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**AMENDMENT TO AMENDMENT IN THE NATURE OF
A SUBSTITUTE TO H.R. 3200
OFFERED BY MS. SUTTON OF OHIO AND MRS.
CHRISTENSEN OF VIRGIN ISLANDS**

After section 2301 insert the following new section:

1 **SEC. 2302. GRANTS TO PROMOTE POSITIVE HEALTH BEHAV-**
2 **IORS AND OUTCOMES.**

3 Part P of title III (42 U.S.C. 280g et seq.) is amend-
4 ed by adding at the end the following:

5 **“SEC. 399V. GRANTS TO PROMOTE POSITIVE HEALTH BE-**
6 **HAVIORS AND OUTCOMES.**

7 “(a) **GRANTS AUTHORIZED.**—The Secretary, in col-
8 laboration with the Director of the Centers for Disease
9 Control and Prevention and other Federal officials deter-
10 mined appropriate by the Secretary, is authorized to
11 award grants to eligible entities to promote positive health
12 behaviors for populations in medically underserved com-
13 munities through the use of community health workers.

14 “(b) **USE OF FUNDS.**—Grants awarded under sub-
15 section (a) shall be used to support community health
16 workers—

17 “(1) to educate, guide, and provide outreach in
18 a community setting regarding health problems prev-

1 alent in medically underserved communities, espe-
2 cially racial and ethnic minority populations;

3 “(2) to educate, guide, and provide experiential
4 learning opportunities that target behavioral risk
5 factors including—

6 “(A) poor nutrition;

7 “(B) physical inactivity;

8 “(C) being overweight or obese;

9 “(D) tobacco use;

10 “(E) alcohol and substance use;

11 “(F) injury and violence;

12 “(G) risky sexual behavior;

13 “(H) untreated mental health problems;

14 “(I) untreated dental and oral health prob-
15 lems; and

16 “(J) understanding informed consent;

17 “(3) to educate and provide guidance regarding
18 effective strategies to promote positive health behav-
19 iors within the family;

20 “(4) to educate and provide outreach regarding
21 enrollment in health insurance including the State
22 Children’s Health Insurance Program under title
23 XXI of the Social Security Act, Medicare under title
24 XVIII of such Act and Medicaid under title XIX of
25 such Act;

1 “(5) to educate and refer underserved popu-
2 lations to appropriate healthcare agencies and com-
3 munity-based programs and organizations in order
4 to increase access to quality healthcare services, in-
5 cluding preventive health services, and to eliminate
6 duplicative care; or

7 “(6) to educate, guide, and provide home visita-
8 tion services regarding maternal health and prenatal
9 care.

10 “(c) APPLICATION.—

11 “(1) IN GENERAL.—Each eligible entity that
12 desires to receive a grant under subsection (a) shall
13 submit an application to the Secretary, at such time,
14 in such manner, and accompanied by such informa-
15 tion as the Secretary may require.

16 “(2) CONTENTS.—Each application submitted
17 pursuant to paragraph (1) shall—

18 “(A) describe the activities for which as-
19 sistance is sought under this section;

20 “(B) contain an assurance that, with re-
21 spect to each community health worker pro-
22 gram receiving funds under the grant, such pro-
23 gram will provide training and supervision to
24 community health workers to enable such work-
25 ers to provide authorized program services;

1 “(C) contain an assurance that the appli-
2 cant will evaluate the effectiveness of commu-
3 nity health worker programs receiving funds
4 under the grant;

5 “(D) contain an assurance that each com-
6 munity health worker program receiving funds
7 under the grant will provide services in the cul-
8 tural context most appropriate for the individ-
9 uals served by the program;

10 “(E) contain a plan to document and dis-
11 seminate project descriptions and results to
12 other States and organizations as identified by
13 the Secretary; and

14 “(F) describe plans to enhance the capac-
15 ity of individuals to utilize health services and
16 health-related social services under Federal,
17 State, and local programs by—

18 “(i) assisting individuals in estab-
19 lishing eligibility under the programs and
20 in receiving the services or other benefits
21 of the programs; and

22 “(ii) providing other services as the
23 Secretary determines to be appropriate,
24 that may include transportation and trans-
25 lation services.

1 “(d) PRIORITY.—In awarding grants under sub-
2 section (a), the Secretary shall give priority to applicants
3 that—

4 “(1) propose to target geographic areas—

5 “(A) with a high percentage of residents
6 who are eligible for health insurance but are
7 uninsured or underinsured;

8 “(B) with a high percentage of residents
9 who suffer from chronic diseases including pul-
10 monary conditions, hypertension, heart disease,
11 mental disorders, diabetes, and asthma; and

12 “(C) with a high infant mortality rate;

13 “(2) have experience in providing health or
14 health-related social services to individuals who are
15 underserved with respect to such services; and

16 “(3) have documented community activity and
17 experience with community health workers.

