

**HEALTH DISPARITIES, LANGUAGE ACCESS, CULTURAL COMPETENCY  
AND HEALTH WORKFORCE DIVERSITY  
IN HOUSE AND SENATE HEALTH REFORM LEGISLATION**

<b>SENATE HR 3590 PATIENT PROTECTION AND AFFORDABLE CARE ACT</b>	<b>HOUSE HR 3962 AFFORDABLE HEALTH CARE FOR AMERICA ACT</b>
<b>Definitions</b>	
	<p><i>Section 2301(a)</i> Adds section 3171(3) to Title XXX of the Public Health Services Act “The term ‘health disparities’ includes health and health care disparities and means population-specific differences in the presence of disease, health outcomes, or access to health care. For purposes of the preceding sentence, a population may be delineated by race, ethnicity, primary language, sex, sexual orientation, gender identity, disability, socio-economic status, or rural, urban, or other geographic setting, and any other population or subpopulation determined by the Secretary to experience significant gaps in disease, health outcomes, or access to health care.”</p>
<p><i>Section 5001(b)(2)</i> Adds definitions to section 799B of Title VII of the Public Health Services Act (15) “CULTURAL COMPETENCY. The term ‘cultural competency’ shall be defined by the Secretary in a manner consistent with section 1707(d)(3).” (20) “HEALTH DISPARITY POPULATION. The term ‘health disparity population’ has the meaning given such term in section 903(d)(1).” (21) “HEALTH LITERACY. The term ‘health literacy’ means the degree to which an individual has the capacity to obtain, communicate, process, and understand health information and services in order to make appropriate health decisions.” (25) “RACIAL AND ETHNIC MINORITY GROUP; RACIAL AND ETHNIC MINORITY POPULATION. The terms ‘racial and ethnic minority group’ and ‘racial and ethnic minority population’ have the meaning given the term ‘racial and ethnic minority group’ in section 1707.”</p>	<p><i>Section 1224</i> Definitions (1) “BILINGUAL. The term ‘bilingual’ with respect to an individual means a person who has sufficient degree of proficiency in two languages and can ensure effective communication can occur in both languages.” (2) “COMPETENT INTERPRETER SERVICES. The term “competent interpreter services” means a trans-language rendition of a spoken message in which the interpreter comprehends the source language and can speak comprehensively in the target language to convey the meaning intended in the source language. The interpreter knows health and health-related terminology and provides accurate interpretations by choosing equivalent expressions that convey the best matching and meaning to the source language and captures, to the greatest possible extent, all nuances intended in the source message.” (3) “COMPETENT TRANSLATION SERVICES. The term ‘competent translation services’ means a trans-language rendition of a written document in which the translator comprehends the source language and can write comprehensively in the target language to convey the meaning intended in the source language. The translator knows health and</p>

	<p>health-related terminology and provides accurate translations by choosing equivalent expressions that convey the best matching and meaning to the source language and captures, to the greatest possible extent, all nuances intended in the source document.”</p> <p>(4) “EFFECTIVE COMMUNICATION. The term ‘effective communication’ means an exchange of information between the provider of health care or health care-related services and the limited English proficient recipient of such services that enables limited English proficient individuals to access, understand, and benefit from health care or health care-related services.”</p> <p>(5) “INTERPRETING/INTERPRETATION. The terms ‘interpreting’ and ‘interpretation’ mean the transmission of a spoken message from one language into another, faithfully, accurately, and objectively.”</p> <p>(8) “LANGUAGE ACCESS. The term ‘language access’ means the provision of language services to an LEP individual designed to enhance that individual’s access to, understanding of or benefit from health care or health care-related services.”</p> <p>(9) “LANGUAGE SERVICES. The term ‘language services’ means provision of health care services directly in a non-English language, interpretation, translation, non-English signage.”</p> <p>(10) “LIMITED ENGLISH PROFICIENT. The term ‘limited English proficient’ or ‘LEP’ with respect to an individual means an individual who speaks a primary language other than English and who cannot speak, read, write or understand the English language at a level that permits the individual to effectively communicate with clinical or nonclinical staff at an entity providing health care or health care related services.</p>
--	---

<b>Health information and data</b>	
<p><i>Section 4302(a)</i> Uniform categories and collection of data Adds Title XXXI, section 3101 to the Public Health Services Act requiring collection and reports of</p> <p>(a)(1)(A) data on “race, ethnicity, sex, primary language, and disability status” in “any federally conducted or supported health care or public health program, activity or survey”</p> <p>(a)(1)(C) “sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language, and disability status subgroups for applicants, recipients or participants using, if needed, statistical</p>	<p><i>Section 2402</i> Assistant Secretary for Health Information Adds section 1709 to Title XVII of the Public Health Services Act, with responsibility to develop standards for the collection of data regarding the Nation’s health and the performance of the Nation’s health care</p> <p>(b)(3)(B)(ii) including “standards, as appropriate, for the collection of accurate data on health disparities”</p> <p>(b)(3)(B)(iii) “ensure, with respect to race and ethnicity data, consistency with the 1997 Office of Management and Budget Standards for Maintaining, Collecting and Presenting Federal</p>

<p>oversamples of these sub- populations”</p> <p>(a)(1)(D) “any other demographic data as deemed appropriate by the Secretary regarding health disparities”</p> <p>(a)(2)(A) “use Office of Management and Budget standards, at a minimum, for race and ethnicity measures”</p> <p>(a)(2)(B) “develop standards for the measurement of sex, primary language, and disability status”</p> <p>(a)(2)(C) develop standards that, at a minimum,</p> <p>(i) “collects self-reported data by the applicant, recipient, or participant” and</p> <p>(ii) “collects data from a parent or legal guardian if the applicant, recipient, or participant is a minor or legally incapacitated”</p> <p>(a)(2)(E) “require that any reporting requirement imposed for purposes of measuring quality under any ongoing or federally conducted or supported health care or public health program, activity, or survey includes requirements for the collection of data on individuals receiving health care items or services under such programs activities by race, ethnicity, sex, primary language, and disability status”</p> <p>(b)(1) “for each federally conducted or supported health care or public health program or activity, the Secretary shall analyze data collected...to detect and monitor trends in health disparities”</p> <p>(c)(2) Secretary to report data and analyses publicly</p> <p>(c)(3) Secretary to make “available for additional research, analyses, and dissemination to other Federal agencies, non-governmental entities, and the public”</p> <p>(f) Secretary “shall ensure that any data collected in accordance with this section regarding racial and ethnic minority groups are also collected regarding underserved rural and frontier populations”</p>	<p>Data on Race and Ethnicity (or any successor standards)”</p> <p>(b)(3)(B)(iv) “develop standards for the collection of data on health and health care with respect to primary language”</p> <p>(b)(8) “facilitate and coordinate identification and monitoring of health disparities by the agencies of the Department to inform program and policy efforts to reduce such disparities, including facilitating and funding analyses conducted in cooperation with the Social Security Administration, the Bureau of Census, and other appropriate agencies and entities”</p> <p>(f)(1)(D) annual report to Secretary and Congress to include “a description of analyses of health disparities, including the results of completed analyses, the status of ongoing longitudinal studies, and proposed or planned research”</p>
<p>Section 4302(b)</p> <p>Applies data collection and reporting requirements of section 3101 to Medicaid and Children’s Health Insurance Program</p> <p>Adds section 1946 to Title XIX of the Social Security Act authorizing Secretary to evaluate approaches to data collection on “disparities in health care services and performance on the basis of race, ethnicity, sex, primary language, and disability status”</p>	

