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HEALTH CARE FAIRNESS ACT OF 2000

OCTOBER 18, 2000.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BLILEY, from the Committee on Commerce, submitted the following

R E P O R T

[To accompany H.R. 3250]

[Including cost estimate of the Congressional Budget Office]

The Committee on Commerce, to whom was referred the bill (H.R. 3250) to amend the Public Health Service Act to improve the health of minority individuals, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Health Care Fairness Act of 2000".

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

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

TITLE I—IMPROVING MINORITY HEALTH THROUGH THE NATIONAL INSTITUTES OF HEALTH; ESTABLISHMENT OF NATIONAL CENTER

Sec. 101. Establishment of National Center for Research on Minority Health and Health Disparities.
Sec. 102. Centers of excellence for research education and training.
Sec. 103. Extramural loan repayment program for minority health research.
Sec. 104. General provisions regarding the Center.
Sec. 105. Report regarding resources of National Institutes of Health dedicated to research on minority health.

TITLE II—HEALTH DISPARITIES RESEARCH BY AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Sec. 201. Health disparities research by Agency for Healthcare Research and Quality.

TITLE III—DATA COLLECTION RELATING TO RACE OR ETHNICITY

Sec. 301. Study and report by National Academy of Sciences.

TITLE IV—MEDICAL EDUCATION AND OTHER HEALTH PROFESSIONS EDUCATION

Sec. 401. Grants for health care education curriculum development.
Sec. 402. National conference on continuing health professional education and disparities in health outcomes.
Sec. 403. Continuing medical education incentive program.
Sec. 404. Advisory committee.
Sec. 405. Cultural competency clearinghouse.

TITLE V—MISCELLANEOUS PROVISIONS

Sec. 501. Office for Civil Rights.
Sec. 502. Development of outcome measures; study to measure patient outcomes under the medicare and medicaid programs by race and ethnicity.
Sec. 503. Departmental definition regarding minority individuals.
Sec. 504. Conforming provision regarding definitions.

TITLE VI—EFFECTIVE DATE

Sec. 601. Effective date.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Despite notable progress in the overall health of the Nation, there are continuing disparities in the burden of illness and death experienced by African Americans, Indians, Alaska Natives, and Asian Pacific Islanders, compared to the United States population as a whole.

(2) Minority Americans lag behind on nearly every health indicator, including health care coverage, access to care, life expectancy, and disease rates. More detailed data on health disparities is needed to evaluate the impact that race, ethnicity, and socioeconomic status have on health status, access to care, and the quality of care. More data is also needed to enforce existing protections for equal access to care.

(3) Despite substantial overall improvements in Americans' health, racial and ethnic disparities persist across age, sex, and income categories. Some striking examples are as follows: (A) The black infant mortality rate, which is twice that of all U.S. infants. (B) A higher breast cancer mortality rate for black women than white women (even though black women have a lower incidence rate). (C) Nearly twice as many Hispanics adults report they do not have a regular doctor compared to white adults.

(4) Minority adults are more likely to lack health insurance than are white adults, a consistent trend over the past decade. Nearly two of five (38 percent) Hispanic adults, one of four (24 percent) black adults, and one of four (24 percent) Asian American adults are uninsured, compared with one of seven (14 percent) white adults.

(5) Differences in the socioeconomic status among U.S. ethnic groups exist. When examined collectively, African Americans and Hispanics are three times as likely as whites to be poor. Low socioeconomic and ethnic minority status are not synonymous, but many members of ethnic minority who also have low income comprise an important proportion of underserved populations in the United States.

(6) The largest numbers of the medically underserved are white, and many of them have the same health care access problems as do members of minority groups. Nearly 20,000,000 white Americans live below the poverty line with many living in non-metropolitan, rural areas. However, there is a higher proportion of racial and ethnic minorities in the United States represented among the medically underserved.

(7) Despite suffering disproportionate rates of illness, death and disability, minorities have not been proportionately represented in many clinical trials, except in studies of behavioral risk factors associated with negative stereotypes.

(8) Many minority groups suffer disproportionately from cancer. Mortality rates remain the most important measure of the overall progress against cancer. Decreasing rates of death from cancer reflect improvements in both prevention and treatment. Among all ethnic groups in the United States, African American males have the highest overall rate of mortality from cancer. Some specific forms of cancer affect other ethnic minority communities at rates up to several times higher than the national averages (such as stomach and liver cancers among Asian American populations, colon and rectal cancer among Alaska natives, and cervical cancer among Hispanic and Vietnamese-American women).

(9) In Appalachian Kentucky, a region characterized by high rates of poverty, the incidence of lung cancer among white males was 127 per 100,000 in 1992, a rate higher than that for any ethnic minority groups in the United States during the same period.

(10) Major disparities exist among population groups, with a disproportionate burden of death and disability from cardiovascular disease in minority and low-income populations. Compared with rates for whites, coronary heart disease mortality was 40 percent lower for Asian Americans but 40 percent higher for African-Americans.

(11) While racial and ethnic groups account only for about 25 percent of the U.S. population, they account for more than 50 percent of all AIDS cases. While overall AIDS deaths are down dramatically, AIDS remains the leading killer of African-Americans age 25–44. The death rate from HIV/AIDS for African Americans is more than seven times that of whites.

(12) The prevalence of diabetes in African-Americans is approximately 70 percent higher than whites and the prevalence in Hispanics is nearly double that of whites.

(13) American Indians and Alaska Natives have an infant mortality rate almost double that of whites. The rate of diabetes for this population group is more than twice that for whites. The Pima of Arizona have one of the highest rates of diabetes in the world. American Indians living in North and South Dakota have an average life expectancy that is 11 years less than that for the rest of the U.S. population. Overall, the life expectancy for American Indians and Alaska Native is 71 years of age-nearly five years less than the U.S. Races populations.

(14) Asian and Pacific Islanders, on average, have indicators of being one of the healthiest population groups in the United States. However, there is great diversity within this population group, and health disparities for some specific groups are quite marked. Vietnamese women suffer from cervical cancer at nearly five times the rate of white women. New cases of hepatitis and tuberculosis are also higher in Asian and Pacific Islanders living in the United States than in whites.

(15) Minority populations have a disproportionately higher infection rate of hepatitis C virus than the general United States Population. The prevalence rate of hepatitis C virus among African Americans is more than twice that of the general population (3.5 to 5 percent and 1.8 percent, respectively).

(16) There is a national need for minority scientists in the fields of biomedical, clinical, behavioral, and health services research. Ninety percent of minority physicians produced by Historically Black Medical Colleges live and serve in minority communities.

(17) The proportion of minorities in high academic ranks, such as professors and associate professors, decreased from 1980 to 1990. Only 1 percent of full professors were minority persons in 1990.

(18) Demographic trends inspire concern about the Nation's ability to meet its future scientific, technological and engineering workforce needs. Historically, non-Hispanic white males have made up the majority of the United States scientific, technological, and engineering workers.

(19) The Hispanic and Black population will increase significantly in the next 50 years. The scientific, technological, and engineering workforce may decrease if participation by underepresented minorities remains the same.

(20) Increasing rates of Black and Hispanic workers must occur in order to ensure strong scientific, technological, and engineering workforce.

(21) Individuals such as underepresented minorities and women in the scientific, technological, and engineering workforce enable society to address its diverse needs.

(22) If there had not been a substantial increase in the number of science and engineering degrees awarded to women and underepresented minorities over

the past few decades, the United States would be facing even greater shortages in scientific, technological, and engineering workers.

(23) In order to effectively promote a diverse and strong 21st Century scientific, technological, and engineering workforce: agencies should expand or add programs that effectively overcome barriers such as educational transition from one level to the next and student requirements for financial resources.

(24) Federal agencies should work in concert with the private sector to emphasize the recruitment and retention of qualified individuals from ethnic and gender groups that are currently underrepresented in the scientific, technological, and engineering workforce.

(25) Cultural competency training in medical schools and residency training programs has the potential to reduce disparities in health care and health outcomes.

(26) Culturally sensitive approaches to research are needed to encourage participation of minorities and the socioeconomically disadvantages in research studies.

(27) African Americans with identical complaints of chest pain are less likely than white Americans to be referred by physicians for sophisticated cardiac tests.

(28) Behavioral and social sciences research has increased awareness and understanding of factors associated with health care utilization and access, patient attitudes toward health services, and risk and protective behaviors that affect health and illness. These factors have the potential to then be modified to help close the health disparities gap among ethnic minority populations. In addition, there is a shortage of minority behavioral science researchers and behavioral health care professionals. According to the National Science Foundation, only 15.5 percent of behavioral research-oriented psychology doctorate degrees were awarded to minority students in 1997. In addition, only 17.9 percent of practice-oriented psychology doctorate degrees were awarded to ethnic minorities.

TITLE I—IMPROVING MINORITY HEALTH THROUGH NATIONAL INSTITUTES OF HEALTH; ESTABLISHMENT OF NATIONAL CENTER

SEC. 101. ESTABLISHMENT OF NATIONAL CENTER FOR RESEARCH ON MINORITY HEALTH AND HEALTH DISPARITIES.

(a) IN GENERAL.—Part E of title IV of the Public Health Service Act (42 U.S.C. 287 et seq.) is amended by adding at the end the following subpart:

"Subpart 6—National Center for Research on Minority Health and Health Disparities

"SEC. 485E. PURPOSE OF CENTER.

"(a) IN GENERAL.—The general purpose of the National Center for Research on Minority Health and Health Disparities (in this subpart referred to as the 'Center') is the conduct and support of basic and clinical research, training, the dissemination of health information, and other programs with respect to the health of racial and ethnic minority groups and other health disparity populations.

"(b) PRIORITIES.—The Director of the Center shall in expending amounts appropriated under this section give priority to conducting and supporting minority health research.

"(c) MINORITY HEALTH RESEARCH.—For purposes of this subpart:

"(1) The term 'minority health research' means research on minority health conditions (as defined in paragraph (2)), including research on preventing such conditions; research on access, outreach, treatment, and the quality of health care; and research on cultural and linguistic services for decreasing the extent of health problems associated with such conditions.

"(2) The term 'minority health conditions', with respect to individuals who are members of racial and ethnic minority groups, means all diseases, disorders, and conditions (including with respect to mental health and substance abuse)—

"(A) unique to, more serious, or more prevalent in such individuals;

"(B) for which the factors of medical risk or types of medical intervention are different for such individuals, or for which it is unknown whether such factors or types are different for such individuals; or

"(C) with respect to which there has been insufficient research involving such individuals as subjects or insufficient data on such individuals.

"(3) The term 'racial and ethnic minority group' has the meaning given such term in section 1707.

"(4) The term 'minorities' means individuals from a racial or ethnic minority group.

"(d) HEALTH DISPARITY POPULATIONS.—

"(1) IN GENERAL.—For purposes of this subpart:

"(A) A population is a health disparity population if, as determined by the Director of the Center after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.

"(B) The term 'health disparity populations' includes racial and ethnic minority groups.

"(C) The term 'health disparities research' means research on health disparity populations (and individual members and communities of such populations) that relates to the health disparities involved, including basic and applied biomedical and behavioral research on the nature of health disparities, the causes of such disparities, and remedies for such disparities. Such term includes minority health research.

"(2) PRIORITY.—With amounts available under this section for a fiscal year after providing for minority health research in accordance with subsection (b), the Secretary shall conduct and support health disparities research on other health disparity populations, with priority given to such research on health disparity populations for which socioeconomic status is one of the principal causal factors with respect to being a health disparity population.

"(e) COORDINATION OF ACTIVITIES.—The Director of the Center shall act as the primary Federal official with responsibility for overseeing all minority health and other health disparities research conducted or supported by the National Institutes of Health, and—

"(1) shall represent the health disparities research program of the National Institutes of Health, including the minority health research program, at all relevant Executive branch task forces, committees and planning activities; and

"(2) shall maintain communications with all relevant Public Health Service agencies and with various other departments of the Federal Government, to ensure the timely transmission of information concerning advances in minority health and other health disparities research between these various agencies for dissemination to affected communities and health care providers.

