural Health  
7       Policy of the Health Resources and Services Admin-  
8       istration, in coordination with the Director of the In-  
9       dian Health Service and the Deputy Assistant Sec-  
10      retary for Minority Health Disparity Elimination,  
11      shall coordinate the awarding of grants under this  
12      section with the awarding of grants and contracts  
13      under section 765 to connect and integrate diversity  
14      health training programs.”; and

15              (2) in subsection (k), as redesignated by this  
16      section, by striking “and such sums as may be nec-  
17      essary for each of fiscal years 2003 through 2006”  
18      and inserting “, such sums as may be necessary for  
19      each of fiscal years 2003 through 2005, and  
20      \$60,000,000 for each of fiscal years 2006 through  
21      2010”.

1 **SEC. 211. NATIONAL REPORT ON THE PREPAREDNESS OF**  
2 **HEALTH PROFESSIONALS TO CARE FOR DI-**  
3 **VERSE POPULATIONS.**

4 The Secretary of Health and Human Services shall  
5 include in the report prepared under section 1707(c) of  
6 the Public Health Service Act (as added by section 404  
7 of this Act), information relating to the preparedness of  
8 health professionals to care for racially and ethnically di-  
9 verse populations. Such information, which shall be col-  
10 lected by the Bureau of Health Professions, shall in-  
11 clude—

12 (1) with respect to health professions education,  
13 the number and percentage of hours of classroom  
14 discussion relating to minority health issues, includ-  
15 ing cultural competence;

16 (2) a description of the coursework involved in  
17 such education;

18 (3) a description of the results of an evaluation  
19 of the preparedness of students in such education;

20 (4) a description of the types of exposure that  
21 students have during their education to minority pa-  
22 tient populations; and

23 (5) a description of model programs and prac-  
24 tices.

1 **SEC. 212. SCHOLARSHIP AND FELLOWSHIP PROGRAMS.**

2 Subtitle A of title XXIX of the Public Health Service  
3 Act, as amended by section 201, is further amended by  
4 adding at the end the following:

5 **“SEC. 2920B. DAVID SATCHER PUBLIC HEALTH AND**  
6 **HEALTH SERVICES CORPS.**

7 “(a) IN GENERAL.—The Administrator of the Health  
8 Resources and Services Administration and Director of  
9 the Centers for Disease Control and Prevention, in col-  
10 laboration with the Deputy Assistant Secretary for Minor-  
11 ity Health Disparity Elimination, shall award grants to  
12 eligible entities to increase awareness among post-primary  
13 and post-secondary students of career opportunities in the  
14 health professions.

15 “(b) ELIGIBILITY.—To be eligible to receive a grant  
16 under subsection (a) an entity shall—

17 “(1) be a clinical, public health or health serv-  
18 ices organization, community-based or non-profit en-  
19 tity, or other entity determined appropriate by the  
20 Director of the Centers for Disease Control and Pre-  
21 vention;

22 “(2) serve a health professional shortage area,  
23 as determined by the Secretary;

24 “(3) work with students, including those from  
25 racial and ethnic minority backgrounds, that have  
26 expressed an interest in the health professions; and

1           “(4) submit to the Secretary an application at  
2           such time, in such manner, and containing such in-  
3           formation as the Secretary may require.

4           “(c) USE OF FUNDS.—Grant awards under sub-  
5           section (a) shall be used to support internships that will  
6           increase awareness among students of non-research based  
7           and career opportunities in the following health profes-  
8           sions:

9           “(1) Medicine.

10          “(2) Nursing.

11          “(3) Public Health.

12          “(4) Pharmacy.

13          “(5) Health Administration and Management.

14          “(6) Health Policy.

15          “(7) Psychology.

16          “(8) Dentistry.

17          “(9) International Health.

18          “(10) Social Work.

19          “(11) Allied Health.

20          “(12) Hospice.

21          “(13) Other professions deemed appropriate by  
22          the Director of the Centers for Disease Control and  
23          Prevention.

24          “(d) PRIORITY.—In awarding grants under sub-  
25          section (a), the Director of the Centers for Disease Con-

1 trol and Prevention shall give priority to those entities  
2 that—

3           “(1) serve a high proportion of individuals from  
4           disadvantaged backgrounds;

5           “(2) have experience in health disparity elimi-  
6           nation programs;

7           “(3) facilitate the entry of disadvantaged indi-  
8           viduals into institutions of higher education; and

9           “(4) provide counseling or other services de-  
10          signed to assist disadvantaged individuals in success-  
11          fully completing their education at the post-sec-  
12          ondary level.

13          “(e) STIPENDS.—The Secretary may approve sti-  
14          pends under this section for individuals for any period of  
15          education in student-enhancement programs (other than  
16          regular courses) at health professions schools, programs,  
17          or entities, except that such a stipend may not be provided  
18          to an individual for more than 6 months, and such a sti-  
19          pend may not exceed \$20 per day (notwithstanding any  
20          other provision of law regarding the amount of stipends).

21          “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
22          is authorized to be appropriated to carry out this section,  
23          such sums as may be necessary for each of fiscal years  
24          2007 through 2012.

1 **“SEC. 2920C. LOUIS STOKES PUBLIC HEALTH SCHOLARS**  
2 **PROGRAM.**

3 “(a) IN GENERAL.—The Director of the Centers for  
4 Disease Control and Prevention, in collaboration with the  
5 Deputy Assistant Secretary for Minority Health Disparity  
6 Elimination, shall award scholarships to postsecondary  
7 students who seek a career in public health.

8 “(b) ELIGIBILITY.—To be eligible to receive a schol-  
9 arship under subsection (a) an individual shall—

10 “(1) have experience in public health research  
11 or public health practice, or other health professions  
12 as determined appropriate by the Director of the  
13 Centers for Disease Control and Prevention;

14 “(2) reside in a health professional shortage  
15 area as determined by the Secretary;

16 “(3) have expressed an interest in public health;

17 “(4) demonstrate promise for becoming a leader  
18 in public health;

19 “(5) secure admission to a 4-year institution of  
20 higher education;

21 “(6) comply with subsection (f); and

22 “(7) submit to the Secretary an application at  
23 such time, in such manner, and containing such in-  
24 formation as the Secretary may require.

1       “(c) USE OF FUNDS.—Amounts received under an  
2 award under subsection (a) shall be used to support oppor-  
3 tunities for students to become public health professionals.

4       “(d) PRIORITY.—In awarding grants under sub-  
5 section (a), the Director shall give priority to those stu-  
6 dents that—

7           “(1) are from disadvantaged backgrounds;

8           “(2) have secured admissions to a minority  
9 serving institution; and

10          “(3) have identified a health professional as a  
11 mentor at their school or institution and an aca-  
12 demic advisor to assist in the completion of their  
13 baccalaureate degree.

14       “(e) SCHOLARSHIPS.—The Secretary may approve  
15 payment of scholarships under this section for such indi-  
16 viduals for any period of education in student under-  
17 graduate tenure, except that such a scholarship may not  
18 be provided to an individual for more than 4 years, and  
19 such scholarships may not exceed \$10,000 per academic  
20 year (notwithstanding any other provision of law regard-  
21 ing the amount of scholarship).

22       “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
23 is authorized to be appropriated to carry out this section,  
24 such sums as may be necessary for each of fiscal years  
25 2007 through 2012.

1 **“SEC. 2920D. PATSY MINK HEALTH AND GENDER RESEARCH**  
2 **FELLOWSHIP PROGRAM.**

3 “(a) IN GENERAL.—The Director of the Centers for  
4 Disease Control and Prevention, in collaboration with the  
5 Deputy Assistant Secretary for Minority Health Disparity  
6 Elimination, the Administrator of the Substance Abuse  
7 and Mental Health Services Administration, and the Di-  
8 rector of the Indian Health Services, shall award research  
9 fellowships to post-baccalaureate students to conduct re-  
10 search that will examine gender and health disparities and  
11 to pursue a career in the health professions.

12 “(b) ELIGIBILITY.—To be eligible to receive a fellow-  
13 ship under subsection (a) an individual shall—

14 “(1) have experience in health research or pub-  
15 lic health practice;

16 “(2) reside in a health professional shortage  
17 area as determined by the Secretary;

18 “(3) have expressed an interest in the health  
19 professions;

20 “(4) demonstrate promise for becoming a leader  
21 in the field of women’s health;

22 “(5) secure admission to a health professions  
23 school or graduate program with an emphasis in  
24 gender studies;

25 “(6) comply with subsection (f); and

1           “(7) submit to the Secretary an application at  
2           such time, in such manner, and containing such in-  
3           formation as the Secretary may require.

4           “(c) USE OF FUNDS.—Amounts received under an  
5           award under subsection (a) shall be used to support oppor-  
6           tunities for students to become researchers and advance  
7           the research base on the intersection between gender and  
8           health.

9           “(d) PRIORITY.—In awarding grants under sub-  
10          section (a), the Director of the Centers for Disease Con-  
11          trol and Prevention shall give priority to those applicants  
12          that—

13                 “(1) are from disadvantaged backgrounds; and

14                 “(2) have identified a mentor and academic ad-  
15          visor who will assist in the completion of their grad-  
16          uate or professional degree and have secured a re-  
17          search assistant position with a researcher working  
18          in the area of gender and health.

19          “(e) FELLOWSHIPS.—The Director of the Centers for  
20          Disease Control and Prevention may approve fellowships  
21          for individuals under this section for any period of edu-  
22          cation in the student’s graduate or health profession ten-  
23          ure, except that such a fellowship may not be provided  
24          to an individual for more than 3 years, and such a fellow-  
25          ship may not exceed \$18,000 per academic year (notwith-

1 standing any other provision of law regarding the amount  
2 of fellowship).

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
4 is authorized to be appropriated to carry out this section,  
5 such sums as may be necessary for each of fiscal years  
6 2007 through 2012.

7 **“SEC. 2920E. PAUL DAVID WELLSTONE INTERNATIONAL**  
8 **HEALTH FELLOWSHIP PROGRAM.**

9 “(a) IN GENERAL.—The Director of the Agency for  
10 Healthcare Research and Quality, in collaboration with  
11 the Deputy Assistant Secretary for Minority Health Dis-  
12 parity Elimination, shall award research fellowships to col-  
13 lege students or recent graduates to advance their under-  
14 standing of international health.

15 “(b) ELIGIBILITY.—To be eligible to receive a fellow-  
16 ship under subsection (a) an individual shall—

17 “(1) have educational experience in the field of  
18 international health;

19 “(2) reside in a health professional shortage  
20 area as determined by the Secretary;

21 “(3) demonstrate promise for becoming a leader  
22 in the field of international health;

23 “(4) be a college senior or recent graduate of  
24 a four year higher education institution;

25 “(5) comply with subsection (f); and

1           “(6) submit to the Secretary an application at  
2           such time, in such manner, and containing such in-  
3           formation as the Secretary may require.

4           “(c) USE OF FUNDS.—Amounts received under an  
5           award under subsection (a) shall be used to support oppor-  
6           tunities for students to become health professionals and  
7           to advance their knowledge about international issues re-  
8           lating to healthcare access and quality.

9           “(d) PRIORITY.—In awarding grants under sub-  
10          section (a), the Director shall give priority to those appli-  
11          cants that—

12           “(1) are from a disadvantaged background; and

13           “(2) have identified a mentor at a health pro-  
14          fessions school or institution, an academic advisor to  
15          assist in the completion of their graduate or profes-  
16          sional degree, and an advisor from an international  
17          health Non-Governmental Organization, Private Vol-  
18          unteer Organization, or other international institu-  
19          tion or program that focuses on increasing  
20          healthcare access and quality for residents in devel-  
21          oping countries.

22          “(e) FELLOWSHIPS.—The Secretary shall approve  
23          fellowships for college seniors or recent graduates, except  
24          that such a fellowship may not be provided to an indi-  
25          vidual for more than 6 months, may not be awarded to

1 a graduate that has not been enrolled in school for more  
2 than 1 year, and may not exceed \$4,000 per academic year  
3 (notwithstanding any other provision of law regarding the  
4 amount of fellowship).

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
6 is authorized to be appropriated to carry out this section,  
7 such sums as may be necessary for each of fiscal years  
8 2007 through 2012.

9 **“SEC. 2920F. EDWARD R. ROYBAL HEALTHCARE SCHOLAR**  
10 **PROGRAM.**

11 “(a) IN GENERAL.—The Director of the Agency for  
12 Healthcare Research and Quality, the Director of the Cen-  
13 ters for Medicaid and Medicare, and the Administrator for  
14 Health Resources and Services Administration, in collabo-  
15 ration with the Deputy Assistant Secretary for Minority  
16 Health Disparity Elimination, shall award grants to eligi-  
17 ble entities to expose entering graduate students to the  
18 health professions.

19 “(b) ELIGIBILITY.—To be eligible to receive a grant  
20 under subsection (a) an entity shall—

21 “(1) be a clinical, public health or health serv-  
22 ices organization, community-based or non-profit en-  
23 tity, or other entity determined appropriate by the  
24 Director of the Agency for Healthcare Research and  
25 Quality;

1           “(2) serve in a health professional shortage  
2 area as determined by the Secretary;

3           “(3) work with students obtaining a degree in  
4 the health professions; and

5           “(4) submit to the Secretary an application at  
6 such time, in such manner, and containing such in-  
7 formation as the Secretary may require.

8           “(c) USE OF FUNDS.—Amounts received under a  
9 grant awarded under subsection (a) shall be used to sup-  
10 port opportunities that expose students to non-research  
11 based health professions, including—

12           “(1) public health policy;

13           “(2) healthcare and pharmaceutical policy;

14           “(3) healthcare administration and manage-  
15 ment;

16           “(4) health economics; and

17           “(5) other professions determined appropriate  
18 by the Director of the Agency for Healthcare Re-  
19 search and Quality.

20           “(d) PRIORITY.—In awarding grants under sub-  
21 section (a), the Director of the Agency for Healthcare Re-  
22 search and Quality shall give priority to those entities  
23 that—

24           “(1) have experience with health disparity elimi-  
25 nation programs;

1           “(2) facilitate training in the fields described in  
2           subsection (c); and

3           “(3) provide counseling or other services de-  
4           signed to assist such individuals in successfully com-  
5           pleting their education at the post-secondary level.

6           “(e) STIPENDS.—The Secretary may approve the  
7           payment of stipends for individuals under this section for  
8           any period of education in student-enhancement programs  
9           (other than regular courses) at health professions schools  
10          or entities, except that such a stipend may not be provided  
11          to an individual for more than 2 months, and such a sti-  
12          pend may not exceed \$100 per day (notwithstanding any  
13          other provision of law regarding the amount of stipends).

14          “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
15          is authorized to be appropriated to carry out this section  
16          such sums as may be necessary for each of fiscal years  
17          2007 through 2012.”.

18       **SEC. 213. ADVISORY COMMITTEE ON HEALTH PROFES-**  
19                               **SIONS TRAINING FOR DIVERSITY.**

20          (a) ESTABLISHMENT.—The Secretary of Health and  
21          Human Services (referred to in this section as the “Sec-  
22          retary”) shall establish an advisory committee to be known  
23          as the Advisory Committee on Health Professions Train-  
24          ing for Diversity (in this section referred to as the “Advi-  
25          sory Committee”).

