

more than 1,000,000 volunteer trailwork hours each year and have built more than 5,000 miles of new trails; and

Whereas the International Mountain Bicycling Association has encouraged low-impact riding and volunteer trailwork participation since 1988: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress—

(1) recognizes the health risks associated with childhood obesity;

(2) recognizes the spirit of Jacob Mock Doub and his contribution to encouraging youth of all ages to be physically active and fit, especially through bicycling;

(3) expresses its sense that “National Take a Kid Mountain Biking Day” should be established in honor of Jacob Mock Doub; and

(4) encourages parents, schools, civic organizations, and students to promote increased physical activity among youth in the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BARTON).

GENERAL LEAVE

Mr. BARTON of Texas. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H. Con. Res. 480.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BARTON of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise to support H. Con. Res. 480, authored by my good friend, the gentleman from North Carolina (Mr. BURR), to recognize the spirit of Jacob Mock Doub and his contribution to encouraging youth to be physically active and fit.

Jacob Doub, a resident of North Carolina, died unexpectedly from complications related to a bicycling injury 2 years ago. His spirit, however, lives on as his family and friends have recently joined with the International Mountain Bicycling Association to establish the Jack Doub Memorial Fund to promote and encourage children of all ages to learn to ride a bike and to lead a physically active lifestyle.

I understand that Jack’s vivacious attitude toward mountain biking was irrepressible. His energy and drive to be a great mountain biker is an inspiration to all of us. With obesity rates on the rise, we all need to take personal responsibility and do more to increase physical activity to improve our health.

Madam Speaker, I would urge my colleagues to adopt this resolution.

Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Madam Speaker, I yield 5 minutes to the gentleman from Oregon (Mr. BLUMENAUER), the sponsor of the resolution.

Mr. BLUMENAUER. Madam Speaker, I must correct the record. I am not a

sponsor of the bill. It was introduced by the gentleman from North Carolina (Mr. BURR) and the gentleman from Massachusetts (Mr. MARKEY), though; but I do celebrate the spirit in which it is offered to recognize the contributions in terms of memorializing the notion of making sure our youth are physically fit and active and expressing the sense of Congress that National Take a Kid Mountain Biking Day should be established in Mr. Doub’s honor.

I think it is important for us to move in this direction in part to take someone who loved the spirit, the challenge, the physical activity of cycling and to translate that to promote and encourage children of all ages to learn to ride and lead a physically active lifestyle.

This is serious business. The committee has been working throughout this session of Congress, focusing on the needs of fitness for our youth. The notion of childhood obesity, the rates have nearly tripled in adolescents in the United States since 1980, and we know the research indicates that overweight adolescents have a 70 percent chance of becoming overweight or obese as adults and the range of physical problems that are associated with it.

That is why the Surgeon General and the President’s Council on Physical Fitness and Sports recommend regular physical activity, including bicycling, for the prevention of overweight and obesity, as well as general health promotion.

Mountain biking is a growing activity around the United States. In my State of Oregon, over 400,000 people participated in mountain biking last year. Bike Magazine identified the area around Hood River, Oregon, just to the east of my district, as some of the finest singletrack in the mountain bike universe, lying within an 80-mile radius of Hood River, incorporating all of the area that I represent.

It is important not just to fitness and recreation. It is also important to the economy.

Overall, bicycling and mountain bike tourism is important to local and State economies. We are finding across the country cycling activities are gathering tourists for organized rides, for touring and for mountain biking. In our State, tourism is a \$6.1 billion industry, and we are watching as bicycling is becoming an ever-increasing part of that effort, programs like Cycle Oregon that bring together 2,000 people from around the country every year.

It also is the source of a growing industry just in terms of cycle manufacturing and sales. There are thousands of small businesses across America that are part of the bicycling industry and specifically mountain biking. We just found this last year in Oregon the Chris King Precision Components relocated from California to Oregon because of the local support for mountain biking.

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And they join one of dozens of companies that are a part of that effort, creating a critical mass in terms of the component, manufacturing, sales and service.

For all of these reasons, in terms of celebrating the spirit of mountain biking, the importance of promoting fitness, particularly among our youth, because it is so important in areas like tourism and small businesses, I rise in support of this resolution and urge my colleagues not just to support it, but find ways that they can translate this back home to their communities to make a difference.

Mr. BROWN of Ohio. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I yield myself such time as I may consume to urge all my colleagues to support this. This is a good piece of legislation. It recognizes an individual in the district of the gentleman from North Carolina (Mr. BURR), who died in a bicycling accident. It also recognizes a very helpful activity.

