

**AMENDMENT TO H.R. 6**  
**(PAGE AND LINE NUMBERS REFER TO**  
**UPTON \_\_005)**  
**OFFERED BY MR. RUSH OF ILLINOIS**

Page 24, after line 21, insert the following:

1 **SEC. 1029. SENSE OF CONGRESS ON INCENTIVIZING INCLU-**  
2 **SION OF UNDERREPRESENTED COMMU-**  
3 **NITIES IN CLINICAL TRIALS.**

4 It is the sense of Congress that the National Institute  
5 on Minority Health and Health Disparities (NIMHD)  
6 shall include within its strategic plan ways to increase rep-  
7 resentation of underrepresented communities in clinical  
8 trials.

Page 30, after line 3, insert the following:

9 **SEC. 1043. CAREER DEVELOPMENT FOR SCIENTISTS AND**  
10 **RESEARCHERS.**

11 The Secretary of Health and Human Services (in this  
12 section referred to as the “Secretary”), acting through the  
13 Director of the National Institutes of Health, the Director  
14 of the Centers for Disease Control and Prevention, the  
15 Commissioner of Food and Drugs, the Director of the  
16 Agency for Healthcare Research and Quality, and the Ad-

1 administrator of the Health Resources and Services Admin-  
2 istration, shall award grants for—

3 (1) expanding existing opportunities for sci-  
4 entists and researchers; and

5 (2) promoting the inclusion of underrepresented  
6 minorities in the health professions.

Page 31, after line 2, insert the following:

7 **SEC. 1062. SUPPORT FOR INSTITUTIONS COMMITTED TO**  
8 **WORKFORCE DEVELOPMENT IN UNDERREP-**  
9 **RESENTED COMMUNITIES.**

10 (a) IN GENERAL.—The Secretary of Health and  
11 Human Services (in this section referred to as the “Sec-  
12 retary”), acting through the Administrator of the Health  
13 Resources and Services Administration and the Centers  
14 for Disease Control and Prevention, shall award grants  
15 to eligible entities that demonstrate a commitment to  
16 health workforce development in underrepresented com-  
17 munities.

18 (b) ELIGIBILITY.—To be eligible to receive a grant  
19 under subsection (a), an entity shall—

20 (1) be an educational institution or entity that  
21 historically produces or trains meaningful numbers  
22 of underrepresented minority health professionals,  
23 including—

1 (A) historically Black colleges and univer-  
2 sities;

3 (B) Hispanic-serving health professions  
4 schools;

5 (C) Hispanic-serving institutions;

6 (D) tribal colleges and universities;

7 (E) Asian-American, Native American, and  
8 Pacific Islander-serving institutions;

9 (F) institutions that have programs to re-  
10 cruit and retain underrepresented minority  
11 health professionals, in which a significant  
12 number of the enrolled participants are under-  
13 represented minorities;

14 (G) health professional associations, which  
15 may include underrepresented minority health  
16 professional associations; and

17 (H) institutions—

18 (i) located in communities with pre-  
19 dominantly underrepresented minority pop-  
20 ulations;

21 (ii) with whom partnerships have been  
22 formed for the purpose of increasing work-  
23 force diversity; and

1 (iii) in which at least 20 percent of  
2 the enrolled participants are underrep-  
3 resented minorities; and

4 (2) submit to the Secretary an application at  
5 such time, in such manner, and containing such in-  
6 formation as the Secretary may require.

7 (c) USE OF FUNDS.—Amounts received under a  
8 grant under subsection (a) shall be used to expand existing  
9 workforce diversity programs, implement new workforce  
10 diversity programs, or evaluate existing or new workforce  
11 diversity programs, including with respect to mental  
12 health care professions. Such programs shall enhance di-  
13 versity by considering minority status as part of an indi-  
14 vidualized consideration of qualifications. Possible activi-  
15 ties may include—

16 (1) educational outreach programs relating to  
17 opportunities in the health professions;

18 (2) scholarship, fellowship, grant, loan repay-  
19 ment, and loan cancellation programs;

20 (3) postbaccalaureate programs;

21 (4) academic enrichment programs, particularly  
22 targeting those who would not be competitive for  
23 health professions schools;

24 (5) kindergarten through 12th grade and other  
25 health pipeline programs;

1 (6) mentoring programs;

2 (7) internship or rotation programs involving  
3 hospitals, health systems, health plans, and other  
4 health entities;

5 (8) community partnership development for  
6 purposes relating to workforce diversity; or

7 (9) leadership training.

8 (d) REPORTS.—Not later than 1 year after receiving  
9 a grant under this section, and annually for the term of  
10 the grant, a grantee shall submit to the Secretary a report  
11 that summarizes and evaluates all activities conducted  
12 under the grant.

13 (e) DEFINITION.—In this section, the term “Asian-  
14 American, Native American, and Pacific Islander-serving  
15 institutions” has the same meaning as the term “Asian  
16 American and Native American Pacific Islander-serving  
17 institution” as defined in section 371(c) of the Higher  
18 Education Act of 1965 (20 U.S.C. 1067q(c)).

19 (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
20 authorized to be appropriated to carry out this section,  
21 such sums as may be necessary for each of fiscal years  
22 2015 through 2020.

