

109TH CONGRESS
1ST SESSION

H. R. 1812

IN THE SENATE OF THE UNITED STATES

JUNE 14, 2005

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Patient Navigator Out-
3 reach and Chronic Disease Prevention Act of 2005”.

4 **SEC. 2. PATIENT NAVIGATOR GRANTS.**

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

8 **“SEC. 340A. PATIENT NAVIGATOR GRANTS.**

9 “(a) GRANTS.—The Secretary, acting through the
10 Administrator of the Health Resources and Services Ad-
11 ministration, may make grants to eligible entities for the
12 development and operation of demonstration programs to
13 provide patient navigator services to improve health care
14 outcomes. The Secretary shall coordinate with, and ensure
15 the participation of, the Indian Health Service, the Na-
16 tional Cancer Institute, the Office of Rural Health Policy,
17 and such other offices and agencies as deemed appropriate
18 by the Secretary, regarding the design and evaluation of
19 the demonstration programs.

20 “(b) USE OF FUNDS.—The Secretary shall require
21 each recipient of a grant under this section to use the
22 grant to recruit, assign, train, and employ patient naviga-
23 tors who have direct knowledge of the communities they
24 serve to facilitate the care of individuals, including by per-
25 forming each of the following duties:

1 “(1) Acting as contacts, including by assisting
2 in the coordination of health care services and pro-
3 vider referrals, for individuals who are seeking pre-
4 vention or early detection services for, or who fol-
5 lowing a screening or early detection service are
6 found to have a symptom, abnormal finding, or diag-
7 nosis of, cancer or other chronic disease.

8 “(2) Facilitating the involvement of community
9 organizations in assisting individuals who are at risk
10 for or who have cancer or other chronic diseases to
11 receive better access to high-quality health care serv-
12 ices (such as by creating partnerships with patient
13 advocacy groups, charities, health care centers, com-
14 munity hospice centers, other health care providers,
15 or other organizations in the targeted community).

16 “(3) Notifying individuals of clinical trials and,
17 on request, facilitating enrollment of eligible individ-
18 uals in these trials.

19 “(4) Anticipating, identifying, and helping pa-
20 tients to overcome barriers within the health care
21 system to ensure prompt diagnostic and treatment
22 resolution of an abnormal finding of cancer or other
23 chronic disease.

24 “(5) Coordinating with the relevant health in-
25 surance ombudsman programs to provide informa-

tion to individuals who are at risk for or who have cancer or other chronic diseases about health coverage, including private insurance, health care savings accounts, and other publicly funded programs (such as Medicare, Medicaid, health programs operated by the Department of Veterans Affairs or the Department of Defense, the State children’s health insurance program, and any private or governmental prescription assistance programs).

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

“(c) PROHIBITIONS.—

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

“(2) LEGAL FEES AND COSTS.—The Secretary shall prohibit the use of any grant funds received

1 under this section to pay any fees or costs resulting
2 from any litigation, arbitration, mediation, or other
3 proceeding to resolve a legal dispute.

4 “(d) GRANT PERIOD.—

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

8 “(2) EXTENSIONS.—Subject to paragraph (3),
9 the Secretary may extend the period of a grant
10 under this section. Each such extension shall be for
11 a period of not more than 1 year.

12 “(3) LIMITATIONS ON GRANT PERIOD.—In car-
13 rying out this section, the Secretary—

14 “(A) shall ensure that the total period of
15 a grant does not exceed 4 years; and

16 “(B) may not authorize any grant period
17 ending after September 30, 2010.

18 “(e) APPLICATION.—

19 “(1) IN GENERAL.—To seek a grant under this
20 section, an eligible entity shall submit an application
21 to the Secretary in such form, in such manner, and
22 containing such information as the Secretary may
23 require.

24 “(2) CONTENTS.—At a minimum, the Secretary
25 shall require each such application to outline how

1 the eligible entity will establish baseline measures
2 and benchmarks that meet the Secretary’s require-
3 ments to evaluate program outcomes.

