Public Law 106–525
106th Congress

An Act

To amend the Public Health Service Act to improve the health of minority individuals.

Nov. 22, 2000
[S. 1880]

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

Minority Health and Health Disparities Research and Education Act of 2000.
42 USC 202 note.

(a) SHORT TITLE.—This Act may be cited as the "Minority Health and Health Disparities Research and Education Act of 2000".

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

SEC. 2. FINDINGS.

42 USC 287c–31 note.

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, Hispanics, Native Americans, Alaska Natives, and Asian Pacific Islanders, compared to the United States population as a whole.

(2) The largest numbers of the medically underserved are white individuals, and many of them have the same health care access problems as do members of minority groups. Nearly 20,000,000 white individuals live below the poverty line with many living in nonmetropolitan, rural areas such as Appalachia, where the high percentage of counties designated as health professional shortage areas (47 percent) and the high rate of poverty contribute to disparity outcomes. However, there is a higher proportion of racial and ethnic minorities in the United States represented among the medically underserved.

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

(4) 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.

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

(6) Increasing rates of Black and Hispanic workers can help ensure a strong scientific, technological, and engineering workforce.

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

(8) If there had not been a substantial increase in the number of science and engineering degrees awarded to women and underrepresented minorities over the past few decades, the United States would be facing even greater shortages in scientific, technological, and engineering workers.

(9) In order to effectively promote a diverse and strong 21st century scientific, technological, and engineering workforce, Federal 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.

(10) Federal agencies should work in concert with the private nonprofit 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.

(11) 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 AND REDUCING HEALTH DISPARITIES THROUGH NATIONAL INSTITUTES OF HEALTH; ESTABLISHMENT OF NATIONAL CENTER

SEC. 101. ESTABLISHMENT OF NATIONAL CENTER 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 on Minority Health and Health Disparities

"SEC. 485E. PURPOSE OF CENTER. 42 USC 287c–31.

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

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

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

"(1) The term 'minority health disparities research' means basic, clinical, and behavioral research on minority health conditions (as defined in paragraph (2)), including research to prevent, diagnose, and treat such conditions.

"(2) The term 'minority health conditions', with respect to individuals who are members of 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 may be 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 'minority group' has the meaning given the term 'racial and ethnic minority group' in section 1707.

"(4) The terms 'minority' and 'minorities' refer to individuals from a minority group.

"(d) HEALTH DISPARITY POPULATIONS.—For purposes of this subpart:

"(1) 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, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.

"(2) The Director shall give priority consideration to determining whether minority groups qualify as health disparity populations under paragraph (1).

"(3) The term 'health disparities research' means basic, clinical, and behavioral research on health disparity populations (including individual members and communities of such populations) that relates to health disparities as defined under paragraph (1), including the causes of such disparities and methods to prevent, diagnose, and treat such disparities.

"(e) COORDINATION OF ACTIVITIES.—The Director of the Center shall act as the primary Federal official with responsibility for coordinating all minority health disparities research 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 disparities 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, including the Indian Health Service, and various other departments of the Federal Government to ensure the timely transmission of information concerning advances in minority health disparities research 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 other agencies of the National Institutes of Health in collaboration (and in consultation with the advisory council for the Center) shall—

Deadline.

"(A) establish a comprehensive plan and budget for the conduct and support of all minority health disparities research 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 establish priorities among the health disparities research activities that such agencies are authorized to carry out;

"(C) 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;

"(D) 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 disparities research;

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

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

"(G) ensure that the plan and budget serve as a broad, binding statement of policies regarding minority health disparities research 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; and

"(H) promote coordination and collaboration among the agencies conducting or supporting minority health or other health disparities research.

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

"(g) PARTICIPATION IN CLINICAL RESEARCH.—The Director of the Center shall work with the Director of NIH and the directors of the agencies of the National Institutes of Health to carry out the provisions of section 492B that relate to minority groups.

"(h) RESEARCH ENDOWMENTS.—

"(1) IN GENERAL.—The Director of the Center may carry out a program to facilitate minority health disparities research and other health disparities research by providing for research endowments at centers of excellence under section 736.