1 (b) COMPOSITION.—

2 (1) IN GENERAL.—The Secretary shall deter-  
3 mine the appropriate number of individuals to serve  
4 on the Advisory Committee. Such individuals shall  
5 not be officers or employees of the Federal Govern-  
6 ment.

7 (2) APPOINTMENT.—Not later than 60 days  
8 after the date of enactment of this section, the Sec-  
9 retary shall appoint the members of the Advisory  
10 Committee from among individuals who are health  
11 professionals. In making such appointments, the  
12 Secretary shall ensure a fair balance between the  
13 health professions, that at least 75 percent of the  
14 members of the Advisory Committee are health pro-  
15 fessionals, a broad geographic representation of  
16 members and a balance between urban and rural  
17 members. Members shall be appointed based on their  
18 competence, interest, and knowledge of the mission  
19 of the profession involved.

20 (3) MINORITY REPRESENTATION.—In appoint-  
21 ing the members of the Advisory Committee under  
22 paragraph (2), the Secretary shall ensure the ade-  
23 quate representation of women and minorities.

24 (c) TERMS.—

1           (1) IN GENERAL.—A member of the Advisory  
2 Committee shall be appointed for a term of 3 years,  
3 except that of the members first appointed—

4           (A)  $\frac{1}{3}$  of such members shall serve for a  
5 term of 1 year;

6           (B)  $\frac{1}{3}$  of such members shall serve for a  
7 term of 2 years; and

8           (C)  $\frac{1}{3}$  of such members shall serve for a  
9 term of 3 years.

10          (2) VACANCIES.—

11           (A) IN GENERAL.—A vacancy on the Advi-  
12 sory Committee shall be filled in the manner in  
13 which the original appointment was made and  
14 shall be subject to any conditions which applied  
15 with respect to the original appointment.

16           (B) FILLING UNEXPIRED TERM.—An indi-  
17 vidual chosen to fill a vacancy shall be ap-  
18 pointed for the unexpired term of the member  
19 replaced.

20          (d) DUTIES.—

21           (1) IN GENERAL.—The Advisory Committee  
22 shall—

23           (A) provide advice and recommendations to  
24 the Secretary concerning policy and program

1 development and other matters of significance  
2 concerning activities under this part; and

3 (B) not later than 2 years after the date  
4 of enactment of this section, and annually  
5 thereafter, prepare and submit to the Secretary,  
6 and the Committee on Health, Education,  
7 Labor and Pensions of the Senate, and the  
8 Committee on Energy and Commerce of the  
9 House of Representatives, a report describing  
10 the activities of the Committee.

11 (2) CONSULTATION WITH STUDENTS.—In car-  
12 rying out duties under paragraph (1), the Advisory  
13 Committee shall consult with individuals who are at-  
14 tending health professions schools with which this  
15 part is concerned.

16 (e) MEETINGS AND DOCUMENTS.—

17 (1) MEETINGS.—The Advisory Committee shall  
18 meet not less than 2 times each year. Such meetings  
19 shall be held jointly with other related entities estab-  
20 lished under this title where appropriate.

21 (2) DOCUMENTS.—Not later than 14 days prior  
22 to the convening of a meeting under paragraph (1),  
23 the Advisory Committee shall prepare and make  
24 available an agenda of the matters to be considered  
25 by the Advisory Committee at such meeting. At any

1 such meeting, the Advisory Committee shall dis-  
2 tribute materials with respect to the issues to be ad-  
3 dressed at the meeting. Not later than 30 days after  
4 the adjourning of such a meeting, the Advisory Com-  
5 mittee shall prepare and make available a summary  
6 of the meeting and any actions taken by the Com-  
7 mittee based upon the meeting.

8 (f) COMPENSATION AND EXPENSES.—

9 (1) COMPENSATION.—Each member of the Ad-  
10 visory Committee shall be compensated at a rate  
11 equal to the daily equivalent of the annual rate of  
12 basic pay prescribed for level IV of the Executive  
13 Schedule under section 5315 of title 5, United  
14 States Code, for each day (including travel time)  
15 during which such member is engaged in the per-  
16 formance of the duties of the Committee.

17 (2) EXPENSES.—The members of the Advisory  
18 Committee shall be allowed travel expenses, includ-  
19 ing per diem in lieu of subsistence, at rates author-  
20 ized for employees of agencies under subchapter I of  
21 chapter 57 of title 5, United States Code, while  
22 away from their homes or regular places of business  
23 in the performance of services for the Committee.

24 (g) FACA.—The Federal Advisory Committee Act  
25 shall apply to the Advisory Committee under this section

1 only to the extent that the provisions of such Act do not  
2 conflict with the requirements of this section.

3 **SEC. 214. MCNAIR POSTBACCALAUREATE ACHIEVEMENT**  
4 **PROGRAM.**

5 Section 402E of the Higher Education Act of 1965  
6 (20 U.S.C. 1070a–15) is amended by striking subsection  
7 (f) and inserting the following:

8 “(f) **COLLABORATION IN HEALTH PROFESSION DI-**  
9 **VERSITY TRAINING PROGRAMS.**—The Secretary of Edu-  
10 cation shall coordinate with the Secretary of Health and  
11 Human Services to ensure that there is collaboration be-  
12 tween the goals of the program under this section and pro-  
13 grams of the Health Resources and Services Administra-  
14 tion that promote health workforce diversity. The Sec-  
15 retary of Education shall take such measures as may be  
16 necessary to encourage participants in programs under  
17 this section to consider health profession careers.

18 “(g) **FUNDING.**—From amounts appropriated pursu-  
19 ant to the authority of section 402A(f), the Secretary  
20 shall, to the extent practicable, allocate funds for projects  
21 authorized by this section in an amount which is not less  
22 than \$31,000,000 for each of the fiscal years 2006  
23 through 2012.”.

1     **TITLE III—DATA COLLECTION**  
 2                     **AND REPORTING**

3     **SEC. 301. AMENDMENT TO THE PUBLIC HEALTH SERVICE**  
 4                     **ACT.**

5             (a) PURPOSE.—It is the purpose of this section to  
 6 promote data collection, analysis, and reporting by race,  
 7 ethnicity, and primary language among federally sup-  
 8 ported health programs.

9             (b) AMENDMENT.—Title XXIX of the Public Health  
 10 Service Act, as amended by title II of this Act, is further  
 11 amended by adding at the end the following:

12     **“Subtitle B—Strengthening Data**  
 13         **Collection, Improving Data**  
 14         **Analysis, and Expanding Data**  
 15         **Reporting**

16     **“SEC. 2931. DATA ON RACE, ETHNICITY, AND PRIMARY LAN-**  
 17                     **GUAGE.**

18             “(a) REQUIREMENTS.—

19                 “(1) IN GENERAL.—Each health-related pro-  
 20 gram operated by or that receives funding or reim-  
 21 bursement, in whole or in part, either directly or in-  
 22 directly from the Department of Health and Human  
 23 Services shall—

24                     “(A) require the collection, by the agency  
 25                     or program involved, of data on the race, eth-

1           nicity, and primary language of each applicant  
2           for and recipient of health-related assistance  
3           under such program—

4                   “(i) using, at a minimum, the cat-  
5                   egories for race and ethnicity described in  
6                   the 1997 Office of Management and Budg-  
7                   et Standards for Maintaining, Collecting,  
8                   and Presenting Federal Data on Race and  
9                   Ethnicity;

10                   “(ii) using the standards developed  
11                   under subsection (e) for the collection of  
12                   language data;

13                   “(iii) where practicable, collecting  
14                   data for additional population groups if  
15                   such groups can be aggregated into the  
16                   minimum race and ethnicity categories;  
17                   and

18                   “(iv) where practicable, through self-  
19                   report;

20                   “(B) with respect to the collection of the  
21                   data described in subparagraph (A) for appli-  
22                   cants and recipients who are minors or other-  
23                   wise legally incapacitated, require that—

1           “(i) such data be collected from the  
2           parent or legal guardian of such an appli-  
3           cant or recipient; and

4           “(ii) the preferred language of the  
5           parent or legal guardian of such an appli-  
6           cant or recipient be collected;

7           “(C) systematically analyze such data  
8           using the smallest appropriate units of analysis  
9           feasible to detect racial and ethnic disparities in  
10          health and healthcare and when appropriate,  
11          for men and women separately, and report the  
12          results of such analysis to the Secretary, the  
13          Director of the Office for Civil Rights, the Com-  
14          mittee on Health, Education, Labor, and Pen-  
15          sions and the Committee on Finance of the  
16          Senate, and the Committee on Energy and  
17          Commerce and the Committee on Ways and  
18          Means of the House of Representatives;

19          “(D) provide such data to the Secretary on  
20          at least an annual basis; and

21          “(E) ensure that the provision of assist-  
22          ance to an applicant or recipient of assistance  
23          is not denied or otherwise adversely affected be-  
24          cause of the failure of the applicant or recipient

1 to provide race, ethnicity, and primary language  
2 data.

3 “(2) RULES OF CONSTRUCTION.—Nothing in  
4 this subsection shall be construed to—

5 “(A) permit the use of information col-  
6 lected under this subsection in a manner that  
7 would adversely affect any individual providing  
8 any such information; and

9 “(B) require health care providers to col-  
10 lect data.

11 “(b) PROTECTION OF DATA.—The Secretary shall  
12 ensure (through the promulgation of regulations or other-  
13 wise) that all data collected pursuant to subsection (a) is  
14 protected—

15 “(1) under the same privacy protections as the  
16 Secretary applies to other health data under the reg-  
17 ulations promulgated under section 264(c) of the  
18 Health Insurance Portability and Accountability Act  
19 of 1996 (Public Law 104–191; 110 Stat. 2033) re-  
20 lating to the privacy of individually identifiable  
21 health information and other protections; and

22 “(2) from all inappropriate internal use by any  
23 entity that collects, stores, or receives the data, in-  
24 cluding use of such data in determinations of eligi-  
25 bility (or continued eligibility) in health plans, and

1 from other inappropriate uses, as defined by the  
2 Secretary.

3 “(c) NATIONAL PLAN OF THE DATA COUNCIL.—The  
4 Secretary shall develop and implement a national plan to  
5 improve the collection, analysis, and reporting of racial,  
6 ethnic, and primary language data at the Federal, State,  
7 territorial, Tribal, and local levels, including data to be  
8 collected under subsection (a). The Data Council of the  
9 Department of Health and Human Services, in consulta-  
10 tion with the National Committee on Vital Health Statis-  
11 tics, the Office of Minority Health Disparity Elimination,  
12 and other appropriate public and private entities, shall  
13 make recommendations to the Secretary concerning the  
14 development, implementation, and revision of the national  
15 plan. Such plan shall include recommendations on how  
16 to—

17 “(1) implement subsection (a) while minimizing  
18 the cost and administrative burdens of data collec-  
19 tion and reporting;

20 “(2) expand awareness among Federal agencies,  
21 States, territories, Indian tribes, health providers,  
22 health plans, health insurance issuers, and the gen-  
23 eral public that data collection, analysis, and report-  
24 ing by race, ethnicity, and primary language is legal

1 and necessary to assure equity and non-discrimina-  
2 tion in the quality of healthcare services;

3 “(3) ensure that future patient record systems  
4 have data code sets for racial, ethnic, and primary  
5 language identifiers and that such identifiers can be  
6 retrieved from clinical records, including records  
7 transmitted electronically;

8 “(4) improve health and healthcare data collec-  
9 tion and analysis for more population groups if such  
10 groups can be aggregated into the minimum race  
11 and ethnicity categories, including exploring the fea-  
12 sibility of enhancing collection efforts in States for  
13 racial and ethnic groups that comprise a significant  
14 proportion of the population of the State;

15 “(5) provide researchers with greater access to  
16 racial, ethnic, and primary language data, subject to  
17 privacy and confidentiality regulations; and

18 “(6) safeguard and prevent the misuse of data  
19 collected under subsection (a).

20 “(d) COMPLIANCE WITH STANDARDS.—Data col-  
21 lected under subsection (a) shall be obtained, maintained,  
22 and presented (including for reporting purposes) in ac-  
23 cordance with the 1997 Office of Management and Budget  
24 Standards for Maintaining, Collecting, and Presenting  
25 Federal Data on Race and Ethnicity (at a minimum).

1       “(e) LANGUAGE COLLECTION STANDARDS.—Not  
2 later than 1 year after the date of enactment of this title,  
3 the Deputy Assistant Secretary for Minority Health Dis-  
4 parity Elimination, in consultation with the Office for Civil  
5 Rights of the Department of Health and Human Services,  
6 shall develop and disseminate Standards for the Classifica-  
7 tion of Federal Data on Preferred Written and Spoken  
8 Language.

9       “(f) TECHNICAL ASSISTANCE FOR THE COLLECTION  
10 AND REPORTING OF DATA.—

11           “(1) IN GENERAL.—The Secretary may, either  
12 directly or through grant or contract, provide tech-  
13 nical assistance to enable a healthcare program or  
14 an entity operating under such program to comply  
15 with the requirements of this section.

16           “(2) TYPES OF ASSISTANCE.—Assistance pro-  
17 vided under this subsection may include assistance  
18 to—

19           “(A) enhance or upgrade computer tech-  
20 nology that will facilitate racial, ethnic, and pri-  
21 mary language data collection and analysis;

22           “(B) improve methods for health data col-  
23 lection and analysis including additional popu-  
24 lation groups beyond the Office of Management  
25 and Budget categories if such groups can be

1 aggregated into the minimum race and ethnicity  
2 categories;

3 “(C) develop mechanisms for submitting  
4 collected data subject to existing privacy and  
5 confidentiality regulations; and

6 “(D) develop educational programs to in-  
7 form health insurance issuers, health plans,  
8 health providers, health-related agencies, and  
9 the general public that data collection and re-  
10 porting by race, ethnicity, and preferred lan-  
11 guage are legal and essential for eliminating  
12 health and healthcare disparities.

13 “(g) ANALYSIS OF RACIAL AND ETHNIC DATA.—The  
14 Secretary, acting through the Director of the Agency for  
15 Healthcare Research and Quality and in coordination with  
16 the Administrator of the Centers for Medicare and Med-  
17 icaid Services, shall provide technical assistance to agen-  
18 cies of the Department of Health and Human Services in  
19 meeting Federal standards for race, ethnicity, and pri-  
20 mary language data collection and analysis of racial and  
21 ethnic disparities in health and healthcare in public pro-  
22 grams by—

23 “(1) identifying appropriate quality assurance  
24 mechanisms to monitor for health disparities;

1           “(2) specifying the clinical, diagnostic, or thera-  
2           peutic measures which should be monitored;

3           “(3) developing new quality measures relating  
4           to racial and ethnic disparities in health and  
5           healthcare;

6           “(4) identifying the level at which data analysis  
7           should be conducted; and

8           “(5) sharing data with external organizations  
9           for research and quality improvement purposes.

10          “(h) NATIONAL CONFERENCE.—

11           “(1) IN GENERAL.—The Secretary shall spon-  
12           sor a biennial national conference on racial, ethnic,  
13           and primary language data collection to enhance co-  
14           ordination, build partnerships, and share best prac-  
15           tices in racial, ethnic, and primary language data  
16           collection, analysis, and reporting.