18 “(e) COLLABORATION WITH ACADEMIC INSTITU-
19 TIONS.—The Secretary shall encourage community health
20 worker programs receiving funds under this section to col-
21 laborate with academic institutions, especially those that
22 graduate a disproportionate number of health and health
23 care students from under-represented racial and ethnic
24 minority backgrounds. Nothing in this section shall be
25 construed to require such collaboration.

1 “(f) EVIDENCE-BASED INTERVENTIONS.—The Sec-
2 retary shall encourage community health worker programs
3 receiving funding under this section to implement an out-
4 come-based payment system that rewards community
5 health workers for connecting underserved populations
6 with the most appropriate services at the most appropriate
7 time. Nothing in this section shall be construed to require
8 such payment.

9 “(g) QUALITY ASSURANCE AND COST EFFECTIVE-
10 NESS.—The Secretary shall establish guidelines for assur-
11 ing the quality of the training and supervision of commu-
12 nity health workers under the programs funded under this
13 section and for assuring the cost-effectiveness of such pro-
14 grams.

15 “(h) MONITORING.—The Secretary shall monitor
16 community health worker programs identified in approved
17 applications under this section and shall determine wheth-
18 er such programs are in compliance with the guidelines
19 established under subsection (g).

20 “(i) TECHNICAL ASSISTANCE.—The Secretary may
21 provide technical assistance to community health worker
22 programs identified in approved applications under this
23 section with respect to planning, developing, and operating
24 programs under the grant.

25 “(j) REPORT TO CONGRESS.—

1 “(1) IN GENERAL.—Not later than 4 years
2 after the date on which the Secretary first awards
3 grants under subsection (a), the Secretary shall sub-
4 mit to Congress a report regarding the grant
5 project.

6 “(2) CONTENTS.—The report required under
7 paragraph (1) shall include the following:

8 “(A) A description of the programs for
9 which grant funds were used.

10 “(B) The number of individuals served
11 under such programs.

12 “(C) An evaluation of—

13 “(i) the effectiveness of such pro-
14 grams;

15 “(ii) the cost of such programs; and

16 “(iii) the impact of the programs on
17 the health outcomes of the community resi-
18 dents.

19 “(D) Recommendations for sustaining the
20 community health worker programs developed
21 or assisted under this section.

22 “(E) Recommendations regarding training
23 to enhance career opportunities for community
24 health workers.

25 “(k) DEFINITIONS.—In this section:

1 “(1) COMMUNITY HEALTH WORKER.—The term
2 ‘community health worker’ means an individual who
3 promotes health or nutrition within the community
4 in which the individual resides—

5 “(A) by serving as a liaison between com-
6 munities and healthcare agencies;

7 “(B) by providing guidance and social as-
8 sistance to community residents;

9 “(C) by enhancing community residents’
10 ability to effectively communicate with
11 healthcare providers;

12 “(D) by providing culturally and linguis-
13 tically appropriate health or nutrition edu-
14 cation;

15 “(E) by advocating for individual and com-
16 munity health, including oral and mental, or
17 nutrition needs; and

18 “(F) by providing referral and follow-up
19 services or otherwise coordinating care.

20 “(2) COMMUNITY SETTING.—The term ‘commu-
21 nity setting’ means a home or a community organi-
22 zation located in the neighborhood in which a partic-
23 ipant resides.

24 “(3) MEDICALLY UNDERSERVED COMMUNITY.—
25 The term ‘medically underserved community’ means

1 a community identified by a State, United States
2 territory or possession, or federally recognized In-
3 dian tribe—

4 “(A) that has a substantial number of in-
5 dividuals who are members of a medically un-
6 derserved population, as defined by section
7 330(b)(3); and

8 “(B) a significant portion of which is a
9 health professional shortage area as designated
10 under section 332.

11 “(4) SUPPORT.—The term ‘support’ means the
12 provision of training, supervision, and materials
13 needed to effectively deliver the services described in
14 subsection (b), reimbursement for services, and
15 other benefits.

16 “(5) ELIGIBLE ENTITY.—The term ‘eligible en-
17 tity’ means a public or nonprofit private entity (in-
18 cluding a State or public subdivision of a State, a
19 public health department, or a federally qualified
20 health center), or a consortium of any of such enti-
21 ties, located in the United States or territory there-
22 of.

23 “(1) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

- 1 \$30,000,000 for each of fiscal years 2010, 2011, 2012,
- 2 2013, and 2014.”.

