The "Health Equity and Accountability Act of 2011"
[September 16, 2011, H.R. 2954]
Section-by-Section

TITLE I—DATA COLLECTION AND REPORTING

Section 101. Amendment to the Public Health Services Act.
Requires full implementation of ACA Section 4302 with regard to data collection in HHS programs (not just surveys, which HHS has already done) around health disparities associated with race, ethnicity, sex, primary language, and disability status; and expands these data collection requirements to include sexual orientation, gender identity, and socioeconomic status. Requires the HHS Data Council to develop a national plan for the culturally competent and appropriate collection of these data. Requires HHS to provide technical assistance to its divisions for collecting and analyzing these data. Establishes Epidemiology Centers and other data collection support for Native American tribes.

Section 102. Elimination of prerequisite of direct appropriations for data collection and analysis.

Section 103. Collection of race and ethnicity data by the Social Security Administration.
Requires the Social Security Administration to collect data on the race, ethnicity, primary language and disability status of applicants for social security account numbers or benefits.

Section 104. Revision of HIPAA claims standards.
Requires HHS to revise Health Insurance Portability and Accountability Act (HIPAA) regulations setting standards for the collection of data on race, ethnicity, primary language, sex and disability status.

Section 105. National Center for Health Statistics.
Extends authorization for appropriations for National Center for Health Statistics (NCHS) activities to 2016.

Sec. 106. Oversampling of Asian American and Native Hawaiian or Pacific Islander populations in federal health surveys.
Requires NCHS and others to develop an ongoing and sustainable national strategy for oversampling Asian American, Native Hawaiian or Pacific Islander, and other underrepresented populations and to issue a progress report within two years.

Section 107. Geo-access study.
Requires SAMHSA to conduct a geographic study on shortages and preparedness of specialty mental health providers to offer culturally and linguistically appropriate, affordable, and accessible services.

Section 108. Racial, ethnic, and linguistic data collected by the Federal Government.
Requires all agencies that have collected racial, ethnic, or linguistic data to submit annual reports to HHS, which will analyze the data and submit an annual report to Congress.
Based on HR 3090, section 306

Section 109. Data collection and analysis grants to minority-serving institutions.
Authorizes grants through the National Institute for Minority Health and Health Disparities and the Office of Minority Health to minority-serving institutions to access and analyze health disparity data.
Based on HR 3090, section 310

Section 110. Standards for measuring sexual orientation and gender identity in collection of health data.
Amends PHSA Section 3101 (as amended by ACA Section 4302) to include sexual orientation and gender identity metrics in HHS disparity data collection efforts.

Section 111. Optional collection of health data on immigrants and individuals in their households.
Allows HHS to develop optional standardized categories for the collection of data on immigrant- and mixed-status households for the purposes of health surveys and research.

Section 112. Standards for measuring socioeconomic status in collection of health data.
Amends PHSA Section 3101 (as amended by ACA Section 4302) to include socioeconomic status metrics in HHS disparity data collection efforts.

Section 113. Safety and effectiveness of drugs with respect to racial and ethnic background.
Requires pre-approval and, in some cases, post-market studies if there is evidence that there may be a disparity in the safety or effectiveness of a drug on the basis of racial or ethnic background disparity.

Section 114. GAO study on the compliance with existing FDA requirements to present drug and device safety and effectiveness data by sex, age, and racial and ethnic subgroups.
Requires a GAO report on the extent to which clinical studies comply with FDA requirements and follow guidance for presentation of safety and effectiveness by health disparity subgroups.

Section 115. Improving health data regarding Native Hawaiians and other Pacific Islanders.
Requires NCHS to develop and implement an ongoing and sustainable national strategy for identifying and evaluating the health status and health care needs of Native Hawaiians and other Pacific Islanders. Requires an NCHS preliminary health survey in order to identify the major areas and regions in which Native Hawaiians and other Pacific Islanders reside, a progress report after two years, and a study and report by the Institute of Medicine.

TITLE II—CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTHCARE

Section 201. Definitions
Adds definitions contained in Section 202 to the Public Health Service Act.

Section 202. Amendment to the Public Health Service Act.
Makes findings on language disparities, and adds definitions related to the delivery of culturally and linguistically appropriate health care services to the Public Health Service Act, reinforces federal agency requirements pursuant to E.O. 13166, sets national standards for culturally and linguistically appropriate services in health care for recipients of federal financial assistance, creates a center for cultural and linguistic competence within the Agency for Healthcare Research and Quality, authorizes innovation grants in cultural and linguistic competence, and expands research on cultural and linguistic competence.

Section 203. Federal reimbursement for culturally and linguistically appropriate services under the Medicare, Medicaid and the State Children's Health Insurance Program.
Establishes a demonstration program to promote access for Medicare beneficiaries with limited English proficiency by providing reimbursement of culturally and linguistically appropriate services under Medicare, Medicaid, and the State Children's Health Insurance Program.

Section 204. Increasing understanding of and improving health literacy.
Establishes grants to improve healthcare for patient populations that have low functional health literacy.

Section 205. Assurances for receiving federal funds.
Requires recipients of federal funds authorized in this measure to ensure the right of LEP individuals to receive access to quality healthcare to ensure adequate education and training, provide appropriate language services at no additional charge, notify patients of their right to receive language services, and utilize only competent interpreter or translation services.

Section 206. Report on federal efforts to provide culturally and linguistically appropriate healthcare services.
Requires HHS to prepare a report that describes federal efforts to ensure that all individuals with limited English proficiency have meaningful access to healthcare and healthcare-related services.

Section 207. English for speakers of other languages.
Establishes Department of Education grants to state or community-based organization that employ and serve minority populations to develop and implement a plan for assuring the availability of English as a second language instruction that effectively integrates information about the nature of the United States healthcare system, how to access care, and any special language skills that may be required for them to access and regularly navigate the system effectively.