<b>Expansions of health insurance coverage</b>	
<p><i>Section 1001</i> Uniform explanation of coverage documents and standardized definitions Adds section 2715(a) to the Public Health Services Act: in developing standards, HHS Secretary to consult with working group, to include representatives of “patient advocates including those representing individuals with limited English proficiency” (b)(2) “the standards shall ensure that the summary is presented in a culturally and linguistically appropriate manner and utilizes terminology understandable by the average plan enrollee”</p>	
	<p><i>Section 223</i> Health Benefits Advisory Committee (a)(5) to include “experts in racial and ethnic disparities” and “experts on health care needs and disparities of individuals with disabilities” (b)(1) Committee to consider how benefit standards “could reduce health disparities”</p>
	<p><i>Section 304</i> Exchange-participating health benefits plans (b)(8) must “provide for culturally and linguistically appropriate communication and health services”</p>
<p><i>Section 1311</i> Navigators to assist consumers with health exchanges (i) (3)(E) shall “provide information in a manner that is culturally and linguistically appropriate”</p>	<p><i>Section 305</i> Health Choices Commissioner outreach and enrollment activities (c)(2)(D) shall provide coverage information in plain language (f) “shall establish effective methods for communicating in plain language and a culturally and linguistically appropriate manner”</p>
<p><i>Section 10101 (g)</i> Strengthening quality, affordable health care Adds section 2719(a)(1)(B) to Public Health Services Act requiring an effective appeals process for appeals of coverage determinations and claims which includes “notice to enrollees, in a culturally and linguistically appropriate manner, of available internal and external appeals processes, and the availability of any applicable office of health insurance consumer assistance or ombudsman ...to assist such enrollees with the appeals processes”</p>	
	<p><i>Section 244</i> Qualified Health Benefits Plan Ombudsman (b) shall receive complaints, grievances and requests for information “in a linguistically appropriate manner”</p>
<p><i>Section 10104(f)</i> Adds section 1311(e)(3)(B) to require</p>	<p><i>Section 233</i> Information transparency and plan disclosure</p>

<p>information about health exchange to be “provided in plain language. The term ‘plain language’ means language that the intended audience, including individuals with limited English proficiency, can readily understand and use because that language is concise, well-organized, and follows other best practices of plain language writing. The Secretary [of HHS] and the Secretary of Labor shall jointly develop and issue guidance on best practices of plain language writing”</p>	<p>(a)(3)(A) disclosure of plan terms and conditions and periodic financial disclosure shall be provided in ‘plain language’  (a)(3)(B) “the term ‘plain language’ means language that the intended audience, including individuals with limited English proficiency, can readily understand and use because that language is concise, well-organized, and follows other best practices of plain language writing”  (a)(3)(C) Health Choices Commissioner and Secretary of Labor “shall jointly develop and issue guidance on best practices of plain language writing”</p>
	<p><i>Section 242</i>  Duties of Health Choices Commissioner  (c) include collecting data “addressing health disparities in health and health care”</p>
<p><i>Section 10104(g)</i>  Adds section 1311(g)(1)(E) to include health exchange “activities to reduce health and health care disparities, including through the use of language services, community outreach, and cultural competency trainings”</p>	
	<p><i>Section 321</i>  Public health insurance option  (e) Secretary may collect data “to reduce racial, ethnic, and other disparities in health and health care”</p>
	<p><i>Section 324</i>  Public health insurance option payment initiatives and delivery system reform  (b)(1)(B) Secretary shall design and implement payment mechanisms and policies that seek to “reduce health disparities (including racial, ethnic and other disparities)”</p>
	<p><i>Section 1221(b)</i>  Adds section 1857(g)(1)(H) to the Social Security Act, adding sanctions for a Medicare health plan which “fails substantially to provide language services to limited English proficient beneficiaries enrolled in the plan that are required under law”</p>
	<p><i>Section 1723</i>  Medicaid administrative payments  Amends section 1903(a)(2)(E) of the Social Security Act  Expands eligibility for 75% federal matching payments to states for translation or interpreter services to “other individuals” (in addition to eligible “children of families”)</p>
<p><b>New and enhanced federal programs and activities</b></p>	
	<p><i>Section 1221</i>  Study on language services and payment systems in Medicare</p>

(a)(1) Secretary “shall conduct a study that examines the extent to which Medicare service providers utilize, offer, or make available language services for beneficiaries who are limited English proficient and ways that Medicare should develop payment systems for language services”

(a)(2) analyses to include

(A) “How to develop and structure appropriate payment systems for language services for all Medicare service providers”

(B) “The feasibility of adopting a payment methodology for on-site interpreters, including interpreters who work as independent contractors and interpreters who work for agencies that provide on-site interpretation, pursuant to which such interpreters could directly bill Medicare for services provided in support of physician office services for an LEP Medicare patient”

(C) “The feasibility of Medicare contracting directly with agencies that provide off-site interpretation including telephonic and video interpretation pursuant to which such contractors could directly bill Medicare for the services provided in support of physician office services for an LEP Medicare patient”

(D) “The feasibility of modifying the existing Medicare resource-based relative value scale (RBRVS) by using adjustments (such as multipliers or add-ons) when a patient is LEP”

(E) “How each of options described in a previous paragraph would be funded and how such funding would affect physician payments, a physician’s practice, and beneficiary cost-sharing”

(F) “The extent to which providers under parts A and B of title XVIII of the Social Security Act, MA organizations offering Medicare Advantage plans under part C of such title and PDP sponsors of a prescription drug plan under part D of such title utilize, offer, or make available language services for beneficiaries with limited English proficiency”