"(f) COLLABORATIVE COMPREHENSIVE PLAN AND BUDGET.—

"(1) IN GENERAL.—Subject to the provisions of this section and other applicable law, the Director of NIH, the Director of the Center, and the directors of the national research institutes in collaboration (and in consultation with the advisory council for the Center) shall—

"(A) establish a comprehensive plan and budget for the conduct and support of all minority health and other health disparities research activities of the agencies of the National Institutes of Health (which plan and budget shall be first established under this subsection not later than 12 months after the date of the enactment of this subpart);

"(B) ensure that the plan and budget demonstrate how health disparities research activities address the health needs of specific health disparity populations, taking into account socioeconomic status; the areas in which the population involved resides; attitudes toward health; the language spoken, the extent of formal education; and such other factors as the Director of the Center determines to be appropriate;

"(C) ensure that the plan and budget establish priorities among the health disparities research activities that such agencies are authorized to carry out;

"(D) ensure that the plan and budget establish objectives regarding such activities, describes the means for achieving the objectives, and designates the date by which the objectives are expected to be achieved;

"(E) ensure that, with respect to amounts appropriated for activities of the Center, the plan and budget give priority in the expenditure of funds to conducting and supporting minority health research;

"(F) ensure that all amounts appropriated for such activities are expended in accordance with the plan and budget;

"(G) review the plan and budget not less than annually, and revise the plan and budget as appropriate; and

"(H) ensure that the plan and budget serve as a broad, binding statement of policies regarding minority health and other health disparities research activities of the agencies, but do not remove the responsibility of the heads of the agencies for the approval of specific programs or projects, or for other details of the daily administration of such activities, in accordance with the plan and budget.

"(2) CERTAIN COMPONENTS OF PLAN AND BUDGET.—With respect to health disparities research activities of the agencies of the National Institutes of Health, the Director of the Center shall ensure that the plan and budget under paragraph (1) provide for—

"(A) basic research and applied research, including research and development with respect to products;

"(B) research that is conducted by the agencies;

"(C) research that is supported by the agencies;

"(D) proposals developed pursuant to solicitations by the agencies and for proposals developed independently of such solicitations; and

"(E) behavioral research and social sciences research, which may include cultural and linguistic research in each of the agencies.

"(3) MINORITY HEALTH RESEARCH.—The plan and budget under paragraph (1) shall include a separate statement of the plan and budget for minority health research.

"(g) CLINICAL RESEARCH EQUITY.—The Director of the Center shall assist in the administration of section 492B with respect to the inclusion of members of minority groups as subjects in clinical research.

"(h) RESEARCH ENDOWMENTS.—The Director of the Center may carry out a program to facilitate minority health research by providing for research endowments at centers of excellence under section 736.

"(i) CERTAIN ACTIVITIES.—In carrying out subsection (a), the Director of the Center—

"(1) shall assist the Director of the National Center for Research Resources in carrying out section 481(c)(3) and in committing resources for construction at Institutions of Emerging Excellence;

"(2) shall establish projects to promote cooperation among Federal agencies, State, local, and regional public health agencies, and private entities in health disparities research;

"(3) may conduct or support research on the use of service delivery models (such as health centers under section 330) to reduce health disparities; and

"(4) may utilize information from previous health initiatives concerning minorities and other health disparity populations.

"(j) ADVISORY COUNCIL.—

"(1) IN GENERAL.—The Secretary shall, in accordance with section 406, establish an advisory council to advise, assist, consult with, and make recommendations to the Director of the Center on matters relating to the activities described in subsection (a), and with respect to such activities to carry out any other functions described in section 406 for advisory councils under such section. Functions under the preceding sentence shall include making recommendations on budgetary allocations made in the plan under subsection (f), and shall include reviewing reports under subjection (k) before the reports are submitted under such subsection.

"(2) MEMBERSHIP.—With respect to the membership of the advisory council under paragraph (1), a majority of the members shall be representatives of the various racial and ethnic minority groups; representatives of other health disparity populations shall be included; and a diversity of health professionals shall be represented. The membership shall in addition include a representative of the Office of Behavioral and Social Sciences Research under section 404A.

"(k) ANNUAL REPORT.—The Director of the Center shall prepare an annual report on the activities carried out or to be carried out by the Center, and shall submit each such report to the Congress, the Secretary, and the Director of NIH. With respect to the fiscal year involved, the report shall—

"(1) describe and evaluate the progress made in health disparities research conducted or supported by the national research institutes;

"(2) summarize and analyze expenditures made for activities with respect to health disparities research conducted or supported by the National Institutes of Health;

"(3) include a separate statement applying the requirements of paragraphs (1) and (2) specifically to minority health research; and

"(4) contain such recommendations as the Director considers appropriate.

"(l) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $100,000,000 for fiscal year 2001,

and such sums as may be necessary for each of the fiscal years 2002 through 2005. Such authorization of appropriations is in addition to other authorizations of appropriations that are available for the conduct and support of minority health or other health disparities research by the national research institutes and other agencies of the National Institutes of Health.".

(b) CONFORMING AMENDMENT.—Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(1) in section 401(b)(2)—

(A) in subparagraph (F), by moving the subparagraph two ems to the left; and

(B) by adding at the end the following subparagraph:

"(G) The National Center for Research on Minority Health and Health Disparities."; and

(2) by striking section 404.

SEC. 102. CENTERS OF EXCELLENCE FOR RESEARCH EDUCATION AND TRAINING.

Subpart 6 of part E of title IV of the Public Health Service Act, as added by section 101 of this Act, is amended by adding at the end the following section:

"SEC. 485F. CENTERS OF EXCELLENCE FOR RESEARCH EDUCATION AND TRAINING.

"(a) IN GENERAL.—The Director of the Center shall make awards of grants or contracts to designated biomedical and behavioral research institutions under paragraph (1) of subsection (c), or to consortia under paragraph (2) of such subsection, for the purpose of assisting the institutions in supporting programs of excellence in biomedical and behavioral research education for individuals who are members of health disparity populations, including minorities.

"(b) REQUIRED USE OF FUNDS.—An award may be made under subsection (a) only if the applicant involved agrees that the grant will be expended—

"(1) to conduct minority health research, including research on the use of service delivery models (such as health centers under section 330) with respect to minority health conditions;

"(2) to train minorities and other members of health disparities populations as professionals in the area of biomedical or behavioral research or both; or

"(3) to expand, remodel, renovate, or alter existing research facilities or construct new research facilities for the purpose of conducting minority health research.

"(c) CENTERS OF EXCELLENCE.—

"(1) IN GENERAL.—For purposes of this section, a designated biomedical and behavioral research institution is a biomedical and behavioral research institution that—

"(A) has a significant number of health disparity students, including minorities, enrolled in the institution (including individuals accepted for enrollment in the institution);

"(B) has been effective in assisting such students of the institution to complete the program of education and receive the degree involved;

"(C) has been effective in recruiting members of health disparity populations, including minorities, to enroll in and graduate from the institution, including providing scholarships and other financial assistance to such individuals and encouraging health disparity students from all levels of the educational pipeline to pursue biomedical research careers; and

"(D) has made significant recruitment efforts to increase the number of members of health disparities populations, including minorities, serving in faculty or administrative positions at the institution.

"(2) CONSORTIUM.—Any designated biomedical and behavioral research institution involved may, with other biomedical and behavioral institutions (designated or otherwise), form a consortium to receive an award under subsection (a).

"(3) APPLICATION OF CRITERIA TO OTHER PROGRAMS.—In the case of any criteria established by the Director of the Center for purposes of determining whether institutions meet the conditions described in paragraph (1), this section may not, with respect to minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

"(d) DURATION OF GRANT.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Director of the Center and to the availability of appropriations for the fiscal year involved to make the payments.

"(e) MAINTENANCE OF EFFORT.—

"(1) IN GENERAL.—With respect to activities for which an award under subsection (a) is authorized to be expended, the Director of the Center may not

make such an award to a designated research institution or consortium for any fiscal year unless the institution, or institutions in the consortium, as the case may be, agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the institutions involved for the fiscal year preceding the fiscal year for which such institutions receive such an award.

"(2) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a designated research institution or consortium and available for carrying out activities for which an award under subsection (a) is authorized to be expended, the Director of the Center may make such an award only if the institutions involved agree that the institutions will, before expending the award, expend the Federal amounts obtained from sources other than the award.

"(f) CERTAIN EXPENDITURES.—The Director of the Center may authorize a designated biomedical and behavioral research institution to expend a portion of an award under subsection (a) for research endowments.

"(g) DEFINITIONS.—For purposes of this section:

"(1) The term 'designated biomedical and behavioral research institution' has the meaning indicated for such term in subsection (c)(1). Such term includes any health professions school receiving an award of a grant or contract under section 736.

"(2) The term 'program of excellence' means any program carried out by a designated biomedical and behavioral research institution with an award under subsection (a), if the program is for purposes for which the institution involved is authorized in subsection (b) to expend the grant.

"(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.".

SEC. 103. EXTRAMURAL LOAN REPAYMENT PROGRAM FOR MINORITY HEALTH RESEARCH.

Subpart 6 of part E of title IV of the Public Health Service Act, as amended by section 102 of this Act, is amended by adding at the end the following section:

"SEC. 485G. LOAN REPAYMENT PROGRAM FOR MINORITY HEALTH RESEARCH.

"(a) IN GENERAL.—The Director of the Center shall establish a program of entering into contracts with qualified health professionals under which such health professionals agree to engage in minority health research in consideration of the Federal Government agreeing to repay, for each year of engaging in such research, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

"(b) SERVICE PROVISIONS.—The provisions of sections 338B, 338C, and 338E shall, except as inconsistent with subsection (a), apply to the program established in such subsection to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III.

"(c) REQUIREMENT REGARDING HEALTH DISPARITY POPULATIONS.—The Director of the Center shall ensure that not fewer than 50 percent of the contracts entered into under subsection (a) are for appropriately qualified health professionals who are members of a health disparity population.

"(d) PRIORITY.—With respect to minority health research under subsection (a), the Secretary shall ensure that priority is given to conducting projects of biomedical research.

"(e) FUNDING.—

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

"(2) AVAILABILITY OF APPROPRIATIONS.—Amounts available for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were made available.".

SEC. 104. GENERAL PROVISIONS REGARDING THE CENTER.

Subpart 6 of part E of title IV of the Public Health Service Act, as amended by section 103 of this Act, is amended by adding at the end the following section:

"SEC. 485H. GENERAL PROVISIONS REGARDING THE CENTER.

"(a) ADMINISTRATIVE SUPPORT FOR CENTER.—The Secretary, acting through the Director of the National Institutes of Health, shall provide administrative support and support services to the Director of the Center and shall ensure that such support takes maximum advantage of existing administrative structures at the agencies of the National Institutes of Health.

"(b) EVALUATION AND REPORT.—

"(1) EVALUATION.—Not later than 5 years after the date of the enactment of this part, the Secretary shall conduct an evaluation to—

"(A) determine the effect of this section on the planning and coordination of the health disparities research programs at the institutes, centers and divisions of the National Institutes of Health;

"(B) evaluate the extent to which this part has eliminated the duplication of administrative resources among such Institutes, centers and divisions; and

"(C) provide recommendations concerning future legislative and administrative modifications with respect to this part, for both minority health research and research on other health disparity populations.

"(2) MINORITY HEALTH RESEARCH.—The evaluation under paragraph (1) shall include a separate statement that applies subparagraphs (A) and (B) of such paragraph to minority health research.

"(3) REPORT.—Not later than 1 year after the date on which the evaluation is commenced under paragraph (1), the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Commerce of the House of Representatives, a report concerning the results of such evaluation.".

SEC. 105. REPORT REGARDING RESOURCES OF NATIONAL INSTITUTES OF HEALTH DEDICATED TO RESEARCH ON MINORITY HEALTH.

Not later than December 1, 2003, the Director of the National Center for Research on Minority Health and Health Disparities (established by the amendment made by section 101(a)), after consultation with the advisory council for such Center, shall submit to the Congress, the Secretary of Health and Human Services, and the Director of the National Institutes of Health a report that provides the following:

(1) Recommendations for the methodology that should be used to determine the extent of the resources of the National Institutes of Health that are dedicated to research on minority health, including determining the amount of funds that are used to conduct and support such research. With respect to such methodology, the report shall address the discrepancies between the methodology used by such Institutes as of the date of the enactment of this Act and the methodology used by the Institute of Medicine as of such date.