Section 208. Implementation.
Clarifies that there is no state immunity under the 11th Amendment for failing to provide language access services and a rule of construction clarifying that this measure should not limit other federal financial assistance.

Section 209. Language access services.
Adds language access services, including oral interpretation and written translations, as a required category of Essential Health Benefits and employer-sponsored minimum essential coverage under the *Affordable Care Act*.

TITLE III—HEALTH WORKFORCE DIVERSITY

Section 301. Amendment to the Public Health Service Act.
Requires a new HHS report to Congress on workforce diversity (including a description of grant support made to achieve workforce diversity goals) and establishes:

- A National Working Group on Workforce Diversity;
- A technical clearinghouse for health workforce diversity sited within HHS;
- Grants to entities that demonstrate a commitment to workforce diversity,
- Grants to support scientists and researchers and promote the inclusion of underrepresented minorities in the health professions;
- Grants to provide career support for non-research health professionals;
- Grants to expand research on the link between health workforce diversity and quality healthcare;
- A health and healthcare disparities education program at HHS; and

Section 302. Hispanic-Serving Health Professions Schools.
Establishes grants to Hispanic-serving health professions schools, including Regional Hispanic Centers of Excellence, for scholarships and financial assistance to recruit Hispanic individuals to enroll in and graduate from health professions schools.

Section 303 Loan repayment program of Centers for Disease Control and Prevention.
Reauthorizes program that sunsets in 1994 through 2017 that permits HHS to repay up to $35,000 of educational loans for health professionals who agree to conduct prevention activities, as employees of CDC and the Agency for Toxic Substances and Disease Registry.

Section 304. Cooperative agreements for online degree programs at schools of public health and schools of allied health.
Establishes cooperative agreements between HHS and schools of public health and schools of allied health to design and implement online degree programs (with priority to any school of public health or school of allied health that has an established track record of serving medically underserved communities).

Section 305. National report on the preparedness of health professionals to care for diverse populations.
Requires an HHS report to detail and assess the preparedness of health professionals to care for racially and ethnically diverse populations.

Section 306. Scholarship and fellowship programs.
Creates:

- David Satcher Public Health and Health Services Corps grants to increase awareness among post-primary and post-secondary students of career opportunities in health professions (with priority given to entities with diverse populations with experience in health disparity elimination programs that facilitate entry of disadvantaged individuals into higher education institutions, and that provide services to assist disadvantaged individuals in completing postsecondary education); and
- Louis Stokes Public Health Scholars program to award scholarships to post-secondary students who seek a career in public health (with priority to students with disadvantaged background, who are admitted to a minority-serving institution, and have identified a health professional mentor and an academic advisor); and
- Patsy Mink Health and Gender Research Fellowship program that awards research fellowships to post-baccalaureate students to conduct research that will examine gender and health disparities and to pursue a career in the health professions (with priority given to applicants that are from disadvantaged backgrounds, have identified a mentor and academic advisor, and have secured a research assistant position);
- Paul David Wellstone International Health Fellowship program to award research fellowships to college students or recent graduates to advance their understanding of international health (with priority given to applicants that are from disadvantaged backgrounds and have identified a mentor and advisors); and
- Edward R. Roybal Healthcare Scholar program to award grants to expose entering graduate students to the health professions (with priority given to entities that have experience with health disparity elimination programs, facilitate training in specified health professions fields, and provide services to assist individuals in completing postsecondary education).

Section 307. Advisory Committee on Health Professions Training for Diversity.
Establishes an advisory committee to provide advice and recommendations to HHS concerning policy and program development and other matters of significance, report to HHS and Congress on its activities, and consult with students who are attending health professions schools.

Section 308. McNair Postbaccalaureate Achievement Program.
Requires the Secretary of Education to encourage participants to consider health profession careers.

Section 309. Rules for determination of full-time equivalent residents for cost reporting periods.
Clarifies that, for the purposes of cost reporting periods, teaching hospitals may count all time residents spend in approved residency programs, including the time residents spend on research, didactic teaching, and training in public health departments.

Section 310. Developing and implementing strategies for local health equity.
To better integrate health equity efforts at universities and academic medical centers to increase health equity in their locales, establishes grant programs through a collaborative effort among HHS, Education, and Labor to:

- Develop capacity at academic institutions to build an evidence base for successful strategies and to serve as national models of driving local health equity;
- Develop strategic partnerships between academic institutions and the communities in which they are situated; and
- Collect data and evaluate the programs' effectiveness and to enable programs to adapt accordingly.

Section 311. Loan forgiveness for mental and behavioral health social workers.

- Directs the Secretary of Education to cancel the balance of interest and principal due on any eligible Federal Direct Loan not in default for mental health and behavioral health social workers meeting certain loan repayment/service requirements.

TITLE IV—IMPROVEMENT OF HEALTHCARE SERVICES

Subtitle A – Health Empowerment Zones

Section 401. Short Title

Section 402. Findings.

Section 403. Designation of health empowerment zones.
Defines eligibility for and requires HHS to designate at least 110 communities with disproportionate disparities in health status and healthcare as health empowerment zones, with at least one in each state, DC, and territory or possession.
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Section 404. Assistance to those seeking designation.
Authorizes HHS to provide technical assistance and award a grant to assist with the formation of a community partnership, completion of a health assessment, or to prepare a request to be designated as a health empowerment zone.

Section 405. Benefits of designation.
Authorizes grants for initial implementation of a strategic plan.

Section 406. Definition.

Section 407. Authorization of appropriations.