(G) “The nature and type of language services provided by States under title XIX of the Social Security Act and the extent to which such services could be utilized by beneficiaries and providers under title XVIII of such Act”

(H) “The extent to which interpreters and translators providing services to Medicare beneficiaries under title XVIII of such Act are trained or accredited”

(a)(3) the payment systems may allow variations based upon types of service

	<p>providers, available delivery methods, and costs for providing language services including such factors as</p> <p>(A) “the type of language services provided (such as provision of health care or health care related services directly in a non-English language by a bilingual provider or use of an interpreter)”</p> <p>(B) “type of interpretation services provided (such as in-person, telephonic, video interpretation)”</p> <p>(C) “the methods and costs of providing language services (including the costs of providing language services with internal staff or through contract with external independent contractors or agencies, or both)”</p> <p>(D) “providing services for languages not frequently encountered in the United States”</p> <p>(E) “providing services in rural areas”</p>
	<p><i>Section 1222</i></p> <p>Medicare demonstration program to improve effective communication</p> <p>(a)(1) authorizes at least 24 three-year grants to Medicare providers “to improve effective communication between such providers and Medicare beneficiaries who are living in communities where racial and ethnic minorities, including populations that face language barriers, are underserved with respect to such services”; the Secretary shall “adjust, as appropriate, the distribution of grants so as to better target Medicare beneficiaries who are in the greatest need of language services”</p> <p>(b)(2)(B) Secretary shall ensure variation in grantees</p> <p>(c)(1) grant funds may be used “to pay for the provision of competent language services to Medicare beneficiaries who are limited English proficient. Competent interpreter services may be provided through on-site interpretation, telephonic interpretation, or video interpretation or direct provision of health care or health care related services by a bilingual health care provider. A grantee may use bilingual providers, staff, or contract interpreters. A grantee may use grant funds to pay for competent translation services. A grantee may use up to 10 percent of the grant funds to pay for administrative costs associated with the provision of competent language services and for reporting required”</p> <p>(c)(3) payments shall be calculated based on the estimated numbers of limited English proficient Medicare beneficiaries in a grantee’s service area utilizing</p> <p>(A) “data on the numbers of limited English</p>

	<p>proficient individuals who speak English less than 'very well' from the most recently available data from the Bureau of the Census or other State-based study the Secretary determines likely to yield accurate data regarding the number of such individuals served by the grantee" or</p> <p>(B) "the grantee's own data if the grantee routinely collects data on Medicare beneficiaries' primary language in a manner determined by the Secretary to yield accurate data and such data shows greater numbers of limited English proficient individuals than the data listed in subparagraph (A)"</p> <p>(c)(4)(B)(i) payments shall be provided under this section only to grantees that utilize "competent bilingual staff or competent interpreter or translation services", defined as</p> <p>(I) "if the grantee operates in a State that has statewide health care interpreter standards, meet the State standards currently in effect" or</p> <p>(II) "if the grantee operates in a State that does not have statewide health care interpreter standards, utilizes competent interpreters who follow the National Council on Interpreting in Health Care's Code of Ethics and Standards of Practice"</p> <p>(c)(4)(B)(ii) language services not required if</p> <p>(I) in the case of a Medicare beneficiary who is limited English proficient (who has been informed in the beneficiary's primary language of the availability of free interpreter and translation services) and who requests the use of family, friends, or other persons untrained in interpretation or translation and the grantee documents the request in the beneficiary's record" and</p> <p>(II) in the case of a medical emergency where the delay directly associated with obtaining a competent interpreter or translation services would jeopardize the health of the patient"</p> <p>(d) grantees under this section shall</p> <p>(1) "ensure that appropriate clinical and support staff receive ongoing education and training in linguistically appropriate service delivery"</p> <p>(2) "ensure the linguistic competence of bilingual providers"</p> <p>(3) "offer and provide appropriate language services at no additional charge to each patient with limited English proficiency at all points of contact, in a timely manner during all hours of operation"</p> <p>(4) "notify Medicare beneficiaries of their</p>
--	--

	<p>right to receive language services in their primary language”</p> <p>(5) “post signage in the languages of the commonly encountered group or groups present in the service area of the organization” and</p> <p>(6) ensure that</p> <p>(A) “primary language data are collected for recipients of language services and are consistent with standards developed under section 1709(b)(3)(B)(iv) of the Public Health Service Act, as added by section 2402 of this Act, to the extent such standards are available upon the initiation of the demonstration” and</p> <p>(B) “consistent with the privacy protections provided under the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note), if the recipient of language services is a minor or is incapacitated, the primary language of the parent or legal guardian is collected and utilized”</p> <p>(e) grantee reporting requirements</p> <p>(f) “Limited English proficient Medicare beneficiaries shall not have to pay cost-sharing or co-pays for language services provided through this demonstration program”</p> <p>(g) Secretary shall conduct an evaluation of the demonstration program and submit a report to Congress that includes</p> <p>(1) “An analysis of the patient outcomes and costs of furnishing care to the limited English proficient Medicare beneficiaries participating in the project as compared to such outcomes and costs for limited English proficient Medicare beneficiaries not participating”</p> <p>(2) “The effect of delivering culturally and linguistically appropriate services on beneficiary access to care, utilization of services, efficiency and cost-effectiveness of health care delivery, patient satisfaction, and select health outcomes”</p> <p>(3) “The extent to which bilingual staff, interpreters, and translators providing services under such demonstration were trained or accredited and the nature of accreditation or training needed by type of provider, service, or other category as determined by the Secretary to ensure the provision of high-quality interpretation, translation, or other language services to Medicare beneficiaries if such services are expanded...”</p> <p>(4) “Recommendations, if any, regarding the extension of such project to the entire</p>
--	--