17           “(2) REPORTS.—Not later than 6 months after  
18           the date on which a national conference has con-  
19           vened under paragraph (1), the Secretary shall pub-  
20           lish in the Federal Register and submit to the Com-  
21           mittee on Health, Education, Labor, and Pensions  
22           and the Committee on Finance of the Senate and  
23           the Committee on Energy and Commerce and the  
24           Committee on Ways and Means of the House of

1 Representatives a report concerning the proceedings  
2 and findings of the conference.

3 “(i) REPORT.—Not later than 2 years after the date  
4 of enactment of this title, and biennially thereafter, the  
5 Secretary shall submit to the appropriate committees of  
6 Congress a report on the effectiveness of data collection,  
7 analysis, and reporting on race, ethnicity, and primary  
8 language under the programs and activities of the Depart-  
9 ment of Health and Human Services and under other Fed-  
10 eral data collection systems with which the Department  
11 interacts to collect relevant data on race and ethnicity.  
12 The report shall evaluate the progress made in the De-  
13 partment with respect to the national plan under sub-  
14 section (c) or subsequent revisions thereto.

15 “(j) DEFINITION.—In this section, the term ‘health-  
16 related program’ mean a program—

17 “(1) under the Social Security Act (42 U.S.C.  
18 301 et seq.) that pay for healthcare and services;  
19 and

20 “(2) under this Act that provide Federal finan-  
21 cial assistance for healthcare, biomedical research,  
22 health services research, and programs designed to  
23 improve the public’s health.

24 “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
25 is authorized to be appropriated to carry out this section,

1 such sums as may be necessary for each of fiscal years  
2 2007 through 2012.

3 **“SEC. 2932. PROVISIONS RELATING TO NATIVE AMERICANS.**

4 “(a) EPIDEMIOLOGY CENTERS.—

5 “(1) ESTABLISHMENT.—

6 “(A) IN GENERAL.—In addition to those  
7 centers operating 1 day prior to the date of en-  
8 actment of this title, (including those centers  
9 for which funding is currently being provided  
10 through funding agreements under the Indian  
11 Self-Determination and Education Assistance  
12 Act), the Secretary shall, not later than 180  
13 days after such date of enactment, establish  
14 and fund an epidemiology center in each service  
15 area which does not have such a center to carry  
16 out the functions described in subparagraph  
17 (B). Any centers established under the pre-  
18 ceding sentence may be operated by Indian  
19 tribes or tribal organizations pursuant to fund-  
20 ing agreements under the Indian Self-Deter-  
21 mination and Education Assistance Act, but  
22 funding under such agreements may not be di-  
23 visible.

24 “(B) FUNCTIONS.—In consultation with  
25 and upon the request of Indian tribes, tribal or-

1 organizations and urban Indian organizations,  
2 each area epidemiology center established under  
3 this subsection shall, with respect to such area  
4 shall—

5 “(i) collect data related to the health  
6 status objective described in section 3(b) of  
7 the Indian Health Care Improvement Act,  
8 and monitor the progress that the Service,  
9 Indian tribes, tribal organizations, and  
10 urban Indian organizations have made in  
11 meeting such health status objective;

12 “(ii) evaluate existing delivery sys-  
13 tems, data systems, and other systems that  
14 impact the improvement of Indian health;

15 “(iii) assist Indian tribes, tribal orga-  
16 nizations, and urban Indian organizations  
17 in identifying their highest priority health  
18 status objectives and the services needed to  
19 achieve such objectives, based on epidemio-  
20 logical data;

21 “(iv) make recommendations for the  
22 targeting of services needed by tribal,  
23 urban, and other Indian communities;

1           “(v) make recommendations to im-  
2           prove healthcare delivery systems for Indi-  
3           ans and urban Indians;

4           “(vi) provide requested technical as-  
5           sistance to Indian tribes and urban Indian  
6           organizations in the development of local  
7           health service priorities and incidence and  
8           prevalence rates of disease and other ill-  
9           ness in the community; and

10          “(vii) provide disease surveillance and  
11          assist Indian tribes, tribal organizations,  
12          and urban Indian organizations to promote  
13          public health.

14          “(C) TECHNICAL ASSISTANCE.—The direc-  
15          tor of the Centers for Disease Control and Pre-  
16          vention shall provide technical assistance to the  
17          centers in carrying out the requirements of this  
18          subsection.

19          “(2) FUNDING.—The Secretary may make  
20          funding available to Indian tribes, tribal organiza-  
21          tions, and eligible intertribal consortia or urban In-  
22          dian organizations to conduct epidemiological studies  
23          of Indian communities.

1       “(b) DEFINITIONS.—For purposes of this section, the  
2 definitions contained in section 4 of the Indian Health  
3 Care Improvement Act shall apply.”.

4 **SEC. 302. COLLECTION OF RACE AND ETHNICITY DATA BY**  
5 **THE SOCIAL SECURITY ADMINISTRATION.**

6       Part A of title XI of the Social Security Act (42  
7 U.S.C. 1301 et seq.) is amended by adding at the end  
8 the following:

9 **“SEC. 1150A. COLLECTION OF RACE AND ETHNICITY DATA**  
10 **BY THE SOCIAL SECURITY ADMINISTRATION.**

11       “(a) REQUIREMENT.—The Commissioner of the So-  
12 cial Security Administration in consultation with the Ad-  
13 ministrator of the Centers for Medicare and Medicaid  
14 Services shall—

15               “(1) require the collection of data on the race,  
16 ethnicity, and primary language of all applicants for  
17 social security numbers, social security income, so-  
18 cial security disability, and medicare—

19                       “(A) using, at a minimum, the categories  
20 for race and ethnicity described in the 1997 Of-  
21 fice of Management and Budget Standards for  
22 Maintaining, Collecting, and Presenting Federal  
23 Data on Race and Ethnicity and available lan-  
24 guage standards; and

1           “(B) where practicable, collecting data for  
2           additional population groups if such groups can  
3           be aggregated into the minimum race and eth-  
4           nicity categories;

5           “(2) with respect to the collection of the data  
6           described in paragraph (1) for applicants who are  
7           under 18 years of age or otherwise legally incapac-  
8           tated, require that—

9           “(A) such data be collected from the par-  
10          ent or legal guardian of such an applicant; and

11          “(B) the primary language of the parent  
12          or legal guardian of such an applicant or recipi-  
13          ent be used;

14          “(3) require that such data be uniformly ana-  
15          lyzed and reported at least annually to the Commis-  
16          sioner of Social Security;

17          “(4) be responsible for storing the data re-  
18          ported under paragraph (3);

19          “(5) ensure transmission to the Centers for  
20          Medicare and Medicaid Services and other Federal  
21          health agencies;

22          “(6) provide such data to the Secretary on at  
23          least an annual basis; and

24          “(7) ensure that the provision of assistance to  
25          an applicant is not denied or otherwise adversely af-

1        fected because of the failure of the applicant to pro-  
2        vide race, ethnicity, and primary language data.

3        “(b) PROTECTION OF DATA.—The Commissioner of  
4        Social Security shall ensure (through the promulgation of  
5        regulations or otherwise) that all data collected pursuant  
6        subsection (a) is protected—

7                “(1) under the same privacy protections as the  
8        Secretary applies to other health data under the reg-  
9        ulations promulgated under section 264(c) of the  
10       Health Insurance Portability and Accountability Act  
11       of 1996 (Public Law 104–191; 110 Stat. 2033) re-  
12       lating to the privacy of individually identifiable  
13       health information and other protections; and

14               “(2) from all inappropriate internal use by any  
15       entity that collects, stores, or receives the data, in-  
16       cluding use of such data in determinations of eligi-  
17       bility (or continued eligibility) in health plans, and  
18       from other inappropriate uses, as defined by the  
19       Secretary.

20        “(c) NATIONAL EDUCATION PROGRAM.—Not later  
21       than 18 months after the date of enactment of this sec-  
22       tion, the Secretary, acting through the Deputy Assistant  
23       Secretary for Minority Health Disparity Elimination and  
24       in collaboration with the Commissioner of the Social Secu-  
25       rity Administration, shall develop and implement a pro-

1 gram to educate all populations about the purpose and  
2 uses of racial, ethnic, and primary language health data  
3 collection.

4 “(d) **RULE OF CONSTRUCTION.**—Nothing in this sec-  
5 tion shall be construed to permit the use of information  
6 collected under this section in a manner that would ad-  
7 versely affect any individual providing any such informa-  
8 tion.

9 “(e) **TECHNICAL ASSISTANCE.**—The Secretary may,  
10 either directly or by grant or contract, provide technical  
11 assistance to enable any health entity to comply with the  
12 requirements of this section.

13 “(f) **AUTHORIZATION OF APPROPRIATIONS.**—There  
14 is authorized to be appropriated to carry out this section,  
15 such sums as may be necessary for each of fiscal years  
16 2007 through 2012.”.

17 **SEC. 303. REVISION OF HIPAA CLAIMS STANDARDS.**

18 (a) **IN GENERAL.**—Not later than 1 year after the  
19 date of enactment of this Act, the Secretary of Health and  
20 Human Services shall revise the regulations promulgated  
21 under part C of title XI of the Social Security Act (42  
22 U.S.C. 1320d et seq.), as added by the Health Insurance  
23 Portability and Accountability Act of 1996 (Public Law  
24 104–191), relating to the collection of data on race, eth-

1 nicity, and primary language in a health-related trans-  
2 action to require—

3           (1) the use, at a minimum, of the categories for  
4 race and ethnicity described in the 1997 Office of  
5 Management and Budget Standards for Maintain-  
6 ing, Collecting, and Presenting Federal Data on  
7 Race and Ethnicity;

8           (2) the establishment of a new data code set for  
9 primary language; and

10           (3) the designation of the racial, ethnic, and  
11 primary language code sets as “required” for claims  
12 and enrollment data.

13       (b) DISSEMINATION.—The Secretary of Health and  
14 Human Services shall disseminate the new standards de-  
15 veloped under subsection (a) to all health entities that are  
16 subject to the regulations described in such subsection and  
17 provide technical assistance with respect to the collection  
18 of the data involved.

19       (c) COMPLIANCE.—The Secretary of Health and  
20 Human Services shall require that health entities comply  
21 with the new standards developed under subsection (a) not  
22 later than 2 years after the final promulgation of such  
23 standards.

1 **SEC. 304. NATIONAL CENTER FOR HEALTH STATISTICS.**

2 Section 306(n) of the Public Health Service Act (42  
3 U.S.C. 242k(n)) is amended—

4 (1) in paragraph (1), by striking “2005” and  
5 inserting “2012”;

6 (2) in paragraph (2), in the first sentence, by  
7 striking “2005” and inserting “2012”; and

8 (3) in paragraph (3), by striking “2002” and  
9 inserting “2012”.

10 **SEC. 305. GEO-ACCESS STUDY.**

11 The Administrator of the Substance Abuse and Men-  
12 tal Health Services Administration shall—

13 (1) conduct a study to—

14 (A) determine which geographic areas of  
15 the United States have shortages of specialty  
16 mental health providers; and

17 (B) assess the preparedness of speciality  
18 mental health providers to deliver culturally and  
19 linguistically appropriate services; and

20 (2) submit a report to the Congress on the re-  
21 sults of such study.

22 **SEC. 306. RACIAL, ETHNIC, AND LINGUISTIC DATA COL-**  
23 **LECTED BY THE FEDERAL GOVERNMENT.**

24 (a) COLLECTION; SUBMISSION.—Not later than 90  
25 days after the date of the enactment of this Act, and Jan-  
26 uary 31st of each year thereafter, each department, agen-

1 cy, and office of the Federal Government that has col-  
2 lected racial, ethnic, or linguistic data during the pre-  
3 ceding calendar year shall submit such data to the Sec-  
4 retary of Health and Human Services.

5 (b) ANALYSIS; PUBLIC AVAILABILITY; REPORTING.—  
6 Not later than April 30, 2007, and each April 30th there-  
7 after, the Secretary of Health and Human Services, acting  
8 through the Director of the National Center on Minority  
9 Health and Health Disparities and the Deputy Assistant  
10 Secretary for Minority Health Disparity Elimination,  
11 shall—

12 (1) collect and analyze the racial, ethnic, and  
13 linguistic data submitted under subsection (a) for  
14 the preceding calendar year;

15 (2) make publicly available such data and the  
16 results of such analysis; and

17 (3) submit a report to the Congress on such  
18 data and analysis.

19 **TITLE IV—ACCOUNTABILITY**  
20 **AND EVALUATION**  
21 **Subtitle A—General Provisions**

22 **SEC. 401. REPORT ON WORKFORCE DIVERSITY.**

23 (a) IN GENERAL.—Not later than July 1, 2007, and  
24 annually thereafter, the Secretary, acting through the di-  
25 rector of each entity within the Department of Health and

1 Human Services, shall prepare and submit to the Com-  
2 mittee on Health, Education, Labor, and Pensions of the  
3 Senate and the Committee on Energy and Commerce of  
4 the House of Representatives a report on healthcare work-  
5 force diversity.

6 (b) REQUIREMENT.—The report under subsection (a)  
7 shall contain the following information:

8 (1) The response of the entity involved to the  
9 2004 Institute of Medicine report entitled “In the  
10 Nation’s Compelling Interest: Ensuring Diversity in  
11 the Health Care Workforce”, the 2002 Institute of  
12 Medicine report entitled “The Future of the Public  
13 Health in the 21st Century”, and the Healthy Peo-  
14 ple 2010 initiative.

15 (2) A description of the personnel in each such  
16 entity who are responsible for overseeing workforce  
17 diversity initiatives.

18 (3) The level of workforce diversity achieved  
19 within each such entity, including absolute numbers  
20 and percentages of minority employees as well as the  
21 rank of such employees.

22 (4) A description of any grant support that is  
23 provided by each entity for workforce diversity ini-  
24 tiatives, including the amount of the grants and the

1 percentage of grant funds as compared to overall en-  
2 tity funding.

3 (c) PUBLIC AVAILABILITY.—The report under sub-  
4 section (a) shall be made available for public review and  
5 comment.

6 **SEC. 402. FEDERAL AGENCY PLAN TO ELIMINATE DISPARI-**  
7 **TIES AND IMPROVE THE HEALTH OF MINOR-**  
8 **ITY POPULATIONS.**

9 (a) IN GENERAL.—Not later than September 1,  
10 2007, each Federal health agency shall develop and imple-  
11 ment a national strategic action plan to eliminate dispari-  
12 ties on the basis of race, ethnicity, and primary language  
13 and improve the health and healthcare of minority popu-  
14 lations, through programs relevant to the mission of the  
15 agency.

16 (b) PUBLICATION.—Each action plan described in  
17 paragraph (1) shall—

18 (1) be publicly reported in draft form for public  
19 review and comment;

20 (2) include a response to the review and com-  
21 ment described in paragraph (1) in the final plan;

22 (3) include the agency response to the 2002 In-  
23 stitute of Medicine report, Unequal Treatment—  
24 Confronting Racial and Ethnic Disparities in  
25 Healthcare;

1           (4) demonstrate progress in meeting the  
2       Healthy People 2010 objectives; and

3           (5) be updated, including progress reports, for  
4       inclusion in an annual report to Congress.