I have a mountain bike, although in Texas you would have to call it more of a prairie bike or a hill bike; but this is a good thing, and I hope we can pass it unanimously.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 480.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

PATIENT NAVIGATOR OUTREACH AND CHRONIC DISEASE PREVENTION ACT OF 2004

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 918) to authorize the Health Resources and Services Administration, the National Cancer Institute, and the Indian Health Service to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist individuals of health disparity populations in receiving such services, as amended.

The Clerk read as follows:

H.R. 918

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 Navigator Outreach and Chronic Disease Prevention Act of 2004”.

SEC. 2. PATIENT NAVIGATOR GRANTS.

Subpart V of part D of title III of the Public Health Service Act (42 U.S.C. 256) is amended by adding at the end the following:

“SEC. 340A. PATIENT NAVIGATOR GRANTS.

“(a) **GRANTS.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to eligible entities for the development and operation of demonstration programs to provide patient navigator services to improve health care outcomes. The Secretary shall coordinate with, and ensure the participation of, the Indian Health Service, the National Cancer Institute, the Office of Rural Health Policy, and such other offices and agencies as deemed appropriate by the Secretary, regarding the design and evaluation of the demonstration programs.

“(b) **USE OF FUNDS.**—A condition on the receipt of a grant under this section is that the grantee agree to use the grant to recruit, assign, train, and employ patient navigators who have direct knowledge of the communities they serve to facilitate the care of individuals, including by performing each of the following duties:

“(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, cancer or other chronic disease.

“(2) Facilitating the involvement of community organizations providing assistance to individuals who are at risk for or who have cancer or other chronic diseases 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 facilitating enrollment in these trials if requested and eligible.

“(4) Anticipating, identifying, and helping patients to overcome barriers within the health care system to ensure prompt diagnostic and treatment resolution of an abnormal finding of cancer or other chronic disease.

“(5) Coordinating with the relevant health insurance ombudsman programs to provide information to individuals who are at risk for or who have cancer or other chronic diseases about health coverage, including private insurance, health care savings accounts, and other publicly funded programs (such as Medicare, Medicaid, and the State children’s health insurance program).

“(6) Conducting ongoing outreach to health disparity populations, including the uninsured, rural populations, and other medically underserved populations, in addition to assisting other individuals who are at risk for or who have cancer or other chronic diseases to seek preventative care.

“(c) **GRANT PERIOD.**—

“(1) **IN GENERAL.**—Subject to paragraphs (2) and (3), the Secretary may award grants under this section for periods of not more than 3 years.

“(2) **EXTENSIONS.**—Subject to paragraph (3), the Secretary may extend the period of a grant under this section, except that—

“(A) each such extension shall be for a period of not more than 1 year; and

“(B) the Secretary may make not more than 4 such extensions with respect to any grant.

“(3) **END OF GRANT PERIOD.**—In carrying out this section, the Secretary may not authorize any grant period ending after September 30, 2010.

“(d) **APPLICATION.**—

“(1) **IN GENERAL.**—To seek a grant under this section, an eligible entity shall submit an application to the Secretary 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 eligible entity will establish baseline measures and benchmarks that meet the Secretary’s requirements to evaluate program outcomes.

“(e) **UNIFORM BASELINE MEASURES.**—The Secretary shall establish uniform baseline measures in order to properly evaluate the impact of the demonstration projects under this section.

“(f) **PREFERENCE.**—In making grants under this section, the Secretary shall give preference to eligible entities that demonstrate in their applications plans to utilize patient navigator services to overcome significant barriers in order to improve health care outcomes in their respective communities.

“(g) **COORDINATION WITH OTHER PROGRAMS.**—The Secretary shall ensure coordination of the demonstration grant program under this section with existing authorized programs in order to facilitate access to high-quality health care services.

“(h) **STUDY; REPORTS.**—

“(1) **FINAL REPORT BY SECRETARY.**—Not later than 6 months after the completion of the demonstration grant program under this section, the Secretary 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 patients served and program activities.

“(B) Recommendations on whether patient navigator programs could be used to improve patient outcomes in other public health areas.

“(2) **INTERIM REPORTS BY SECRETARY.**—The Secretary may provide interim reports to the Congress on the demonstration grant program under this section at such intervals as the Secretary determines to be appropriate.

“(3) **INTERIM REPORTS BY GRANTEEES.**—The Secretary may require grant recipients under this section to submit interim reports on grant program outcomes.

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

“(j) **DEFINITIONS.**—In this section:

“(1) The term ‘eligible entity’ means a public or nonprofit private health center (including a Federally qualified health center (as that term is defined in section 1861(aa)(4) of the Social Security Act)), a health facility operated by or pursuant to a contract with the Indian Health Service, a hospital, a cancer center, a rural health clinic, an academic health center, or a nonprofit entity that enters into a partnership or coordinates referrals with such a center, clinic, facility, or hospital to provide patient navigator services.