Subtitle B—Other improvements of healthcare services
Chapter 1—Expansion of Coverage

Section 411. Amendment to the Public Health Service Act.

- Establishes grants for demonstration projects to improve the quality of and access to healthcare by health entities that provide patients with access to services regardless of their ability to pay and serve patient populations that are composed of uninsured, vulnerable populations, racial and ethnic minorities, or the limited English proficient;
- Requires HHS to designate centers of excellence at public hospitals and other health systems serving large numbers of minority patients;
- Requires HHS to provide direct financial assistance to health providers and centers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, Puerto Rico, and Hawaii.

Section 412. Removing Barriers to Unsubsidized Purchase of Private Insurance in American Health Benefit Exchanges.

Deletes provision in the *Affordable Care Act* that limits "consumer choice" to lawful residents.

Section 413. Study on the uninsured.

Requires HHS to study and report on the demographic characteristics – based on health disparities characteristics - of the uninsured and the projected demographic characteristics of the population of individuals who will not have health insurance after January 1, 2014.

Section 414. Medicaid payment parity for the territories.

Eliminates Medicaid funding limitations for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa and provides parity in FMAP payments for the territories and insular possessions beginning in FY 2014.

Section 415. Clarification of Medicaid coverage for citizens of Freely Associated States.

Restores Medicaid eligibility for migrants to the United States from the Freely Associated States.

Section 416. Extension of Medicare secondary payer.

Establishes a 42-month "coordination period" for patients with end-stage-renal disease and under a group health plan so that the group health plan is the primary payer for 42 months, after which Medicare becomes the primary provider.

Section 417. Border health grants.

Authorizes a grant program to address priorities and recommendations to improve the health of border area residents.

Section 418. Removing Medicare barrier to healthcare.

Makes eligible for Medicare an individual who is lawfully present in the United States.

Section 419. 100 percent FMAP for medical assistance provided to a Native Hawaiian through a federally qualified health center or a Native Hawaiian healthcare system under the Medicaid program.
Provides 100 percent FMAP for Native Hawaiian treatment or care.

Chapter 2—Expansion of Access

Section 421. Grants for racial and ethnic approaches to community health.
Creates CDC grants to assist communities in mobilizing and organizing resources in support of health effective and sustainable programs to reduce or eliminate health disparities experienced by racial and ethnic minorities. HHS will encourage grantees to share best practices, evaluation results, and reports with communities not affiliated with the grantees.

Section 422. Critical access hospital improvements.

- Eliminates the requirement that rural ambulance services be at least 35 miles from one another in order to qualify for Medicare reimbursement; for areas served by a community ambulance where ambulance transport is to or from the critical access hospital, the community ambulance would receive cost based payment by billing Medicare under arrangement through the hospital.
- Provides an alternative to the current 25 inpatient bed limit, under which states may elect to count 730 inpatient bed days at a CAH instead of 25 located at a CAH. Under current law, CAHs may have a maximum of 25 acute care inpatient beds (counting any hospital-type bed located in or adjacent to any location where the bed could be used for inpatient care), with exceptions for swing bed agreements, examination or procedure beds, stretchers, operating room tables, and others.

Section 423. Establishment of rural community hospital (RCH) program.
Establishes a rural community hospital program in which HHS can designate hospitals located in a rural area, having less than 51 acute care inpatient beds, and that makes available 24-hour emergency care services that can qualify for reimbursement of 101 percent of the reasonable costs of services provided.

Section 424. Medicare remote monitoring pilot projects.
Requires HHS to conduct pilot projects to provide incentives to home health agencies to utilize home monitoring and communications technologies that enhance health outcomes for Medicare beneficiaries and reduce expenditures.

Section 425. Rural health quality advisory commission and demonstration projects.
Establishes a commission to develop, coordinate, and facilitate implementation of a national plan for rural health quality improvement and five demonstration projects to implement and evaluate methods for improving the quality of healthcare in rural communities.

Section 426. Rural healthcare services.
Establishes grant programs for rural healthcare services outreach, rural health network development, delta rural disparities and health systems development, and small rural healthcare provider quality improvements.

Section 427. Community health center collaborative access expansion.
Facilitates cooperation between a rural health clinic and a community health center.

Section 428. Facilitating the provision of telehealth services across State lines.
Requires HHS to consult with states, physicians, healthcare practitioners, and patient advocates to encourage and facilitate the adoption of telehealth services under the Medicare program with multistate practitioner practice across state lines.

Section 429. Scoring of preventive health savings.
Requires CBO, upon request by the chairman or ranking member of either Budget Committee, to determine if a proposed measure would result in reductions in budget outlays in budgetary outyears through the use of preventive health and preventive health services.

Section 430. Sense of Congress.
Establishes Sense of Congress that maintenance of effort provisions of the Affordable Care Act for Medicaid and CHIP are critical for the protection of vulnerable populations, including communities of color, and must be strictly enforced.

Section 431. Repeal of requirement for documentation evidencing citizenship or nationaly under the Medicaid program.
Repeals provisions of the Deficit Reduction Act of 2005 that require documentation of U.S. citizenship for Medicaid participants.

Section 432. Office of Minority Health in Veterans Health Administration of Department of Veterans Affairs.
Establishes Office of Minority Health in said Department.

Section 433. Access for Native Americans Under PPACA.
Makes consistent definition of "Indians" under the Affordable Care Act and Internal Revenue Code of 1986.

TITLE V—IMPROVING HEALTH OUTCOMES FOR WOMEN, CHILDREN, AND FAMILIES

Section 501. Grants to promote positive health behaviors in women and children.
Authorizes HHS grant program to promote positive health behaviors for racial and ethnic minority women and children and to educate, guide, and provide experiential learning opportunities that target behavioral risk factors in medical underserved communities. Grants may be used to support community health workers to educate and provide outreach regarding enrollment in health insurance including the State Children's Health Insurance Program, Medicare, and Medicaid; to educate about health problems; to target behavioral risk factors; promote positive health behaviors; to promote community wellness; and to educate and refer target populations for health services.