5 **SEC. 403. ACCOUNTABILITY WITHIN THE DEPARTMENT OF**  
6                                   **HEALTH AND HUMAN SERVICES.**

7       Title XXIX of the Public Health Service Act, as  
8       amended by titles II and III of this Act, is further amend-  
9       ed by adding at the end the following:

10                                   **“Subtitle C—Strengthening**  
11                                   **Accountability**

12 **“SEC. 2941. ELEVATION OF THE OFFICE OF CIVIL RIGHTS.**

13       “(a) IN GENERAL.—The Secretary shall establish  
14       within the Office for Civil Rights an Office of Health Dis-  
15       parities, which shall be headed by a director to be ap-  
16       pointed by the Secretary.

17       “(b) PURPOSE.—The Office of Health Disparities  
18       shall ensure that the health programs, activities, and oper-  
19       ations of health entities which receive Federal financial as-  
20       sistance are in compliance with title VI of the Civil Rights  
21       Act, which prohibits discrimination on the basis of race,  
22       color, or national origin. The activities of the Office shall  
23       include the following:

24                   “(1) The development and implementation of  
25       an action plan to address racial and ethnic

1 healthcare disparities, which shall address concerns  
2 relating to the Office for Civil Rights as released by  
3 the United States Commission on Civil Rights in the  
4 report entitled ‘Health Care Challenge: Acknowl-  
5 edging Disparity, Confronting Discrimination, and  
6 Ensuring Equity’ (September, 1999). This plan shall  
7 be publicly disclosed for review and comment and  
8 the final plan shall address any comments or con-  
9 cerns that are received by the Office.

10 “(2) Investigative and enforcement actions  
11 against intentional discrimination and policies and  
12 practices that have a disparate impact on minorities.

13 “(3) The review of racial, ethnic, and primary  
14 language health data collected by Federal health  
15 agencies to assess healthcare disparities related to  
16 intentional discrimination and policies and practices  
17 that have a disparate impact on minorities.

18 “(4) Outreach and education activities relating  
19 to compliance with title VI of the Civil Rights Act.

20 “(5) The provision of technical assistance for  
21 health entities to facilitate compliance with title VI  
22 of the Civil Rights Act.

23 “(6) Coordination and oversight of activities of  
24 the civil rights compliance offices established under  
25 section 2942.

1           “(7) Ensuring compliance with the 1997 Office  
2 of Management and Budget Standards for Maintain-  
3 ing, Collecting, and Presenting Federal Data on  
4 Race, Ethnicity and the available language stand-  
5 ards.

6           “(c) FUNDING AND STAFF.—The Secretary shall en-  
7 sure the effectiveness of the Office of Health Disparities  
8 by ensuring that the Office is provided with—

9           “(1) adequate funding to enable the Office to  
10 carry out its duties under this section; and

11           “(2) staff with expertise in—

12           “(A) epidemiology;

13           “(B) statistics;

14           “(C) health quality assurance;

15           “(D) minority health and health dispari-  
16 ties; and

17           “(E) civil rights.

18           “(d) REPORT.—Not later than December 31, 2007,  
19 and annually thereafter, the Secretary, in collaboration  
20 with the Director of the Office for Civil Rights, shall sub-  
21 mit a report to the Committee on Health, Education,  
22 Labor, and Pensions of the Senate and the Committee on  
23 Energy and Commerce of the House of Representatives  
24 that includes—



1           “(1) does not discriminate, either intentionally  
2 or in effect, on the basis of race, national origin, lan-  
3 guage, ethnicity, sex, age, or disability; and

4           “(2) promotes the reduction and elimination of  
5 disparities in health and healthcare based on race,  
6 national origin, language, ethnicity, sex, age, and  
7 disability.

8           “(c) POWERS AND DUTIES.—The offices established  
9 in subsection (a) shall have the following powers and du-  
10 ties:

11           “(1) The establishment of compliance and pro-  
12 gram participation standards for recipients of Fed-  
13 eral financial assistance under each program admin-  
14 istered by an agency within the Department of  
15 Health and Human Services including the establish-  
16 ment of disparity reduction standards to encompass  
17 disparities in health and healthcare related to race,  
18 national origin, language, ethnicity, sex, age, and  
19 disability.

20           “(2) The development and implementation of  
21 program-specific guidelines that interpret and apply  
22 Department of Health and Human Services guid-  
23 ance under title VI of the Civil Rights Act of 1964  
24 to each Federal health program administered by the  
25 agency.

1           “(3) The development of a disparity-reduction  
2           impact analysis methodology that shall be applied to  
3           every rule issued by the agency and published as  
4           part of the formal rulemaking process under sections  
5           555, 556, and 557 of title 5, United States Code.

6           “(4) Oversight of data collection, analysis, and  
7           publication requirements for all recipients of Federal  
8           financial assistance under each Federal health pro-  
9           gram administered by the agency, and compliance  
10          with the 1997 Office of Management and Budget  
11          Standards for Maintaining, Collecting, and Pre-  
12          senting Federal Data on Race and Ethnicity and the  
13          available language standards.

14          “(5) The conduct of publicly available studies  
15          regarding discrimination within Federal health pro-  
16          grams administered by the agency as well as dis-  
17          parity reduction initiatives by recipients of Federal  
18          financial assistance under Federal health programs.

19          “(6) Annual reports to the Committee on  
20          Health, Education, Labor, and Pensions and the  
21          Committee on Finance of the Senate and the Com-  
22          mittee on Energy and Commerce and the Committee  
23          on Ways and Means of the House of Representatives  
24          on the progress in reducing disparities in health and

1 healthcare through the Federal programs adminis-  
2 tered by the agency.

3 “(d) RELATIONSHIP TO OFFICE FOR CIVIL RIGHTS  
4 IN THE DEPARTMENT OF JUSTICE.—

5 “(1) DEPARTMENT OF HEALTH AND HUMAN  
6 SERVICES.—The Office for Civil Rights in the De-  
7 partment of Health and Human Services shall pro-  
8 vide standard-setting and compliance review inves-  
9 tigation support services to the Civil Rights Compli-  
10 ance Office for each agency.

11 “(2) DEPARTMENT OF JUSTICE.—The Office  
12 for Civil Rights in the Department of Justice shall  
13 continue to maintain the power to institute formal  
14 proceedings when an agency Office for Civil Rights  
15 determines that a recipient of Federal financial as-  
16 sistance is not in compliance with the disparity re-  
17 duction standards of the agency.

18 “(e) DEFINITION.—In this section, the term ‘Federal  
19 health programs’ mean programs—

20 “(1) under the Social Security Act (42 U.S.C.  
21 301 et seq.) that pay for healthcare and services;  
22 and

23 “(2) under this Act that provide Federal finan-  
24 cial assistance for healthcare, biomedical research,

1 health services research, and programs designed to  
2 improve the public’s health.”.

3 **SEC. 404. OFFICE OF MINORITY HEALTH DISPARITY ELIMI-**  
4 **NATION.**

5 Section 1707 of the Public Health Service Act (42  
6 U.S.C. 300u–6) is amended—

7 (1) by striking the section heading and insert-  
8 ing the following: “**OFFICE OF MINORITY**  
9 **HEALTH DISPARITY ELIMINATION**”;

10 (2) by striking “Office of Minority Health”  
11 each place such term appears and inserting “Office  
12 of Minority Health Disparity Elimination”;

13 (3) by striking subsection (b) and inserting the  
14 following:

15 “(b) DUTIES.—With respect to improving the health  
16 of racial and ethnic minority groups, the Secretary, acting  
17 through the Deputy Assistant Secretary for Minority  
18 Health Disparity Elimination (in this section referred to  
19 as the ‘Deputy Assistant Secretary’), shall carry out the  
20 following:

21 “(1) Establish, implement, monitor, and evalu-  
22 ate short-range and long-range goals and objectives  
23 and oversee all other activities within the Public  
24 Health Service that relate to disease prevention,  
25 health promotion, service delivery, and research con-

1 cerning minority groups. The heads of each of the  
2 agencies of the Service shall consult with the Deputy  
3 Assistant Secretary to ensure the coordination of  
4 such activities.

5 “(2) Oversee all activities within the Depart-  
6 ment of Health and Human Services that relate to  
7 reducing or eliminating disparities in health and  
8 healthcare in racial and ethnic minority populations,  
9 including coordinating—

10 “(A) the design of programs, support for  
11 programs, and the evaluation of programs;

12 “(B) the monitoring of trends in health  
13 and healthcare;

14 “(C) research efforts;

15 “(D) the training of health providers; and

16 “(E) information and education programs  
17 and campaigns.

18 “(3) Enter into interagency and intra-agency  
19 agreements with other agencies of the Public Health  
20 Service.

21 “(4) Ensure that the Federal health agencies  
22 and the National Center for Health Statistics collect  
23 data on the health status and healthcare of each mi-  
24 nority group, using at a minimum the categories  
25 specified in the 1997 OMB Standards for Maintain-

1 ing, Collecting, and Presenting Federal Data on  
2 Race and Ethnicity as required under subtitle B and  
3 available language standards.

4 “(5) Provide technical assistance to States,  
5 local agencies, territories, Indian tribes, and entities  
6 for activities relating to the elimination of racial and  
7 ethnic disparities in health and healthcare.

8 “(6) Support a national minority health re-  
9 source center to carry out the following:

10 “(A) Facilitate the exchange of informa-  
11 tion regarding matters relating to health infor-  
12 mation, health promotion and wellness, preven-  
13 tive health services, and education in the appro-  
14 priate use of health services.

15 “(B) Facilitate timely access to culturally  
16 and linguistically appropriate information.

17 “(C) Assist in the analysis of such infor-  
18 mation.

19 “(D) Provide technical assistance with re-  
20 spect to the exchange of such information (in-  
21 cluding facilitating the development of materials  
22 for such technical assistance).

23 “(7) Carry out programs to improve access to  
24 healthcare services for individuals with limited  
25 English proficiency, including developing and car-

1       rying out programs to provide bilingual or interpre-  
2       tive services through the development and support of  
3       the Robert T. Matsui Center for Cultural and Lin-  
4       guistic Competence in Healthcare as provided for in  
5       section 2903.

6               “(8) Carry out programs to improve access to  
7       healthcare services and to improve the quality of  
8       healthcare services for individuals with low func-  
9       tional health literacy. As used in the preceding sen-  
10      tence, the term ‘functional health literacy’ means the  
11      ability to obtain, process, and understand basic  
12      health information and services needed to make ap-  
13      propriate health decisions.

14              “(9) Advise in matters related to the develop-  
15      ment, implementation, and evaluation of health pro-  
16      fessions education on decreasing disparities in  
17      healthcare outcomes, with focus on cultural com-  
18      petency as a method of eliminating disparities in  
19      health and healthcare in racial and ethnic minority  
20      populations.

21              “(10) Assist healthcare professionals, commu-  
22      nity and advocacy organizations, academic centers  
23      and public health departments in the design and im-  
24      plementation of programs that will improve the qual-

1       ity of health outcomes by strengthening the pro-  
2       vider-patient relationship.”.

3               (4) by redesignating subsections (e) through (f)  
4       and subsections (g) and (h) as subsections (d)  
5       through (g) and subsections (j) and (k), respectively;

6               (5) by inserting after subsection (b), the fol-  
7       lowing:

8       “(c) NATIONAL PLAN TO ELIMINATE RACIAL AND  
9       ETHNIC HEALTH AND HEALTHCARE DISPARITIES.—

10              “(1) IN GENERAL.—The Secretary, acting  
11       through the Deputy Assistant Secretary, shall—

12                      “(A) not later than 1 year after the date  
13       of enactment of the Healthcare Equality and  
14       Accountability Act, establish and implement a  
15       comprehensive plan to achieve the goal of  
16       Healthy People 2010 to eliminate health dis-  
17       parities in the United States;

18                      “(B) establish the plan referred to in sub-  
19       paragraph (A) in consultation with—

20                              “(i) the Director of the Centers for  
21       Disease Control and Prevention;

22                              “(ii) the Director of the National In-  
23       stitutes of Health;

1           “(iii) the Director of the National  
2           Center on Minority Health and Health  
3           Disparities;

4           “(iv) the Director of the Agency for  
5           Healthcare Research and Quality;

6           “(v) the Administrator of the Health  
7           Resources and Services Administration;

8           “(vi) the Administrator of the Centers  
9           for Medicare and Medicaid Services;

10          “(vii) the Director of the Office for  
11          Civil Rights;

12          “(viii) the Administrator of the Sub-  
13          stance Abuse and Mental Health Services  
14          Administration;

15          “(ix) the Commissioner of Food and  
16          Drugs; and

17          “(x) the heads of other appropriate  
18          public and private entities;

19          “(C) ensure that the plan includes measur-  
20          able objectives, describes the means for achiev-  
21          ing such objectives, and designates a date by  
22          which such objectives are expected to be  
23          achieved;

1           “(D) ensure that all amounts appropriated  
2 for such activities are expended in accordance  
3 with the plan;

4           “(E) review the plan on at least an annual  
5 basis and revise the plan as appropriate;

6           “(F) ensure that the plan will serve as a  
7 binding statement of policy with respect to the  
8 agencies’ activities related to disparities in  
9 health and healthcare; and

10           “(G) not later than March 1 of each year,  
11 submit the plan (or any revisions to the plan),  
12 to the Committee on Health, Education, Labor,  
13 and Pensions of the Senate and the Committee  
14 on Energy and Commerce of the House of Rep-  
15 resentatives.