“(2) The term ‘health disparity population’ means a population that, as determined by the Secretary, has a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates as compared to the health status of the general population.

“(3) The term ‘patient navigator’ means an individual who has completed a training program approved by the Secretary to perform the duties listed in subsection (b).

“(k) **AUTHORIZATION OF APPROPRIATIONS.**—

“(1) **IN GENERAL.**—To carry out this section, there are authorized to be appropriated \$2,000,000 for fiscal year 2006, \$5,000,000 for fiscal year 2007, \$8,000,000 for fiscal year 2008, \$6,500,000 for fiscal year 2009, and \$3,500,000 for fiscal year 2010.

“(2) **AVAILABILITY.**—The amounts appropriated pursuant to paragraph (1) shall remain available for obligation through the end of fiscal year 2010.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BARTON).

GENERAL LEAVE

Mr. BARTON of Texas. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 918, the bill now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BARTON of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, we have a number of bills before the House today, dealing with health-related issues that have come out of the committee that I have the privilege to chair, the Committee on Energy and Commerce. This bill is one of the more important of those bills as it attempts to give our citizens the ability to navigate the health care system to get the very best possible care in the most time-efficient manner.

I would like to take a step back and reflect on where we have been in this Congress and in previous Congresses. As the second session of this Congress draws to a close, I think it is entirely fitting that the House should devote much of its time today on these health care issues. It is not a stretch, in my opinion, to call this House, the 108th Congress, the Health Care Congress. I am proud of the many accomplishments that the Committee on Energy and Commerce has been responsible for in this area over the last 2 years.

I think the achievement that we will reflect back on and be most proud of, of course, is the Medicare Modernization Act, which President Bush has already signed into law and which is helping millions of our senior citizens as we speak. After years of debate and inaction, this Congress finally has delivered in that bill a prescription drug benefit to our Nation’s seniors.

Of course, not all of the Medicare Modernization Act’s provisions are fully up and running yet. They will be phased in over the next several years. And when they are totally phased in, I think we will all look back and reflect that this was a very good thing that we have done in this Congress.

We should be proud of our achievement. I salute the members of the Committee on Energy and Commerce who have worked so long and hard to make that happen.

Prescription drugs are not the only area where this Congress has worked to advance the health agenda of the American people. Working with President Bush, we have also written laws that upgrade our medical device program. We have instituted a new animal drug approval system. We have provided for competition in the contact

lens marketplace. We have updated our poison control center programs.

I might add that all of those achievements occurred under Congressman BILLY TAUZIN of Louisiana, who, as we speak, is undergoing radiation treatment down in Texas for a cancer that he has discovered in his body that, hopefully, is being removed.

We have also improved our Nation's organ donor system and, most recently, created a new program to help prevent and educate against youth suicide. By any measure, these accomplishments would rival that of any Congress in the past.

Today, we are continuing the good work we have already established in the 108th Congress. We have five substantive bills that we are going to debate and vote on, hopefully in a positive way, in the next several hours, all of which in some way improve the health care system for millions and millions of Americans.

The one we are debating at this moment is the Patient Navigator Outreach and Chronic Disease Prevention Act. The Committee on Energy and Commerce favorably reported this legislation last week, and it is now on the floor.

Improving health care outcomes for all Americans requires substantial improvements in health disparity populations, populations not defined solely by race and ethnicity, that have a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates as compared to the health status of the general population. Patient navigator programs as provided in this bill provide outreach to communities to encourage more individuals to seek preventive care and coordinate that care so that they are less at risk to have or to maintain a chronic disease.

For example, the Ralph Lauren Center for Cancer Care and Prevention, a partnership between Memorial Sloan-Kettering and North General Hospital in Harlem, New York, operates a patient navigator program to help patients and family members deal with the complexities of the health care system in that area. By coordinating health care services through a patient navigator, programs strive to shorten the period of time when the patient is screened for cancer or other chronic diseases and further diagnosis and treatment, so they can be treated as soon as possible.

H.R. 918, as amended by the Committee on Energy and Commerce, authorizes a 5-year demonstration program to evaluate the use of patient navigators. Specifically, the legislation requires patient navigators to coordinate health care services and provider referrals, facilitating the involvement of community organizations to provide assistance to patients, facilitate enrollment in clinical trials, anticipate barriers within the health care system itself, to help ensure prompt diagnostic care and treatment, to coordinate with

the health insurance ombudsman program, and conduct ongoing outreach to health disparity populations for preventive care.

Grant recipients must establish baseline measures and benchmarks to evaluate the program outcome, which all culminate in a final report prepared by the Secretary no later than 6 months after the completion of the demonstration grant program. The bill authorizes a total of \$25 million over a 5-year period to conduct these demonstration programs.