Section 502. Removing barriers to nutrition assistance health coverage for children, pregnant women, and lawfully residing individuals.

- Expands coverage of benefits under the Supplemental Nutrition Assistance Program by allowing people who are lawfully present in the United States to be eligible by removing barriers to nutrition that are based on immigration status or date of entry into the United States.

- Expands eligibility for the Supplemental Nutrition Assistance Program for families with children.

- Ensures proper screening by providing a method that does not require unnecessary information that would restrict welfare and public benefits for aliens.

Section 503. Repeal of denial of benefits.
Reinstates food stamp benefits to individuals of drug-related convictions.

Section 504. Birth defects prevention, risk reduction, and awareness.
Directs CDC to establish and implement a birth defects prevention and public awareness program that includes a nationwide media campaign to increase awareness among health care providers and at-risk populations about pregnancy and breastfeeding information services; grants for the provision of, or campaigns to increase awareness about, pregnancy and breastfeeding information services; and grants for the conduct or support of surveillance of or research on maternal exposures and maternal health conditions.

Section 505. Uniform State maternal mortality review committees on pregnancy-related deaths.
Establishes grants to state departments of health to initiate Uniform State maternal mortality review committees on pregnancy related deaths. Requires states to develop a mandatory process for reporting pregnancy related deaths by health care providers and facilities; and a voluntary reporting process available to family members of the deceased. Establishes research grants for finding, investigating, summarizing and reporting cases of pregnancy related or associated death; sets out review committee membership; allows for regional review committees.

Section 506. Eliminating disparities in maternity health outcomes.
Requires HHS to carry out research into the determinants of health disparities in maternal health outcomes; establishes a demonstration project to compare effective interventions to reduce maternity services disparities and outcomes, requires reporting on the results of the demonstration project.

Section 507. Decreasing the risk factors for sudden unexpected infant death and sudden unexplained death in childhood.
Establishes a culturally competent public health awareness and education campaign at HHS to provide information focused on decreasing the risk factors for sudden unexpected infant death and sudden unexplained death in childhood.

Section 508. Reducing teenage pregnancies.
Establishes demonstration grants to provide information and skills to reduce teenage pregnancies in racial or ethnic minority or immigrant communities, with at least five percent of grants designated to Indian tribes and tribal organizations. Directs HHS to award grants for multimedia campaigns to provide public education and increase public awareness regarding teenage pregnancy and related social and emotional issues. Directs CDC to make grants for research on teenage pregnancy, dating violence, and health relationships among racial or ethnic minority or immigrant communities. Establishes an interagency adolescent health workgroup at HHS.

Section 509. Addressing gestational diabetes.
Directs CDC to develop a multisite gestational diabetes research project to expand and enhance surveillance data and public health research on gestational diabetes. Directs HHS to expand and intensify public health research on gestational diabetes. Directs CDC to award grants for demonstration projects to reduce the incidence of gestational diabetes, the recurrence of such disease in subsequent pregnancies, and the development of type 2 diabetes in women with a history of gestational diabetes; and work with state and Indian tribal-based diabetes prevention and control programs assisted by the CDC to encourage postpartum follow-up after gestational diabetes.

Section 510. Emergency contraception education and information programs.
Directs CDC to develop public information on emergency contraception, including, at a minimum, a description of emergency contraception and an explanation of the use, safety, efficacy, and availability of such contraception. Directs HRSA to develop and disseminate information on emergency contraception to health care providers, including pharmacists.

Section 511. Supporting healthy adolescent development.
Authorizes HHS to award grants to states to conduct comprehensive, age-appropriate and medically accurate sex education programs, including education on both abstinence and contraception for the prevention of teenage pregnancy and sexually transmitted diseases, including HIV/AIDS.

TITLE VI—MENTAL HEALTH

Section 601. Coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program.
Expands coverage of marriage and family therapist and mental health counselor services under Medicare Part B to diversify the availability of mental health care services and expands the availability of benefits for rural areas.

Section 602 Community Mental Health and Addiction Safety Net Equity Act.

- Expands behavioral health services for individuals, sets criteria for federally qualified behavioral health centers (FQBHC), and adds Medicaid coverage and payment for FQBHC to increase access to and the availability of health care benefits for individuals and ensure that individuals in need of mental health services can receive necessarily health insurance coverage.

- Requires the Institute of Medicine (IOM) to submit a report that evaluates the compensation structure of professional and paraprofessional personnel employed by FQBHCs to improve the quality of services and diversify the mental health professional field.
- Requires authorization of $550,000 in annual appropriations for FY 2012 and FY 2013.
- Requires IOM to submit a report that evaluates the paperwork burden of FQBHCs to reduce the burden of paperwork experienced by FQBHCs and improve the quality of mental health services.

Section 603. Minority Fellowship Program.
Creates a Minority Fellowship Program at SAMSHA to award contracts to provide financial support for graduate students, postdoctoral fellows, and residents in the professions of psychology, psychiatry, social work, psychiatric advanced practice nursing and marriage and family therapy. Authorize appropriations of $10,000,000 for FY12-FY16.

Sec. 604. Integrated Health Care Demonstration Program.
Creates grants to provide technical assistance and training regarding effective development and implementation of interprofessional health care teams.

Section 605. Addressing Racial and Ethnic Minority Mental Health Disparities Research Gaps.
Requires a study and report on the existing knowledge of mental and behavioral health disparities in racial and ethnic minority groups and recommendations for its expansion.