16           “(2) COMPONENTS OF THE PLAN.—The Deputy  
17 Assistant Secretary shall ensure that the comprehen-  
18 sive plan established under paragraph (1) address-  
19 es—

20           “(A) the recommendations of the 2002 In-  
21 stitute of Medicine report (Unequal Treatment)  
22 with respect to racial and ethnic disparities in  
23 healthcare;

1           “(B) health and disease prevention edu-  
2 cation for racial, ethnic, and primary language  
3 health disparity populations;

4           “(C) research to identify sources of health  
5 and healthcare disparities in minority groups;

6           “(D) the implementation and assessment  
7 of promising intervention strategies;

8           “(E) data collection and the monitoring of  
9 the healthcare and health status of health dis-  
10 parity populations;

11          “(F) care of individuals who lack pro-  
12 ficiency with the English language;

13          “(G) care of individuals with low func-  
14 tional health literacy;

15          “(H) the training, recruitment, and reten-  
16 tion of minority health professionals;

17          “(I) programs to expand and facilitate ac-  
18 cess to healthcare services, including the use of  
19 telemedicine, National Health Service Scholars,  
20 community health workers, and case managers;

21          “(J) public and health provider awareness  
22 of racial and ethnic disparities in healthcare;

23          “(K) methods to evaluate and measure  
24 progress toward the goal of eliminating dispari-

1 ties in health and healthcare in racial and eth-  
2 nic minority populations;

3 “(L) the promotion of interagency and  
4 intra-agency coordination and collaboration and  
5 public-private and community partnerships; and

6 “(M) the preparedness of health profes-  
7 sionals to care for racially, ethnically, and lin-  
8 guistically diverse populations and low func-  
9 tional health literacy populations including eval-  
10 uations.”;

11 (6) in subsection (d) (as so redesignated)—

12 (A) in paragraph (1), by inserting “and  
13 Racial, Ethnic, and Primary Language Health  
14 Disparities Elimination” after “Minority  
15 Health”; and

16 (B) in paragraph (2)—

17 (i) by striking “Deputy Assistant”;

18 and

19 (ii) by striking “(10) of subsection  
20 (b)” and inserting “(9) of subsection (e)”;

21 (7) in subsection (e)(1) (as so redesignated)—

22 (A) in subparagraph (A), by striking “sub-  
23 section (b)(9)” and inserting “subsection  
24 (b)(7)”; and

1 (B) in subparagraph (B), by striking “sub-  
2 section (b)(10)” and inserting “subsection  
3 (b)(8)”;

4 (8) in subsection (f)(3) (as so redesignated), by  
5 striking “subsection (f)” and inserting “subsection  
6 (g)”;

7 (9) in subsection (g)(1) (as so redesignated)—  
8 (A) by striking “1999 and each second”  
9 and inserting “2006 and each”;

10 (B) by striking “Labor and Human Re-  
11 sources” and inserting “Health, Education,  
12 Labor, and Pensions”;

13 (C) by striking “2 fiscal years” and insert-  
14 ing “fiscal year”; and

15 (D) by inserting after “improving the  
16 health of racial and ethnic minority groups” the  
17 following: “reducing and eliminating disparities  
18 in health and healthcare in racial and ethnic  
19 minority populations, in accordance with the  
20 national plan specified under subsection (c) and  
21 the goals of Healthy People 2010”;

22 (10) by inserting after subsection (g) (as so re-  
23 designated) the following:

24 “(h) FEDERAL PARTNERSHIP WITH ACCREDITATION  
25 ENTITIES.—

1           “(1) IN GENERAL.—Not later than 1 year after  
2 the date of enactment of the Healthcare Equality  
3 and Accountability Act, the Secretary, in collabora-  
4 tion with the Director of the Agency for Healthcare  
5 Research and Quality, the Administrator of the Cen-  
6 ters for Medicare and Medicaid Services, the Direc-  
7 tor of the Office for Minority Health, and the heads  
8 of appropriate State agencies, shall convene a work-  
9 ing group with members of accreditation organiza-  
10 tions and other quality standard setting organiza-  
11 tions to develop guidelines to evaluate and report on  
12 the health and healthcare of minority populations  
13 served by health centers, health plans, hospitals, and  
14 other federally funded health entities.

15           “(2) REPORT.—Not later than 6 months after  
16 the convening of the working group under paragraph  
17 (1), the working group shall submit a report to the  
18 Secretary at such time, in such manner, and con-  
19 taining such information as the Secretary may re-  
20 quire, including guidelines and recommendations on  
21 how each accreditation body will work with con-  
22 stituent members to ensure the adoption of such  
23 guidelines.

24           “(3) DEMONSTRATION PROJECTS.—The Sec-  
25 retary, acting through the Administrator of the Cen-

1       ters for Medicare and Medicaid Services, shall award  
2       grants for the establishment of demonstration  
3       projects to assess the impact of providing financial  
4       incentives for the reporting and analysis of the qual-  
5       ity of minority healthcare by hospitals, health plans,  
6       health centers, and other healthcare entities.

7               “(4) AUTHORIZATION OF APPROPRIATIONS.—  
8       There are authorized to be appropriated to carry out  
9       this subsection, such sums as may be necessary for  
10      each of fiscal years 2007 through 2012.

11      “(i) PREPARATION OF HEALTH PROFESSIONALS TO  
12      PROVIDE HEALTHCARE TO MINORITY POPULATIONS.—  
13      The Secretary, in collaboration with the Director of the  
14      Bureau of Health Professions and the Deputy Assistant  
15      Secretary for Minority Health Disparity Elimination, shall  
16      require that health professional schools that receive Fed-  
17      eral funds train future health professionals to provide cul-  
18      turally and linguistically appropriate healthcare to diverse  
19      populations.”; and

20               (11) by striking subsection (k) (as so redesign-  
21      nated) and inserting the following:

22      “(k) AUTHORIZATION OF APPROPRIATIONS.—For the  
23      purpose of carrying out this section (other than subsection  
24      (h)), there is authorized to be appropriated \$100,000,000

1 for fiscal year 2006, and such sums as may be necessary  
2 for each of fiscal years 2007 through 2012.”.

3 **SEC. 405. ESTABLISHMENT OF THE INDIAN HEALTH SERV-**  
4 **ICE AS AN AGENCY OF THE PUBLIC HEALTH**  
5 **SERVICE.**

6 (a) ESTABLISHMENT.—

7 (1) IN GENERAL.—In order to more effectively  
8 and efficiently carry out the responsibilities, authori-  
9 ties, and functions of the United States to provide  
10 healthcare services to Indians and Indian tribes, as  
11 are or may be hereafter provided by Federal statute  
12 or treaties, there is established within the Public  
13 Health Service of the Department of Health and  
14 Human Services the Indian Health Service.

15 (2) ASSISTANT SECRETARY OF INDIAN  
16 HEALTH.—The Service shall be administered by an  
17 Assistant Secretary of Indian Health, who shall be  
18 appointed by the President, by and with the advice  
19 and consent of the Senate. The Assistant Secretary  
20 shall report to the Secretary. Effective with respect  
21 to an individual appointed by the President, by and  
22 with the advice and consent of the Senate the term  
23 of service of the Assistant Secretary shall be 4 years.  
24 An Assistant Secretary may serve more than 1 term.

1 (b) AGENCY.—The Service shall be an agency within  
2 the Public Health Service of the Department, and shall  
3 not be an office, component, or unit of any other agency  
4 of the Department.

5 (c) FUNCTIONS AND DUTIES.—The Secretary shall  
6 carry out through the Assistant Secretary of the Service—

7 (1) all functions which were, on the day before  
8 the date of enactment of the Indian Health Care  
9 Amendments of 1988, carried out by or under the  
10 direction of the individual serving as Director of the  
11 Service on such day;

12 (2) all functions of the Secretary relating to the  
13 maintenance and operation of hospital and health fa-  
14 cilities for Indians and the planning for, and provi-  
15 sion and utilization of, health services for Indians;

16 (3) all health programs under which healthcare  
17 is provided to Indians based upon their status as In-  
18 dians which are administered by the Secretary, in-  
19 cluding programs under—

20 (A) the Indian Health Care Improvement  
21 Act;

22 (B) the Act of November 2, 1921 (25  
23 U.S.C. 13);

24 (C) the Act of August 5, 1954 (42 U.S.C.  
25 2001, et seq.);

1 (D) the Act of August 16, 1957 (42  
2 U.S.C. 2005 et seq.);

3 (E) the Indian Self-Determination Act (25  
4 U.S.C. 450f, et seq.); and

5 (F) title XXIX of the Public Health Serv-  
6 ice Act; and

7 (4) all scholarship and loan functions carried  
8 out under title I of the Indian Health Care Improve-  
9 ment Act.

10 (d) AUTHORITY.—

11 (1) IN GENERAL.—The Secretary, acting  
12 through the Assistant Secretary, shall have the au-  
13 thority—

14 (A) except to the extent provided for in  
15 paragraph (2), to appoint and compensate em-  
16 ployees for the Service in accordance with title  
17 5, United States Code;

18 (B) to enter into contracts for the procure-  
19 ment of goods and services to carry out the  
20 functions of the Service; and

21 (C) to manage, expend, and obligate all  
22 funds appropriated for the Service.

23 (2) PERSONNEL ACTIONS.—Notwithstanding  
24 any other provision of law, the provisions of section  
25 12 of the Act of June 18, 1934 (48 Stat. 986; 25

1 U.S.C. 472), shall apply to all personnel actions  
2 taken with respect to new positions created within  
3 the Service as a result of its establishment under  
4 subsection (a).

5 (e) RATE OF PAY.—

6 (1) POSITIONS AT LEVEL IV.—Section 5315 of  
7 title 5, United States Code, is amended by striking  
8 the following: “Assistant Secretaries of Health and  
9 Human Services (6).” and inserting “Assistant Sec-  
10 retaries of Health and Human Services (7).”.

11 (2) POSITIONS AT LEVEL V.—Section 5316 of  
12 such title is amended by striking the following: “Di-  
13 rector, Indian Health Service, Department of Health  
14 and Human Services.”.

15 (f) DUTIES OF ASSISTANT SECRETARY FOR INDIAN  
16 HEALTH.—Section 601 of the Indian Health Care Im-  
17 provement Act (25 U.S.C. 1661) is amended in subsection  
18 (a)—

19 (1) by inserting “(1)” after “(a)”;

20 (2) in the second sentence of paragraph (1), as  
21 so designated, by striking “a Director,” and insert-  
22 ing “the Assistant Secretary for Indian Health,”;

23 (3) by striking the third sentence of paragraph  
24 (1), as so designated, and all that follows through  
25 the end of the subsection (a) of such section and in-

1       serting the following: “The Assistant Secretary for  
2       Indian Health shall carry out the duties specified in  
3       paragraph (2).”; and

4               (4) by adding after paragraph (1) the following:

5               “(2) The Assistant Secretary for Indian Health  
6       shall—

7                       “(A) report directly to the secretary con-  
8                       cerning all policy and budget-related matters  
9                       affecting Indian health;

10                      “(B) collaborate with the Assistant Sec-  
11                      retary for Health concerning appropriate mat-  
12                      ters of Indian health that affect the agencies of  
13                      the Public Health Service;

14                      “(C) advise each Assistant Secretary of the  
15                      Department of Health and Human Services  
16                      concerning matters of Indian health with re-  
17                      spect to which that Assistant Secretary has au-  
18                      thority and responsibility;

19                      “(D) advise the heads of other agencies  
20                      and programs of the Department of Health and  
21                      Human Services concerning matters of Indian  
22                      health with respect to which those heads have  
23                      authority and responsibility; and

1           “(E) coordinate the activities of the De-  
2           partment of Health and Human Services con-  
3           cerning matters of Indian health.”.

4           (g) CONTINUED SERVICE BY INCUMBENT.—The indi-  
5           vidual serving in the position of Director of the Indian  
6           Health Service on the date preceding the date of enact-  
7           ment of this Act may serve as Assistant Secretary for In-  
8           dian Health, at the pleasure of the President after the  
9           date of enactment of this Act.

10          (h) CONFORMING AMENDMENTS.—

11           (1) AMENDMENTS TO INDIAN HEALTH CARE IM-  
12           PROVEMENT ACT.—The Indian Health Care Im-  
13           provement Act (25 U.S.C. 1601 et seq.) is amend-  
14           ed—

15           (A) in section 601—

16           (i) in subsection (c), by striking “Di-  
17           rector of the Indian Health Service” both  
18           places it appears and inserting “Assistant  
19           Secretary for Indian Health”; and

20           (ii) in subsection (d), by striking “Di-  
21           rector of the Indian Health Service” and  
22           inserting “Assistant Secretary for Indian  
23           Health”; and

1 (B) in section 816(c)(1), by striking “Di-  
2 rector of the Indian Health Service” and insert-  
3 ing “Assistant Secretary for Indian Health”.

4 (2) AMENDMENTS TO OTHER PROVISIONS OF  
5 LAW.—The following provisions are each amended  
6 by striking “Director of the Indian Health Service”  
7 each place it appears and inserting “Assistant Sec-  
8 retary for Indian Health”:

9 (A) Section 203(a)(1) of the Rehabilitation  
10 Act of 1973 (29 U.S.C. 761b(a)(1)).

11 (B) Subsections (b) and (e) of section 518  
12 of the Federal Water Pollution Control Act (33  
13 U.S.C. 1377 (b) and (e)).

14 (C) Section 803B(d)(1) of the Native  
15 American Programs Act of 1974 (42 U.S.C.  
16 2991b–2(d)(1)).

17 (i) REFERENCES.—Reference in any other Federal  
18 law, Executive order, rule, regulation, or delegation of au-  
19 thority, or any document of or relating to the Director  
20 of the Indian Health Service shall be deemed to refer to  
21 the Assistant Secretary for Indian Health.

22 (j) DEFINITIONS.—For purposes of this section, the  
23 definitions contained in section 4 of the Indian Health  
24 Care Improvement Act shall apply.

1 **SEC. 406. ESTABLISHMENT OF INDIVIDUAL OFFICES OF MI-**  
2 **NORITY HEALTH WITHIN AGENCIES OF THE**  
3 **PUBLIC HEALTH SERVICE.**

4 Title XVII of the Public Health Service Act (42  
5 U.S.C. 300u et seq.) is amended by inserting after section  
6 1707 the following section:

7 “INDIVIDUAL OFFICES OF MINORITY HEALTH WITHIN  
8 PUBLIC HEALTH SERVICE

9 “SEC. 1707A. (a) IN GENERAL.—The head of each  
10 agency specified in subsection (b)(1) shall establish within  
11 the agency an office to be known as the Office of Minority  
12 Health and Racial, Ethnic, and Primary Language Health  
13 Disparities Elimination. Each such Office shall be headed  
14 by a director, who shall be appointed by the head of the  
15 agency within which the Office is established, and who  
16 shall report directly to the head of the agency. The head  
17 of such agency shall carry out this section (as this section  
18 relates to the agency) acting through such Director.

19 “(b) SPECIFIED AGENCIES.—

20 “(1) IN GENERAL.—The agencies referred to in  
21 subsection (a) are the following:

22 “(A) The Centers for Disease Control and  
23 Prevention.

24 “(B) The Health Resources and Services  
25 Administration.

1                   “(C) The Substance Abuse and Mental  
2                   Health Services Administration; and

3                   “(D) The Administration on Aging.

4           “(c) COMPOSITION.—The head of each specified  
5 agency shall ensure that the officers and employees of the  
6 minority health office of the agency are, collectively, expe-  
7 rienced in carrying out community-based health programs  
8 for each of the various racial and ethnic minority groups  
9 that are present in significant numbers in the United  
10 States.

11           “(d) DUTIES.—Each Director of a minority health of-  
12 fice shall establish and monitor the programs of the speci-  
13 fied agency of such office in order to carry out the fol-  
14 lowing:

15                   “(1) Determine the extent to which the pur-  
16 poses of the programs are being carried out with re-  
17 spect to racial and ethnic minority groups;

18                   “(2) Determine the extent to which members of  
19 such groups are represented among the Federal offi-  
20 cers and employees who administer the programs;  
21 and

22                   “(3) Make recommendations to the head of  
23 such agency on carrying out the programs with re-  
24 spect to such groups. In the case of programs that

1 provide services, such recommendations shall include  
2 recommendations toward ensuring that—

3 “(A) the services are equitably delivered  
4 with respect to racial and ethnic minority  
5 groups;

6 “(B) the programs provide the services in  
7 the language and cultural context that is most  
8 appropriate for the individuals for whom the  
9 services are intended; and

10 “(C) the programs utilize racial and ethnic  
11 minority community-based organizations to de-  
12 liver services.

13 “(e) BIENNIAL REPORTS TO SECRETARY.—The head  
14 of each specified agency shall submit to the Secretary for  
15 inclusion in each biennial report describing—

16 “(1) the extent to which the minority health of-  
17 fice of the agency employs individuals who are mem-  
18 bers of racial and ethnic minority groups, including  
19 a specification by minority group of the number of  
20 such individuals employed by such office.