(2) A determination of whether and to what extent, relative to fiscal year 1999, there has been an increase in the level of resources of the National Institutes of Health that are dedicated to research on minority health, including the amount of funds used to conduct and support such research. The report shall include provisions describing whether and to what extent there have been increases in the number and amount of awards to minority serving institutions.

TITLE II—HEALTH DISPARITIES RESEARCH BY AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

SEC. 201. HEALTH DISPARITIES RESEARCH BY AGENCY FOR HEALTHCARE RESEARCH AND QUALITY.

(a) GENERAL.—Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended by adding at the end the following:

"SEC. 903. RESEARCH ON HEALTH DISPARITIES.

"(a) IN GENERAL.—The Director shall—

"(1) conduct and support research to identify how to improve the quality and outcomes of health care services for health disparity populations and the causes of the health disparities involved, including identifying barriers to health care access and environmental factors leading to health problems;

"(2) conduct and support research and support demonstration projects to identify, test, and evaluate strategies for eliminating health disparities and promoting effective interventions;

"(3) develop measures for the assessment and improvement of the quality and appropriateness of health care services provided to health disparity populations; and

"(4) in carrying out 902(c), provide support to increase the number of researchers who are members of health disparity populations, and the health services research capacity of institutions that train such researchers.

"(b) RESEARCH AND DEMONSTRATION PROJECTS.—

"(1) IN GENERAL.—In carrying out subsection (a), the Director shall conduct and support research to—

"(A) identify the clinical, cultural, socioeconomic, and organizational factors that contribute to health disparities, including for minority populations, which factors include examination of patterns of clinical decision-making and of the availability of support services;

"(B) identify and evaluate clinical and organizational strategies to improve the quality, outcomes, and access to care for health disparity populations, including minority populations;

"(C) support demonstrations to test such strategies; and

"(D) widely disseminate strategies for which there is scientific evidence of effectiveness.

"(2) USE OF CERTAIN STRATEGIES.—In carrying out this section, the Director shall implement research strategies and mechanisms that will enhance the involvement of individuals who are members of health disparity populations (including minority populations), health services researchers who are such individuals, institutions that train such individuals as researchers, members of health disparity populations (including minority populations) for whom the Agency is attempting to improve the quality and outcomes of care, and representatives of appropriate community-based organizations with respect to health disparity populations. Such research strategies and mechanisms may include the use of—

"(A) centers of excellence that can demonstrate, either individually or through consortia, a combination of multi-disciplinary expertise in outcomes or quality improvement research and a demonstrated capacity to engage members and communities of health disparity populations, including minority populations, in the planning, conduct and translation of research, with linkages to relevant sites of care;

"(B) provider-based research networks, including health plans, facilities, or delivery system sites of care (especially primary care), that make extensive use of health care providers who are members of health disparity populations or who serve patients in such populations and have the capacity to evaluate and promote quality improvement;

"(C) service delivery models (such as health centers under section 330) to reduce health disparities; and

"(D) other innovative mechanisms or strategies that will facilitate the translation of past research investments into clinical practices that can reasonably be expected to benefit these populations.

"(c) QUALITY MEASUREMENT DEVELOPMENT.—

"(1) IN GENERAL.—To ensure that health disparity populations, including minority populations, benefit from the progress made in the ability of individuals to measure the quality of health care delivery, the Director shall support the development of quality of health care measures that assess the experience of such populations with health care systems, such as measures that assess the access of such populations to health care, the cultural competence of the care provided, the quality of the care provided, the outcomes of care, or other aspects of health care practice that the Director determines to be important. In carrying out the preceding sentence, the Director shall in consultation with the Administrator of the Health Resources and Services Administration examine the practices of providers (such as health centers under section 330) that have a record of reducing health disparities or have experience in providing culturally competent health services to minority or other health disparity populations.

"(2) REPORT.—Not later than 24 months after the date of the enactment of this section, the Secretary, acting through the Director, shall prepare and submit to the appropriate committees of Congress a report describing the state-of-the-art of quality measurement for minority and other health disparity populations that will identify critical unmet needs, the current activities of the Department to address those needs, and a description of related activities in the private sector.

"(d) DEFINITION.—For purposes of this section:

"(1) The term 'health disparity population' has the meaning given such term in section 485E.

"(2) The term 'minority', with respect to populations, refers to racial and ethnic minority groups as defined in section 1707.".

(b) FUNDING.—Section 927 of the Public Health Service Act (42 U.S.C. 299c–6) is amended by adding at the end the following:

"(d) HEALTH DISPARITIES RESEARCH.—For the purpose of carrying out the activities under section 903, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.".

TITLE III—DATA COLLECTION RELATING TO RACE OR ETHNICITY

SEC. 301. STUDY AND REPORT BY NATIONAL ACADEMY OF SCIENCES.

(a) STUDY.—The National Academy of Sciences shall conduct a comprehensive study of the Department of Health and Human Services' data collection systems and practices, and any data collection or reporting systems required under any of the programs or activities of the Department, relating to the collection of data on race or ethnicity, including other Federal data collection systems (such as the Social Security Administration) with which the Department interacts to collect relevant data on race and ethnicity.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the National Academy of Sciences shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report that—

(1) identifies the data needed to support efforts to evaluate the effects of race and ethnicity on access to health care and other services and on disparity in health and other social outcomes and the data needed to enforce existing protections for equal access to health care;

(2) examines the effectiveness of the systems and practices of the Department of Health and Human Services described in subsection (a), including pilot and demonstration projects of the Department, and the effectiveness of selected systems and practices of other Federal and State agencies and the private sector, in collecting and analyzing such data;

(3) contains recommendations for ensuring that the Department of Health and Human Services, in administering its entire array of programs and activities, collects, or causes to be collected, reliable and complete information relating to race and ethnicity; and

(4) includes projections about the costs associated with the implementation of the recommendations described in paragraph (3), and the possible effects of the costs on program operations.

(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for fiscal year 2001.

TITLE IV—MEDICAL EDUCATION AND OTHER HEALTH PROFESSIONS EDUCATION

SEC. 401. GRANTS FOR HEALTH CARE EDUCATION CURRICULUM DEVELOPMENT.

Part F of title VII of the Public Health Service Act (42 U.S.C. 295j et seq.) is amended by inserting after section 791 the following:

"SEC. 791A. GRANTS FOR HEALTH PROFESSIONAL EDUCATION CURRICULUM DEVELOPMENT.

"(a) GRANTS FOR GRADUATE EDUCATION CURRICULUM DEVELOPMENT.—

"(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in collaboration with the Director of the Agency for Healthcare Research and Quality and the Deputy Assistant Secretary for Minority Health, may make awards of grants, contracts, or cooperative agreements to public and nonprofit private entities for the purpose of carrying out research projects and demonstration projects to develop curricula to reduce disparities in health care outcomes, including curricula for cultural competency in graduate health professions education.

"(2) ELIGIBILITY.—To be eligible to receive an award under paragraph (1), an entity shall—

"(A) be a school of medicine, school of osteopathic medicine, school or dentistry, school of public health, school of nursing, graduate program in behavioral health and mental health practice, or other recognized health profession school; and

"(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

"(3) USE OF FUNDS.—An entity shall use amounts received under an award under paragraph (1) to carry out research projects and demonstration projects to develop curricula to reduce disparity in health care outcomes, including curricula for cultural competency in graduate health professions education.

"(4) NUMBER OF GRANTS AND GRANT TERM.—The Secretary shall award grants, contracts or cooperative agreements (or combination thereof) under paragraph (1) in each of the first and second fiscal years for which funds are available under subsection (f). The term of each such grant, contract or cooperative agreement shall be 3 years.

"(b) GRANTS FOR CONTINUING HEALTH PROFESSIONAL EDUCATION CURRICULUM DEVELOPMENT.—

"(1) IN GENERAL.—The Secretary, acting through the Health Resources and Services Administration and the Agency for Healthcare Research Quality and in collaboration with the Office of Minority Health, shall award grants to eligible entities for the establishment of demonstration and pilot projects to develop curricula to reduce disparity in health care and health outcomes, including curricula for cultural competency, in continuing health professions education.

"(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1) an entity shall—

"(A) be a school of medicine, osteopathic medicine, public health, dentistry, optometry, pharmacy, allied health, chiropractic, podiatric medicine, nursing, and public health and health administration, public or nonprofit private school that offers a graduate program in clinical social work or other graduate programs in behavioral health and mental health practice, program for the training of physician assistants, health professional association, or other public or nonprofit health educational entity, or any consortium of entities described in this subparagraph; and

"(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

"(3) USE OF FUNDS.—An entity shall use amounts received under a grant under paragraph (1) to develop and evaluate the effect of curricula for continuing health professions education courses or programs to provide education concerning issues relating to disparity in health care and health outcomes, including cultural competency of health professionals. Such curricula shall focus on the need to remove bias from health care at a personal level as well as at a systemic level.

"(4) NUMBER OF GRANTS AND GRANT TERM.—The Secretary shall award grants under paragraph (1) in each of the first and second fiscal years for which funds are available under subsection (f). The term of each such grant shall be 3 years.

"(c) DISTRIBUTION OF PROJECTS.—The Secretary shall ensure that, to the extent practicable, projects under subsections (a) and (b) are carried out in each of the principal geographic regions of the United States and involve different health disparity populations (as defined in section 485E) and health professions.

"(d) MONITORING.—An entity that receives a grant, contract or cooperative agreement under subsection (a) or (b) shall ensure that procedures are in place to monitor activities undertaken using grant, contract or cooperative agreement funds. Such entity shall annually prepare and submit to the Secretary a report concerning the effectiveness of curricula developed under the grant contract or cooperative agreement.

"(e) REPORT TO CONGRESS.—Not later than January 1, 2002, the Secretary shall prepare and submit to the appropriate committees of Congress, a report concerning the effectiveness of programs funded under this section and a plan to encourage the implementation and utilization of curricula to reduce disparities in health care and health outcomes. A final report shall be submitted by the Secretary not later than January 1, 2004.

"(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $3,500,000 for fiscal year 2001, $7,000,000 for fiscal year 2002, $7,000,000 for fiscal year 2003, and $3,500,000 for fiscal year 2004.".

SEC. 402. NATIONAL CONFERENCE ON CONTINUING HEALTH PROFESSIONAL EDUCATION AND DISPARITIES IN HEALTH OUTCOMES.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall convene a national conference on continuing medical education as a method for reducing disparities in health care and health outcomes, including continuing medical education on cultural competency. The conference shall include sessions to address measurements of outcomes to assess the effectiveness of curricula in reducing disparities.

(b) PARTICIPANTS.—The Secretary of Health and Human Services shall invite minority and other health disparity populations advocacy groups, health education entities described in section 791A(b)(2)(A) of the Public Health Service Act (as added by section 401), health centers under section 330 of such Act, and other interested parties to attend the conference under subsection (a).

(c) ISSUES.—The national conference convened under subsection (a) shall address issues relating to the role of continuing medical education in the effort to reduce disparities in health care and health outcomes, including the role of continuing medical education in improving the cultural competency of health professionals. The conference shall focus on methods to achieve reductions in the disparities in health care and health outcomes through continuing medical education courses or programs and on strategies for measuring the effectiveness of curricula to reduce disparities.

(d) PUBLICATION OF FINDINGS.—Not later than 6 months after the convening of the national conference under subsection (a), the Secretary of Health and Human Services shall publish in the Federal Register a summary of the proceedings and the findings of the conference.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.

SEC. 403. CONTINUING MEDICAL EDUCATION INCENTIVE PROGRAM.

(a) IN GENERAL.—The Secretary of Health and Human Services shall develop and implement a program to provide incentives to health maintenance organizations, community health centers, rural health centers, and other entities providing services under title XVIII or XIX of the Social Security Act (42 U.S.C. 1395 et seq. or 1396 et seq.) to encourage health care professionals employed by, or under contract with, such entities to participate in continuing medical education programs designed to reduce health disparities.

(b) EFFECTIVE PROGRAMS.—In developing the program under subsection (a), the Secretary of Health and Human Services shall ensure that incentives are targeted at programs that address each of the following issues:

(1) Implementing new curricula or strategies for continuing medical education programs designed to reduce health disparities, or continuing medical education curricula or strategies that have been proven effective in reducing such disparities.