TITLE VII—ADDRESSING HIGH IMPACT MINORITY DISEASES

Subtitle A—Cancer

Section 701. Lung Cancer Mortality Reduction
States the importance of lung cancer mortality reduction as a national public health priority and the how a program coordinated by the Secretary of Health and Human Services is a national public health priority. Requires the implementation of a comprehensive Lung Cancer Mortality Reduction Program to achieve reduction of the mortality rate of lung cancer. Amends Subpart 1 of part C of Title IV of the PHSA (42 USC 285et seq.) Requires HHS to establish a Lung Cancer Advisory Board to monitor, provide annual reports, and ensure quality of lung cancer programs.

Section 702. Expanding Prostate Cancer Research, Outreach, Screening, Testing, Access, and Treatment Effectiveness
Requires VA, DoD, and HHS to establish an Interagency Prostate Cancer Coordination and Education Task Force to (1) develop a summary of advances in prostate cancer research; (2) consider establishing a guidance to enable physicians to screen men over age 74; (3) share and coordinate information on federal research and program activities; and (4) develop a comprehensive interagency strategy to evaluate factors that may be related to the etiology of prostate cancer. Requires the VA to submit recommendations to Congress. Creates a four-year

telehealth pilot project to analyze the clinical outcomes and cost effectiveness associated with Telehealth services in different geographic areas that contain high proportions of medically-underserved populations.

Section 703. Improved Medicaid coverage for certain breast and cervical cancer patients in the territories.
Enhances FMAP for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.

Section 704. Cancer prevention and treatment demonstration for ethnic and racial minorities.
Requires the Secretary of Health and Human Services to conduct demonstration projects, review the program design, and report to Congress no later than 2 years after the initial demonstration projects are implemented to ensure quality services are provided to individuals and to facilitate reduced disparities in early detection and the treatment of cancer.

Section 705. Reducing cancer disparities within Medicare.
Requires HHS to specify the classes of Medicare providers of services and suppliers that would be required to publicly report on measures and enter into agreements to evaluate disparities in the quality of cancer care.

Subtitle B—Viral Hepatitis and Liver Cancer Control and Prevention

Section 711. Comprehensive hepatitis B and hepatitis C prevention, education, research, and medical management referral program.
Requires HHS to develop and implement a plan for the prevention, control, and medical management of hepatitis B and hepatitis C. Elements of the program would include education and awareness programs; immunization, prevention, and control programs; epidemiological surveillance; research; and expanded support for underserved and disproportionately affected populations. Authorizes HHS to award grants or enter into contracts or cooperative agreements to carry out program activities. Amends PHSA Sc. 317N. Adds hepatitis to the illnesses for which the Substance Abuse and Mental Health Services Administration, in cooperation with the NIH and CDC, is required to develop educational materials and intervention strategies to reduce risks of the illnesses among substance abusers and individuals with mental illness and to develop appropriate mental health services.

Subtitle C—Acquired Bone Marrow Failure Diseases Research and Treatment Act

Section 721. National Acquired Bone Marrow Failure Diseases
Establishes a registry to identify the incidence and prevalence of and to collect and store data on acquired bone marrow failure disease. Establishes an advisory committee to provide recommendations to the Secretary on the registry. Authorizes HHS grants, contracts, or cooperative agreements for the management, collection, and reporting of registry data.

Requires HHS to establish and coordinate outreach and informational programs targeted to minority populations affected by acquired bone marrow failure disease. Requires HHS to enter into cooperative agreements with entities to perform research on acquired bone marrow failure

disease. Amends PHSA Title XVII Section 1707A. Requires HHS to award grants to improve diagnostic practices and quality of care for patients with acquired bone marrow failure disease.

Subtitle D—Cardiovascular Disease, Chronic Disease, and Other Disease Issues

Section 731. Guidelines for disease screening for minority patients.
Requires HHS to convene meetings to develop guidelines for disease screening for minority patient populations with a higher than average risk for many chronic diseases and cancers that are specified in this section.

Section 732. Coverage of the shingles vaccine under the Medicare program.
Adds the shingles vaccine to the Medicare program definition of covered "medical and other health services."

Section 733. CDC WISEWOMAN Screening Program.
Authorizes 5 years of funding the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program that provides low-income women with CVD screening and lifestyle intervention services.

Section 734. Report on cardiovascular care for women and minorities.
Requires HHS to prepare a report to Congress on the quality of and access to care for women and minorities with heart disease, stroke, and other cardiovascular diseases.

Section 735. Coverage of comprehensive tobacco cessation services in Medicaid.
Expands comprehensive tobacco cessation coverage, which currently applies only to pregnant women enrolled in Medicaid, to all Medicaid recipients.

Sec. 736. Clinical research funding for oral health
Requires the HHS Secretary to expand support of NIH research activities to improve the population's oral health through prevention and management of oral diseases and conditions.

Subtitle E—HIV/AIDS

Section 741. General Findings Section

Section 742. Addressing HIV/AIDS in communities of color

(a) National Observance Days- It is the sense of the Congress that national observance days highlighting the impact of HIV/AIDS on communities of color list

(b) Call to Action- It is the sense of the Congress that the President should call on members of communities of color--

(1) to become involved at the local community level in HIV/AIDS testing, policy, and advocacy;

(2) to become aware, engaged, and empowered on the HIV/AIDS epidemic within their communities; and

(3) to urge members of their communities to reduce risk factors, practice safe sex and other preventive measures, be tested for HIV/AIDS, and seek care when appropriate.

Section 743. HIV/AIDS reduction in racial and ethnic minority communities.
Expands the Minority HIV/AIDS Initiative at HHS.