I would like to thank the distinguished gentlewoman from the 15th Congressional District of Ohio (Ms. PRYCE), for her outstanding leadership and undying commitment to this particular bill. I would also like to thank the chairman of the subcommittee, the gentleman from Florida (Mr. BILIRAKIS), for his work; the ranking member, the gentleman from Michigan (Mr. DINGELL); the subcommittee's ranking member, the gentleman from Ohio (Mr. BROWN); and the bill's sponsor, the gentleman from New York (Mr. MENENDEZ), for their assistance in streamlining this legislation.

Again, Madam Speaker, I want to congratulate my colleagues on a very successful Health Care Congress, and especially on this particular bill. If we can get the bills that we are considering today to the President's desk, the 108th Congress should go down as one of the best ever for health care initiatives.

Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Madam Speaker, I yield myself 2 minutes, and I want to begin by thanking the chairman, the gentleman from Texas (Mr. BARTON), for his good work today with this whole slew of eight or nine bills that we are doing bipartisanship. It is legislation that clearly helps health care in this country, and I want to thank Chairman Barton for that, and also the chairman of the subcommittee, (Mr. BILIRAKIS), for his work.

Too many Americans face financial barriers to health care. The American Cancer Society and other patient advocates support H.R. 918 because they know many Americans also face serious nonfinancial barriers. These include significant racial and cultural and linguistic and geographic barriers, barriers that have contributed to the striking disparities across racial and ethnic lines in the incidence and the treatment of cancer and other chronic diseases.

This patient navigator bill is intended to ease the way for patients confronting a serious illness in an intimidating array of treatment options. With this legislation's passage, we will begin to see increased enrollment in clinical trials, we will see greater community involvement in health awareness, and we will have a more coordinated approach to health care services that will benefit all patients in the end.

I want to commend the gentleman from New Jersey (Mr. MENENDEZ) for this legislation, my colleague, the gentlewoman from Ohio (Ms. PRYCE), for her hard work also on this bill; and I am pleased to support it.

Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I yield 5 minutes to the gentlewoman from the 15th District of Ohio (Ms. PRYCE), our distinguished Republican Conference chairwoman.

Ms. PRYCE of Ohio. Madam Speaker, I thank the gentleman for yielding me this time, and I want to begin by commending the gentleman from Texas (Mr. BARTON), the distinguished chairman of the Committee on Energy and Commerce. He has led this committee with great strength since he took the helm; we have enjoyed working with him, and I want to thank him for his attention to this important issue.

I also want to extend special thanks to my friend and colleague, the gentleman from New Jersey (Mr. MENENDEZ). He has been a great partner over the last few years as we have worked this initiative together. We represent different parts of the country, and we belong to different political parties, but we have put many differences aside and have joined together for a great purpose here today. We joined together because we understand that cancer, diabetes, and other chronic diseases can affect anyone in any part of the country, of any race and of any income level.

Madam Speaker, even with the tremendous advancements we have made in prevention, diagnosis, and treatment of illnesses, we understand that in far too many communities across this country navigating the health care system can be a significant barrier to gaining access to quality and affordable service.

Before I continue, I want to take a moment to extend my appreciation to my staff and the staff of the committee for their excellent work and the help they have given us. And I want to highlight the American Cancer Society, the National Association of Community Health Centers, and the National Rural Health Association for their tireless efforts to educate our colleagues about the importance of this issue.

Madam Speaker, each and every day Congress is in session, our colleagues on both sides of the aisle debate important issues. Sometimes we agree and other times we disagree. But at the end of the day, we share the same goal: to return to our districts with something positive to tell our constituents about.

Today, every Member of this body will have the opportunity to report to their constituents something positive: that this Congress has taken a significant step to ensure that our friends and neighbors across America have the tools and resources they need to make good decisions about their health and the health of their children.

Madam Speaker, last year, I had the opportunity to meet two gentlemen

who pioneered the concept that this legislation is based on, the patient navigator concept. Dr. Harold Freeman and Dr. Elmer Huerta were two of the most humble, kind gentlemen I have ever had the good fortune of getting to know. Let me tell you a little about what they do.

First, they recognized in their own work as doctors in underserved communities that navigating the health care system can be an insurmountable barrier for many, many people, especially when they are poor, underserved, and uninsured. All we have to do is step in and help them. Step out of our homes into communities and we will find families and individuals who struggle to find access to the health care that they need, both preventive and treatment.

The concept of these doctors is a great one. The patient navigators are angels who guide individuals through the health care system. It is truly one of the most creative and innovative ways to address the health care needs of these individuals, who may otherwise avoid seeing a doctor when they are healthy and avoid treatment when they need it, when they are sick.

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Whether based at hospitals, community health centers or cancer centers, these programs literally put in place patient navigators to help individuals find their way through the often complex health care systems that they are confronted with.