21 “(f) FUNDING.—

22 “(1) ALLOCATIONS.—Of the amounts appro-  
23 priated for a specified agency for a fiscal year, the  
24 Secretary must designate an appropriate amount of  
25 funds for the purpose of carrying out activities

1 under this section through the minority health office  
2 of the agency. In reserving an amount under the  
3 preceding sentence for a minority health office for a  
4 fiscal year, the Secretary shall reduce, by substan-  
5 tially the same percentage, the amount that other-  
6 wise would be available for each of the programs of  
7 the designated agency involved.

8 “(2) AVAILABILITY OF FUNDS FOR STAFF-  
9 ING.—The purposes for which amounts made avail-  
10 able under paragraph may be expended by a minor-  
11 ity health office include the costs of employing staff  
12 for such office.”.

13 **SEC. 407. OFFICE OF MINORITY HEALTH AT THE CENTERS**  
14 **FOR MEDICARE AND MEDICAID SERVICES.**

15 (a) IN GENERAL.—Not later than 60 days after the  
16 date of enactment of this Act, the Secretary of Health and  
17 Human Services shall establish within the Centers for  
18 Medicare and Medicaid Services an Office of Minority  
19 Health (referred to in this section as the “Office”).

20 (b) DUTIES.—The Office shall be responsible for the  
21 coordination and facilitation of activities of the Centers  
22 for Medicare and Medicaid Services to improve minority  
23 health and healthcare and to reduce racial and ethnic dis-  
24 parities in health and healthcare, which shall include—

1           (1) creating a strategic plan, which shall be  
2           made available for public review, to improve the  
3           health and healthcare of Medicare, Medicaid, and  
4           SCHIP beneficiaries;

5           (2) promoting agency-wide policies relating to  
6           healthcare delivery and financing that could have a  
7           beneficial impact on the health and healthcare of mi-  
8           nority populations;

9           (3) assisting health plans, hospitals, and other  
10          health entities in providing culturally and linguis-  
11          tically appropriate healthcare services;

12          (4) increasing awareness and outreach activities  
13          for minority healthcare consumers and providers  
14          about the causes and remedies for health and  
15          healthcare disparities;

16          (5) developing grant programs and demonstra-  
17          tion projects to identify, implement and evaluate in-  
18          novative approaches to improving the health and  
19          healthcare of minority beneficiaries in the Medicare,  
20          Medicaid, and SCHIP programs;

21          (6) considering incentive programs relating to  
22          reimbursement that would reward health entities for  
23          providing quality healthcare for minority populations  
24          using established benchmarks for quality of care;

1           (7) collaborating with the compliance office to  
2 ensure compliance with the anti-discrimination provi-  
3 sions under title VI of the Civil Rights Act of 1964;

4           (8) identifying barriers to enrollment in public  
5 programs under the jurisdiction of the Centers for  
6 Medicare and Medicaid Services;

7           (9) monitoring and evaluating on a regular  
8 basis the success of minority health programs and  
9 initiatives;

10           (10) publishing an annual report about the ac-  
11 tivities of the Centers for Medicare and Medicaid  
12 Services relating to minority health improvement;  
13 and

14           (11) other activities determined appropriate by  
15 the Secretary of Health and Human Services.

16 (c) STAFF.—The staff at the Office shall include—

17           (1) one or more individuals with expertise in  
18 minority health and racial and ethnic health dispari-  
19 ties; and

20           (2) one or more individuals with expertise in  
21 healthcare financing and delivery in underserved  
22 communities.

23 (d) COORDINATION.—In carrying out its duties under  
24 this section, the Office shall coordinate with—

1           (1) the Office of Minority Health in the Office  
2 of the Secretary of Health and Human Services;

3           (2) the National Centers for Minority Health  
4 and Health Disparities in the National Institutes of  
5 Health; and

6           (3) the Office of Minority Health in the Centers  
7 for Disease Control and Prevention.

8           (e) AUTHORIZATION OF APPROPRIATIONS.—For the  
9 purpose of carrying out this section, there are authorized  
10 to be appropriated \$10,000,000 for fiscal year 2006, and  
11 such sums may be necessary for each of fiscal years 2007  
12 through 2012.

13 **SEC. 408. OFFICE OF MINORITY AFFAIRS AT THE FOOD AND**  
14 **DRUG ADMINISTRATION.**

15           Chapter IX of the Federal Food, Drug, and Cosmetic  
16 Act (21 U.S.C. 391 et seq.) is amended by adding at the  
17 end the following:

18 **“SEC. 908. OFFICE OF MINORITY AFFAIRS.**

19           “(a) IN GENERAL.—Not later than 60 days after the  
20 date of enactment of this section, the Secretary shall es-  
21 tablish within the Office of the Commissioner of Food and  
22 Drugs an Office of Minority Affairs (referred to in this  
23 section as the ‘Office’).

24           “(b) DUTIES.—The Office shall be responsible for the  
25 coordination and facilitation of activities of the Food and

1 Drug Administration to improve minority health and  
2 healthcare and to reduce racial and ethnic disparities in  
3 health and healthcare, which shall include—

4           “(1) promoting policies in the development and  
5 review of medical products that reduce racial and  
6 ethnic disparities in health and healthcare;

7           “(2) encouraging appropriate data collection,  
8 analysis, and dissemination of racial and ethnic dif-  
9 ferences using, at a minimum, the categories de-  
10 scribed in the 1997 Office of Management and  
11 Budget standards, in response to different therapies  
12 in both adult and pediatric populations;

13           “(3) providing, in coordination with other ap-  
14 propriate government agencies, education, training,  
15 and support to increase participation of minority pa-  
16 tients and physicians in clinical trials;

17           “(4) collecting and analyzing data using, at a  
18 minimum, the categories described in the 1997 Of-  
19 fice of Management and Budget standards, on the  
20 number of participants from minority racial and eth-  
21 nic backgrounds in clinical trials used to support  
22 medical product approvals;

23           “(5) the identification of methods to reduce lan-  
24 guage and literacy barriers; and

1           “(6) publishing an annual report about the ac-  
2           tivities of the Food and Drug Administration per-  
3           taining to minority health.

4           “(c) STAFF.—The staff of the Office shall include—

5           “(1) one or more individuals with expertise in  
6           the design and conduct of clinical trials of drugs, bi-  
7           ological products, and medical devices; and

8           “(2) one or more individuals with expertise in  
9           therapeutic classes or disease states for which med-  
10          ical evidence suggests a difference based on race or  
11          ethnicity.

12          “(d) COORDINATION.—In carrying out its duties  
13          under this section, the Office shall coordinate with—

14          “(1) the Office of Minority Health in the Office  
15          of the Secretary of Health and Human Services;

16          “(2) the National Center for Minority Health  
17          and Health Disparities in the National Institutes of  
18          Health; and

19          “(3) the Office of Minority Health in the Cen-  
20          ters for Disease Control and Prevention.

21          “(e) AUTHORIZATION OF APPROPRIATIONS.—For the  
22          purpose of carrying out this section, there are authorized  
23          to be appropriated such sums as may be necessary for  
24          each of the fiscal years 2007 through 2012.”.

1 **SEC. 409. SAFETY AND EFFECTIVENESS OF DRUGS WITH**  
2 **RESPECT TO RACIAL AND ETHNIC BACK-**  
3 **GROUND.**

4 (a) IN GENERAL.—Chapter V of the Federal Food,  
5 Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amend-  
6 ed by adding after section 505B the following:

7 **“SEC. 505C. SAFETY AND EFFECTIVENESS OF DRUGS WITH**  
8 **RESPECT TO RACIAL AND ETHNIC BACK-**  
9 **GROUND.**

10 “(a) PRE-APPROVAL STUDIES.—If there is evidence  
11 that there may be a disparity on the basis of racial or  
12 ethnic background as to the safety or effectiveness of a  
13 drug, then—

14 “(1)(A) the investigations required under sec-  
15 tion 505(b)(1)(A) shall include adequate and well-  
16 controlled investigations of the disparity; or

17 “(B) the evidence required under section 351(a)  
18 of the Public Health Service Act for approval of a  
19 biologics license application for the drug shall in-  
20 clude adequate and well-controlled investigations of  
21 the disparity; and

22 “(2) if the investigations confirm that there is  
23 a disparity, the labeling of the drug shall include ap-  
24 appropriate information about the disparity.

25 “(b) POST-MARKET STUDIES.—

1           “(1) IN GENERAL.—If there is evidence that  
2           there may be a disparity on the basis of racial or  
3           ethnic background as to the safety or effectiveness  
4           of a drug for which there is an approved application  
5           under section 505 or a license under section 351 of  
6           the Public Health Service Act, the Secretary may by  
7           order require the holder of the approved application  
8           or license to conduct, by a date specified by the Sec-  
9           retary, post-marketing studies to investigate the dis-  
10          parity.

11           “(2) LABELING.—If the Secretary determines  
12          that the post-market studies confirm that there is a  
13          disparity described in paragraph (1), the labeling of  
14          the drug shall include appropriate information about  
15          the disparity.

16           “(3) STUDY DESIGN.—The Secretary may  
17          specify all aspects of study design, including the  
18          number of studies and study participants, in the  
19          order requiring post-market studies of the drug.

20           “(4) MODIFICATIONS OF STUDY DESIGN.—The  
21          Secretary may by order modify any aspect of the  
22          study design as necessary after issuing an order  
23          under paragraph (1).

24           “(5) STUDY RESULTS.—The results from stud-  
25          ies required under paragraph (1) shall be submitted

1 to the Secretary as supplements to the drug applica-  
2 tion or biological license application.

3 “(c) DISPARITY.—The term ‘evidence that there may  
4 be a disparity on the basis of racial or ethnic background  
5 for adult and pediatric populations as to the safety or ef-  
6 fectiveness of a drug’ includes—

7 “(1) evidence that there is a disparity on the  
8 basis of racial or ethnic background as to safety or  
9 effectiveness of a drug in the same chemical class as  
10 the drug;

11 “(2) evidence that there is a disparity on the  
12 basis of racial or ethnic background in the way the  
13 drug is metabolized; and

14 “(3) other evidence as the Secretary may deter-  
15 mine.

16 “(d) APPLICATIONS UNDER SECTION 505(b)(2) AND  
17 505(J).—

18 “(1) IN GENERAL.—A drug for which an appli-  
19 cation has been submitted or approved under section  
20 505(j) shall not be considered ineligible for approval  
21 under that section or misbranded under section 502  
22 on the basis that the labeling of the drug omits in-  
23 formation relating to a disparity on the basis of ra-  
24 cial or ethnic background as to the safety or effec-  
25 tiveness of the drug, whether derived from investiga-

1 tions or studies required under this section or de-  
2 rived from other sources, when the omitted informa-  
3 tion is protected by patent or by exclusivity under  
4 clause (iii) or (iv) of section 505(j)(5)(D).

5 “(2) LABELING.—Notwithstanding clauses (iii)  
6 and (iv) of section 505(j)(5)(D), the Secretary may  
7 require that the labeling of a drug approved under  
8 section 505(j) that omits information relating to a  
9 disparity on the basis of racial or ethnic background  
10 as to the safety or effectiveness of the drug include  
11 a statement of any appropriate contraindications,  
12 warnings, or precautions related to the disparity  
13 that the Secretary considers necessary.”.

14 (b) ENFORCEMENT.—Section 502 of the Federal  
15 Food, Drug, and Cosmetic Act (21 U.S.C. 352) is amend-  
16 ed by adding at the end the following:

17 “(w)(1) If it is a drug and the holder of the approved  
18 application under section 505 or license under section 351  
19 of the Public Health Service Act for the drug has failed  
20 to complete the investigations or studies, or comply with  
21 any other requirement, of section 505C.”.

22 (c) DRUG FEES.—Section 736(a)(1)(A)(ii) of the  
23 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379h)  
24 is amended by adding after “required” the following: “,

1 including supplements required under section 505C of the  
2 Act”.

3 **SEC. 410. UNITED STATES COMMISSION ON CIVIL RIGHTS.**

4 (a) COORDINATION WITHIN DEPARTMENT OF JUSTICE OF ACTIVITIES REGARDING HEALTH DISPARITIES.—Section 3 of the Civil Rights Commission Act of  
5 TIES.—Section 3 of the Civil Rights Commission Act of  
6 TIES.—Section 3 of the Civil Rights Commission Act of  
7 1983 (42 U.S.C. 1975a) is amended—

8 (1) in paragraph (1)(B), by striking “and” at  
9 the end;

10 (2) in paragraph (2), in the matter after and  
11 below subparagraph (D), by striking the period and  
12 inserting “; and”; and

13 (3) by adding at the end the following:

14 “(3) shall, with respect to activities carried out  
15 in healthcare and correctional facilities toward the  
16 goal of eliminating health disparities between the  
17 general population and members of racial or ethnic  
18 minority groups, coordinate such activities of—

19 “(A) the Office for Civil Rights within the  
20 Department of Justice;

21 “(B) the Office of Justice Programs within  
22 the Department of Justice;

23 “(C) the Office for Civil Rights within the  
24 Department of Health and Human Services;  
25 and

1           “(D) the Office of Minority Health within  
2           the Department of Health and Human Services  
3           (headed by the Deputy Assistant Secretary for  
4           Minority Health Disparity Elimination).”.

5           (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
6   5 of the Civil Rights Commission Act of 1983 (42 U.S.C.  
7   1975c) is amended by striking the first sentence and in-  
8   serting the following: “For the purpose of carrying out  
9   this Act, there are authorized to be appropriated  
10  \$30,000,000 for fiscal year 2007, and such sums as may  
11  be necessary for each of the fiscal years 2008 through  
12  2012.”.

13 **SEC. 411. SENSE OF CONGRESS CONCERNING FULL FUND-**  
14 **ING OF ACTIVITIES TO ELIMINATE RACIAL**  
15 **AND ETHNIC HEALTH DISPARITIES.**

16           (a) FINDINGS.—Congress makes the following find-  
17 ings:

18           (1) The health status of the American populace  
19           is declining and the United States currently ranks  
20           below most industrialized nations in health status  
21           measured by longevity, sickness, and mortality.

22           (2) Racial and ethnic minority populations tend  
23           have the poorest health status and face substantial  
24           cultural, social, and economic barriers to obtaining  
25           quality healthcare.

1           (3) Efforts to improve minority health have  
2           been limited by inadequate resources (funding, staff-  
3           ing, and stewardship) and accountability.

4           (b) SENSE OF CONGRESS.—It is the sense of Con-  
5           gress that—

6           (1) funding should be doubled by fiscal year  
7           2007 for the National Center for Minority Health  
8           Disparities, the Office of Civil Rights in the Depart-  
9           ment of Health and Human Services, the National  
10          Institute of Nursing Research, and the Office of Mi-  
11          nority Health;

12          (2) adequate funding by fiscal year 2007, and  
13          subsequent funding increases, should be provided for  
14          health professions training programs, the Racial and  
15          Ethnic Approaches to Community Health (REACH)  
16          at the Center for Disease Control and Prevention,  
17          the Minority HIV/AIDS Initiative, and the Excel-  
18          lence Centers to Eliminate Ethnic/Racial Disparities  
19          (EXCEED) Program at the Agency for Healthcare  
20          Research and Quality;

21          (3) current and newly-created health disparity  
22          elimination incentives, programs, agencies, and de-  
23          partments under this Act (and the amendments  
24          made by this Act) should receive adequate staffing  
25          and funding by fiscal year 2007; and

1           (4) stewardship and accountability should be  
2           provided by Congress and the President for health  
3           disparity elimination.