Section 744. Repealing ineffective and incomplete abstinence-only program funding.
Repeals abstinence education programs currently authorized through 2014 by repealing Title V of the Social Security Act (42 U.S.C. 701 et seq.) and reprogramming funds to Teen Pregnancy Prevention Program.

Section 745. Dental education loan repayment program.
Authorizes HHS to provide dental education loan repayment for dentists who agree to serve as a dentist for at least two years at a facility with a critical shortage of dentists in an area with a high incidence of HIV/AIDS.

Section 746. Report on the implementation of the National HIV/AIDS Strategy.
Requires an interagency report on the status of the implementation of the National HIV/AIDS Strategy no later than 6 months after enactment.

Section 747. Addressing HIV/AIDS in the African-American community
Expresses the Sense of the Congress on National Black Clergy HIV/AIDS Awareness Sunday; federal agencies with responsibility for the prevention, testing, and treating HIV/AIDS; and Federal Bureau of Prisons Procedures for Inmates with HIV.

Section 748. National Black Clergy for the Elimination of HIV/AIDS
Authorizes HHS to make grants to public health agencies and faith-based organizations to conduct outreach, prevention, and testing activities related to HIV/AIDS. Authorizes HHS to make grants to public health agencies and faith-based organizations to conduct HIV/AIDS and sexually transmitted disease outreach, prevention, and testing activities that are targeted to the African-American community. Authorizes HHS to make grants to faith-based organizations for public health intervention and prevention activities for the purpose of reducing HIV/AIDS, sexually transmitted diseases, tuberculosis, and viral hepatitis in African-American communities.

Requires HHS to expand and intensify HIV/AIDS prevention activities in African American communities that are targeted to specific populations, are comprehensive and accurately based on science and research, and includes information on the risks associated with unprotected sex. Authorizes HHS to make grants for the study and behavioral factors that lead to increased HIV/AIDS prevalence in the African-American community and behavioral and structural network research and interventions. Authorizes HHS to make grants for the training of health care professionals, the treatment of individuals with HIV/AIDS; increasing the use of telemedicine; creating faith- and community-based certification programs for providers in and telemedicine care and support services; establishing comfort care; and incentive payments to providers implanting CDC guidelines for HIV testing. Amends PHSA Part E of title VII.

Section 749. Reducing the Spread of Sexually Transmitted Infections in Correctional Facilities.
Requires the Attorney General to direct the Bureau of Prisons to allow community organizations to provide STI counseling, STI prevention education, and sexual barrier protection devices in federal correctional facilities. Expresses the Sense of Congress that States should allow for the legal distribution of sexual barrier protection devices in state correctional facilities to reduce the prevalence and spread of STIs in those facilities. Provides for the automatic enrollment of ex-offenders. Amends SSA Section 1902(e). Requires the Attorney General to develop and implement a five-year strategy to reduce the prevalence and spread of STIs in federal and state correctional facilities.

Section 750. STOP AIDS in Prisons
Requires the Bureau of Prisons to develop a comprehensive policy within one year to provide HIV testing, treatment, and prevention for inmates within the correctional setting. Requires health care personnel to provide routine testing to all inmates, within 6 months of enactment of this Act, except those transferred from another facility with medical records indicating the inmate had been tested previously. Requires confidential pre- and post-test counseling be provided to all inmates tested for HIV. Requires health care personnel improve HIV/AIDS awareness through educational programs and materials made available at orientation, at health care clinics, and prior to release. Requires inmates be allowed to obtain HIV tests upon request once per year or whenever an inmate has a reason to believe the inmate may have been exposed to HIV.

Requires health care personnel to encourage inmates to request HIV tests if the inmate is sexually active, has been raped, uses intravenous drugs, receives a tattoo, or if the inmate is concerned that the inmate may have been exposed to HIV/AIDS. Requires health care personnel to provide routine testing to all inmates who become pregnant. Requires a facility's formulary contain all FDA-approved medications necessary to provide comprehensive treatment for HIV/AIDS, and that the facility maintain adequate supplies with appropriate procedures to ensure timely and confidential access to medications.

Requires procedures to ensure the confidentiality of inmate tests, diagnoses, and treatment. Requires HIV testing to all inmates no more than 3 months prior to their release. Requires, released inmates be provided with confidential prerelease counseling, appropriate health care referrals, and a 30-day supply of medically necessary medications the inmate is currently receiving. Permits inmates the right to refuse routine HIV testing. Requires health care personnel to provide timely notification to inmates of HIV test results.

Requires the Bureau provide Congress, within one year, a report on its policies and procedures to provide testing, treatment, and prevention education programs. Requires the Bureau report to Congress, within two years, a report on the incidence among inmates of diseases transmitted through sexual activity and intravenous drug use.

Section 751. Services to reduce HIV/AIDS in racial and ethnic minority communities
Permits the Secretary to make grants to public health agencies and faith-based organizations to conduct HIV/AIDS outreach, prevention, and testing activities.

Section 752. Health care professionals treating individuals with HIV/AIDS
Permits HRSA to consult with minority community organizations and award grants to: develop curricula for training primary care providers in HIV prevention and care; train health care professionals to provide HIV/AIDS care; develop policies for providing culturally relevant and sensitive treatment to people with HIV/AIDS, particularly on treatment for racial and ethnic minorities, men who have sex with men, and women and children; develop and implement telemedicine programs to respond to rural and minority health care needs, especially in medically underserved communities and insular areas; create faith and community based certification programs for providers in HIV/AIDS care and services; establish comfort care centers that provide mental, emotional, and psychosocial counseling for people with HIV/AIDS and implement additional protocols for the centers to address the needs of children and young adults with HIV/AIDS and transitioning to adulthood; incentivize HRSA payments to providers to implement testing consistent with the 2006 CDC Control and Prevention guidelines.