	<p>Medicare program”</p> <p>(h)(1)(A) if the Secretary expands the model initially developed through the demonstration program under this section, the Secretary “shall use the results of the study under section 1221 and the demonstration under this section to designate standards for training or accreditation. The Secretary may designate one or more training or accreditation organizations, as appropriate for the nature and type of interpretation and translation services provided to Medicare beneficiaries to ensure that payments are made only for approved services by trained or accredited language services providers”</p> <p>(h)(1)(B) “if the Secretary designates one or more training or accreditation organizations but determines that accreditation is not available in all languages for which payments may be initiated, the Secretary shall provide payments for and accept alternatives to training or accreditation for certain languages, including languages of lesser diffusion. The Secretary must ensure that the alternatives to training or accreditation provide, at a minimum</p> <ul style="list-style-type: none"><li>(i) a determination that the interpreter is proficient and able to communicate information accurately in both English and in the language for which interpreting is needed</li><li>(ii) an attestation from the interpreter to comply with and adhere to the role of an interpreter as defined by the National Code of Ethics and National Standards of Practice as published by the National Council on Interpreting in Health Care; and</li><li>(iii) an attestation to adhere to HIPAA privacy and security law, as defined in section 3009(a)(2) of the Public Health Service Act, to the same extent as the healthcare provider for whom interpreting is provided”</li></ul> <p>(h)(2)(A) in designating training and accreditation requirements, Secretary shall consult with “patients, providers, organizations that advocate on behalf of limited English proficient individuals, and other individuals or entities determined appropriate by the Secretary”</p> <p>(h)(2)(B) Secretary shall consider, as appropriate</p> <ul style="list-style-type: none"><li>(i) “standards for qualifications of health care interpreters who interpret infrequently encountered languages”</li><li>(ii) “standards for qualifications of health care interpreters who interpret in languages of lesser diffusion”</li><li>(iii) “standards for training of</li></ul>
--	--

	<p>interpreters” and</p> <p>(iv) “standards for continuing education of interpreters”</p> <p>(i) “nothing in this section shall be construed to limit otherwise existing obligations of recipients of Federal financial assistance under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d) et seq.) or any other statute”</p>
	<p><i>Section 1223</i></p> <p>Institute of Medicine study on impact of language access services</p> <p>(a) Secretary to enter into arrangement with the Institute of Medicine to prepare and publish a report “on the impact of language access services on the health and health care of limited English proficient populations”</p> <p>(b) report shall include</p> <p>(1) “recommendations on the development and implementation of policies and practices by healthcare organizations and providers for limited English proficient patient populations”</p> <p>(2) “a description of the effect of providing language access services on quality of health care and access to care and reduced medical error”</p> <p>(3) “a description of the costs associated with or savings related to provision of language access services”</p>
<p><i>Section 3201(f)</i></p> <p>Medicare Advantage performance bonuses</p> <p>Adds section 1853(n)(1)(C)(vi) to Social Security Act include “programs that address, identify, and ameliorate health care disparities among principal at-risk subpopulations”</p>	
	<p><i>Section 1151</i></p> <p>Reducing preventable hospital readmissions</p> <p>Adds section 1886(p)(8)(E)(iii)(II) of the Social Security Act allowing additional payments to be used for “hiring translators and interpreters”</p>
<p><i>Section 3001(a)(4)(A)(i)</i></p> <p>GAO study of hospital value-based purchasing program to analyze “the quality of care furnished to Medicare beneficiaries, including diverse Medicare beneficiary populations (such as diverse in terms of race, ethnicity, and socioeconomic status)”</p>	
<p><i>Section 3502</i></p> <p>Grants for community health teams to support patient-centered medical homes to include (c)(6)(D) funding for teams which provide support necessary for local primary care providers to “provide quality-driven, cost-effective, culturally appropriate, and patient- and family-centered health care”</p>	<p><i>Section 1302</i></p> <p>Medicare medical home pilot program</p> <p>Adds section 1866F to Title XVIII of the Social Security Act</p> <p>(e)(1)(A)(ii) Secretary’s evaluation to determine extent which medical homes result in “improvement in reducing health disparities”</p>
<p><i>Section 5405</i></p> <p>Primary care extension centers</p>	

<p>Adds section 399W to Title III of the Public Health Services Act  (a)(3)(A) defines health extension agent in part, as local, community-based health worker who facilitates and provides assistance to primary care practices “to provide guidance to patients in culturally and linguistically appropriate ways”  (c)(2)(B)(ii) discretionary activities of primary care extension agencies include activities to eliminate health disparities</p>	
	<p><i>Section 2534</i>  Community-based collaborative care networks  Adds section 3400 to Title III of the Public Health Services Act  (d)(2)(C) funded services may include “support services appropriate to meet the health needs of low-income populations in the network’s community”, which may include “language services”</p>
<p><i>Section 3506</i>  Patient decision aids  Adds section 936(d)(2)(B) to Title IX of the Public Health Services Act, requiring patient decision aids to “present up-to-date clinical evidence about the risks and benefits of treatment options in a form and manner that is age-appropriate and can be adapted for patients, caregivers, and authorized representatives from a variety of cultural and educational backgrounds to reflect the varying needs of consumers and diverse levels of health literacy”</p>	
<p><i>Section 3003(a)(4)</i>  Improvements to Medicare physician feedback program  Amends section 1848(n) of Social Security Act to include in the Secretary’s reports to physicians adjustments  (9)(D)(i) “to account for differences in socioeconomic and demographic characteristics, ethnicity, and health status of individuals (such as to recognize that less healthy individuals may require more intensive interventions)”</p>	
<p><i>Section 3007</i>  Medicare physician value-based payment modifier  Adds section 1848(p)(3) to Social Security Act “to take into account risk factors such as socioeconomic and demographic characteristics, ethnicity, and health status of individuals (such as to recognize that less healthy individuals may require more intensive interventions)”</p>	
	<p><i>Section 2523</i>  Reauthorization of telehealth network and</p>

	<p>telehealth resource centers grants</p> <p>Amends section 330I of the Public Health Services Act</p> <p>(d)(1)(D) adds reducing “health disparities” as activity</p> <p>(i)(1)(C) adds preference to eligible entities which “will address health disparities”</p>
<p><i>Section 3507</i></p> <p>Presentation of prescription drug benefit and risk information</p> <p>(b) Secretary to consult with “representatives of racial and ethnic minorities”</p>	
<p><i>Section 4305</i></p> <p>Institute of Medicine conference on pain</p> <p>(a)(2)(B) one of purposes of conference is to “evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain”</p>	
<p><i>Section 4305(c)</i></p> <p>Grants for education and training in pain care</p> <p>Adds section 759 to title VII of the Public Health Services Act</p> <p>(b)(4) to include information and education on “cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations”</p>	
	<p><i>Section 2563</i></p> <p>Public awareness campaign on pain management</p> <p>Adds section 249 to Title II of the Public Health Services Act to establish and implement a national pain care education outreach and awareness campaign</p> <p>(e)(1) the Secretary “shall take into account the special needs of...racial, ethnic...and other demographic groups that are currently underserved” and</p> <p>(e)(2) “provide resources that will reduce disparities in access to appropriate diagnosis, assessment, and treatment”</p>
<p><i>Section 2951</i></p> <p>Maternal, infant and early child home visiting programs</p> <p>Adds section 511 to Title V of the Social Security Act, with evaluation to analyze</p> <p>(g)(2)(B)(iii) “the potential for the activities conducted under such programs, if scaled broadly, to ...eliminate health disparities”</p>	<p><i>Section 1904</i></p> <p>Quality home visitation program</p> <p>Adds section 440 to Title IV of Social Security Act</p> <p>(f)(1)(A)(V)(I) eligible expenditures include providing parents “knowledge of age-appropriate child development in cognitive, language, social, emotional, and motor domains (including knowledge of second language acquisition, in the case of English language learners)”</p>

