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111TH CONGRESS
1ST SESSION

H. R. 1883

To require the Secretary of Health and Human Services to carry out a demonstration grants program to provide for certain patient coordination, outreach, and assistance services to reduce barriers to receiving health care and improve health care outcomes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2009

Mr. SCOTT of Virginia (for himself, Ms. JACKSON-LEE of Texas, and Ms. LEE of California) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To require the Secretary of Health and Human Services to carry out a demonstration grants program to provide for certain patient coordination, outreach, and assistance services to reduce barriers to receiving health care and improve health care outcomes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Patient Advocate Act of 2009''.

SEC. 2. PATIENT ASSISTANCE GRANTS DEMONSTRATION PROGRAM.

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish a demonstration program under which the Secretary may make grants to States, local and tribal entities, and public or private non-profit organizations for the development and operation of programs to provide services for patients to resolve health insurance, job retention, and debt crisis matters related to the patients' diagnosis and illness, including services described in subsection (b), to improve health care outcomes.

(b) USE OF FUNDS.—A recipient of a grant under this section shall use the grant for the purposes of recruiting, assigning, training, and employing patient health advocates (as defined in subsection (m)(2)) who have direct knowledge of the communities they serve to facilitate the care of individuals, including by performing each of the following services (and by ensuring that such services are available to such communities):

(1) Acting as contacts, including by assisting in the coordination of health care services and provider referrals, for individuals who are seeking prevention or early detection services for, or who following a screening or early detection service are found to have a symptom, abnormal finding, or diagnosis of, an adverse health condition.

(2) Facilitating the involvement of community organizations in assisting individuals who are at risk for or who have an adverse health condition to receive better access to high-quality health care services (such as by creating partnerships with patient advocacy groups, charities, health care centers, community hospice centers, other health care providers, or other organizations in the targeted community).

(3) Notifying individuals of clinical trials and, upon request, facilitating enrollment of eligible individuals in these trials.

(4) Anticipating, identifying, and helping individuals to overcome barriers within the health care system to ensure prompt diagnosis and treatment.

(5) Coordinating with the relevant health insurance ombudsman programs to provide information to individuals about health coverage, including private insurance, health care savings accounts, and other publicly funded programs (such as the Medicare, the Medicaid, and State children's health insurance programs under titles XVIII, XIX, and XXI of the Social Security Act, respectively, health programs operated by the Department of Veterans Affairs or the Department of Defense, and any private or governmental prescription assistance programs).

(6) Conducting ongoing outreach to health disparity populations, including the uninsured, rural populations, and other medically underserved populations, in addition to assisting other individuals to seek preventive care.

A recipient of a grant under subsection (a) may use such grant for operational costs of any activity carried out by such entity for the purposes described in the previous sentence.

(c) PROHIBITIONS.—

(1) REFERRAL FEES.—The Secretary of Health and Human Services shall require each recipient of a grant under this section to prohibit any patient health advocate providing services under the grant from accepting any referral fee, kickback, or other thing of value in return for referring an individual to a particular health care provider.

(2) LEGAL FEES AND COSTS.—The Secretary of Health and Human Services shall prohibit the use of any grant funds received under this section to pay any fees or costs resulting from any litigation, arbitration, mediation, or other proceeding to resolve a legal dispute.

(d) GRANT PERIOD.—

(1) INITIAL GRANT PERIOD AND PERMISSIBLE EXTENSIONS.—Subject to paragraph (2), the Secretary of Health and Human Services—

(A) may award grants under this section for initial periods of not more than 3 years; and

(B) may extend the period of a grant under this section so long as each such extension is for a period of not more than 1 year.

(2) LIMITATION.—In no case may the Secretary award an initial grant or extend the period of a grant under this section for a period ending after the date that is 5 years after the date of the enactment of this Act.

(e) APPLICATION.—

(1) IN GENERAL.—To seek a grant under this section, an entity or organization described in subsection (a) shall submit an application to the Secretary of Health and Human Services in such form, in such manner, and containing such information as the Secretary may require.