4 “(f) UNIFORM BASELINE MEASURES.—The Sec-
5 retary shall establish uniform baseline measures in order
6 to properly evaluate the impact of the demonstration
7 projects under this section.

8 “(g) PREFERENCE.—In making grants under this
9 section, the Secretary shall give preference to eligible enti-
10 ties that demonstrate in their applications plans to utilize
11 patient navigator services to overcome significant barriers
12 in order to improve health care outcomes in their respec-
13 tive communities.

14 “(h) DUPLICATION OF SERVICES.—An eligible entity
15 that is receiving Federal funds for activities described in
16 subsection (b) on the date on which the entity submits
17 an application under subsection (e) may not receive a
18 grant under this section unless the entity can demonstrate
19 that amounts received under the grant will be utilized to
20 expand services or provide new services to individuals who
21 would not otherwise be served.

22 “(i) COORDINATION WITH OTHER PROGRAMS.—The
23 Secretary shall ensure coordination of the demonstration
24 grant program under this section with existing authorized

1 programs in order to facilitate access to high-quality
2 health care services.

3 “(j) STUDY; REPORTS.—

4 “(1) FINAL REPORT BY SECRETARY.—Not later
5 than 6 months after the completion of the dem-
6 onstration grant program under this section, the
7 Secretary shall conduct a study of the results of the
8 program and submit to the Congress a report on
9 such results that includes the following:

10 “(A) An evaluation of the program out-
11 comes, including—

12 “(i) quantitative analysis of baseline
13 and benchmark measures; and

14 “(ii) aggregate information about the
15 patients served and program activities.

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

19 “(2) INTERIM REPORTS BY SECRETARY.—The
20 Secretary may provide interim reports to the Con-
21 gress on the demonstration grant program under
22 this section at such intervals as the Secretary deter-
23 mines to be appropriate.

24 “(3) REPORTS BY GRANTEEES.—The Secretary
25 may require grant recipients under this section to

1 submit interim and final reports on grant program
2 outcomes.

3 “(k) RULE OF CONSTRUCTION.—This section shall
4 not be construed to authorize funding for the delivery of
5 health care services (other than the patient navigator du-
6 ties listed in subsection (b)).

7 “(l) DEFINITIONS.—In this section:

8 “(1) The term ‘eligible entity’ means a public
9 or nonprofit private health center (including a Fed-
10 erally qualified health center (as that term is defined
11 in section 1861(aa)(4) of the Social Security Act)),
12 a health facility operated by or pursuant to a con-
13 tract with the Indian Health Service, a hospital, a
14 cancer center, a rural health clinic, an academic
15 health center, or a nonprofit entity that enters into
16 a partnership or coordinates referrals with such a
17 center, clinic, facility, or hospital to provide patient
18 navigator services.

19 “(2) The term ‘health disparity population’
20 means a population that, as determined by the Sec-
21 retary, has a significant disparity in the overall rate
22 of disease incidence, prevalence, morbidity, mor-
23 tality, or survival rates as compared to the health
24 status of the general population.

1 “(3) The term ‘patient navigator’ means an in-
2 dividual who has completed a training program ap-
3 proved by the Secretary to perform the duties listed
4 in subsection (b).

5 “(m) AUTHORIZATION OF APPROPRIATIONS.—

6 “(1) IN GENERAL.—To carry out this section,
7 there are authorized to be appropriated \$2,000,000
8 for fiscal year 2006, \$5,000,000 for fiscal year
9 2007, \$8,000,000 for fiscal year 2008, \$6,500,000
10 for fiscal year 2009, and \$3,500,000 for fiscal year
11 2010.

12 “(2) AVAILABILITY.—The amounts appro-
13 priated pursuant to paragraph (1) shall remain
14 available for obligation through the end of fiscal year
15 2010.”.

Passed the House of Representatives June 13, 2005.

Attest:

JEFF TRANDAHL,

Clerk.