These navigators, like Leka Murdock whom I met during my visit to the Ralph Lauren Cancer Center in Harlem, assist people who come through their doors with obtaining coverage through the Medicaid system or other sources, they obtain cancer screenings or counseling about disease prevention, or they make referrals for treatment or clinical trial options should an abnormality be detected.

For people who may otherwise not know or be able to access the system, patient navigator programs offer them the tools and resources they need to make the good decisions about their health and the health of their children. They help break through the red tape that often prevents them from getting the information and the treatment so needed.

That is why the gentleman from New Jersey and I partnered together to introduce, garner support for and move forward this legislation that will create innovative demonstration projects in communities across the country based on this concept. This bill will link sustained health promotion outreach efforts with patient navigator programs. Specifically, the bill will make funds available to community health centers, cancer centers, rural and frontier serving medical facilities and other eligible entities to increase and promote chronic-disease-prevention screening, outreach and public health education, as well as provide pa-

tient navigators to help patients overcome the barriers and complexities in the system.

It is my hope that this legislation will serve as a springboard for launching many more navigator programs. These are extraordinary programs, and they are making real differences in the lives of people who are suffering, people who may not otherwise even know that they are sick. Or if they do, people who may not do what is necessary to get better. These are the people we need to reach, and this bill is a healthy start. By furthering this collaboration between the private and the public sectors, we will maximize our resources and close in on that day when cancer and other chronic diseases no longer threaten the lives of our loved ones.

Mr. Speaker, I urge my colleagues to support this legislation.

Mr. BROWN of Ohio. Mr. Speaker, I yield 7 minutes to the gentleman from New Jersey (Mr. MENENDEZ), the sponsor of the bill.

(Mr. MENENDEZ asked and was given permission to revise and extend his remarks.)

Mr. MENENDEZ. Mr. Speaker, I want to thank my colleague from Ohio (Mr. BROWN) as well as the gentleman from Michigan (Mr. DINGELL), ranking member on the Committee on Energy and Commerce, as well as the gentleman from Texas (Mr. BARTON) and the gentleman from Florida (Mr. BILIRAKIS), chairman on the Subcommittee on Health, and all their staff for bringing us here today. I want to particularly thank my good friend and lead cosponsor from Ohio (Ms. PRYCE) and her staff who have been actively engaged in this effort and have been instrumental in getting the bill to the floor today. And, of course, the gentlewoman from Ohio's own personal experiences and her family with the questions of cancer have made her such a powerful advocate in this regard.

This is truly a bipartisan effort and a case study in how, if we choose to work together across the aisle, we can really make a difference. I began working on this legislation several years ago to address the health disparities I saw in my district, a true melting pot of America with a very significant Hispanic population. There have been many people involved behind the scenes in this effort that I want to take the opportunity to thank.

The first person I spoke to about this issue was David Woodmansee, who is the Northeast regional representative for the American Cancer Society. The second person I met with was Licy Do Canto who was with the American Cancer Society and has continued the fight for patient navigators at the National Association of Community Health Centers. Dave and Licy, along with the help of ACS employees, were instrumental in helping us to take a concept such as patient navigation and turn it into a legislative solution for improving health outcomes among all populations, particularly underserved popu-

lations. I also want to thank Karissa Willhite, the Democratic Caucus policy director, for her untiring efforts to achieve the success we expect to have today. And we cannot talk about patient navigators without thanking three doctors, Drs. Harold Freeman, Elmer Huerta and Gil Friedell, who have been pioneers in creating patient navigator programs that can be replicated across the country, which is exactly what we are doing today.

There is no question that we as a Nation must do more to improve health outcomes and that can only be done when we start at the bottom and bring those with the greatest disparities up out of despair. Reducing health disparities has been a much-talked-about goal, but we cannot achieve better health outcomes without action. We cannot just talk about the problem. We have to take action to end the problem.

The patient navigator bill is an effort to do just that. It will ensure that all Americans, regardless of income, race, ethnicity, language or geography will have access to prevention screening and treatment, and that they will have an advocate at their side helping them navigate through today's complicated health care system.

The bill addresses what I believe are the root causes of health disparities in minority and underserved communities. That is, lack of access to health care, particularly prevention and early detection. The bottom line is, the only way to stay healthy is to see a doctor when you are healthy. Unfortunately, patients in health disparity communities are less likely to receive early screening and detection, so their disease is found at a much later stage and they have less chance of survival. That is why we are here today, to give those people the chance they deserve for a long, healthy life.

The patient navigator bill does this by replicating the successful models developed by Drs. Freeman, Huerta and Friedell in a national demonstration project. It focuses on outreach and prevention through community health centers, rural health clinics, Indian health clinics and cancer clinics. And it does so by providing patient navigator services and outreach in health disparity communities to encourage people to get screened early so that they can receive the care they need. Patient navigators educate and empower patients, serving as their advocates in navigating the health care system.