<p><i>Section 2952</i> Support, education, and research for postpartum depression (a)(1)(b) Secretary shall conduct and support “epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions”</p>	
<p><i>Section 2953</i> Personal responsibility education programs for youth Adds section 513 to Title V of the Social Security Act, to fund States to provide programs to reduce youth pregnancies (b)(2)(B)(vi) requires that “the information and activities carried out under the program are provided in the cultural context that is most appropriate for individuals in the particular population group to which they are directed” (b)(2)(C)(ii) adulthood preparation subjects to include “adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects”</p>	
<p><i>Section 3131</i> Medicare payment adjustments for home health care (d)(2)(F) Secretary’s study to consider “language barriers” but then deleted by subsequent section 10315(b)</p>	
<p><i>Section 6703(b)(3)</i> Elder justice Adds section 1150B to Title XI of the Social Security Act (c)(4)(B)(ii) extenuating circumstances for penalties for failure to report any reasonable suspicion of a crime in a long-term care facility includes the financial burden on providers with underserved populations, defined in part as “racial and ethnic minority populations” and (c)(4)(B)(iii) “populations underserved because of special needs (such as language barriers, disabilities, alien status, or age)”</p>	
	<p><i>Section 2537</i> Medical-legal partnerships nationwide demonstration project (b)(3) grant and contract funds “shall be used to assist patients and their families to navigate health care-related programs and activities and thereby...reducing health disparities”</p>
<p><i>Section 10410</i> Centers of excellence for depression Adds section 520(B) to Title V of the Public Health Services Act</p>	

<p>(b)(5)(C)(ii) eligible entities given priority if they have “existing infrastructure or expertise to provide appropriate, evidence-based and culturally and linguistically competent services”</p>	
<p><i>Section 10411</i>  Programs relating to congenital heart disease  Adds section 399V-2 to Title III of the Public Health Services Act authorizing a National Congenital Heart Disease Surveillance System (c)(2)(A) which would include collection of data concerning “demographic factors associated with congenital heart disease, such as age, race, ethnicity, sex, and family history of individuals who are diagnosed with the disease”</p> <p>Adds section 425 to Title IV of the Public Health Services Act  (c) in carrying our research, shall consider the “application of such research to minority and medically underserved communities”</p>	
<p><b>National quality improvement</b></p>	
<p><i>Section 3011</i>  National strategy for quality improvement  Adds section 339H to Title III of the Public Health Services Act  (a)(2)(B)(viii) identification of national priorities for quality improvement to include how to “reduce health disparities across health disparity populations”</p>	<p><i>Section 1441</i>  National priorities for quality improvement  Adds section 1191 to Title XI of the Social Security Act  (c)(4) Secretary to prioritize for performance improvement how to “address disparities across groups and areas”</p>
<p><i>Section 3013</i>  Quality measures development  Adds section 931 to Title IX of the Public Health Services Act  (c)(2)(G) priority given to development of quality measures that allow the assessment of “the equity of health services and health disparities across health disparity populations”</p>	<p><i>Section 1442</i>  Development of new quality measures  Adds section 1192 to Title XI of the Social Security Act  (c)(1)(E) includes development of quality measures that allow the assessment of “health disparities, including those associated with individual race, ethnicity...or language”</p>
	<p><i>Section 2401</i>  Center for Quality Improvement  Adds section 931 to Title IX of the Public Health Services Act  (i) requiring public dissemination of information with respect to best practices to be “made available in appropriate formats and languages to reflect the varying needs of consumers and diverse levels of health literacy”</p>
<p><i>Section 6301</i>  Comparative clinical effectiveness research  Adds section 1181 to Title XI of the Social Security Act establishing Patient-Centered Outcomes Research Institute  (d)(1)(A) with duties to include identifying research priorities taking into account , in part, “health disparities” in terms of delivery and outcomes of care</p>	<p><i>Section 1401</i>  Comparative effectiveness research  Adds section 1181 to Title XI of the Social Security Act  (b)(2)(A)(i)(III) Comparative Effectiveness Research Commission to recommend national priorities for research which take into account variations in practice, delivery, and outcomes by...”racial and ethnic background...”</p>

<p>(d)(2)(D) with its research “designed, as appropriate, to take into account the potential for differences in the effectiveness of health care treatments, services, and items as used with various subpopulations, such as racial and ethnic minorities...and include members of such subpopulations as subjects in the research as feasible and appropriate”</p>	<p>(b)(3)(B)(i)(V) Commission members shall collectively have experience in “health disparities”  (c)(3) research conducted, supported, or synthesized under this section shall “take into account the potential for differences in the effectiveness of health care items, services, and systems used with various subpopulations such as racial and ethnic minorities...”  (e)(2) in developing and adopting protocols and strategies for the appropriate dissemination of research findings, the Center “shall consult with stakeholders concerning the types of dissemination that will be most useful to the end users of information and may provide for the utilization of multiple formats for conveying findings to different audiences, including dissemination to individuals with limited English proficiency”</p>
	<p><i>Section 1159</i>  Institute of Medicine study on geographic variation in health care spending  (a)(2) and (b)(8) includes evaluation of differences based on “socioeconomic factors, including race, ethnicity...”</p>
<b>Prevention and wellness</b>	
	<p><i>Section 2301(a)</i>  Adds section 3121 to Title XXX of the Public Health Services Act establishing a national prevention and wellness strategy  (b)(4) which includes “identification of health disparities in prevention and wellness”</p>
	<p><i>Section 2301(a)</i>  Adds Section 3131 to Title XXX of the Public Health Services Act establishing a permanent Task Force on Clinical Preventive Services  (d)(4)(B) with members to include “expertise in health disparities”</p>
<p><i>Section 4003(b)</i>  Clinical and community preventive services  Adds section 399U to Title III of Public Health Services Act  (b)(1) duties of Community Preventive Task Force includes “the development of additional topic areas for new recommendations and interventions related to those topic areas, including those related to specific populations and age groups, as well as the social, economic and physical environments that can have broad effects on the health and disease of populations and health disparities among sub-populations and age groups”</p>	<p><i>Section 2301(a)</i>  Adds Section 3132 to Title XXX of the Public Health Services Act establishing a permanent Task Force on Community Preventive Services  (d)(4)(C) with members to include “expertise in health disparities”</p>
<p><i>Section 4004</i>  Education and outreach campaign regarding preventive benefits  (a)(1) Secretary to plan and implement</p>	