"(2) ELIGIBILITY.—The Director of the Center may provide for a research endowment under paragraph (1) only if the institution involved meets the following conditions:

"(A) The institution does not have an endowment that is worth in excess of an amount equal to 50 percent of the national average of endowment funds at institutions

that conduct similar biomedical research or training of health professionals.

"(B) The application of the institution under paragraph (1) regarding a research endowment has been recommended pursuant to technical and scientific peer review and has been approved by the advisory council under subsection (j).

"(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, tribal, and regional public health agencies, and private entities in health disparities research; and

"(3) 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 subsection (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 individuals with demonstrated expertise regarding minority health disparity and other health disparity issues; representatives of communities impacted by minority and other health disparities 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 Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Commerce of the House of Representatives, 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 disparities 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 disparities research or other health disparities research by the 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)— 42 USC 281.

(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 on Minority Health and Health Disparities."; and

(2) by striking section 404.

SEC. 102. CENTERS OF EXCELLENCE FOR RESEARCH EDUCATION AND TRAINING. 42 USC 283b.

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

"SEC. 485F. CENTERS OF EXCELLENCE FOR RESEARCH EDUCATION AND TRAINING. 42 USC 287c–32.

"(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 training for individuals who are members of minority health disparity populations or other health disparity populations. Grants. Contracts.

"(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 train members of minority health disparity populations or other health disparity populations as professionals in the area of biomedical or behavioral research or both; or

"(2) to expand, remodel, renovate, or alter existing research facilities or construct new research facilities for the purpose of conducting minority health disparities research and other health disparities 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 members of minority health disparity populations or other health disparity populations enrolled as students 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 or training and receive the degree involved;

"(C) has made significant efforts to recruit minority students to enroll in and graduate from the institution, which may include providing means-tested scholarships and other financial assistance as appropriate; and

"(D) has made significant recruitment efforts to increase the number of minority or other members of health disparity populations 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), including tribal health programs, 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 minority health disparity populations or other health disparity populations, 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 DISPARITIES 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 DISPARITIES RESEARCH. 42 USC 287c–33.

"(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 disparities research or other health disparities 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. Contracts.

"(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 disparities research and other health disparities 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. 42 USC 287c–34.

"(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.—

Deadline.

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

"(A) determine the effect of this subpart on the planning and coordination of health disparities research programs at the agencies of the National Institutes of Health;

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

"(C) provide, to the extent determined by the Secretary to be appropriate, recommendations concerning future legislative modifications with respect to this subpart, for both minority health disparities research and other health disparities research.

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

Deadline.

"(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.".

42 USC 287c–31 note.

SEC. 105. REPORT REGARDING RESOURCES OF NATIONAL INSTITUTES OF HEALTH DEDICATED TO MINORITY AND OTHER HEALTH DISPARITIES RESEARCH.

Deadline.

Not later than December 1, 2003, the Director of the National Center 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 minority health disparities research and other health disparities research, including determining the amount of funds that are used to conduct and support such research. With respect to such methodology, the report shall address any 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 minority health disparities research, 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) IN GENERAL.—Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended—

(1) in section 902, by striking subsection (g); and 42 USC 299a.

(2) by adding at the end the following:

"SEC. 903. RESEARCH ON HEALTH DISPARITIES. 42 USC 299a–1.

"(a) IN GENERAL.—The Director shall—

"(1) conduct and support research to identify populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to and satisfaction with such services, as compared to the general population;

"(2) conduct and support research on the causes of and barriers to reducing the health disparities identified in paragraph (1), taking into account such factors as socioeconomic status, attitudes toward health, the language spoken, the extent of formal education, the area or community in which the population resides, and other factors the Director determines to be appropriate;

"(3) conduct and support research and support demonstration projects to identify, test, and evaluate strategies for reducing or eliminating health disparities, including development or identification of effective service delivery models, and disseminate effective strategies and models;

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

"(5) in carrying out section 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; and

"(6) beginning with fiscal year 2003, annually submit to the Congress a report regarding prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations. Reports.