In addition to having visited both Dr. Freeman's program in Harlem and Dr. Huerta's program here in Washington, my constituents in New Jersey and I have seen firsthand the difference patient navigators can make in a community. I was able to secure funding for a 1-year demonstration project at a community health center in Jersey City, New Jersey. The program has screened 842 people and has a caseload of about 140 patients who were identified

through these screenings with abnormal findings and are currently benefiting from the help of the patient navigator in finding follow-up care and treatment.

Before I close, I just want to share a story about Hazel Hailey, one of the patient navigators at this center and her daughter, Robin Waiters. Robin, who was only 36 years old, suffered severe stomach pains for 2 years and refused to see a doctor, despite her mother's pleas for her to seek medical care. Finally, she had no choice but to go see a doctor. Tragically, 3 months later, Robin died from colorectal cancer. Her mother, Hazel, who is now a patient navigator, tells us about her daughter's last request. She made her mom promise to tell all of her friends, family and everyone she could "that if your body is trying to tell you something, listen to it. You could possibly save your life." Hazel quotes her daughter as saying, "I am dying because I chose not to get help. Fear set in, and I lost out on life."

Hazel is fulfilling her promise to her daughter as a patient navigator, working every day to ensure that what happened to her daughter does not happen to other families. That is why we are here today, to ensure that the Hazels across the country have the tools they need to educate and empower people about the importance of early detection screening and to help them navigate the complexities of the health care system so that they can get the treatment and follow-up care they need.

Again, I want to thank my colleague from Ohio (Ms. PRYCE) for all of her work on this effort as well as all of those who have worked behind the scenes to make this concept a reality. We have come too far and are too close to simply let the issue die at the end of this Congress, so I call upon our colleagues in the other body to join us in making this bill a reality this year. There is simply too much at stake if we do not act.

Mr. BARTON of Texas. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. ROS-LEHTINEN).

Ms. ROS-LEHTINEN. I thank the gentleman for yielding me this time.

While there is no question, Mr. Speaker, that tremendous progress has been made across our country in the fight against cancer and other diseases, barriers continue to exist between millions of Americans and their access to high quality health care. Whether it is due to distance, lack of health insurance, limited access to specialists, limited language skills, whatever the reason, too many Americans continue to receive a narrow range of health care services and limited options. That is why I am so pleased to join the gentlewoman from Ohio (Ms. PRYCE) and the gentleman from New Jersey (Mr. MENENDEZ) as an original cosponsor of the Patient Navigator, Outreach, and Chronic Disease Prevention Act and to express my heartfelt support for this

vital piece of legislation that is going to improve the lives of so many people.

This program provides a crucial service, primarily to the underinsured and the uninsured members of all populations, and most specifically to the Hispanic and African-American populations that studies have shown are those who are in those categories of underinsured and uninsured. Navigating the health system can be a huge barrier for many people. The patient navigator bill will greatly aid the community by providing a more efficient service for all. The patient navigator bill will also help the communities by providing a more efficient service for all minorities because it addresses the unique needs of the population that it serves through providing culturally sensitive services, including cancer screening, disease prevention counseling, assistance in obtaining Medicaid and other necessary referrals.

This important legislation, Mr. Speaker, would ensure early prevention screening and timely treatment for all patients. It seeks to help close the gap that exists in health care treatment for minority communities, thus improving their quality of life and ensuring that the minority members of our community are treated with the utmost respect and care.

An example of a successful patient navigator program exists right here in our Nation's capital, Mr. Speaker. It is run by Dr. Elmer Huerta, one of the founding fathers of the patient navigator program. Dr. Huerta conducts a weekly 1-hour show called, Let's Talk About Health, Hablemos de Salud, which focuses on health promotion and disease prevention. This show reaches about 75 percent of Hispanics and Latinos in the United States, over 25 million people, and it extends to Latin America. I am proud to be associated with such a dynamic and exciting program, and I thank all who have worked tirelessly to make this vital program a reality. Muchas gracias.

Mrs. CHRISTENSEN. Mr. Speaker, I rise today to join my colleague Congressman ROBERT MENENDEZ of New Jersey in the passage of H.R. 918, the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003. As you know, Mr. Speaker, I have come to this floor on numerous occasions to express my outrage concerning racial and ethnic health disparities in this Nation and legislative solutions to address them. For years, research has told us that minorities and low-income populations are the least likely to receive the health care they need to live a long, healthy life. We've done a very good job of identifying this problem and finally we have a bill that will begin the process of solving them.