<p>prevention and health promotion outreach and education campaign that “describes the importance of utilizing preventive services to promote wellness, reduce health disparities, and mitigate chronic disease”</p>	
	<p><i>Section 112</i> Wellness grants to small employers (b)(3)(A) must ensure programs are “culturally competent, physically and pro- grammatically accessible (including for individuals with disabilities), and appropriate to the health literacy needs of the employees covered by the programs” (b)(3)(B) must require “a health literacy component to provide special assistance and materials to employees with low literacy skills, limited English and from underserved populations”</p>
<p><i>Section 4102</i> Oral healthcare prevention activities Adds section 399LL to Title III of the Public Health Services Act authorizing Secretary to establish a public education campaign on oral healthcare prevention and education, with (b)(1) activities “targeted towards specific populations such as children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minority populations, including Indians, Alaska Natives and Native Hawaiians (as defined in section 4(c) of the Indian Health Care Improvement Act) in a culturally and linguistically appropriate manner”</p>	
<p><i>Section 4201</i> Community transformation grants (a) in part to “address health disparities” (c)(2)(A) community transformation plan to include how to “reduce health disparities” (c)(2)(B)(vi) activities to include “prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health”</p>	<p><i>Section 2301(a)</i> Community prevention and wellness services grants Adds Section 3151 to Title XXX of the Public Health Services Act (b)(2)(A) definition of health empowerment zone includes an area “in which multiple community prevention and wellness services are implemented in order to address one or more health disparities” (c)(2) preference given to grants that “will address significant health disparities” (d) at least 50 percent of funds awarded are for planning or implementing community prevention and wellness services whose primary purpose is to achieve a measurable reduction in one or more health disparities</p>
	<p><i>Section 2530</i> Grants for community health workers to promote positive health behaviors and outcomes Adds section 399V to Title III of the Public Health Services Act for grants (b)(1) “to educate, guide, and provide outreach</p>

	<p>in a community setting regarding health problems prevalent in medically underserved communities, especially racial and ethnic minority populations”</p> <p>(c) Secretary “shall encourage community health worker programs receiving funds under this section to collaborate with academic institutions, especially those that graduate a disproportionate number of health and health care students from underrepresented racial and ethnic minority backgrounds”</p> <p>(k)(1)(D) definition of community health worker means “an individual who promotes health or nutrition within the community in which the individual resides”, including “providing culturally and linguistically appropriate health or nutrition education”</p>
<p><i>Section 10413</i>          Young women’s breast health awareness          Adds section 399NN(a)(1) to Title III of the Public Health Services Act to “conduct a national evidence-based education campaign to increase awareness of young women’s knowledge” regarding          (A) “breast health in young women of all racial, ethnic, and cultural backgrounds” and          (C) “the occurrence of breast cancer and the general and specific risk factors in women who may be at high risk for breast cancer based on familial, racial, ethnic, and cultural backgrounds such as Ashkenazi Jewish populations”</p>	
<p><b>Health care workforce diversity and training</b></p>	
<p><i>Section 5001(a)</i>          Purpose of statutory title is “to improve access to and the delivery of health care services for all individuals, particularly low income, underserved, uninsured, minority, health disparity, and rural populations”          (1) by “gathering and assessing comprehensive data in order for the health care workforce to meet the health care needs of individuals, including research on the supply, demand, distribution, diversity, and skills needs of the health care workforce”</p>	<p><i>Section 2243</i>          Secretary to coordinate diversity and cultural competency programs          Adds section 739A to Title VII of the Public Health Services Act, with annual report to Congress</p>
	<p><i>Section 2251</i>          Cultural and linguistic competency training for health professionals          Amends section 741 to Title VII of the Public Health Services Act          (b) authorizes grants or contracts          (1) “to test, develop, and evaluate models of cultural and linguistic competency training (including continuing education) for health professionals”</p>

	<p>(2) “to implement cultural and linguistic competency training programs for health professionals”</p> <p>(c) preference given to entities which have a demonstrated record of</p> <p>(1) “addressing, or partnering with an entity with experience addressing, the cultural and linguistic competency needs of the population to be served through the grant or contract”</p> <p>(2) “addressing health disparities”</p> <p>(3) “placing health professionals in regions experiencing significant changes in the cultural and linguistic demographics of populations, including communities along the United States-Mexico border</p> <p>(4) carrying out these activities “with respect to more than one health profession discipline, specialty, or subspecialty”</p> <p>(g) annual report to Congress [appropriations authorized under section 2282(a), amending section 799C(d) of Title VII of the Public Health Services Act]</p>
	<p><i>Section 2211</i> Health professional needs area Adds section 340H to Title III of the Public Health Services Act (b)(2)(B)(ii) designation of health professional needs area includes “high need for health services, including services to address health disparities”</p>
	<p><i>Section 2271</i> Health workforce assessment Amends section 761 of Title VII of the Public Health Services Act to (a)(1)(B) collect data on “the diversity of health professionals (including with respect to race, ethnic background...)”</p>
<p><i>Section 5101</i> National Health Care Workforce Commission to review (d)(3)(E) “the health care workforce needs of special populations, such as minorities” (d)(3)(F) “recommendations creating or revising national loan repayment programs and scholarship programs to require low-income, minority medical students to serve in their home communities, if designated as medical underserved community”</p>	<p><i>Section 2261</i> Advisory Committee on Health Workforce Evaluation and Assessment Adds section 764 of Title VII of the Public Health Services Act to establish permanent advisory committee develop and implement an integrated, coordinated, and strategic national health workforce policy reflective of current and evolving health workforce needs (b)(2)(A) responsibilities include recommendations to the Secretary on the “supply, diversity and geographic distribution of the health workforce” (d)(4)(B)(ii)(II) members to include expertise in working with “populations who are underrepresented in the health professions, including underrepresented minority groups”</p>
<p><i>Section 5102</i> State health care workforce development</p>	