(2) Encouraging health professionals to participate in such curricula.

(3) Monitoring health care and health outcomes as a way to evaluate the effectiveness of continuing medical education programs in reducing health disparities.

(c) DEFINITION.—For purposes of this section, the term "health disparities" has the meaning given such term in section 485E of the Public Health Service Act.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.

SEC. 404. ADVISORY COMMITTEE.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services shall establish an advisory committee to provide advice to the Secretary on matters related to the development, implementation, and evaluation of graduate and continuing education curricula for health care professionals to decrease disparities in health care and health outcomes, including curricula on cultural competency as a method of eliminating health disparities.

(b) MEMBERSHIP.—Not later than 3 months after the date on which amounts are appropriated to carry out this section, the Secretary of Health and Human Services shall appoint the members of the advisory committee. Such members shall be appointed from among individuals who—

(1) are not officers or employees of the Federal Government;

(2) are experienced in issues relating to health disparities;

(3) are minorities or representatives of racial and ethnic minority groups or other health disparity populations; and

(4) meet such other requirements as the Secretary determines appropriate;

Such committee shall include individuals who are experienced in providing health services to racial and ethnic minority groups or other health disparity populations, including representatives of health centers under section 330 of the Public Health Service Act. The committee shall in addition include a representative of the Office of Minority Health under section 1707 of such Act, a representative of the Health Resources and Services Administration, and such other representatives of offices and agencies of the Public Health Service as the Secretary determines to be appropriate. Such representatives shall include one or more individuals who serve on the advisory committee under section 1707(c) of such Act.

(c) COLLABORATION.—The advisory committee shall carry out its duties under this section in collaboration with the Office of Minority Health of the Department of Health and Human Services, and other offices, centers, and institutes of the Department of Health and Human Services, and other Federal agencies.

(d) TERMINATION.—The advisory committee shall terminate on the date that is 4 years after the date on which the first member of the committee is appointed.

(e) EXISTING COMMITTEE.—The Secretary may designate an existing advisory committee operating under the authority of the Office of Minority Health of the Department of Health and Human Services to serve as the advisory committee under this section.

SEC. 405. CULTURAL COMPETENCY CLEARINGHOUSE.

(a) ESTABLISHMENT.—The Director of the Office of Minority Health of the Department of Health and Human Services shall establish within the Resource Center of the Office of Minority Health, or through the awarding of a grant provide for the establishment of, an information clearinghouse for curricula to reduce disparities in health care and health outcomes. The clearinghouse shall facilitate and enhance, through the effective dissemination of information, knowledge and understanding of practices that lead to reductions in health disparities (as defined in section 485E of the Public Health Service Act), including curricula for continuing medical education to develop cultural competency in health care professionals.

(b) AVAILABILITY OF INFORMATION.—Information contained in the clearinghouse shall be made available to minority health advocacy groups and other organizations representing health disparity populations, health education entities described in section 791A(b)(2)(A) of the Public Health Service Act (as added by section 401), health maintenance organizations, and other interested parties.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated such sums as may be necessary to carry out this section.

TITLE V—MISCELLANEOUS PROVISIONS

SEC. 501. OFFICE FOR CIVIL RIGHTS.

(a) PUBLIC AWARENESS CAMPAIGN.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall conduct a national media campaign for the purpose of informing the public of the programs and activities of the Office for Civil Rights, Department of Health and Human Services. The campaign shall—

(A) have a specific focus on racial and ethnic minority communities, as well as the general public; and

(B) involve racial and ethnic minority media as participants in the design and conduct of the campaign.

(2) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out paragraph (1), there are authorized to be appropriated such sums as may be necessary for fiscal year 2001.

(b) OMBUDSMAN DEMONSTRATION PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this subsection referred to as the "Secretary") shall carry out a demonstration program under which the Secretary makes grants to States for the purpose of establishing and operating State offices to identify, investigate, and facilitate the resolution of complaints relating to civil rights, and to carry out functions authorized pursuant to paragraph (3) (which office is referred to in this subsection as the "State Ombudsman Office").

(2) OMBUDSMAN.—The Secretary shall require that each State Ombudsman Office under paragraph (1) be headed by an individual with expertise and experience in the field of civil rights and advocacy.

(3) CERTAIN REQUIREMENTS AND AUTHORITIES.—In carrying out paragraph (1), the Secretary shall consider the requirements and authorities that apply to the operation of State offices under chapter 2 of subtitle A of title VII of the Older Americans Act of 1965 (relating to State Long-Term Care Ombudsman Programs). In providing for State Ombudsman Offices under paragraph (1), the Secretary may establish requirements and authorities with respect to civil rights that are the same as or similar to the requirements and authorities that apply under such chapter 2 with respect to residents of long-term care facilities.

(c) FUNDING.—There are authorized to be appropriated for the Office for Civil Rights, Department of Health and Human Services, $36,000,000 for fiscal year 2001 and each subsequent fiscal year.

SEC. 502. DEVELOPMENT OF OUTCOME MEASURES; STUDY TO MEASURE PATIENT OUTCOMES UNDER THE MEDICARE AND MEDICAID PROGRAMS BY RACE AND ETHNICITY.

(a) DEVELOPMENT OF OUTCOME MEASURES.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services, acting through the Administrator of the Health Care Financing Administration, shall develop outcome measures to evaluate, by race and ethnicity, and on an age-specific and sex-specific basis, the performance of health care programs and projects that

provide health care to individuals under the medicare and medicaid programs (under titles XVIII and XIX, respectively, of the Social Security Act (42 U.S.C. 1395 et seq. and 1396 et seq.).

(b) STUDY.—After the Secretary develops the outcome measures under subsection (a), the Secretary shall conduct a study that evaluates, by race and ethnicity, and on an age-specific and sex-specific basis, the performance of health care programs and projects referred to in subsection (a) in relation to such outcome measures.

(c) REPORT TO CONGRESS.—Not later that 2 years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report describing the outcome measures developed under subsection (a), and the results of the study conducted pursuant to subsection (b).

SEC. 503. DEPARTMENTAL DEFINITION REGARDING MINORITY INDIVIDUALS.

Section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6) is amended—

(1) by striking "Asian Americans and" and inserting "Asian Americans;"; and

(2) by inserting "Native Hawaiians and other" before "Pacific Islanders;".

SEC. 504. CONFORMING PROVISION REGARDING DEFINITIONS.

For purposes of this Act, the term "racial and ethnic minority group" has the meaning given such term in section 1707 of the Public Health Service Act.

TITLE VI—EFFECTIVE DATE

SEC. 601. EFFECTIVE DATE.

This Act and the amendments made by this Act take effect October 1, 2000, or upon the date of the enactment of this Act, whichever occurs later.

PURPOSE AND SUMMARY

The purpose of this legislation is to address disparities that exist in biomedical and behavioral research, health education, and the study and collection of date regarding health disparity populations. Health disparity populations are defined as populations for which there is a significant disparity in the overall rate of disease, morbidity, mortality or survival rates as compared to the health status of the general population.

Among the activities authorized by the legislation is the establishment of a National Center for Research on Minority Health and Health Disparities at the National Institute of Health (NIH) to help coordinate research related to health disparities and develop a comprehensive research agenda that seeks to address differences in morbidity and mortality in minority and underserved populations. Further, the bill will authorize the Agency for Healthcare Research and Quality (AHRQ) to conduct and support research related to quality and outcomes in health care for health disparity populations. It will also require the National Academy of Sciences to study and report to Congress on the Department of Health and Human Services (HHS) data collection systems and practices relating to collection of data on race and ethnicity and create new grants for health education curricula development on health disparities. The legislation also requires the Secretary to conduct a national media campaign to inform the public of programs and activities of the Office of Civil Rights in the Department of HHS. Finally, the legislation requires the Secretary to develop outcomes measures for the Medicare and Medicaid programs to address the needs of health disparity populations.

BACKGROUND AND NEED FOR LEGISLATION

Studies indicate that, despite overall improvement in the Nation's health over the past two decades, disparities exist in incidence of disease, disability, and death due to health status for African Americans, Hispanics, American Indians, Alaskan Natives and Asian Pacific Islanders, and other underserved Americans compared to the U.S. population as a whole.

For example, the infant mortality rate for African Americans is almost twice that of white Americans. Deaths due to heart disease are more than 40 percent higher for blacks than for whites. The death rate for all cancers is almost 30 percent higher for blacks as it is for whites. The death rate due to HIV/AIDs is more than seven times greater for African Americans as it is for white Americans.

Hispanics are almost twice as likely to die from complications related to diabetes than whites. American Indians and Alaskan Natives have an infant mortality rate almost twice that of whites. Vietnamese women suffer from cervical cancer at nearly 5 times the rate of white women.

H.R. 3250 will address the need for research, education, and data collection regarding these and other health disparities. Important changes were made to H.R. 3250 to address concerns raised by some Committee Members. Chief among these concerns related to the legislation's sole focus on racial and ethnic minorities as opposed to medically underserved populations. The definition of "health disparity population" was added to ensure that all Americans who suffer disproportionate levels of disease incidence, morbidity, and mortality would be included in research, education, and data collection programs under H.R. 3250.

Another significant change was made to the bill by removing the provision that allowed for the new Center for Research on Minority Health and Health Disparities to receive direct funding from the appropriation for the Department of Health and Human Services. This so-called "bypass budget" would have allowed funding for the Center to bypass the Secretary of HHS and the Director of NIH, removing any discretion they would have over budget issues for the Center. The Committee amendment removed the bypass budget authority for the Center.

HEARINGS

The Subcommittee on Health and Environment held a hearing on H.R. 3250, the Health Care Fairness Act of 1999 on May 11, 2000. The Subcommittee received testimony from: The Honorable Jesse Jackson, Jr., M.C., the Honorable J. C. Watts, M.C., the Honorable John Lewis, M.C., the Honorable J. D. Hayworth, M.C., the Honorable Robert Underwood, M.C., and the Honorable Ciro Rodriguez, M.C.

The Subcommittee also received testimony from: The Honorable David Satcher, M.D., Surgeon General, accompanied by Kermit Smith, M.D., Chief Medical Officer of the Indian Health Service and John Ruffin, PhD., Associate Director, Office of Research on Minority Health, National Institutes of Health; Louis Sullivan, M.D., President, Morehouse School of Medicine; Gilbert Friedell, M.D., Director for Cancer Control, Markey Cancer Center, University of Kentucky on behalf of the Institute of Medicine; Jordan

Cohen, M.D., President, Association of American Medical Colleges; Kevin Schulman, M.D., Associate Professor of Medicine and Director, Center for Clinical and Genetic Economics, Duke University Medical Center; E. Anne Peterson, MD, MPH, Health Commissioner, Commonwealth of Virginia; John Harley, M.D., Member of Arthritis Immunology, Oklahoma Medical Research Foundation; Elena Rios, M.D., President, National Hispanic Medical Association; and Mr. Ignatius Bau, Director of Health Policy, Asian Pacific-Islander American Health Forum.

COMMITTEE CONSIDERATION

On July 26, 2000, the Subcommittee on Health and Environment was discharged from the further consideration of H.R. 3250. On July 26, 2000, the Committee on Commerce met in open markup session and ordered H.R. 3250 reported, with an amendment, by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 3250 reported. A motion by Mr. Bliley to order H.R. 3250 reported to the House, with an amendment, was agreed to by a voice vote.

The following amendments were agreed to by a voice vote—

An amendment in the nature of a substitute by Mr. Bilbray, No. 1, addressing disparities in health care research, education and data collection for health disparity populations.

An amendment to the amendment in the nature of a substitute by Ms. DeGette, No. 1a, including age-based and sex-based criteria in developing health care outcomes measures for health disparity populations in the Medicare and Medicaid programs, (as modified by a unanimous consent request).

An amendment to the amendment in the nature of a substitute by Mr. Engel, No. 1b, including consideration of environmental factors when researching causes of health disparities.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee held a legislative hearing and made findings that are reflected in this report.

COMMITTEE ON GOVERNMENT REFORM OVERSIGHT FINDINGS

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, no oversight findings have been submitted to the Committee by the Committee on Government Reform.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 3250, the Health Care Fairness Act of 2000, would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 21, 2000.