4 **SEC. 412. GUIDELINES FOR DISEASE SCREENING FOR MI-**  
5 **NORITY PATIENTS.**

6           (a) IN GENERAL.—The Secretary, acting through the  
7 Director of the Agency for Healthcare Research and Qual-  
8 ity, shall convene a series of meetings to develop guidelines  
9 for disease screening for minority patient populations  
10 which have a higher than average risk for many chronic  
11 diseases and cancers.

12          (b) PARTICIPANTS.—In convening meetings under  
13 subsection (a), the Secretary shall ensure that meeting  
14 participants include representatives of—

- 15           (1) professional societies and associations;
- 16           (2) minority health organizations;
- 17           (3) healthcare researchers and providers, in-  
18           cluding those with expertise in minority health;
- 19           (4) Federal health agencies, including the Of-  
20           fice of Minority Health and the National Institutes  
21           of Health; and
- 22           (5) other experts determined appropriate by the  
23           Secretary.

24          (c) DISEASES.—Screening guidelines for minority  
25 populations shall be developed under subsection (a) for—

- 1 (1) hypertension;
- 2 (2) hypercholesterolemia;
- 3 (3) diabetes;
- 4 (4) cardiovascular disease;
- 5 (5) prostate cancer;
- 6 (6) breast cancer;
- 7 (7) colon cancer;
- 8 (8) kidney disease;
- 9 (9) glaucoma; and
- 10 (10) other diseases determined appropriate by
- 11 the Secretary.

12 (d) DISSEMINATION.—Not later than 24 months  
13 after the date of enactment of this title, the Secretary  
14 shall publish and disseminate to healthcare provider orga-  
15 nizations the guidelines developed under subsection (a).

16 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
17 authorized to be appropriated to carry out this section,  
18 sums as may be necessary for each of fiscal years 2007  
19 through 2012.

## 20 **Subtitle B—Improving**

## 21 **Environmental Justice**

### 22 **SEC. 421. DEFINITIONS.**

23 For purposes of this subtitle:

- 24 (1) ENVIRONMENTAL JUSTICE.—

1           (A) IN GENERAL.—The term “environ-  
2           mental justice” means the fair treatment of  
3           people of all races, cultures, and socioeconomic  
4           groups with respect to the development, adop-  
5           tion, implementation, and enforcement of laws,  
6           regulations, and policies affecting the environ-  
7           ment.

8           (B) FAIR TREATMENT.—The term “fair  
9           treatment” means policies and practices that  
10          will minimize the likelihood that a minority,  
11          low-income, or Native American community will  
12          bear a disproportionate share of the adverse en-  
13          vironmental consequences, or be denied reason-  
14          able access to the environmental benefits, re-  
15          sulting from implementation of a Federal pro-  
16          gram or policy.

17          (2) FEDERAL AGENCY.—The term “Federal  
18          agency” means—

19                 (A) each Federal entity represented on the  
20                 Working Group;

21                 (B) any other entity that conducts any  
22                 Federal program or activity that substantially  
23                 affects human health or the environment; and

1 (C) each Federal agency that implements  
2 any program, policy, or activity applicable to  
3 Native Americans.

4 (3) WORKING GROUP.—The term “Working  
5 Group” means the interagency working group estab-  
6 lished by section 423.

7 (4) ADVISORY COMMITTEE.—The term “the Ad-  
8 visory Committee” means the advisory committee es-  
9 tablished by section 425.

10 **SEC. 422. ENVIRONMENTAL JUSTICE RESPONSIBILITIES OF**  
11 **FEDERAL AGENCIES.**

12 (a) ENVIRONMENTAL JUSTICE MISSION.—To the  
13 greatest extent practicable, the head of each Federal agen-  
14 cy shall make achieving environmental justice part of its  
15 mission by identifying and addressing, as appropriate, dis-  
16 proportionately high and adverse human health or envi-  
17 ronmental effects of its programs, policies, and activities  
18 on minority and low-income populations in the United  
19 States and its territories and possessions, including the  
20 District of Columbia, the Commonwealth of Puerto Rico,  
21 Virgin Islands, Guam, and the Commonwealth of the Mar-  
22 iana Islands.

23 (b) NONDISCRIMINATION.—Each Federal agency  
24 shall conduct its programs, policies, and activities in a  
25 manner that ensures that such programs, policies, and ac-

1 tivities do not have the effect of excluding any person or  
2 group from participation in, denying any person or group  
3 the benefits of, or subjecting any person or group to dis-  
4 crimination under, such programs, policies, and activities,  
5 because of race, color, national origin, or income.

6 **SEC. 423. INTERAGENCY ENVIRONMENTAL JUSTICE WORK-**  
7 **ING GROUP.**

8 (a) CREATION AND COMPOSITION.—There is hereby  
9 established the Interagency Working Group on Environ-  
10 mental Justice, comprising the heads of the following exec-  
11 utive agencies and offices, or their designees:

12 (1) The Department of Defense.

13 (2) The Department of Health and Human  
14 Services.

15 (3) The Department of Housing and Urban De-  
16 velopment.

17 (4) The Department of Homeland Security.

18 (5) The Department of Labor.

19 (6) The Department of Agriculture.

20 (7) The Department of Transportation.

21 (8) The Department of Justice;

22 (9) The Department of the Interior.

23 (10) The Department of Commerce.

24 (11) The Department of Energy.

25 (12) The Environmental Protection Agency.

1 (13) The Office of Management and Budget.

2 (14) Any other official of the United States  
3 that the President may designate.

4 (b) FUNCTIONS.—The Working Group shall—

5 (1) provide guidance to Federal agencies on cri-  
6 teria for identifying disproportionately high and ad-  
7 verse human health or environmental effects on mi-  
8 nority, low-income, and Native American popu-  
9 lations;

10 (2) coordinate with, provide guidance to, and  
11 serve as a clearinghouse for, each Federal agency as  
12 it develops or revises an environmental justice strat-  
13 egy as required by this subtitle, in order to ensure  
14 that the administration, interpretation and enforce-  
15 ment of programs, activities, and policies are under-  
16 taken in a consistent manner;

17 (3) assist in coordinating research by, and stim-  
18 ulating cooperation among, the Environmental Pro-  
19 tection Agency, the Department of Health and  
20 Human Services, the Department of Housing and  
21 Urban Development, and other Federal agencies  
22 conducting research or other activities in accordance  
23 with section 424;

24 (4) assist in coordinating data collection, main-  
25 tenance, and analysis required by this subtitle;

1           (5) examine existing data and studies on envi-  
2           ronmental justice;

3           (6) hold public meetings and otherwise solicit  
4           public participation and consider complaints as re-  
5           quired under subsection (c);

6           (7) develop interagency model projects on envi-  
7           ronmental justice that evidence cooperation among  
8           Federal agencies; and

9           (8) in coordination with the Department of the  
10          Interior and after consultation with tribal leaders,  
11          coordinate steps to be taken pursuant to this subtitle  
12          that affect or involve federally-recognized Indian  
13          Tribes.

14          (c) PUBLIC PARTICIPATION.—The Working Group  
15 shall—

16           (1) hold public meetings and otherwise solicit  
17           public participation, as appropriate, for the purpose  
18           of fact-finding with regard to implementation of this  
19           subtitle, and prepare for public review a summary of  
20           the comments and recommendations provided; and

21           (2) receive, consider, and in appropriate in-  
22           stances conduct inquiries concerning complaints re-  
23           garding environmental justice and the implementa-  
24           tion of this subtitle by Federal agencies.

25          (d) ANNUAL REPORTS.—

1           (1) IN GENERAL.—Each fiscal year following  
2           enactment of this Act, the Working Group shall sub-  
3           mit to the President, through the Office of the Dep-  
4           uty Assistant to the President for Environmental  
5           Policy and the Office of the Assistant to the Presi-  
6           dent for Domestic Policy, a report that describes the  
7           implementation of this subtitle, including, but not  
8           limited to, a report of the final environmental justice  
9           strategies described in section 424 of this subtitle  
10          and annual progress made in implementing those  
11          strategies.

12          (2) COPY OF REPORT.—The President shall  
13          transmit to the Speaker of the House of Representa-  
14          tives and the President of the Senate a copy of each  
15          report submitted to the President pursuant to para-  
16          graph (1).

17          (e) CONFORMING CHANGE.—The Interagency Work-  
18          ing Group on Environmental Justice established under  
19          Executive Order No. 12898, dated February 11, 1994, is  
20          abolished.

21       **SEC. 424. FEDERAL AGENCY STRATEGIES.**

22          (a) AGENCY-WIDE STRATEGIES.—Each Federal  
23          agency shall develop an agency-wide environmental justice  
24          strategy that identifies and addresses disproportionately  
25          high and adverse human health or environmental effects

1 or disproportionately low benefits of its programs, policies,  
2 and activities with respect to minority, low-income, and  
3 Native American populations.

4 (b) REVISIONS.—Each strategy developed pursuant  
5 to subsection (a) shall identify programs, policies, plan-  
6 ning, and public participation processes, rulemaking, and  
7 enforcement activities related to human health or the envi-  
8 ronment that should be revised to—

9 (1) promote enforcement of all health and envi-  
10 ronmental statutes in areas with minority, low-in-  
11 come, or Native American populations;

12 (2) ensure greater public participation;

13 (3) improve research and data collection relat-  
14 ing to the health of and environment of minority,  
15 low-income, and Native American populations; and

16 (4) identify differential patterns of use of nat-  
17 ural resources among minority, low-income, and Na-  
18 tive American populations.

19 (c) TIMETABLES.—Each strategy developed pursuant  
20 to subsection (a) shall include, where appropriate, a time-  
21 table for undertaking revisions identified pursuant to sub-  
22 section (b).

1 **SEC. 425. FEDERAL ENVIRONMENTAL JUSTICE ADVISORY**  
2 **COMMITTEE.**

3 (a) ESTABLISHMENT.—There is established a com-  
4 mittee to be known as the “Federal Environmental Justice  
5 Advisory Committee”.

6 (b) DUTIES.—The Advisory Committee shall provide  
7 independent advice and recommendations to the Environ-  
8 mental Protection Agency and the Working Group on  
9 areas relating to environmental justice, which may include  
10 any of the following:

11 (1) Advice on Federal agencies’ framework de-  
12 velopment for integrating socioeconomic programs  
13 into strategic planning, annual planning, and man-  
14 agement accountability for achieving environmental  
15 justice results agency-wide.

16 (2) Advice on measuring and evaluating agen-  
17 cies’ progress, quality, and adequacy in planning, de-  
18 veloping, and implementing environmental justice  
19 strategies, projects, and programs.

20 (3) Advice on agencies’ existing and future in-  
21 formation management systems, technologies, and  
22 data collection, and the conduct of analyses that  
23 support and strengthen environmental justice pro-  
24 grams in administrative and scientific areas.

25 (4) Advice to help develop, facilitate, and con-  
26 duct reviews of the direction, criteria, scope, and

1       adequacy of the Federal agencies' scientific research  
2       and demonstration projects relating to environ-  
3       mental justice.

4           (5) Advice for improving how the Environ-  
5       mental Protection Agency and others participate, co-  
6       operate, and communicate within that agency and  
7       between other Federal agencies, State or local gov-  
8       ernments, federally recognized Tribes, environmental  
9       justice leaders, interest groups, and the public.

10          (6) Advice regarding the Environmental Protec-  
11       tion Agency's administration of grant programs re-  
12       lating to environmental justice assistance (not to in-  
13       clude the review or recommendations of individual  
14       grant proposals or awards).

15          (7) Advice regarding agencies' awareness, edu-  
16       cation, training, and other outreach activities involv-  
17       ing environmental justice.

18       (c) ADVISORY COMMITTEE.—The Advisory Com-  
19       mittee shall be considered an advisory committee within  
20       the meaning of the Federal Advisory Committee Act (5  
21       U.S.C. App.).

22       (d) MEMBERSHIP.—

23           (1) IN GENERAL.—The Advisory Committee  
24       shall be composed of 21 members to be appointed in

1 accordance with paragraph (2). Members shall in-  
2 clude representatives of—

3 (A) community-based groups;

4 (B) industry and business;

5 (C) academic and educational institutions;

6 (D) minority health organizations;

7 (E) State and local governments, federally  
8 recognized tribes, and indigenous groups; and

9 (F) nongovernmental and environmental  
10 groups.

11 (2) APPOINTMENTS.—Of the members of the  
12 Advisory Committee—

13 (A) five members shall be appointed by the  
14 majority leader of the Senate;

15 (B) five members shall be appointed by the  
16 minority leader of the Senate;

17 (C) five members shall be appointed by the  
18 Speaker of the House of Representatives;

19 (D) five members shall be appointed by the  
20 minority leader of the House of Representa-  
21 tives; and

22 (E) one member to be appointed by the  
23 President.

24 (e) MEETINGS.—The Advisory Committee shall meet  
25 at least twice annually. Meetings shall occur as needed and

1 approved by the Director of the Office of Environmental  
2 Justice of the Environmental Protection Agency, who shall  
3 serve as the officer required to be appointed under section  
4 10(e) of the Federal Advisory Committee Act (5 U.S.C.  
5 App.) with respect to the Committee (in this subsection  
6 referred to as the “Designated Federal Officer”). The Ad-  
7 ministrator of the Environmental Protection Agency may  
8 pay travel and per diem expenses of members of the Advi-  
9 sory Committee when determined necessary and appro-  
10 priate. The Designated Federal Officer or a designee of  
11 such Officer shall be present at all meetings, and each  
12 meeting will be conducted in accordance with an agenda  
13 approved in advance by such Officer. The Designated Fed-  
14 eral Officer may adjourn any meeting when the Des-  
15 ignated Federal Officer determines it is in the public inter-  
16 est to do so. As required by the Federal Advisory Com-  
17 mittee Act, meetings of the Advisory Committee shall be  
18 open to the public unless the President determines that  
19 a meeting or a portion of a meeting may be closed to the  
20 public in accordance with subsection (c) of section 552b  
21 of title 5, United States Code. Unless a meeting or portion  
22 thereof is closed to the public, the Designated Federal Of-  
23 ficer shall provide an opportunity for interested persons  
24 to file comments before or after such meeting or to make  
25 statements to the extent that time permits.

1 (f) DURATION.—The Advisory Committee shall re-  
2 main in existence until otherwise provided by law.

