

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

# H. R. 918

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IN THE SENATE OF THE UNITED STATES

OCTOBER 6, 2004

Received

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## 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 2004”.

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.—A condition on the receipt of  
21 a grant under this section is that the grantee agree to  
22 use the grant to recruit, assign, train, and employ patient  
23 navigators who have direct knowledge of the communities  
24 they serve to facilitate the care of individuals, including  
25 by performing 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 providing assistance to individuals who  
10          are at risk for or who have cancer or other chronic  
11          diseases to receive better access to high-quality  
12          health care services (such as by creating partner-  
13          ships with patient advocacy groups, charities, health  
14          care centers, community hospice centers, other  
15          health care providers, or other organizations in the  
16          targeted community).

17          “(3) Notifying individuals of clinical trials and  
18          facilitating enrollment in these trials if requested  
19          and eligible.

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

1           “(5) Coordinating with the relevant health in-  
2           surance ombudsman programs to provide informa-  
3           tion to individuals who are at risk for or who have  
4           cancer or other chronic diseases about health cov-  
5           erage, including private insurance, health care sav-  
6           ings accounts, and other publicly funded programs  
7           (such as Medicare, Medicaid, and the State chil-  
8           dren’s health insurance program).

9           “(6) Conducting ongoing outreach to health dis-  
10          parity populations, including the uninsured, rural  
11          populations, and other medically underserved popu-  
12          lations, in addition to assisting other individuals who  
13          are at risk for or who have cancer or other chronic  
14          diseases to seek preventative care.

15          “(c) GRANT PERIOD.—

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

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

22                         “(A) each such extension shall be for a pe-  
23                         riod of not more than 1 year; and

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

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

7           “(d) APPLICATION.—

8           “(1) IN GENERAL.—To seek a grant under this  
9           section, an eligible entity shall submit an application  
10          to the Secretary in such form, in such manner, and  
11          containing such information as the Secretary may  
12          require.

13          “(2) CONTENTS.—At a minimum, the Secretary  
14          shall require each such application to outline how  
15          the eligible entity will establish baseline measures  
16          and benchmarks that meet the Secretary’s require-  
17          ments to evaluate program outcomes.

18          “(e) UNIFORM BASELINE MEASURES.—The Sec-  
19          retary shall establish uniform baseline measures in order  
20          to properly evaluate the impact of the demonstration  
21          projects under this section.

22          “(f) PREFERENCE.—In making grants under this  
23          section, the Secretary shall give preference to eligible enti-  
24          ties that demonstrate in their applications plans to utilize  
25          patient navigator services to overcome significant barriers

1 in order to improve health care outcomes in their respec-  
2 tive communities.

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

8 “(h) STUDY; REPORTS.—

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

15 “(A) An evaluation of the program out-  
16 comes, including—

17 “(i) quantitative analysis of baseline  
18 and benchmark measures; and

19 “(ii) aggregate information about the  
20 patients served and program activities.

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

24 “(2) INTERIM REPORTS BY SECRETARY.—The  
25 Secretary may provide interim reports to the Con-

1       gress on the demonstration grant program under  
2       this section at such intervals as the Secretary deter-  
3       mines to be appropriate.

4               “(3) INTERIM REPORTS BY GRANTEES.—The  
5       Secretary may require grant recipients under this  
6       section to submit interim reports on grant program  
7       outcomes.

8               “(i) RULE OF CONSTRUCTION.—This section shall  
9       not be construed to authorize funding for the delivery of  
10      health care services (other than the patient navigator du-  
11      ties listed in subsection (b)).

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

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

24                      “(2) The term ‘health disparity population’  
25                      means a population that, as determined by the Sec-

1       retary, has a significant disparity in the overall rate  
2       of disease incidence, prevalence, morbidity, mor-  
3       tality, or survival rates as compared to the health  
4       status of the general population.

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

9       “(k) AUTHORIZATION OF APPROPRIATIONS.—

10               “(1) IN GENERAL.—To carry out this section,  
11       there are authorized to be appropriated \$2,000,000  
12       for fiscal year 2006, \$5,000,000 for fiscal year  
13       2007, \$8,000,000 for fiscal year 2008, \$6,500,000  
14       for fiscal year 2009, and \$3,500,000 for fiscal year  
15       2010.

16               “(2) AVAILABILITY.—The amounts appro-  
17       priated pursuant to paragraph (1) shall remain  
18       available for obligation through the end of fiscal year  
19       2010.”.

Passed the House of Representatives October 5,  
2004.

Attest:

JEFF TRANDAHL,

*Clerk.*