The bill we are passing today while greatly modified enjoys strong support from the American Cancer Society, the National Association of Community Health Centers, the National Alliance for Hispanic Health, the National Hispanic Medical Association, the National Medical Association, Racial and Ethnic Health Disparities Coalition, the Intercultural Cancer Council and their Caucus, the National Council of La Raza, 100 Black Men of America, the

National Rural Health Association, Asian and Pacific Islander American Health Forum, the Cancer Research and Prevention Foundation, and the National Patient Advocate Foundation.

This bill addresses what many of us believe are the root causes of health disparities in minority and underserved communities: Lack of access to health care in general—and particularly lack of access to prevention and early detection—as well as language and cultural barriers to care.

In the 2002 IOM report Unequal Treatment: Confronting racial and ethnic disparities in care, research explained that there are a number of explanations for the higher rates of disease among minority populations, including higher rates of uninsured, reduce access to care, and lower quality of care. But all of these barriers point to the same underlying problem, minority patients are less likely to receive early screening and detection, so their disease is found at a much later stage and they have less chance of survival.

This bill we're passing today will be the process to ensure that all Americans, regardless of race, ethnicity, language, income, or geography, will have access to prevention screening and treatment, and that they will have an advocate at their side, helping them navigate through today's complicated health care system.

The bill before us ensures that navigators are available to help patients make their way through the health care system—whether it's translating technical medical terminology, making sense of their insurance, making appointments for referral screenings, following up to make sure the patient keeps that appointment, or even accompanying a patient to a referral appointment.

Mr. Speaker, I also want to acknowledge that the original concept for the legislation comes from Dr. Harold Freeman's "navigator" program, which he created while he was Director of Surgery at Harlem Hospital. It is our hope that Dr. Freeman's navigator concept and its laser shape focus on comprehensive modeling of prevention services will eventually be fully translated in legislative terms. To this end, it is my sincere desire that this body would move expeditiously in holding hearing on H.R. 3459 the Healthcare Equality and Accountability Act of 2003. It is our firm belief that H.R. 3459 expands and accents the comprehensive components that Dr. Freedman's navigator program embodies. As you know, Mr. Speaker, H.R. 3459 enjoys the support of 104 Members in this body, was created by the Congressional Black, Hispanic, Asian Pacific American, and Native American Caucuses, and included the introduced version of the bill before us today.

In closing, Mr. Speaker, I want to thank Karissa Willhite of Mr. MENENDEZ's office and John Ford and Cheryl Jaeger of the Energy and Commerce Committee along with other staff that enabled this bill to come to the floor. It urge my colleagues to vote for its adoption.

Mr. BROWN of Ohio. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BARTON of Texas. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. FOSSELLA). The question is on the motion offered by the gentleman from

Texas (Mr. BARTON) that the House suspend the rules and pass the bill, H.R. 918, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, and for other purposes."

A motion to reconsider was laid on the table.

NATIONAL ALL SCHEDULES PRESCRIPTION ELECTRONIC REPORTING ACT OF 2004

Mr. BARTON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3015) to amend the Public Health Service Act to establish an electronic system for practitioner monitoring of the dispensing of any schedule II, III, or IV controlled substance, and for other purposes, as amended.

The Clerk read as follows:

H.R. 3015

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 "National All Schedules Prescription Electronic Reporting Act of 2004".

SEC. 2. CONTROLLED SUBSTANCE MONITORING PROGRAM.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding after section 399N the following:

"SEC. 399O. CONTROLLED SUBSTANCE MONITORING PROGRAM.

"(a) FORMULA GRANTS.—

"(1) IN GENERAL.—Each fiscal year, the Secretary shall make a payment to each State with an application approved under this section for the purpose of establishing and implementing a controlled substance monitoring program under this section.

"(2) DETERMINATION OF AMOUNT.—In making payments under paragraph (1) for a fiscal year, the Secretary shall allocate to each State with an application approved under this section an amount which bears the same ratio to the amount appropriated to carry out this section for that fiscal year as the number of pharmacies of the State bears to the number of pharmacies of all States with applications approved under this section (as determined by the Secretary), except that the Secretary may adjust the amount allocated to a State under this paragraph after taking into consideration the budget cost estimate for the State's controlled substance monitoring program.

"(b) APPLICATION APPROVAL PROCESS.—

"(1) IN GENERAL.—To seek a grant under this section, a State shall submit an application at such time, in such manner, and containing such assurances and information as the Secretary may reasonably require. Each such application shall include—

"(A) a budget cost estimate for the State's controlled substance monitoring program;

"(B) proposed standards for security for information handling and for the database maintained by the State under subsection (d) generally including efforts to use appropriate encryption technology or other such technology;

"(C) proposed standards for meeting the uniform electronic format requirement of subsection (g);

"(D) proposed standards for availability of information and limitation on access to program personnel;

"(E) proposed standards for access to the database, and procedures to ensure database accuracy;

"(F) proposed standards for redisclosure of information;

"(G) proposed penalties for illegal redisclosure of information; and

"(H) assurances of compliance with all other requirements of this section.