3 **SEC. 426. HUMAN HEALTH AND ENVIRONMENTAL RE-**  
4 **SEARCH, DATA COLLECTION AND ANALYSIS.**

5 (a) DISPROPORTIONATE IMPACT.—To the extent per-  
6 mitted by other applicable law, including section 552a of  
7 title 5, United States Code, popularly known as the Pri-  
8 vacy Act of 1974, the Administrator of the Environmental  
9 Protection Agency, or the head of such other Federal  
10 agency as the President may direct, shall collect, maintain,  
11 and analyze information assessing and comparing environ-  
12 mental and human health risks borne by populations iden-  
13 tified by race, national origin, or income. To the extent  
14 practical and appropriate, Federal agencies shall use this  
15 information to determine whether their programs, policies,  
16 and activities have disproportionately high and adverse  
17 human health or environmental effects on, or  
18 disproportionately low benefits for, minority, low-income,  
19 and Native American populations.

20 (b) INFORMATION RELATED TO NON-FEDERAL FA-  
21 CILITIES.—In connection with the development and imple-  
22 mentation of agency strategies in section 424, the Admin-  
23 istrator of the Environmental Protection Agency, or the  
24 head of such other Federal agency as the President may  
25 direct, shall collect, maintain, and analyze information on

1 the race, national origin, and income level, and other read-  
2 ily accessible and appropriate information, for areas sur-  
3 rounding facilities or sites expected to have a substantial  
4 environmental, human health, or economic effect on the  
5 surrounding populations, if such facilities or sites become  
6 the subject of a substantial Federal environmental admin-  
7 istrative or judicial action.

8 (c) IMPACT FROM FEDERAL FACILITIES.—The Ad-  
9 ministrator of the Environmental Protection Agency, or  
10 the head of such other Federal agency as the President  
11 may direct, shall collect, maintain, and analyze informa-  
12 tion on the race, national origin, and income level, and  
13 other readily accessible and appropriate information, for  
14 areas surrounding Federal facilities that are—

15 (1) subject to the reporting requirements under  
16 the Emergency Planning and Community Right-to-  
17 Know Act (42 U.S.C. 11001 et seq.) as mandated  
18 in Executive Order No. 12856; and

19 (2) expected to have a substantial environ-  
20 mental, human health, or economic effect on sur-  
21 rounding populations.

22 (d) INFORMATION SHARING.—

23 (1) IN GENERAL.—In carrying out the respon-  
24 sibilities in this section, each Federal agency, to the  
25 extent practicable and appropriate, shall share infor-

1 mation and eliminate unnecessary duplication of ef-  
2 forts through the use of existing data systems and  
3 cooperative agreements among Federal agencies and  
4 with State, local, and tribal governments.

5 (2) PUBLIC AVAILABILITY.—Except as prohib-  
6 ited by other applicable law, information collected or  
7 maintained pursuant to this section shall be made  
8 available to the public.

9 (e) PUBLIC COMMENT.—Federal agencies shall pro-  
10 vide minority, low-income, and Native American popu-  
11 lations the opportunity to participate in the development,  
12 design, and conduct of activities undertaken pursuant to  
13 this section.

## 14 **TITLE V—HEALTH** 15 **EMPOWERMENT ZONES**

### 16 **SEC. 501. HEALTH EMPOWERMENT ZONES.**

17 (a) HEALTH EMPOWERMENT ZONE PROGRAMS.—

18 (1) GRANTS.—The Secretary, acting through  
19 the Administrator of the Health Resources and Serv-  
20 ices Administration and the Deputy Assistant Sec-  
21 retary for Minority Health Disparity Elimination,  
22 and in cooperation with the Director of the Office of  
23 Community Services and the Director of the Na-  
24 tional Center for Minority Health and Health Dis-  
25 parities, shall make grants to partnerships of private

1 and public entities to establish health empowerment  
2 zone programs in communities that disproportion-  
3 ately experience disparities in health status and  
4 healthcare for the purpose described in paragraph  
5 (2).

6 (2) USE OF FUNDS.—

7 (A) IN GENERAL.—Subject to subpara-  
8 graph (B), the purpose of a health empower-  
9 ment zone program under this section shall be  
10 to assist individuals, businesses, schools, minor-  
11 ity health associations, non-profit organizations,  
12 community-based organizations, hospitals,  
13 healthcare clinics, foundations, and other enti-  
14 ties in communities that disproportionately ex-  
15 perience disparities in health status and  
16 healthcare which are seeking—

17 (i) to improve the health or environ-  
18 ment of minority individuals in the com-  
19 munity and to reduce disparities in health  
20 status and healthcare by assisting individ-  
21 uals in accessing Federal programs; and

22 (ii) to coordinate the efforts of gov-  
23 ernmental and private entities regarding  
24 the elimination of racial and ethnic dispari-  
25 ties in health status and healthcare.

1           (B) MEDICARE AND MEDICAID.—A health  
2           empowerment zone program under this section  
3           shall not provide any assistance (other than re-  
4           ferral and follow-up services) that is duplicative  
5           of programs under title XVIII or XIX of the  
6           Social Security Act (42 U.S.C. 1395 and 1396  
7           et seq.).

8           (3) DISTRIBUTION.—The Secretary shall make  
9           at least 1 grant under this section to a partnership  
10          for a health empowerment zone program in commu-  
11          nities that disproportionately experience disparities  
12          in health status and healthcare that is located in a  
13          territory or possession of the United States.

14          (4) APPLICATION.—To obtain a grant under  
15          this section, a partnership shall submit to the Sec-  
16          retary an application in such form and in such man-  
17          ner as the Secretary may require. An application  
18          under this paragraph shall—

19                 (A) demonstrate that the communities to  
20                 be served by the health empowerment zone pro-  
21                 gram are those that disproportionately experi-  
22                 ence disparities in health status and healthcare;

23                 (B) set forth a strategic plan for accom-  
24                 plishing the purpose described in paragraph (2),  
25                 by—

1 (i) describing the coordinated health,  
2 economic, human, community, and physical  
3 development plan and related activities  
4 proposed for the community;

5 (ii) describing the extent to which  
6 local institutions and organizations have  
7 contributed and will contribute to the plan-  
8 ning process and implementation;

9 (iii) identifying the projected amount  
10 of Federal, State, local, and private re-  
11 sources that will be available in the area  
12 and the private and public partnerships to  
13 be used (including any participation by or  
14 cooperation with universities, colleges,  
15 foundations, non-profit organizations, med-  
16 ical centers, hospitals, health clinics, school  
17 districts, or other private and public enti-  
18 ties);

19 (iv) identifying the funding requested  
20 under any Federal program in support of  
21 the proposed activities;

22 (v) identifying benchmarks for meas-  
23 uring the success of carrying out the stra-  
24 tegic plan;

1 (vi) demonstrating the ability to reach  
2 and service the targeted underserved mi-  
3 nority community populations in a cul-  
4 turally appropriate and linguistically re-  
5 sponsive manner; and

6 (vii) demonstrating a capacity and in-  
7 frastructure to provide long-term commu-  
8 nity response that is culturally appropriate  
9 and linguistically responsive to commu-  
10 nities that disproportionately experience  
11 disparities in health and healthcare; and

12 (C) include such other information as the  
13 Secretary may require.

14 (5) PREFERENCE.—In awarding grants under  
15 this subsection, the Secretary shall give preference  
16 to proposals from indigenous community entities  
17 that have an expertise in providing culturally appro-  
18 priate and linguistically responsive services to com-  
19 munities that disproportionately experience dispari-  
20 ties in health and health care.

21 (b) FEDERAL ASSISTANCE FOR HEALTH EMPOWER-  
22 MENT ZONE GRANT PROGRAMS.—The Secretary, the Ad-  
23 ministrator of the Small Business Administration, the  
24 Secretary of Agriculture, the Secretary of Education, the

1 Secretary of Labor, and the Secretary of Housing and  
2 Urban Development shall each—

3           (1) where appropriate, provide entity-specific  
4 technical assistance and evidence-based strategies to  
5 communities that disproportionately experience dis-  
6 parities in health status and healthcare to further  
7 the purposes served by a health empowerment zone  
8 program established with a grant under subsection  
9 (a);

10           (2) identify all programs administered by the  
11 Department of Health and Human Services, Small  
12 Business Administration, Department of Agri-  
13 culture, Department of Education, Department of  
14 Labor, and the Department of Housing and Urban  
15 Development, respectively, that may be used to fur-  
16 ther the purpose of a health empowerment zone pro-  
17 gram established with a grant under subsection (a);  
18 and

19           (3) in administering any program identified  
20 under paragraph (2), consider the appropriateness of  
21 giving priority to any individual or entity located in  
22 communities that disproportionately experience dis-  
23 parities in health status and healthcare served by a  
24 health empowerment zone program established with  
25 a grant under subsection (a), if such priority would

1 further the purpose of the health empowerment zone  
2 program.

3 (c) HEALTH EMPOWERMENT ZONE COORDINATING  
4 COMMITTEE.—

5 (1) ESTABLISHMENT.—For each health em-  
6 powerment zone program established with a grant  
7 under subsection (a), the Secretary acting through  
8 the Director of Office of Minority Health and the  
9 Administrator of the Health Resources and Services  
10 Administration shall establish a health empowerment  
11 zone coordinating committee.

12 (2) DUTIES.—Each coordinating committee es-  
13 tablished, in coordination with the Deputy Assistant  
14 Secretary for Minority Health Disparity Elimination  
15 and the Administrator of the Health Resources and  
16 Services Administration, shall provide technical as-  
17 sistance and evidence-based strategies to the grant  
18 recipient involved, including providing guidance on  
19 research, strategies, health outcomes, program goals,  
20 management, implementation, monitoring, assess-  
21 ment, and evaluation processes.

22 (3) MEMBERSHIP.—

23 (A) APPOINTMENT.—The Deputy Assist-  
24 ant Secretary for Minority Health Disparity  
25 Elimination and the Administrator of the

1 Health Resources and Services Administration,  
2 in consultation with the respective grant recipi-  
3 ent shall appoint the members of each coordi-  
4 nating committee.

5 (B) COMPOSITION.—The Deputy Assistant  
6 Secretary for Minority Health Disparity Elimini-  
7 nation, and the Administrator of the Health  
8 Resources and Services Administration shall en-  
9 sure that each coordinating committee estab-  
10 lished—

11 (i) has not more than 20 members;

12 (ii) includes individuals from commu-  
13 nities that disproportionately experience  
14 disparities in health status and healthcare;

15 (iii) includes community leaders and  
16 leaders of community-based organizations;

17 (iv) includes representatives of aca-  
18 demia and lay and professional organiza-  
19 tions and associations including those hav-  
20 ing expertise in medicine, technical, social  
21 and behavioral science, health policy, advoca-  
22 cacy, cultural and linguistic competency,  
23 research management, and organization;  
24 and

1 (v) represents a reasonable cross-section  
2 tion of knowledge, views, and application  
3 of expertise on societal, ethical, behavioral,  
4 educational, policy, legal, cultural, linguistic,  
5 and workforce issues related to  
6 eliminating disparities in health and  
7 healthcare.

8 (C) INDIVIDUAL QUALIFICATIONS.—The  
9 Deputy Assistant Secretary for Minority Health  
10 Disparity Elimination and the Administrator of  
11 the Health Resources and Services Administration  
12 may not appoint an individual to serve on  
13 a coordinating committee unless the individual  
14 meets the following qualifications:

15 (i) The individual is not employed by  
16 the Federal Government.

17 (ii) The individual has appropriate experience,  
18 including experience in the areas  
19 of community development, cultural and  
20 linguistic competency, reducing and eliminating  
21 racial and ethnic disparities in  
22 health and health care, or minority health.

23 (D) SELECTION.—In selecting individuals  
24 to serve on a coordinating committee, the Deputy  
25 Assistant Secretary for Minority Health

1 Disparity Elimination and the Administrator  
2 Health Resources and Services Administration  
3 shall give due consideration to the recommenda-  
4 tions of the Congress, industry leaders, the sci-  
5 entific community (including the Institute of  
6 Medicine), academia, community based non-  
7 profit organizations, minority health and related  
8 organizations, the education community, State  
9 and local governments, and other appropriate  
10 organizations.

11 (E) CHAIRPERSON.—The Deputy Assistant  
12 Secretary for Minority Health Disparity Elimination and the Administrator of the Health Resources and Services Administration, in consultation with the members of the coordinating committee involved, shall designate a chairperson of the coordinating committee, who shall serve for a term of 3 years and who may be reappointed at the expiration of each such term.

20 (F) TERMS.—Each member of a coordinating committee shall be appointed for a term of 1 to 3 years in overlapping staggered terms, as determined by the Deputy Assistant Secretary for Minority Health Disparity Elimination and the Administrator of the Health Re-

1 sources and Services Administration at the time  
2 of appointment, and may be reappointed at the  
3 expiration of each such term.

4 (G) VACANCIES.—A vacancy on a coordi-  
5 nating committee shall be filled in the same  
6 manner in which the original appointment was  
7 made.

8 (H) COMPENSATION.—Each member of a  
9 coordinating committee shall be compensated at  
10 a rate equal to the daily equivalent of the an-  
11 nual rate of basic pay for level IV of the Execu-  
12 tive Schedule for each day (including travel  
13 time) during which such member is engaged in  
14 the performance of the duties of the coordi-  
15 nating committee.

16 (I) TRAVEL EXPENSES.—Each member of  
17 a coordinating committee shall receive travel ex-  
18 penses, including per diem in lieu of subsist-  
19 ence, in accordance with applicable provisions  
20 under subchapter I of chapter 57 of title 5,  
21 United States Code.

22 (4) MEETINGS.—A coordinating committee  
23 shall meet 3 to 5 times each year, at the call of the  
24 coordinating committee's chairperson and in con-  
25 sultation with the Deputy Assistant Secretary for

1 Minority Health Disparity Elimination and the Ad-  
2 ministrator Health Resources and Services Adminis-  
3 tration.

4 (5) REPORT.—Each coordinating committee  
5 shall transmit to the Congress an annual report  
6 that, with respect to the health empowerment zone  
7 program involved, includes the following:

8 (A) A review of the program’s effectiveness  
9 in achieving stated goals and outcomes.

10 (B) A review of the program’s manage-  
11 ment and the coordination of the entities in-  
12 volved.

13 (C) A review of the activities in the pro-  
14 gram’s portfolio and components.

15 (D) An identification of policy issues raised  
16 by the program.

17 (E) An assessment of the program’s capac-  
18 ity, infrastructure, and number of underserved  
19 minority communities reached.

20 (F) Recommendations for new program  
21 goals, research areas, enhanced approaches,  
22 partnerships, coordination and management  
23 mechanisms, and projects to be established to  
24 achieve the program’s stated goals, to improve  
25 outcomes, monitoring, and evaluation.

1           (G) A review of the degree of minority en-  
2           tity participation in the program, and an identi-  
3           fication of a strategy to increase such participa-  
4           tion.

5           (H) Any other reviews or recommendations  
6           determined to be appropriate by the coordi-  
7           nating committee.

8           (d) REPORT.—The Deputy Assistant Secretary for  
9           Minority Health Disparity Elimination and the Adminis-  
10          trator of the Health Resources and Services Administra-  
11          tion shall submit a joint annual report to the appropriate  
12          committees of Congress on the results of the implementa-  
13          tion of programs under this section.

14          (e) AUTHORIZATION OF APPROPRIATIONS.—There  
15          are authorized to be appropriated to carry out this section,  
16          such sums as may be necessary for each of fiscal years  
17          2007 through 2012.

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