Hon. TOM BLILEY,
Chairman, Committee on Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 3250, the Health Care Fairness Act of 2000.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Christopher J. Topoleski.

Sincerely,

BARRY B. ANDERSON
(For Dan L. Crippin, Director).

Enclosure.

H.R. 3250—Health Care Fairness Act of 2000

Summary: H.R. 3250 would expand the role of the federal government in supporting research on the health needs of racial and ethnic minorities as well as health disparity populations.[1]

The Health Care Fairness Act of 2000 would affect the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), the Health Resources and Services Administration (HRSA), the Office of Civil Rights, and the Health Care Financing Administration (HCFA). The bill would replace the Office of Research on Minority Health (ORMH) within the Office of the Director of NIH with a new center focusing on the health needs of racial and ethnic minorities and health disparity populations. The center is designed to promote cooperation among federal, state and

[1] Health disparity populations are defined as populations with a significant disparity in the overall rate of disease incidence, morbidity, mortality, and survival rates in the population as compared to the health of the general population. Specific determinations of health disparity populations would be made by the Director of the National Center for Research on Minority Health and Health Disparities in consultation with the Director of the Agency for Healthcare Research and Quality (AHRQ).

local health agencies, and private entities in health disparity research.

AHRQ would be responsible for developing quality measurement mechanisms to examine the extent to which the health needs of minority and health disparity populations are met, including examination and support of demonstration projects. HRSA, the Office of Civil Rights, and HCFA, would be responsible for various initiatives, programs, incentives, and reports to better understand the needs of minority and health disparity populations.

Assuming the appropriation of the necessary amounts, CBO estimates that implementing H.R. 3250 would cost $43 million in 2001 and $402 million over the 2001–2005 period, assuming annual adjustments for inflation for those activities without specified authorization levels. The five-year total would be $397 million if such inflation adjustments are not made. The legislation would not affect direct spending or receipts; therefore, pay-as-you-go procedures would not apply.

H.R. 3250 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA). It would authorize a number of grant and assistance programs for which state and other public entities, especially colleges and universities, could qualify.

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 3250 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2000	2001	2002	2003	2004	2005
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law:						
Estimated Authorization Level [1]	1,548	1,580	1,612	1,643	1,676	1,709
Estimated Outlays	1,341	1,468	1,531	1,588	1,614	1,646
Proposed Changes [2]						
Estimated Authorization Level	0	99	104	103	100	98
Estimated Outlays	0	43	72	91	98	98
Spending Under H.R. 3250:						
Estimated Authorization Level	1,548	1,679	1,716	1,746	1,776	1,807
Estimated Outlays	1,341	1,511	1,603	1,679	1,712	1,744

[1] The 2000 level is the amount appropriated for that year for the agencies that would be affected by H.R. 3250. The 2001–2005 levels are CBO baseline projections, including adjustments for anticipated inflation.

[2] The amounts shown reflect adjustments for anticipated inflation for those activities for which the bill would authorize such sums as necessary. Without such inflation adjustments, the five-year changes in authorization levels would total $493 million (instead of $504 million) and the changes in outlays would total $397 million (instead of $402 million).

Basis of estimate: For this estimate, CBO assumes that the bill would have an effective date of October 1, 2000, and that outlays would follow historical spending rates for the relevant agencies for the authorized activities. Where specified in H.R. 3250, CBO assumes the authorized amounts would be appropriated. Where appropriations of such sums as necessary are authorized, CBO based its estimates on amounts spent in the past for similar types of activities.

Many of the proposed activities under H.R. 3250 are currently handled by the ORMH and are reflected in the estimated changes to both budget authority and outlays. The estimates of changes in budget authority and outlays of the proposal reflect the incremental cost of additional responsibilities of the NIH and other offices and agencies.

Pay-as-you-go considerations: None.

Estimated impact on state, local, and tribal governments: H.R. 3250 contains no intergovernmental mandates as defined in UMRA. It would authorize a number of grant and assistance programs for which state and other public entities, especially colleges and universities, could qualify. Among those programs are grants and contracts for biomedical and behavioral education and research targeting minorities and other populations that face high levels of disease and mortality. The bill would also authorize grants for developing curricula in medical schools and continuing education programs that aim to reduce disparities in health care among racial and ethnic groups. Finally, the bill would authorize grants to states for establishing and operating ombudsman programs designed to identify, investigate, and facilitate the resolution of civil rights complaints.

Estimated impact on the private sector: The bill contains no private-sector mandates as defined in UMRA.

Estimate prepared by: Federal Costs: Christopher J. Topoleski. Impact on State, Local, and Tribal Governments: Leo Lex. Impact on the Private Sector: Rekha Ramesh.

Estimate approved by: Peter H. Fontaine, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

Section 404 of H.R. 3250 creates an advisory committee to advise the Secretary on matters related to the development, implementation, and evaluation of curricula for graduate and continuing medical education for health care professionals to decrease disparities in health care and health outcomes. Pursuant to the requirements of subsection 5(b) of the Federal Advisory Committee Act, the Committee finds that the functions of the proposed advisory committee are not and cannot be performed by an existing Federal agency or advisory commission or by enlarging the mandate of an existing advisory committee.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for this legislation is provided in Article I, section 8, clause 3, which grants Congress the power to regulate commerce with foreign nations, among the several States, and with Indian tribes.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title; table of contents

This section provides the short title of the bill, the "Health Care Fairness Act of 2000," and includes a table of contents.

Section 2. Findings

This section provides certain Congressional findings.

TITLE I: IMPROVING MINORITY HEALTH THROUGH THE NATIONAL INSTITUTES OF HEALTH; ESTABLISHMENT OF NATIONAL CENTER

Section 101. Establishment of National Center for Research on Minority Health and Health Disparities

Subsection (a) amends part E of the title IV of the Public Health Service Act (PHSA) by creating a new subpart 6 creating a National Center for Research on Minority Health and Health Disparities.

New section 485E(a) establishes the purpose of the National Center for Research on Minority Health and Health Disparities, which is the conduct and support of basic and clinical research, training, the dissemination of health information, and other programs with respect to the health of racial and ethnic minority groups and other health disparity populations.

New subsection (b) establishes priorities for the Center. With appropriated funds, the Director of the Center must give priority to conducting and supporting minority health research.

New subsection (c) defines "Minority health research" as research on minority health conditions, research on access, outreach, treatment, quality of health care, and research on cultural and linguistic services to decrease health problems of minorities. The term "Minority health conditions" is defined as all diseases, disorders, and conditions (including mental health and substance abuse) (1) that are unique to, more serious or prevalent in ethnic or minority groups, (2) or for which factors of medical risk or medical interventions are different, or (3) for which insufficient research or data exists. The term "Racial and ethnic minority group" is defined as American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans, Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. The term "Minorities" is defined as being individuals from a racial or ethnic group.

New subsection (d) defines a "health disparity population" as one determined by the Director of the Center, after consultation with the Director of the Agency for Healthcare Research and Quality (AHRQ), to have a significant disparity in the overall rate of disease incidences, morbidity, mortality, and survival rates within that population as compared to the health status of the general population. Health disparity populations include racial and ethnic minority groups. The term "Health disparities research" is defined as research on health disparity populations that relates to the health disparities involved, including basic and applied biomedical and behavioral research on the nature and causes of health disparities, and remedies for such disparities. Minority health research is included in health disparities research. After providing for minority

health research with appropriated funds, the Secretary must conduct and support health disparities research on other health disparity populations, giving priority to health disparity populations for which socioeconomic status is one of the principal causal factors of health disparity.

New subsection (e) requires that the Director of the Center coordinate all minority health and other health disparities research conducted or supported by the National Institutes of Health (NIH). Also, the Director of the Center represents the health disparities research program of NIH at all relevant Executive branch task forces, committees and planning activities, and maintains communications with all relevant Public Health Service agencies and other departments of the Federal government.

New subsection (f) provides that the Director of NIH, the Director of the Center, and the directors of the national research institutes must establish a comprehensive plan and budget for the conduct and support of all minority health and other health disparities research activities of the agencies of the National Institutes of Health. The first plan and budget must be established no later than 12 months after the date of the enactment. The Directors must: ensure that the plan and budget demonstrate how activities in health disparities research will address the health needs of specific health disparity populations; establish priorities among the activities in health disparities research that such agencies are authorized to carry out; and establish objectives and action plans, including target dates, for carrying out health disparities research. Also, the Directors must: ensure that the plan and budget give priority to conducting and supporting minority health research; ensure that all amounts appropriated for such activities are expended in accordance with the plan and budget; review the plan and budget not less than annually; and revise the plan and budget as appropriate. The plan and budget must serve as a statement of policies regarding minority health and other health disparities research activities of the agencies, but heads of the agencies are responsible for the approval of specific programs or projects in accordance with the plan and budget. The Director of the Center is required to include budget provisions for (1) basic and applied research; (2) research that is conducted by the agencies; (3) research that is supported by the agencies; (4) solicited and unsolicited proposals; and (5) behavioral research and social sciences research. The collaborative comprehensive plan and budget must include a separate statement of the plan and budget for minority health research.

New subsection (g) requires that the Director of the Center to assist in the administration of requirements to include women and minorities in clinical research.

New subsection (h) authorizes the Director of the Center to provide for research endowments at centers of excellence (health professions schools with significant minority enrollment) to facilitate minority health research.

New subsection (i) requires the Director of the Center to assist the Director of the National Center for Research Resources in carrying out requirements and committing resources for institutions of emerging excellence. Also, the Director of the Center must establish projects to promote cooperation in minority health disparities research among governmental, regional and private entities. The

Director of the Center may conduct or support research on service delivery models to reduce health disparities and may use information from earlier initiatives on minorities and other health disparity populations.

New subsection (j) directs the Secretary to establish an advisory council to make recommendations to the Director of the Center on matters related to the Center's research mission, budgetary allocations, and report reviews. A majority of members of the advisory council must be representatives of various racial and ethnic minority groups, other health disparity populations must be included, and a diversity of health professions must be represented. A representative of the Office of Behavioral and Social Sciences Research must also be a member of the advisory council.

New subsection (k) requires that the Director of the Center must submit an annual report to Congress, the Secretary, and the Director of NIH describing and evaluating NIH health disparities research, and such research supported by the national research institutes, as well as a separate analysis of minority health research. As part of that report, the Director may include recommendations.

New subsection (l) authorizes appropriations of $100 million for FY 2001, and such sums as necessary for each for the fiscal years 2002 through 2005. Authorization of appropriations made by this subsection is in addition to other monies or funds available for the conduct and support of minority health or other health disparities research by the national research institutes and other agencies of the NIH.

Section 101(b) makes a conforming amendment by repealing section 404 of the PHSA.

Section 102. Centers of excellence for research education and training

This section further amends subpart 6 of part E of title IV of the PHSA (as added by section 101 of this bill) by adding at the end a new section 485F, establishing a Center for Excellence for Research Education and Training.

New subsection (a) authorizes the Director of the Center to award grants or contracts to biomedical and behavioral research institutions designated as centers of excellence, or to designated consortia, in support of programs of excellence in biomedical and behavioral research education for individuals who are members of health disparity populations, including minorities.

New subsection (b) permits the Director to make an award to an applicant only if the applicant agrees that the grant will be expended to: (1) conduct minority health research, including research on the use of service delivery models (such as health centers under section 330 of the PHSA) with respect to minority health conditions; (2) train minorities and other members of health disparities populations as professionals in the area of biomedical or behavioral research; or (3) alter existing research facilities or construct new research facilities for the purpose of conducting minority health research.

New subsection (c) establishes that an institution is a designated biomedical and behavioral research institution if it has a significant number of health disparity students, including minorities, enrolled in the institution, has a record of effectiveness in recruiting,

assisting, supporting and graduating such students from its educational programs. One or more designated biomedical and behavioral research institutions may form a consortium to receive a "center of excellence" grant or contract. Criteria established under this section regarding minorities may not be applied to other programs.

New subsection (d) establishes the duration of the grant. The grant period may not exceed 5 years. Grant payments are subject to the availability of appropriations and to annual approval by the Director.