"(b) RESEARCH AND DEMONSTRATION PROJECTS.—

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

"(A) identify the clinical, cultural, socioeconomic, geographic, and organizational factors that contribute to health disparities, including minority health disparity populations, which research shall include behavioral research, such as examination of patterns of clinical decisionmaking, and research on access, outreach, and the availability of related support services (such as cultural and linguistic services);

"(B) identify and evaluate clinical and organizational strategies to improve the quality, outcomes, and access

to care for health disparity populations, including minority health disparity populations;

"(C) test such strategies and widely disseminate those strategies for which there is scientific evidence of effectiveness; and

"(D) determine the most effective approaches for disseminating research findings to health disparity populations, including minority populations.

"(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 minority health disparity populations or other health disparity populations, health services researchers who are such individuals, institutions that train such individuals as researchers, members of minority health disparity populations or other health disparity populations for whom the Agency is attempting to improve the quality and outcomes of care, and representatives of appropriate tribal or other 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 multidisciplinary expertise in outcomes or quality improvement research, linkages to relevant sites of care, and a demonstrated capacity to involve members and communities of health disparity populations, including minority health disparity populations, in the planning, conduct, dissemination, and translation of research;

"(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 and the Indian Health Service) to reduce health disparities; and

"(D) 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 health disparity 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.

"(2) EXAMINATION OF CERTAIN PRACTICES.—The Director shall examine the practices of providers that have a record of reducing health disparities or have experience in providing

culturally competent health services to minority health disparity populations or other health disparity populations. In examining such practices of providers funded under the authorities of this Act, the Director shall consult with the heads of the relevant agencies of the Public Health Service.

"(3) REPORT.—Not later than 36 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. Deadline.

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

"(1) The term 'health disparity population' has the meaning given such term in section 485E, except that in addition to the meaning so given, the Director may determine that such term includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to or satisfaction with such services as compared to the general population.

"(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 $50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 through 2005.".

TITLE III—DATA COLLECTION RELATING TO RACE OR ETHNICITY

SEC. 301. STUDY AND REPORT BY NATIONAL ACADEMY OF SCIENCES. 42 USC 3501 note.

(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— Deadline.

(1) identifies the data needed to support efforts to evaluate the effects of socioeconomic status, 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, State, and tribal 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—HEALTH PROFESSIONS EDUCATION

SEC. 401. HEALTH PROFESSIONS EDUCATION IN HEALTH DISPARITIES.

(a) IN GENERAL.—Part B of title VII of the Public Health Service Act (42 U.S.C. 293 et seq.) is amended by inserting after section 740 the following:

42 USC 293e.

"SEC. 741. GRANTS FOR HEALTH PROFESSIONS EDUCATION.

"(a) GRANTS FOR HEALTH PROFESSIONS EDUCATION IN HEALTH DISPARITIES AND CULTURAL COMPETENCY.—

"(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make awards of grants, contracts, or cooperative agreements to public and nonprofit private entities (including tribal entities) for the purpose of carrying out research and demonstration projects (including research and demonstration projects for continuing health professions education) for training and education of health professionals for the reduction of disparities in health care outcomes and the provision of culturally competent health care.

"(2) ELIGIBLE ENTITIES.—Unless specifically required otherwise in this title, the Secretary shall accept applications for grants or contracts under this section from health professions schools, academic health centers, State or local governments, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches) for funding and participation in health professions training activities. The Secretary may accept applications from for-profit private entities as determined appropriate by the Secretary.

"(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out subsection (a), $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.".

(b) NURSING EDUCATION.—Part A of title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.) is amended—

42 USC 296f.

(1) by redesignating section 807 as section 808; and

42 USC 296e–1.

(2) by inserting after section 806 the following:

"SEC. 807. GRANTS FOR HEALTH PROFESSIONS EDUCATION.

"(a) GRANTS FOR HEALTH PROFESSIONS EDUCATION IN HEALTH DISPARITIES AND CULTURAL COMPETENCY.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make awards of grants, contracts, or cooperative agreements to eligible entities for the purpose of carrying out research and demonstration projects (including research and demonstration projects for continuing health professions education) for training and education for the reduction of disparities in health care outcomes and the provision of culturally competent health care. Grants under this section shall be the same as provided in section 741.".

"(b) AUTHORIZATION OF APPROPRIATIONS.—There are to be appropriated to carry out subsection (a) such sums as may be necessary for each of the fiscal years 2001 through 2004.".