<p>implementation grants (d)(6)(B)(i) to include improving the “diversity of the regional health care workforce”</p>	
<p><i>Section 5203</i> Health care workforce loan repayment programs Adds section 775 to Title VII of the Public Health Services Act (d)(2) priority given to programs that “have familiarity with evidence-based methods and cultural and linguistic competence health care services”</p>	
<p><i>Section 5402</i> Increases amounts of and reauthorizes loan repayments, fellowships, scholarships and other assistance for individuals from disadvantaged backgrounds under Public Health Services Act</p>	<p><i>Section 2241</i> Scholarships, loan repayment and fellowships for individuals from disadvantaged backgrounds increased from \$20,000 to \$35,000</p>
<p><i>Section 5301</i> Primary care training Amends section 747 of Title VII of the Public Health Services Act (b)(3)(D) priority given to programs that “have a record of training individuals who are from underrepresented minority groups or from a rural or disadvantaged background” and which (b)(3)(I) “provide training in cultural competency and health literacy”</p>	<p><i>Section 2213</i> Grants for primary care training and capacity building Amends section 747 of Title VII of the Public Health Services Act to give preference for grants and contracts to entities that have a demonstrated record of (d)(2) “training individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among primary care professionals)” and (d)(3) “a high rate of placing graduates in practice settings having the principal focus of serving in underserved areas or populations experiencing health disparities”</p>
	<p><i>Section 2214</i> Training of medical residents in community-based settings Amends section 748 of Title VII of the Public Health Services Act to give preference for grants and contracts to entities that have a demonstrated record of training (e)(2) “individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among primary care professionals)” and (e)(3) “individuals who practice in settings having the principal focus of serving underserved areas or populations experiencing health disparities”</p>
<p><i>Section 5303</i> Training in general, pediatric and public health dentistry Amends section 748 of Title VII of the Public Health Services Act (c)(3) priority given to programs that “have a record of training individuals who are from a rural or disadvantaged background, or from</p>	<p><i>Section 2215</i> Training of general, pediatric and public health dentists and dental hygienists Amends section 749 of Title VII of the Public Health Services Act to give preference for grants and contracts to entities that have a demonstrated record of (d)(2) “training individuals who are from</p>

<p>underrepresented minorities” and which (c)(6) “include educational activities in cultural competency and health literacy” and which (c)(7) “have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings”</p>	<p>disadvantaged backgrounds (including racial and ethnic minorities underrepresented among oral health professionals)” and (d)(3) “a high rate of placing graduates in practice settings having the principal focus of serving in underserved areas or populations experiencing health disparities”</p>
<p><i>Section 5306</i> Mental and behavioral health education and training Amends section 756 of Title VII of the Public Health Services Act (b)(1) eligible institutions shall demonstrate “participation in the institutions’ programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations” (b)(2) shall demonstrate “knowledge and understanding of the concerns of the individuals and groups described...” (b)(3) “any internship or other field placement program assisted under the grant will prioritize cultural and linguistic competency”</p>	<p><i>Section 2522</i> Mental and behavioral health training program Adds section 775 to Title VII of the Public Health Services Act to give preference for grants and contracts to entities that have a demonstrated record of (d)(3) “training individuals who are from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among mental and behavioral health professionals)”</p>
	<p><i>Section 2232</i> Training of public health workforce Amends section 765 of Title VII of the Public Health Services Act to give preference for grants and contracts to entities that have a demonstrated record of (d)(2) “training individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among public health professionals)”</p>
<p><i>Section 5307(a)</i> Cultural competency, prevention and public health and individuals with disabilities training Amends section 741(a)(1) of Title VII of the Public Health Services Act authorizing grants for the “development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs” and amends section 741(b) requiring the Secretary to “collaborate with health professional societies, licensing and accreditation entities, health professions schools, and experts in minority health and cultural competency, prevention, and public health and disability groups, community-based organizations, and other</p>	

<p>organizations as determined appropriate by the Secretary”</p> <p><i>Section 5307(b)</i> Parallel amendments to section 807 of Title VII of the Public Health Services Act</p>	
<p><i>Section 5313</i> Grants to promote community health workers Adds section 399V to Title III of the Public Health Services Act for grants (b)(1) “to educate, guide, and provide outreach in a community setting regarding health problems prevalent in medically underserved communities, particularly racial and ethnic minority populations” (k)(1)(D) community health workers are defined, in part, as “providing culturally and linguistically appropriate health or nutrition education”</p>	
	<p><i>Section 2252</i> Innovations in interdisciplinary care training Adds section 759 to Title VII of the Public Health Services Act to give preference to entities that have a demonstrated record of (d)(3) “addressing health disparities”</p>
<p><i>Section 5315</i> U.S. Public Health Services track Adds section 273(a)(2) to Title II of the Public Health Services Act giving priority “to applicant medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students from rural communities and underrepresented minorities”</p>	
<p><i>Section 5403</i> Area Health Education Centers Amends section 751(c)(1)(a) of Title VII of the Public Health Services Act to fund Area Health Education Centers to (c)(1)(A) develop and implement strategies “to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers” (c)(1)(B) “develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations” (c)(1)(C) “prepare individuals to more effectively provide health services to underserved areas and health disparity</p>	

<p>populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, Federally qualified health centers, rural health clinics, public health departments, or other appropriate facilities”</p> <p>(c)(1)(E) “deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations”</p>	
	<p><i>Section 2533</i>  Secondary school health sciences training program  (d)(2) preference for grants and contracts to entities that have a demonstrated record of “graduating students from disadvantaged backgrounds, including racial and ethnic minorities who are underrepresented in  (A) associate’s or bachelor’s degree programs in health professions or bachelor’s degree programs in health professions-related majors; or  (B) health professions”</p>
<p><i>Section 5404</i>  Amends section 821 of Title VII of the Public Health Services Act to add consultation with National Coalition of Ethnic Minority Nurse Associations on health workforce diversity programs</p>	
<p><i>Section 5507</i>  Demonstration projects to address health professions workforce needs  Adds section 2008 to Title XX of the Public Health Services Act  (b)(3)(iii) authorizes demonstration projects for training and certification programs for personal or home care aides, which include “communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills” as core competencies</p>	
<p><i>Section 10501(e)</i>  Adds section 5316 establishing demonstration grants for family nurse practitioner training programs  (f) with priority given to “bilingual candidates”</p>	<p><i>Section 2521</i>  Secretary of Labor grants for nursing workforce development  (g)(2) gives preference to programs which improve “the diversity of new nurse graduates to reflect changes in the demographics of the patient population”  (h)(1)(H) programs funded to report on outcomes, including “an increase in the diversity of new nurse graduates relative to the patient population”</p>