Defines the term HIV/AIDS. Authorizes appropriations of $100,000,000 to carry out § 752 in FY12 and FY13-16.

Section 753. Report on impact of HIV/AIDS in racial and ethnic minority communities

Requires the Secretary to submit an annual report to Congress and the President that includes information on the progress, opportunities, challenges and Federal funding needed to reduce the impact of HIV/AIDS in racial and ethnic minority communities.

Section 754. Study on status of HIV/AIDS epidemic among African-Americans

Directs the Secretary to work with the Institute of Medicine in collaboration with an academic organization which specializes in the identification and reduction of health disparities within the African-American community to document all aspects of the HIV/AIDS epidemic among African-Americans.

Requires a report to the President, the Director of the Office of National AIDS Policy Coordination, the Director of the White House Domestic Policy Council, the Director of White House Office of Faith-Based and Neighborhood Partnerships, key Federal agencies and relevant Congressional committees on the status of the HIV/AIDS epidemic among African-Americans in the U.S with specific implementation recommendations and a focus on Black clergy.

Authorizes $2 million for each fiscal year for 2012 and 2013 with 45 percent allocated to the Institutes of Medicine, 45 percent allocated to an academic organization which specializes in the identification and reduction of health disparities within the African-American community and 10 percent allocated for administrative costs and other activities.

Subtitle F— Diabetes

Section 755. Treatment of Diabetes in Minority Communities
Authorizes HHS to make grants to public and nonprofit private health care providers to provide treatment for diabetes in minority communities.

Section 756. Eliminating Disparities in Diabetes Prevention Access and Care
Amends the Public Health Service Act to require the Director of NIH to provide for (1) ongoing research and other activities with respect to prediabetes and diabetes in minority populations; and (2) programs to treat diabetes in minority populations.

Requires the Director of NIH, through the National Institute on Minority Health and Health Disparities and the National Diabetes Education Program, to provide for: (1) health care professionals' mentoring; and (2) minority health professionals' participation in diabetes-focused research programs. Requires the Director to make grants for a pipeline from high school to professional school that will increase minority representation in diabetes-focused health fields.

Directs the Diabetes mellitus Interagency Coordinating Committee to assess federal activities and programs related to diabetes in minority populations.

Requires the Secretary of HHS, acting through the Director of CDC to: (1) conduct research on diabetes in minority populations; (2) direct the Division of Diabetes Translation to educate the public on the causes and effects of diabetes in minority populations; and (3) carry out diabetes health promotion and prevention programs for minority populations.

Directs the Secretary, acting through the Administrator of HRSA, to educate health professionals on the causes and effects of diabetes in minority populations.

Sets forth additional requirements for the Secretary related to: (1) studies of factors that may influence health promotion, diabetes management, and prevention; (2) data collection on diabetes treatment, care, prevention, and services to the American Indian populations; (3) increased participation of minority populations in clinical trials; and (4) specialized care for children with diabetes.

Subtitle G—Lung Disease

Section 761. National asthma education and prevention.
Requires HHS to convene a working group to develop a report to Congress that catalogs the asthma prevention, management, and surveillance activities of the federal government and other entities

Section 762. Asthma-related activities of the CDC.
Amends the authority for CDC to provide information and education to the public, develop state asthma plans, compile data, and coordinate data collection related to asthma.

Section 763. Influenza and pneumonia vaccination campaign.
Enhances the program to increase the number of people vaccinated each year for influenza and pneumonia.

Section 764. Chronic obstructive pulmonary disease action plan.
Requires CC to conduct, support, and expand public health strategies, prevention, diagnosis, surveillance, and public and professional awareness activities regarding chronic obstructive pulmonary disease. Requires the development of a national action plan; public education and awareness activities; grants to reduce the burden of the disease; coordination with HIS, HRSA, and the VA to develop pilot programs; and improve techniques and identify best practices.

TITLE VIII—HEALTH INFORMATION TECHNOLOGY

Subtitle A—Reducing Health Disparities through Health IT

Section 801. HRSA assistance to health centers for promotion of health IT.
Expands and intensifies HRSA's programs and activities to provide technical assistance and resources to health centers to adopt and use Health IT in managing chronic disease and health conditions.

Section 802. Assessment of impact of Health IT on racial and ethnic minority communities; outreach and adoption of Health IT in such communities.
Adds racial and ethnic minority communities to the list of communities that the National Coordinator for Health Information Technology is required to regularly assess and report on related to the impact of HIT.

Subtitle B—Modifications to achieve parity in existing programs

Section 811. Extending funding to strengthen the Health IT infrastructure in racial and ethnic minority communities.
Expands the mission, duties, resources, and general authorities of the Secretary to target racial and ethnic minority communities for the use of health IT to collect data, train on effective use of data, telemedicine, and technologies, improve of health outcomes, and reduce disparities.

Section 812. Prioritizing regional center assistance to racial and ethnic minority groups.
Directs Regional Extension Centers (RECs) to prioritize education and assistance to providers that predominantly serve minority groups in a region and requires REC to report on status of outreach and assistance to providers that serve predominantly racial and ethnic minority groups to the biennial evaluation panel, which must include at least one consumer advocate and a representative of a minority-serving institution.

Section 813. Extending competitive grants for the development of loan programs to facilitate adoption of certified EHR technology by providers serving racial and ethnic minority groups.
Allows States and Tribes to apply for competitive grants for the development of loan programs to facilitate adoption of certified EHR technology by providers that serve predominantly racial and ethnic minority communities.