SEC. 402. NATIONAL CONFERENCE ON HEALTH PROFESSIONS EDUCATION AND HEALTH DISPARITIES.

42 USC 293e note.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the "Secretary"), acting through the Administrator of the Health Resources and Services Administration, shall convene a national conference on health professions education as a method for reducing disparities in health outcomes.

Deadline.

(b) PARTICIPANTS.—The Secretary shall include in the national conference convened under subsection (a) advocacy groups and educational entities as described in section 741 of the Public Health Service Act (as added by section 401), tribal health programs, health centers under section 330 of such Act, and other interested parties.

(c) ISSUES.—The national conference convened under subsection (a) shall include, but is not limited to, issues that address the role and impact of health professions education on the reduction of disparities in health outcomes, including the role of education on cultural competency. The conference shall focus on methods to achieve reductions in disparities in health outcomes through health professions education (including continuing education programs) and strategies for outcomes measurement to assess the effectiveness of education in reducing disparities.

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

Deadline. Federal Register, publication.

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

SEC. 403. ADVISORY RESPONSIBILITIES IN HEALTH PROFESSIONS EDUCATION IN HEALTH DISPARITIES AND CULTURAL COMPETENCY.

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

(1) in subsection (b), by adding at the end the following paragraph:

"(10) Advise in matters related to the development, implementation, and evaluation of health professions education in decreasing disparities in health care outcomes, including

cultural competency as a method of eliminating health disparities.";

(2) in subsection (c)(2), by striking "paragraphs (1) through (9)" and inserting "paragraphs (1) through (10)"; and

(3) in subsection (d), by amending paragraph (1) to read as follows:

"(1) RECOMMENDATIONS REGARDING LANGUAGE.—

"(A) PROFICIENCY IN SPEAKING ENGLISH.—The Deputy Assistant Secretary shall consult with the Director of the Office of International and Refugee Health, the Director of the Office of Civil Rights, and the Directors of other appropriate departmental entities regarding recommendations for carrying out activities under subsection (b)(9).

"(B) HEALTH PROFESSIONS EDUCATION REGARDING HEALTH DISPARITIES.—The Deputy Assistant Secretary shall carry out the duties under subsection (b)(10) in collaboration with appropriate personnel of the Department of Health and Human Services, other Federal agencies, and other offices, centers, and institutions, as appropriate, that have responsibilities under the Minority Health and Health Disparities Research and Education Act of 2000.".

TITLE V—PUBLIC AWARENESS AND DISSEMINATION OF INFORMATION ON HEALTH DISPARITIES

42 USC 287c–31 note.

SEC. 501. PUBLIC AWARENESS AND INFORMATION DISSEMINATION.

(a) PUBLIC AWARENESS ON HEALTH DISPARITIES.—The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall conduct a national campaign to inform the public and health care professionals about health disparities in minority and other underserved populations by disseminating information and materials available on specific diseases affecting these populations and programs and activities to address these disparities. The campaign shall—

(1) have a specific focus on minority and other underserved communities with health disparities; and

(2) include an evaluation component to assess the impact of the national campaign in raising awareness of health disparities and information on available resources.

(b) DISSEMINATION OF INFORMATION ON HEALTH DISPARITIES.—The Secretary shall develop and implement a plan for the dissemination of information and findings with respect to health disparities under titles I, II, III, and IV of this Act. The plan shall—

(1) include the participation of all agencies of the Department of Health and Human Services that are responsible for serving populations included in the health disparities research; and

(2) have agency-specific strategies for disseminating relevant findings and information on health disparities and improving health care services to affected communities.

TITLE VI—MISCELLANEOUS PROVISIONS

SEC. 601. 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. 602. 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.

SEC. 603. EFFECTIVE DATE. 42 USC 281 note.

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.

Approved November 22, 2000.

LEGISLATIVE HISTORY—S. 1880 (H.R. 3250):

HOUSE REPORTS: No. 106–986 accompanying H.R. 3250 (Comm. on Commerce).
CONGRESSIONAL RECORD, Vol. 146 (2000):
Oct. 26, considered and passed Senate.
Oct. 31, considered and passed House.
WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS, Vol. 36 (2000):
Nov. 22, Presidential statement.

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