	<p><i>Section 2590</i>  Secretary of Labor website on the health care labor market and related educational and training opportunities  (c)(3) to provide information “in English and second most prevalent language spoken based on the latest Census information”</p>
<p><b>Office of Minority Health</b></p>	
<p><i>Section 10334</i>  (a) transfers Office of Minority Health to Office of Secretary, reauthorizes appropriations and requires reports to Congress  (b) adds section 1707A to Title XVII of the Public Health Services Act establishing Offices of Minority Health at CDC, HRSA, SAMHSA, AHRQ, FDA and CMS  (c) redesignates National Center on Minority Health and Health Disparities at NIH as National Institute on Minority Health and Health Disparities</p>	<p><i>Section 2588A</i>  (a) transfers Office of Minority Health to Office of Secretary, reauthorizes appropriations and requires reports to Congress  (b) adds section 1707A to Title XVII of the Public Health Services Act establishing Offices of Minority Health at CDC, SAMHSA, AHRQ, and HRSA</p>
<p><b>Indian Health Care Improvement Act</b></p>	
	<p><i>Section 3101(a)</i>  Amends the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.  Section 2(2) findings include “a major national goal of the United States is the to provide the resources, processes, and structure that will enable Indian tribes and tribal members to obtain the quantity and quality of health care services and opportunities that will eradicate the health disparities between Indians the general population”  Section 3(4) declaration of national Indian health policy includes increasing “the proportion of all degrees in the health professions and allied and associated health professions awarded to Indians so that the proportion of Indian health professionals in each Service Area is raised to at least the level of that of the general population”  Section 4(11)(F) definition of health promotion includes “promoting culturally competent care”  Section 101 “The purpose of this title is to increase, to the maximum extent feasible, the number of Indians entering the health professions and providing health services, and to assure an optimum supply of health professionals to the Indian Health Programs and urban Indian organizations involved in the provision of health services to Indians.”  Section 102 grants for education and training of Indians  Section 103 health professions preparatory scholarships for Indians  Section 104 Indian health professions scholarships</p>

	<p>Section 105 recruitment of Indians into behavioral health education and training programs</p> <p>Section 106 scholarships for Tribal Health Programs</p> <p>Section 107 Indian Health Service extern program</p> <p>Section 108 continuing education allowances</p> <p>Section 109 community health representative program</p> <p>Section 110 Indian Health Service loan repayment program</p> <p>Section 111 Indian Health Scholarship and Loan Repayment Recovery Fund</p> <p>Section 112 recruitment travel and personnel expenses</p> <p>Section 113 Indian recruitment and retention demonstration program</p> <p>Section 114 advanced training and research demonstration program</p> <p>Section 115 grants for increasing the number of nurses, nurse midwives, and nurse practitioners who deliver health care services to Indians</p> <p>Section 116 tribal cultural orientation (a) Secretary "shall require that appropriate employees of the [Indian Health] Service who serve Indian Tribes in each Service Area receive educational instruction in the history and culture of such Indian Tribes and their relationship to the Service"</p> <p>Section 117 Indians into Medicine Program</p> <p>Section 118 health training programs at community colleges to "provide education in a health profession leading to a degree or diploma in a health profession for individuals who desire to practice such profession on or near a reservation or in an Indian Health Program"</p> <p>Section 119 retention bonus to "any health professional employed by, or assigned to, and serving in, an Indian Health Program or urban Indian organization"</p> <p>Section 120 nursing residency program "to enable Indians who are licensed practical nurses, licensed vocational nurses, and registered nurses who are working in an Indian Health Program or urban Indian organization" to pursue advanced training</p> <p>Section 121 community health aide program</p> <p>Section 122 training for individuals in the administration and planning of Tribal Health Programs, with priority to Indians</p> <p>Section 123 health professional chronic shortage demonstration program</p> <p>Section 124 National Health Service Corps</p>
--	---

	<p>Section 125 substance abuse counselor educational curricula demonstration program</p> <p>Section 126 behavioral health training and community education programs</p> <p>Section 127 exemption from payment of certain federal licensing, registration, and other fees</p> <p>Section 704 mental health technician program (d) shall ensure the program “involves the use and promotion of the traditional health care practices of the Indian Tribes to be served”</p> <p>Section 706 Indian women treatment programs (a) may make grants which specifically address “the cultural, historical, social, and child care needs of Indian women”</p> <p>(b)(3) funds may be used to “develop prevention and intervention models with incorporate traditional health care practices, cultural values, and community and family involvement”</p> <p>Section 708 Indian youth telemental health demonstration program</p> <p>(a)(4) to “develop culturally relevant educational materials on suicide”</p> <p>(d)(1)(D) funds to be used to “develop and distribute culturally appropriate community education materials”</p> <p>(d)(2) programs may “use and promote the traditional health care practices of the Indian Tribes of the youth to be served”</p> <p>Section 710 training and community education on behavioral health</p> <p>(c)(2) training modules shall address “the cultural, spiritual, and multigenerational aspects of behavioral health problem prevention and recovery”</p> <p>Section 711 behavioral health programs (b)(5) programs “may deliver services in a manner consistent with traditional health care practices”</p> <p>Section 712 fetal alcohol disorder programs (a)(2)(A)(v) funds may be used to “develop prevention and intervention models which incorporate practitioners of traditional health care practices, cultural values, and community involvement”</p> <p>Section 713 child sexual abuse and treatment programs</p> <p>(b)(3) funds may be used “to develop prevention and intervention models which incorporate traditional health care practices, cultural values, and community involvement”</p> <p>(b)(4) funds may be used “to develop and implement culturally sensitive assessment and diagnostic tools for use in Indian communities and Urban Centers”</p> <p>Section 714 domestic and sexual violence</p>
--	--

	<p>prevention and treatment  (b)(4) funds may be used “to develop prevention and intervention models, which may incorporate traditional health care practices”  Section 715 behavioral health research  (1)(b) research priorities include “the effects of loss of cultural identity and the development of scientific data on those effects”  Section 716 definitions  (9) “systems of care” means “a system for delivering services to children and their families that is child-centered, family-focused and family-driven, community-based, and culturally competent and responsive to the needs of the children and families being served. The systems of care approach values prevention and early identification, smooth transitions for children and families, child and family participation and advocacy, comprehensive array of services, individualized service planning, services in the least restrictive environment, and integrated services with coordinated planning across the child-serving systems”</p> <p><i>Section 3101(c)(3)</i>  Elevates position of Director of Indian Health Services to Assistant Secretary for Indian Health</p>
	<p><i>Section 3102</i>  Establishes the Native American Health and Wellness Foundation</p>
<p><b>Civil rights</b></p>	
<p><i>Section 1557</i>  Title VI of Civil Rights Act and other federal prohibitions against discrimination apply to new federally funded entities</p>	