"(2) APPROVAL OR DISAPPROVAL.—Not later than 90 days after the submission by a State of an application under paragraph (1), the Secretary shall approve or disapprove the application. The Secretary shall approve the application if the State demonstrates to the Secretary that the State will establish and implement or operate a controlled substance monitoring program in accordance with this section.

"(3) WITHDRAWAL OF AUTHORIZATION.—If a State fails to implement a controlled substance monitoring program in accordance with this section—

"(A) the Secretary shall give notice of the failure to the State; and

"(B) if the State fails to take corrective action within a reasonable period of time, the Secretary shall withdraw any approval of the State's application under this section.

"(4) VOLUNTARY DISCONTINUANCE.—A funding agreement for the receipt of a payment under this section is that the State involved will give a reasonable period of notice to the Secretary before ceasing to implement or operate a controlled substance monitoring program under this section. The Secretary shall determine the period of notice that is reasonable for purposes of this paragraph.

"(5) RETURN OF FUNDS.—If the Secretary withdraws approval of a State's application under this section, or the State chooses to cease to implement a controlled substance monitoring program under this section, a funding agreement for the receipt of a payment under this section is that the State will return to the Secretary an amount which bears the same ratio to the overall payment as the remaining time period for expending the payment bears to the overall time period for expending the payment (as specified by the Secretary at the time of the payment).

"(c) REPORTING REQUIREMENTS.—In implementing a controlled substance monitoring program under this section, a State shall comply with the following:

"(1) The State shall require dispensers to report to such State each dispensing in the State of a controlled substance to an ultimate user or research subject not later than 1 week after the date of such dispensing.

"(2) The State may exclude from the reporting requirement of this subsection—

"(A) the direct administration of a controlled substance to the body of an ultimate user or research subject;

"(B) the dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user or research subject involved for 48 hours or less; or

"(C) the administration or dispensing of a controlled substance in accordance with any other exclusion identified by the Secretary for purposes of this paragraph.

"(3) The information to be reported under this subsection with respect to the dispensing of a controlled substance shall include the following:

"(A) Drug Enforcement Administration Registration Number of the dispenser.

"(B) Drug Enforcement Administration Registration Number and name of the practitioner who prescribed the drug.

"(C) Name, address, and telephone number of the ultimate user or research subject.

"(D) Identification of the drug by a national drug code number.

"(E) Quantity dispensed.

"(F) Estimated number of days for which such quantity should last.

"(G) Number of refills ordered.

"(H) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

"(I) Date of the dispensing.

"(J) Date of origin of the prescription.

"(4) The State shall require dispensers to report information under this section in accordance with the electronic format specified by the Secretary under subsection (g), except that the State may waive the requirement of such format with respect to an individual dispenser.

"(5) The State shall automatically share information reported under this subsection with another State with an application approved under this section if the information concerns—

"(A) the dispensing of a controlled substance to an ultimate user or research subject who resides in such other State; or

"(B) the dispensing of a controlled substance prescribed by a practitioner whose principal place of business is located in such other State.

"(6) The State may notify the appropriate authorities responsible for drug diversion investigation if information in the database maintained by the State under subsection (d) indicates an unlawful diversion or misuse of a controlled substance.

"(d) DATABASE.—In implementing a controlled substance monitoring program under this section, a State shall comply with the following:

"(1) The State shall establish and maintain an electronic database containing the information reported to the State under subsection (c).

"(2) The database must be searchable by any field or combination of fields.

"(3) The State shall include reported information in the database at such time and in such manner as the Secretary determines appropriate, with appropriate safeguards for ensuring the accuracy and completeness of the database.

"(4) The State shall take appropriate security measures to protect the integrity of, and access to, the database.

"(e) PROVISION OF INFORMATION.—Subject to subsection (f), in implementing a controlled substance monitoring program under this section, a State may provide information from the database established under subsection (d) and, in the case of a request under paragraph (3), summary statistics of such information, in response to a request by—

"(1) a practitioner (or the agent thereof) who certifies, under the procedures determined by the State, that the requested information is for the purpose of providing medical or pharmaceutical treatment or evaluating the need for such treatment to a bona fide current patient;

"(2) any local, State, or Federal law enforcement, narcotics control, licensure, disciplinary, or program authority, who certifies, under the procedures determined by the State, that the requested information is related to an individual investigation or proceeding involving the unlawful diversion or misuse of a schedule II, III, or IV substance, and such information will further the purpose of the investigation or assist in the proceeding;