New subsection (e) provides that, in order to receive an award, the institution must agree to maintain expenditures of non-Federal amounts for its activities at a level that is not less than what the institution expended for the fiscal year preceding the year the award is made. The Director may make awards to designated research institutions or consortia only if the institutions involved agree that they will first expend federal amounts obtained from sources other than the award.

New subsection (f) authorizes the Director to permit designated research institutions or consortia to expend a portion of an award for research endowments.

New subsection (g) defines certain terms. While "Designated biomedical and behavioral research institution," is defined in new subsection (c), a "program of excellence" is defined as a program carried out by a designated biomedical research institution under new subsection (b).

Finally, new subsection (h) authorizes such sums as necessary for each of the fiscal years 2001 through 2005 for grants and contracts to centers of excellence.

Section 103. Loan Repayment Program for minority health research

Section 103 adds another section to subpart 6 of part E of title IV of the PHSA by adding a new section 485G, establishing a Loan Repayment Program for Minority Health Research.

New subsection (a) directs the Director of the Center to establish a program of offering contracts to qualified health professionals to conduct minority health research in exchange for repayment of up to $35,000 for educational loans.

New subsection (b) ensures that provisions in current law for the National Health Service Corps (338B), Obligated Service (338C), and Breaches of Scholarship Contract or Loan Repayment Contract (338E) apply to the proposed "Loan Repayment Program for Minority Health Research."

New subsection (c) requires the Director of the Center to ensure that at least 50% of all contracts are for appropriately qualified health professionals who are members of a health disparity population.

New subsection (d) requires the Secretary to ensure that priority is given to biomedical research projects.

New subsection (e) authorizes to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005 for this loan repayment program. Amounts available must remain available for 2 fiscal years beyond the fiscal year when amounts were made available.

Section 104. General provisions regarding the center

Section 104 amends subpart 6 of part E of title IV of the PHSA, as amended by section 103 of this bill by adding a new section 485 H describing general provisions regarding the Center.

New subsection (a) requires that the Secretary, acting through the Director of the NIH, provide administrative support and support services to the Director of the Center, and ensure that such support takes maximum advantage of existing administrative structures at NIH.

New subsection (b) directs the Secretary within 5 years to evaluate the effect of the Center for Research on Minority Health and Health Disparities on the planning and coordination of health disparities research programs at the institutes, centers and divisions of NIH. The report should include recommendations concerning future legislation and administrative modifications to the Center. Within 1 year of completing the evaluation, the Secretary must submit a report on the evaluation to the Senate Committee on Health, Education, Labor, and Pensions and the House Committee on Commerce.

Section 105. Report regarding resources of National Institutes of Health dedicated to research on minority health

By December 1, 2003, the Director of the National Center for Research on Minority Health and Health Disparities must submit to Congress, the Secretary of HHS, and the Director of NIH a report on recommendations for the method that should be used to determine the level of resources that the NIH dedicates to research on minority health. The report must determine the extent to which there has been an increase in NIH resources dedicated to minority health research since FY 1999, and in the number and amount of awards to minority-serving institutions.

TITLE II: HEALTH DISPARITIES RESEARCH BY THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Section 201. Health disparities research by Agency for Healthcare Research and Quality

Subsection (a) amends Part A of Title IX of the PHSA by creating a new section 903 for Research on Health Disparities.

New subsection (a) directs the Director of the Agency for Healthcare Research and Quality (AHRO) to conduct and support research for various purposes, including how to improve the quality and outcomes of health care services for health disparity populations, developing measures for assessing and improving the quality and appropriateness of health care services provided to health disparity populations, and providing support to increase the number of researchers who are members of health disparity populations.

New subsection (b) requires the Director to conduct and support research to identify the clinical, cultural, socioeconomic, and organizational factors that contribute to health disparities; identify and evaluate clinical and organizational strategies to improve quality, outcomes, and access to care for health disparity populations; support demonstrations to test strategies for quality improvement; and disseminate strategies for which there is evidence of effectiveness.

The Director must implement research strategies and mechanisms that will enhance the involvement of members of health disparity populations, health services researchers who are such individuals, institutions that train such individuals as researchers, and others. Such research strategies and mechanisms may include the use of centers of excellence, provider-based research networks, service delivery models and other innovative mechanisms that will facilitate the translation of past research investments into clinical practices that can benefit these populations.

New subsection (c) requires the Director of AHRQ to support the development of quality of health care measures that assess the experience of health disparity populations with health care systems. The Administrator must, in consultation with the Administrator of the Health Resources and Services Administration (HRSA) examine the practices of providers that have a record of reducing health disparities or have experience in providing culturally competent health services to minority or other health disparity populations. Within two years of enactment, the Secretary must prepare and submit to Congress a report describing the state-of-the-art of quality measurement for minority and other health disparity populations that will identify critical needs and the activities of the Department to meet those needs, together with a description of related activities in the private sector.

New subsection (d) references the definition given to "health disparity population" in section 485E.

Section 201(b) authorizes such sums as may be necessary for each of the fiscal years 2001 through 2005 for research conducted by AHRQ.

TITLE III: DATA COLLECTION RELATING TO RACE OR ETHNICITY

Section 301. Study and report by National Academy of Sciences

Subsection (a) authorizes the National Academy of Sciences (NAS) to conduct a comprehensive study of data collection systems and practices on characteristics of race or ethnicity within the Department of HHS. The study must include other federal data collection systems with which the Department interacts to collect relevant data on race and ethnicity.

Subsection (b) requires the NAS to submit a report within one year of enactment to the Senate Committee on Health, Education, Labor, and Pensions and the House Committee on Commerce. The report must identify data needed to evaluate the effects of race and ethnicity on access to health care and disparities in health care; examine the effectiveness of the systems and practices of HHS and other federal and state agencies in collecting and analyzing data on race or ethnicity; recommend how the HHS may collect reliable and complete information relating to race and ethnicity; and include projections about the costs associated with the implementation of the recommendations, and possible effects on the costs on program operations.

Subsection (c) authorizes such sums as necessary for FY2001 for the NAS study.

TITLE IV: MEDICAL EDUCATION AND OTHER HEALTH PROFESSIONS EDUCATION

Section 401. Grants for health care education curriculum development

Section 401 amends part F of title VII of the PHSA by including a new subsection for Grants for Health Professional Education Curriculum Development.

New subsection (a) authorizes the Secretary, acting through the Administrator of the Health Resources and Services Administration, and in collaboration with the Director of AHRQ and the Deputy Assistant Secretary for Minority Health to award grants, contracts, or cooperative agreements to public and nonprofit private entities for carrying out research and demonstration projects to develop curricula to reduce disparities in health care outcomes. Schools of medicine, osteopathic medicine, dentistry, public health, nursing, and others are eligible to apply for an award. Award periods for each grant, contract, or cooperative grant are limited to three years. The Secretary must make awards in each of the first and second fiscal years for which funds are available through authorized appropriations.

New subsection (b) allows the Secretary, acting through the Administrator of the Health Resources and Service Administration, and in collaboration with the Director of the AHRQ and the Deputy Assistant Secretary for Minority Health, to award grants for developing curricula in continuing education for health professions to reduce disparities in health care and health outcomes. The curricula must focus on the need to remove bias from health care at personal and systemic levels. Schools of medicine, osteopathic medicine, dentistry, public health, nursing, and others are eligible to apply for those grants. The Secretary must make awards available the first two years for which funds are available through authorized appropriations. Award periods for each grant are limited to three years.

New subsection (c) requires that projects initiated as part of this grant program be carried out in each of the principal geographic regions of the United States and must involve different health disparity populations and health professions.

New subsection (d) requires grant recipients to ensure that procedures are in place to monitor the activities supported by the grant, contract, or cooperative agreements. The award recipient must submit to the Secretary an annual report on the effectiveness of the curriculum that was developed under the agreement.

New subsection (e) directs the Secretary to submit a report to Congress no later than January 1, 2002, detailing the effectiveness of the grant's program for curricula development to reduce disparities in health care and health care outcomes. The Secretary must submit a final report no later than January 1, 2004.

New subsection (f) authorizes appropriations for curriculum development at the following levels: $3.5 million for FY2001; $7 million for FY2002; $7 million for FY2003; and, $3.5 million for FY2004.

Section 402. National conference on continuing health professional education and disparities in health outcomes

Subsection (a) requires the Secretary to convene within one year of enactment a national conference on continuing medical education as a method for reducing disparities in health outcomes. The conference must include sessions that address measurements of outcomes to assess the effectiveness of curricula in reducing disparities.

Subsection (b) directs the Secretary to invite to the conference members of minority and other health disparity populations, advocacy groups, health education entities, health centers grantees, and other interested parties.

Subsection (c) requires that the conference address various issues, including the role of continuing medical education in reducing disparities in health care and health outcomes. A focus of the conference will be methods and strategies to achieve reduction in disparities in health and health care through continuing medical education courses or programs.

Subsection (d) requires the Secretary to publish in the Federal Register a summary of the proceedings and findings within 6 months of the national conference.

Subsection (e) authorizes to be appropriated such sums as may be necessary for the conference.

Section 403. Continuing Medical Education Incentive Program

Subsection (a) requires the Secretary to develop and implement a program to provide incentives to health maintenance organizations, community health centers, rural health centers and other entities that provide services under the Medicare or Medicaid program to encourage health professionals to participate in continuing medical education programs designed to reduce health disparities.

Subsection (b) targets the Continuing Medical Education Incentive program incentives to programs that (1) implement new curricula or strategies for continuing medical education designed to reduce health disparities; (2) encourage health professionals to participate in such curricula, and (3) monitor health care and health outcome to evaluate the effectiveness of continuing medical education programs in reducing health care disparities.

Subsection (c) references the definition given to "health disparity population" in section 485E.

Subsection (d) authorizes to be appropriated such sums as necessary for the incentive program.

Section 404. Advisory Committee

Subsection (a) requires the Secretary to establish an Advisory Committee to advise the Secretary on matters related to the development, implementation and evaluation of curricula for graduate and continuing education for health care professionals to decrease disparities in health care and health outcomes.

Subsection (b) directs the Secretary to approve members of the Advisory Committee within three months of the date when appropriations are provided for the program. Advisory Committee members must (1) not be officers or employees of the Federal government; (2) be experienced in issues related to health disparities; and, (3) be members and representatives of racial and ethnic mi-

nority groups or health disparity populations. Also, the Advisory Committee must include persons experienced in providing health services to racial and ethnic minority groups or other health disparity populations including representatives of health centers, the Office of Minority Health, the Health Resources and Services Administration, and other agencies of the PHS.

Subsection (c) requires the Advisory Committee to collaborate with the Office of Minority Health of HHS and other offices, centers, and institutes of HHS and Federal agencies.

Subsection (d) terminates the Advisory Committee four years from the date when the first member of the committee is appointed.

Subsection (e) allows the Secretary to appoint the existing advisory committee in the Office of Minority Health of HHS to serve as the advisory committee established by this section.

Section 405. Cultural competency clearinghouse

Subsection (a) requires the Director of the Office of Minority Health of HHS to establish an information clearinghouse for curricula to reduce disparities in health care and health outcomes. The clearinghouse must facilitate and enhance knowledge and understanding of practices that lead to reductions in health disparities.

Subsection (b) establishes that information contained in the clearinghouse be made available to minority health advocacy groups and other organizations representing health disparity populations, health education entities, health maintenance organizations and other interested parties.

Subsection (c) authorizes to be appropriated such sums as may be necessary for the clearinghouse.

TITLE V: MISCELLANEOUS PROVISIONS

Section 501. Office for Civil Rights

Subsection (a) requires the Secretary to conduct a national media campaign to inform the public of programs and activities of the Office for Civil Rights in HHS. The campaign must focus on racial and ethnic minority communities, and involve racial and ethnic minority media in the design and as participants. Such sums as may be necessary for FY2001 are authorized to be appropriated.

Subsection (b) directs the Secretary to carry out a demonstration program in which grants are made to states to establish and operate "State Ombudsman Offices," which are modeled after State Long-Term Care Ombudsman programs established in title VII of the Older Americans Act of 1965. The offices are to identify, investigate, and facilitate the resolution of civil rights complaints.

Subsection (c) authorizes $36 million to be appropriated for the Office for Civil Rights for fiscal year 2001 and each subsequent fiscal year.