(2) CONTENTS.—At a minimum, the Secretary shall require each such application to outline how the entity or organization involved will establish baseline measures and benchmarks that meet the

Secretary's requirements to evaluate program outcomes.

(f) UNIFORM BASELINE MEASURES.—The Secretary of Health and Human Services shall establish uniform baseline measures in order to properly evaluate the impact of the programs funded under this section.

(g) PREFERENCE.—In making grants under this section, the Secretary of Health and Human Services shall give preference to eligible entities that demonstrate in their applications plans to utilize services described in subsection (b) to overcome significant barriers in order to improve health care outcomes in their respective communities.

(h) DUPLICATION OF SERVICES.—An entity or organization that is receiving Federal funds for services described in subsection (b) on the date on which the entity or organization, respectively, submits an application under subsection (e) may not receive a grant under this section unless the entity or organization, respectively, can demonstrate that amounts received under the grant will be utilized to expand services or provide new services to individuals who would not otherwise be served.

(i) COORDINATION WITH OTHER PROGRAMS.—The Secretary of Health and Human Services shall ensure coordination of the demonstration program under this sec-

tion with existing authorized programs in order to facilitate access to high-quality health care services.

(j) STUDY; REPORTS.—

(1) FINAL REPORT BY SECRETARY.—Not later than 6 months after the completion of the demonstration program under this section, the Secretary of Health and Human Services shall conduct a study of the results of the program and submit to the Congress a report on such results that includes the following:

(A) An evaluation of the program outcomes, including—

(i) quantitative analysis of baseline and benchmark measures; and

(ii) aggregate information about the individuals served and program activities.

(B) Recommendations on whether the programs funded under this section could be used to improve patient outcomes in other public health areas.

(2) INTERIM REPORTS BY SECRETARY.—The Secretary of Health and Human Services may provide interim reports to the Congress on the demonstration program under this section at such intervals as the Secretary determines to be appropriate.

(3) REPORTS BY GRANTEES.—The Secretary of Health and Human Services may require each recipient of a grant under this section to submit interim and final reports on the programs carried out by such recipient with such grant.

(k) RULE OF CONSTRUCTION.—This section shall not be construed to authorize funding for the delivery of health care services (other than the services listed in subsection (b)).

(l) NONDISCRIMINATION.—

(1) TREATMENT AS FEDERAL FINANCIAL ASSISTANCE.—For the purpose of applying the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), on the basis of disability under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), on the basis of sex under title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), or on the basis of race, color, or national origin under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), programs and activities funded or otherwise financially assisted in whole or in part under this Act (whether through grant, contract, or otherwise) are considered to be

programs and activities receiving Federal financial assistance.

(2) PROHIBITION OF DISCRIMINATION REGARDING PARTICIPATION, BENEFITS, AND EMPLOYMENT.—

(A) IN GENERAL.—No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration of or in connection with, any program or activity funded or otherwise financially assisted in whole or in part under this Act because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief.

(B) ENFORCEMENT.—The powers, remedies, and procedures set forth in title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) shall be the powers, remedies, and procedures this paragraph provides to the Secretary concerning a violation of subparagraph (A).

(m) DEFINITIONS.—In this section:

(1) HEALTH DISPARITY POPULATION.—The term ''health disparity population'' means a population that, as determined by the Secretary of Health and Human Services, has a significant dis-

parity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates as compared to the health status of the general population.

(2) PATIENT HEALTH ADVOCATE.—The term ''patient health advocate'' means, with respect to a program developed by a recipient of a grant under this section, an individual who has completed a certified social work program (or program in a related field) approved by such recipient, or has attained an equivalent level of proficiency through organization-sponsored training or work experience in areas of social work, case work, or nursing.

(n) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—To carry out this section, there are authorized to be appropriated $10,000,000 for each of the fiscal years 2010 through 2014.

(2) AVAILABILITY.—The amounts appropriated pursuant to paragraph (1) shall remain available for obligation through the end of fiscal year 2014.

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