Subtitle C—Additional Research and Studies

Section 831. Data collection and assessments conducted in coordination with minority-serving institutions.
Requires the National Coordinator for Health IT to develop and implement a health IT impact assessment program in coordination with a minority-serving institution (such as an historically Black college or university, an Hispanic-serving institution, a tribal college or university, or an Asian American, Native American and Pacific Islander-serving institution with an accredited public health, health policy or health services research program) to measure the effects of adoption and use of health IT in minority communities and report to Congress with respect to this assessment program on an annual basis.

Section 832. IOM study and report on privacy concerns of certain minority populations.
Requires HHS to conduct a study and report to Congress on privacy concerns relating to minority populations (including racial and ethnic minorities; immigrants, as well as citizens living in "mixed-status" households; the LGBT community; and individuals who have a mental health disability or a record of mental health disability or treatment for a mental health disability), how these concerns may create barriers to accessing care or participating in health information exchange, and recommendations for overcoming barriers.

Section 833. Study of health information technology in medically underserved communities.
Requires HHS to conduct a study and report to Congress on the implementation of health IT in racial and ethnic minority communities, identifying barriers to implementation and examine the impact on care quality and cost reduction of health IT on minority communities and examining urban and rural health systems to determine the impact on healthcare providers and assess feasibility of health IT in these communities.

Subtitle D—Closing Gaps in Funding to Adopt Certified EHRs

Section 841. Application of Medicare HITECH payments to hospitals in Puerto Rico.
Extends application of Medicare HITECH (*Health Information Technology for Economic and Clinical Health Act*) payments to include subsection (d) hospitals in Puerto Rico. It also includes budgetary neutrality adjustment, requiring the Secretary to ensure the aggregate payments made under this subsection do not increase due to this amendment.

Section 842. Extending Medicaid EHR incentive payments to long-term care facilities and home health agencies.
Extends Medicaid EHR incentive payments to long-term care facilities and home healthcare providers.

Section 843. Extending physician assistant eligibility for Medicaid electronic health record incentive payments.
Extends eligibility for Medicaid incentive payments for the adoption and use of certified electronic health records to physician assistants practicing at a rural health center or federally qualified health center.

TITLE IX—ACCOUNTABILITY AND EVALUATION

Section 901. Prohibition on discrimination in Federal assisted health care services and research programs on the basis of sex, race, color, national origin, sexual orientation, gender identity, or disability status.

Section 902. Treatment of the Medicare Sec. B program under title VI of the Civil Rights Act of 1964.
Clarifies that a payment under Medicare Section B is to be considered a grant, and not a contract of insurance or guaranty.

Section 903. Accountability and Transparency within the Department of Health and Human Services.
Establishes an Office of Health Disparities to ensure that the health programs, activities, and operations of health entities that receive federal financial assistance are abiding by the prohibition on discrimination. Requires HHS to establish civil rights compliance officers in each agency that administers health programs. Adds "sexual orientation and gender identity" to the list of attributes (already including age, race, language, sex, etc.) that all recipients of federal financial assistance under federal health programs must serve without discrimination.

Section 904. United States Commission on Civil Rights.
Requires DOJ and HHS to coordinate activities carried out in health care and correctional facilities toward eliminating health disparities between the general population and racial and ethnic minorities.

Section 905. Sense of Congress concerning full funding of activities to eliminate racial and ethnic health disparities.
Expresses the sense of Congress that adequate funding should be allocated for health disparity elimination programs because:

- The health status of the American populace is declining;
- Racial and ethnic minority communities have the poorest health status and face substantial barriers to health care; and
- Efforts to improve this situation have been limited by inadequate resources.

Section 906. GAO and NIH Reports.
Requires GAO to study the racial and ethnic diversity of all those involved in grantmaking (applicants, grantees, and grantmakers) of NIH grants. Requires NIH to report on the progress of expanded planning, coordination, review and evaluation authority of the National Institute on Minority Health and Health Disparities. Requires a GAO report on the recipients of PPACA funding looking at how funds have gone to community based organizations working towards health disparity reduction. Requires Annual report from the Director of the National Institute on Minority Health and Health Disparities on the progress made by NIH to reduce health disparities.

TITLE X—ADDRESSING SOCIAL DETERMINANTS AND IMPROVING ENVIRONMENTAL JUSTICE

Section 1001. Codification of Executive Order 12898.
Codifies "Federal Actions To Address Environmental Justice in Minority Populations and Low-Income Populations." "Environmental Justice" means the fair treatment and meaningful involvement of all people regardless of race, color, national origin, educational level or income in the development, implementation, and enforcement of environmental laws and regulations.

Section 1002. Implementation recommendations by Environmental Protection Agency.
Requires EPA to follow the Inspector General's recommendations related to environmental justice reviews of its programs, policies, and activities; GAO's recommendation to devote more attention to environmental justice when developing clean air rules; and "Protecting People and Their Families from Radon: a Federal Action Plan for Saving Lives."

Section 1003. Grant program.
Establishes a new grant program at CDC for state and local communities to conduct environmental health improvement activities that is specific to each region and that region's demographic diversity.

Section 1004. Additional research on the relationship between the built environment and the health of community residents.
Establishes a new grant program to conduct and coordinate research on the built environment and its influence on individual and population-based health.

Section 1005. Environment and public health restoration.
Lists changes and proposed changes to law or regulations since 2001, which negatively impacted the environment and public health. Pronounces a statement of policy that the United States Government will work in partnership with other authorities in order to "act as a steward of the environment for the benefit of public health, to maintain air quality and water quality, to sustain the diversity of plant and animal species, to combat global climate change, and to protect the environment for future generations to enjoy." Requires a National Academy of Sciences report on the impact on public health, air quality, water quality, wildlife, and the environment of specified regulations, laws, and proposed laws.

Section 1006. Healthy Food Financing Initiative.