Section 502. Development of outcome measures; study to measure patient outcomes under the Medicare and Medicaid programs by race and ethnicity

Subsection (a) requires the Secretary to develop, within one year of enactment, outcome measures to evaluate, by race and ethnicity, and on an age-specific and sex-specific basis, the performance of

health care programs and projects that provide health care to individuals under the Medicare and Medicaid programs.

Subsection (b) directs the Secretary to evaluate the performance of health care programs and projects under the Medicare and Medicaid programs, using the specific outcome measures developed under this section.

Subsection (c) requires the Secretary, within two years of enactment, to submit a report to Congress on the development of outcome measures and the results of the study evaluating the measures in the context of the Medicare and Medicaid programs.

Section 503. Departmental definition regarding minority individuals

This section amends section 1707(g)(1) of the Public Health Service Act to add "Native Hawaiian" to the current definition of "racial and ethnic minority groups."

Section 504. Conforming provision regarding definitions

This section provides that the definition of "racial and ethnic minority groups," as amended, conforms with provisions in the bill.

TITLE VI: EFFECTIVE DATE

Section 601. Effective date

This section provides that provisions of this bill take effect on October 1, 2000, or upon date of enactment, whichever occurs later.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE IV—NATIONAL RESEARCH INSTITUTES

PART A—NATIONAL INSTITUTES OF HEALTH

ORGANIZATION OF THE NATIONAL INSTITUTES OF HEALTH

SEC. 401. (a) * * *
(b)(1) * * *

* * * * * * *

(2) The following entities are agencies of the National Institutes of Health:

(A) * * *

* * * * * * *

(F) The National Center for Complementary and Alternative Medicine.

(G) The National Center for Research on Minority Health and Health Disparities.

* * * * * * *

[OFFICE OF RESEARCH ON MINORITY HEALTH

[SEC. 404. (a) ESTABLISHMENT.—There is established within the Office of the Director of NIH an office to be known as the Office of Research on Minority Health (in this section referred to as the "Office"). The Office shall be headed by a director, who shall be appointed by the Director of NIH.

[(b) PURPOSE.—The Director of the Office shall—

[(1) identify projects of research on minority health that should be conducted or supported by the national research institutes;

[(2) identify multidisciplinary research relating to research on minority health that should be so conducted or supported;

[(3) promote coordination and collaboration among entities conducting research identified under paragraph (1) or (2);

[(4) encourage the conduct of such research by entities receiving funds from the national research institutes;

[(5) recommend an agenda for conducting and supporting such research;

[(6) promote the sufficient allocation of the resources of the national research institutes for conducting and supporting such research; and

[(7) assist in the administration of section 492B with respect to the inclusion of members of minority groups as subjects in clinical research.]

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PART E—OTHER AGENCIES OF NIH

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Subpart 6—National Center for Research on Minority Health and Health Disparities

SEC. 485E. PURPOSE OF CENTER.

(a) IN GENERAL.—The general purpose of the National Center for Research on Minority Health and Health Disparities (in this subpart referred to as the "Center") is the conduct and support of basic and clinical research, training, the dissemination of health information, and other programs with respect to the health of racial and ethnic minority groups and other health disparity populations.

(b) PRIORITIES.—The Director of the Center shall in expending amounts appropriated under this section give priority to conducting and supporting minority health research.

(c) MINORITY HEALTH RESEARCH.—For purposes of this subpart:

(1) The term "minority health research" means research on minority health conditions (as defined in paragraph (2)), including research on preventing such conditions; research on access, outreach, treatment, and the quality of health care; and research on cultural and linguistic services for decreasing the extent of health problems associated with such conditions.

(2) The term "minority health conditions", with respect to individuals who are members of racial and ethnic minority groups, means all diseases, disorders, and conditions (including with respect to mental health and substance abuse)—

(A) unique to, more serious, or more prevalent in such individuals;

(B) for which the factors of medical risk or types of medical intervention are different for such individuals, or for which it is unknown whether such factors or types are different for such individuals; or

(C) with respect to which there has been insufficient research involving such individuals as subjects or insufficient data on such individuals.

(3) The term "racial and ethnic minority group" has the meaning given such term in section 1707.

(4) The term "minorities" means individuals from a racial or ethnic minority group.

(d) HEALTH DISPARITY POPULATIONS.—

(1) IN GENERAL.—For purposes of this subpart:

(A) A population is a health disparity population if, as determined by the Director of the Center after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.

(B) The term "health disparity populations" includes racial and ethnic minority groups.

(C) The term "health disparities research" means research on health disparity populations (and individual members and communities of such populations) that relates to the health disparities involved, including basic and applied biomedical and behavioral research on the nature of health disparities, the causes of such disparities, and remedies for such disparities. Such term includes minority health research.

(2) PRIORITY.—With amounts available under this section for a fiscal year after providing for minority health research in accordance with subsection (b), the Secretary shall conduct and support health disparities research on other health disparity populations, with priority given to such research on health disparity populations for which socioeconomic status is one of the principal causal factors with respect to being a health disparity population.

(e) COORDINATION OF ACTIVITIES.—The Director of the Center shall act as the primary Federal official with responsibility for overseeing all minority health and other health disparities research conducted or supported by the National Institutes of Health, and—

(1) shall represent the health disparities research program of the National Institutes of Health, including the minority health research program, at all relevant Executive branch task forces, committees and planning activities; and

(2) shall maintain communications with all relevant Public Health Service agencies and with various other departments of the Federal Government, to ensure the timely transmission of

information concerning advances in minority health and other health disparities research between these various agencies for dissemination to affected communities and health care providers.

(f) COLLABORATIVE COMPREHENSIVE PLAN AND BUDGET.—

(1) IN GENERAL.—Subject to the provisions of this section and other applicable law, the Director of NIH, the Director of the Center, and the directors of the national research institutes in collaboration (and in consultation with the advisory council for the Center) shall—

(A) establish a comprehensive plan and budget for the conduct and support of all minority health and other health disparities research activities of the agencies of the National Institutes of Health (which plan and budget shall be first established under this subsection not later than 12 months after the date of the enactment of this subpart);

(B) ensure that the plan and budget demonstrate how health disparities research activities address the health needs of specific health disparity populations, taking into account socioeconomic status; the areas in which the population involved resides; attitudes toward health; the language spoken, the extent of formal education; and such other factors as the Director of the Center determines to be appropriate;

(C) ensure that the plan and budget establish priorities among the health disparities research activities that such agencies are authorized to carry out;

(D) ensure that the plan and budget establish objectives regarding such activities, describes the means for achieving the objectives, and designates the date by which the objectives are expected to be achieved;

(E) ensure that, with respect to amounts appropriated for activities of the Center, the plan and budget give priority in the expenditure of funds to conducting and supporting minority health research;

(F) ensure that all amounts appropriated for such activities are expended in accordance with the plan and budget;

(G) review the plan and budget not less than annually, and revise the plan and budget as appropriate; and

(H) ensure that the plan and budget serve as a broad, binding statement of policies regarding minority health and other health disparities research activities of the agencies, but do not remove the responsibility of the heads of the agencies for the approval of specific programs or projects, or for other details of the daily administration of such activities, in accordance with the plan and budget.

(2) CERTAIN COMPONENTS OF PLAN AND BUDGET.—With respect to health disparities research activities of the agencies of the National Institutes of Health, the Director of the Center shall ensure that the plan and budget under paragraph (1) provide for—

(A) basic research and applied research, including research and development with respect to products;

(B) research that is conducted by the agencies;

(C) research that is supported by the agencies;

(D) proposals developed pursuant to solicitations by the agencies and for proposals developed independently of such solicitations; and

(E) behavioral research and social sciences research, which may include cultural and linguistic research in each of the agencies.

(3) MINORITY HEALTH RESEARCH.—The plan and budget under paragraph (1) shall include a separate statement of the plan and budget for minority health research.

(g) CLINICAL RESEARCH EQUITY.—The Director of the Center shall assist in the administration of section 492B with respect to the inclusion of members of minority groups as subjects in clinical research.

(h) RESEARCH ENDOWMENTS.—The Director of the Center may carry out a program to facilitate minority health research by providing for research endowments at centers of excellence under section 736.

(i) CERTAIN ACTIVITIES.—In carrying out subsection (a), the Director of the Center—

(1) shall assist the Director of the National Center for Research Resources in carrying out section 481(c)(3) and in committing resources for construction at Institutions of Emerging Excellence;

(2) shall establish projects to promote cooperation among Federal agencies, State, local, and regional public health agencies, and private entities in health disparities research;

(3) may conduct or support research on the use of service delivery models (such as health centers under section 330) to reduce health disparities; and

(4) may utilize information from previous health initiatives concerning minorities and other health disparity populations.

(j) ADVISORY COUNCIL.—

(1) IN GENERAL.—The Secretary shall, in accordance with section 406, establish an advisory council to advise, assist, consult with, and make recommendations to the Director of the Center on matters relating to the activities described in subsection (a), and with respect to such activities to carry out any other functions described in section 406 for advisory councils under such section. Functions under the preceding sentence shall include making recommendations on budgetary allocations made in the plan under subsection (f), and shall include reviewing reports under subjection (k) before the reports are submitted under such subsection.

(2) MEMBERSHIP.—With respect to the membership of the advisory council under paragraph (1), a majority of the members shall be representatives of the various racial and ethnic minority groups; representatives of other health disparity populations shall be included; and a diversity of health professionals shall be represented. The membership shall in addition include a representative of the Office of Behavioral and Social Sciences Research under section 404A.

(k) ANNUAL REPORT.—The Director of the Center shall prepare an annual report on the activities carried out or to be carried out by the Center, and shall submit each such report to the Congress, the

Secretary, and the Director of NIH. With respect to the fiscal year involved, the report shall—

(1) describe and evaluate the progress made in health disparities research conducted or supported by the national research institutes;

(2) summarize and analyze expenditures made for activities with respect to health disparities research conducted or supported by the National Institutes of Health;

(3) include a separate statement applying the requirements of paragraphs (1) and (2) specifically to minority health research; and

(4) contain such recommendations as the Director considers appropriate.

(l) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subpart, there are authorized to be appropriated $100,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005. Such authorization of appropriations is in addition to other authorizations of appropriations that are available for the conduct and support of minority health or other health disparities research by the national research institutes and other agencies of the National Institutes of Health.

SEC. 485F. CENTERS OF EXCELLENCE FOR RESEARCH EDUCATION AND TRAINING.

(a) IN GENERAL.—The Director of the Center shall make awards of grants or contracts to designated biomedical and behavioral research institutions under paragraph (1) of subsection (c), or to consortia under paragraph (2) of such subsection, for the purpose of assisting the institutions in supporting programs of excellence in biomedical and behavioral research education for individuals who are members of health disparity populations, including minorities.

(b) REQUIRED USE OF FUNDS.—An award may be made under subsection (a) only if the applicant involved agrees that the grant will be expended—

(1) to conduct minority health research, including research on the use of service delivery models (such as health centers under section 330) with respect to minority health conditions;

(2) to train minorities and other members of health disparities populations as professionals in the area of biomedical or behavioral research or both; or

(3) to expand, remodel, renovate, or alter existing research facilities or construct new research facilities for the purpose of conducting minority health research.

(c) CENTERS OF EXCELLENCE.—

(1) IN GENERAL.—For purposes of this section, a designated biomedical and behavioral research institution is a biomedical and behavioral research institution that—

(A) has a significant number of health disparity students, including minorities, enrolled in the institution (including individuals accepted for enrollment in the institution);

(B) has been effective in assisting such students of the institution to complete the program of education and receive the degree involved;

(C) has been effective in recruiting members of health disparity populations, including minorities, to enroll in and

graduate from the institution, including providing scholarships and other financial assistance to such individuals and encouraging health disparity students from all levels of the educational pipeline to pursue biomedical research careers; and

(D) has made significant recruitment efforts to increase the number of members of health disparities populations, including minorities, serving in faculty or administrative positions at the institution.

(2) CONSORTIUM.—Any designated biomedical and behavioral research institution involved may, with other biomedical and behavioral institutions (designated or otherwise), form a consortium to receive an award under subsection (a).

(3) APPLICATION OF CRITERIA TO OTHER PROGRAMS.—In the case of any criteria established by the Director of the Center for purposes of determining whether institutions meet the conditions described in paragraph (1), this section may not, with respect to minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

(d) DURATION OF GRANT.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Director of the Center and to the availability of appropriations for the fiscal year involved to make the payments.

(e) MAINTENANCE OF EFFORT.—

(1) IN GENERAL.—With respect to activities for which an award under subsection (a) is authorized to be expended, the Director of the Center may not make such an award to a designated research institution or consortium for any fiscal year unless the institution, or institutions in the consortium, as the case may be, agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the institutions involved for the fiscal year preceding the fiscal year for which such institutions receive such an award.

(2) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a designated research institution or consortium and available for carrying out activities for which an award under subsection (a) is authorized to be expended, the Director of the Center may make such an award only if the institutions involved agree that the institutions will, before expending the award, expend the Federal amounts obtained from sources other than the award.

(f) CERTAIN EXPENDITURES.—The Director of the Center may authorize a designated biomedical and behavioral research institution to expend a portion of an award under subsection (a) for research endowments.

(g) DEFINITIONS.—For purposes of this section:

(1) The term "designated biomedical and behavioral research institution" has the meaning indicated for such term in subsection (c)(1). Such term includes any health professions school receiving an award of a grant or contract under section 736.

(2) The term "program of excellence" means any program carried out by a designated biomedical and behavioral research in-

stitution with an award under subsection (a), if the program is for purposes for which the institution involved is authorized in subsection (b) to expend the grant.

(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of making grants under subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

SEC. 485G. LOAN REPAYMENT PROGRAM FOR MINORITY HEALTH RESEARCH.

(a) IN GENERAL.—The Director of the Center shall establish a program of entering into contracts with qualified health professionals under which such health professionals agree to engage in minority health research in consideration of the Federal Government agreeing to repay, for each year of engaging in such research, not more than $35,000 of the principal and interest of the educational loans of such health professionals.

(b) SERVICE PROVISIONS.—The provisions of sections 338B, 338C, and 338E shall, except as inconsistent with subsection (a), apply to the program established in such subsection to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III.

(c) REQUIREMENT REGARDING HEALTH DISPARITY POPULATIONS.—The Director of the Center shall ensure that not fewer than 50 percent of the contracts entered into under subsection (a) are for appropriately qualified health professionals who are members of a health disparity population.

(d) PRIORITY.—With respect to minority health research under subsection (a), the Secretary shall ensure that priority is given to conducting projects of biomedical research.

(e) FUNDING.—

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

(2) AVAILABILITY OF APPROPRIATIONS.—Amounts available for carrying out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which the amounts were made available.

SEC. 485H. GENERAL PROVISIONS REGARDING THE CENTER.

(a) ADMINISTRATIVE SUPPORT FOR CENTER.—The Secretary, acting through the Director of the National Institutes of Health, shall provide administrative support and support services to the Director of the Center and shall ensure that such support takes maximum advantage of existing administrative structures at the agencies of the National Institutes of Health.

(b) EVALUATION AND REPORT.—

(1) EVALUATION.—Not later than 5 years after the date of the enactment of this part, the Secretary shall conduct an evaluation to—

(A) determine the effect of this section on the planning and coordination of the health disparities research programs at the institutes, centers and divisions of the National Institutes of Health;

(B) evaluate the extent to which this part has eliminated the duplication of administrative resources among such Institutes, centers and divisions; and

(C) provide recommendations concerning future legislative and administrative modifications with respect to this part, for both minority health research and research on other health disparity populations.

(2) MINORITY HEALTH RESEARCH.—The evaluation under paragraph (1) shall include a separate statement that applies subparagraphs (A) and (B) of such paragraph to minority health research.

(3) REPORT.—Not later than 1 year after the date on which the evaluation is commenced under paragraph (1), the Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Commerce of the House of Representatives, a report concerning the results of such evaluation.

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TITLE VII—HEALTH PROFESSIONS EDUCATION

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PART F—GENERAL PROVISIONS

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SEC. 791A. GRANTS FOR HEALTH PROFESSIONAL EDUCATION CURRICULUM DEVELOPMENT.

(a) GRANTS FOR GRADUATE EDUCATION CURRICULUM DEVELOPMENT.—

(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in collaboration with the Director of the Agency for Healthcare Research and Quality and the Deputy Assistant Secretary for Minority Health, may make awards of grants, contracts, or cooperative agreements to public and nonprofit private entities for the purpose of carrying out research projects and demonstration projects to develop curricula to reduce disparities in health care outcomes, including curricula for cultural competency in graduate health professions education.

(2) ELIGIBILITY.—To be eligible to receive an award under paragraph (1), an entity shall—

(A) be a school of medicine, school of osteopathic medicine, school or dentistry, school of public health, school of nursing, graduate program in behavioral health and mental health practice, or other recognized health profession school; and

(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(3) USE OF FUNDS.—An entity shall use amounts received under an award under paragraph (1) to carry out research

projects and demonstration projects to develop curricula to reduce disparity in health care outcomes, including curricula for cultural competency in graduate health professions education.

(4) NUMBER OF GRANTS AND GRANT TERM.—The Secretary shall award grants, contracts or cooperative agreements (or combination thereof) under paragraph (1) in each of the first and second fiscal years for which funds are available under subsection (f). The term of each such grant, contract or cooperative agreement shall be 3 years.

(b) GRANTS FOR CONTINUING HEALTH PROFESSIONAL EDUCATION CURRICULUM DEVELOPMENT.—

(1) IN GENERAL.—The Secretary, acting through the Health Resources and Services Administration and the Agency for Healthcare Research Quality and in collaboration with the Office of Minority Health, shall award grants to eligible entities for the establishment of demonstration and pilot projects to develop curricula to reduce disparity in health care and health outcomes, including curricula for cultural competency, in continuing health professions education.

(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1) an entity shall—

(A) be a school of medicine, osteopathic medicine, public health, dentistry, optometry, pharmacy, allied health, chiropractic, podiatric medicine, nursing, and public health and health administration, public or nonprofit private school that offers a graduate program in clinical social work or other graduate programs in behavioral health and mental health practice, program for the training of physician assistants, health professional association, or other public or nonprofit health educational entity, or any consortium of entities described in this subparagraph; and

(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(3) USE OF FUNDS.—An entity shall use amounts received under a grant under paragraph (1) to develop and evaluate the effect of curricula for continuing health professions education courses or programs to provide education concerning issues relating to disparity in health care and health outcomes, including cultural competency of health professionals. Such curricula shall focus on the need to remove bias from health care at a personal level as well as at a systemic level.

(4) NUMBER OF GRANTS AND GRANT TERM.—The Secretary shall award grants under paragraph (1) in each of the first and second fiscal years for which funds are available under subsection (f). The term of each such grant shall be 3 years.

(c) DISTRIBUTION OF PROJECTS.—The Secretary shall ensure that, to the extent practicable, projects under subsections (a) and (b) are carried out in each of the principal geographic regions of the United States and involve different health disparity populations (as defined in section 485E) and health professions.

(d) MONITORING.—An entity that receives a grant, contract or cooperative agreement under subsection (a) or (b) shall ensure that procedures are in place to monitor activities undertaken using grant, contract or cooperative agreement funds. Such entity shall

annually prepare and submit to the Secretary a report concerning the effectiveness of curricula developed under the grant contract or cooperative agreement.

(e) REPORT TO CONGRESS.—Not later than January 1, 2002, the Secretary shall prepare and submit to the appropriate committees of Congress, a report concerning the effectiveness of programs funded under this section and a plan to encourage the implementation and utilization of curricula to reduce disparities in health care and health outcomes. A final report shall be submitted by the Secretary not later than January 1, 2004.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $3,500,000 for fiscal year 2001, $7,000,000 for fiscal year 2002, $7,000,000 for fiscal year 2003, and $3,500,000 for fiscal year 2004.

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TITLE IX—AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

PART A—ESTABLISHMENT AND GENERAL DUTIES

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SEC. 903. RESEARCH ON HEALTH DISPARITIES.

(a) IN GENERAL.—The Director shall—

(1) conduct and support research to identify how to improve the quality and outcomes of health care services for health disparity populations and the causes of the health disparities involved, including identifying barriers to health care access and environmental factors leading to health problems;

(2) conduct and support research and support demonstration projects to identify, test, and evaluate strategies for eliminating health disparities and promoting effective interventions;

(3) develop measures for the assessment and improvement of the quality and appropriateness of health care services provided to health disparity populations; and

(4) in carrying out 902(c), provide support to increase the number of researchers who are members of health disparity populations, and the health services research capacity of institutions that train such researchers.

(b) RESEARCH AND DEMONSTRATION PROJECTS.—

(1) IN GENERAL.—In carrying out subsection (a), the Director shall conduct and support research to—

(A) identify the clinical, cultural, socioeconomic, and organizational factors that contribute to health disparities, including for minority populations, which factors include examination of patterns of clinical decisionmaking and of the availability of support services;

(B) identify and evaluate clinical and organizational strategies to improve the quality, outcomes, and access to care for health disparity populations, including minority populations;

(C) support demonstrations to test such strategies; and

(D) widely disseminate strategies for which there is scientific evidence of effectiveness.

(2) USE OF CERTAIN STRATEGIES.—In carrying out this section, the Director shall implement research strategies and mechanisms that will enhance the involvement of individuals who are members of health disparity populations (including minority populations), health services researchers who are such individuals, institutions that train such individuals as researchers, members of health disparity populations (including minority populations) for whom the Agency is attempting to improve the quality and outcomes of care, and representatives of appropriate community-based organizations with respect to health disparity populations. Such research strategies and mechanisms may include the use of—

(A) centers of excellence that can demonstrate, either individually or through consortia, a combination of multi-disciplinary expertise in outcomes or quality improvement research and a demonstrated capacity to engage members and communities of health disparity populations, including minority populations, in the planning, conduct and translation of research, with linkages to relevant sites of care;

(B) provider-based research networks, including health plans, facilities, or delivery system sites of care (especially primary care), that make extensive use of health care providers who are members of health disparity populations or who serve patients in such populations and have the capacity to evaluate and promote quality improvement;

(C) service delivery models (such as health centers under section 330) to reduce health disparities; and

(D) other innovative mechanisms or strategies that will facilitate the translation of past research investments into clinical practices that can reasonably be expected to benefit these populations.

(c) QUALITY MEASUREMENT DEVELOPMENT.—

(1) IN GENERAL.—To ensure that health disparity populations, including minority populations, benefit from the progress made in the ability of individuals to measure the quality of health care delivery, the Director shall support the development of quality of health care measures that assess the experience of such populations with health care systems, such as measures that assess the access of such populations to health care, the cultural competence of the care provided, the quality of the care provided, the outcomes of care, or other aspects of health care practice that the Director determines to be important. In carrying out the preceding sentence, the Director shall in consultation with the Administrator of the Health Resources and Services Administration examine the practices of providers (such as health centers under section 330) that have a record of reducing health disparities or have experience in providing culturally competent health services to minority or other health disparity populations.

(2) REPORT.—Not later than 24 months after the date of the enactment of this section, the Secretary, acting through the Director, shall prepare and submit to the appropriate committees of Congress a report describing the state-of-the-art of quality

measurement for minority and other health disparity populations that will identify critical unmet needs, the current activities of the Department to address those needs, and a description of related activities in the private sector.

(d) DEFINITION.—For purposes of this section:

(1) The term "health disparity population" has the meaning given such term in section 485E.

(2) The term "minority", with respect to populations, refers to racial and ethnic minority groups as defined in section 1707.

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PART C—GENERAL PROVISIONS

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SEC. 927. FUNDING.

(a) * * *

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(d) HEALTH DISPARITIES RESEARCH.—For the purpose of carrying out the activities under section 903, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2001 through 2005.

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TITLE XVII—HEALTH INFORMATION AND HEALTH PROMOTION

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OFFICE OF MINORITY HEALTH

SEC. 1707. (a) * * *

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(g) DEFINITION.—For purposes of this section:

(1) The term "racial and ethnic minority group" means American Indians (including Alaska Natives, Eskimos, and Aleuts); [Asian Americans and] *Asian Americans; Native Hawaiians and other* Pacific Islanders; Blacks; and Hispanics.

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