Page 34, after line 18, insert the following:

1 **SEC. 1084. ELIMINATING DISPARITIES IN MATERNITY**  
2 **HEALTH OUTCOMES.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services (in this section referred to as the “Sec-  
5 retary”) (in consultation with the Deputy Assistant Sec-  
6 retary for Minority Health, the Director of the National  
7 Institutes of Health, the Director of the Centers for Dis-  
8 ease Control and Prevention, the Administrator of the  
9 Centers for Medicare & Medicaid Services, and the Admin-  
10 istrator of the Agency for Healthcare Research & Quality,  
11 and in consultation with relevant national stakeholder or-  
12 ganizations such as national medical specialty organiza-  
13 tions, national maternal child health organizations, na-  
14 tional groups that represent minority populations, and na-  
15 tional health disparity organizations) shall carry out the  
16 following activities to eliminate disparities in maternal  
17 health outcomes:

18 (1) Conduct research into the determinants and  
19 the distribution of disparities in maternal care,  
20 health risks, and health outcomes, and improve the  
21 capacity of the performance measurement infrastruc-  
22 ture to measure such disparities.

23 (2) Expand access to services that have been  
24 demonstrated to improve the quality and outcomes  
25 of maternity care for vulnerable populations.

1           (3) Establish a demonstration project to com-  
2           pare the effectiveness of interventions to reduce dis-  
3           parities in maternity services and outcomes, and im-  
4           plement and assess effective interventions.

5           (b) SCOPE AND SELECTION OF STATES FOR DEM-  
6           ONSTRATION PROJECT.—The demonstration project  
7           under subsection (a)(3) shall be conducted in no more  
8           than 8 States, which shall be selected by the Secretary  
9           based on—

10           (1) applications submitted by States, which  
11           specify which regions and populations the State in-  
12           volved will serve under the demonstration project;

13           (2) criteria designed by the Secretary to ensure  
14           that, as a whole, the demonstration project is, to the  
15           greatest extent possible, representative of the demo-  
16           graphic and geographic composition of communities  
17           most affected by disparities;

18           (3) criteria designed by the Secretary to ensure  
19           that a variety of types of models are tested through  
20           the demonstration project and that such models in-  
21           clude interventions that have an existing evidence  
22           base for effectiveness; and

23           (4) criteria designed by the Secretary to assure  
24           that the demonstration projects and models will be  
25           carried out in consultation with local and regional

1 provider organizations, such as community health  
2 centers, hospital systems, and medical societies rep-  
3 resenting providers of maternity services.

4 (c) DURATION OF DEMONSTRATION PROJECT.—The  
5 demonstration project under subsection (a)(3) shall begin  
6 on January 1, 2015, and end on December 31, 2019.

7 (d) GRANTS FOR EVALUATION AND MONITORING.—  
8 The Secretary may make grants to States and health care  
9 providers participating in the demonstration project under  
10 subsection (a)(3) for the purpose of collecting data nec-  
11 essary for the evaluation and monitoring of such project.

12 (e) REPORTS.—

13 (1) STATE REPORTS.—Each State that partici-  
14 pates in the demonstration project under subsection  
15 (a)(3) shall report to the Secretary, in a time, form,  
16 and manner specified by the Secretary, the data nec-  
17 essary to—

18 (A) monitor the—

19 (i) outcomes of the project;

20 (ii) costs of the project; and

21 (iii) quality of maternity care provided  
22 under the project; and

23 (B) evaluate the rationale for the selection  
24 of the items and services included in any bun-



1 dled payment made by the State under the  
2 project.

3 (2) FINAL REPORT.—Not later than December  
4 31, 2020, the Secretary shall submit to Congress a  
5 report on the results of the demonstration project  
6 under subsection (a)(3).

Page 38, after line 11, insert the following:

7 **SEC. 1103. HEALTH DISPARITIES EDUCATION PROGRAM.**

8 (a) ESTABLISHMENT.—The Secretary, acting  
9 through the National Institute on Minority Health and  
10 Health Disparities and in collaboration with the Office of  
11 Minority Health, the Office for Civil Rights, the Centers  
12 for Disease Control and Prevention, the Centers for Medi-  
13 care & Medicaid Services, the Health Resources and Serv-  
14 ices Administration, and other appropriate public and pri-  
15 vate entities, shall establish and coordinate a health and  
16 health care disparities education program to support, de-  
17 velop, and implement educational initiatives and outreach  
18 strategies that inform health care professionals and the  
19 public about the existence of and methods to reduce racial  
20 and ethnic disparities in health and health care.

21 (b) ACTIVITIES.—The Secretary, through the edu-  
22 cation program established under subsection (a), shall,  
23 through the use of public awareness and outreach cam-

1 paigns targeting the general public and the medical com-  
2 munity at large—

3           (1) disseminate scientific evidence for the exist-  
4           ence and extent of racial and ethnic disparities in  
5           health care, including disparities that are not other-  
6           wise attributable to known factors such as access to  
7           care, patient preferences, or appropriateness of  
8           intervention, as described in the 2002 Institute of  
9           Medicine Report entitled “Unequal Treatment: Con-  
10          fronting Racial and Ethnic Disparities in Health  
11          Care”, as well as the impact of disparities related to  
12          age, disability status, socioeconomic status, sex, gen-  
13          der identity, and sexual orientation on racial and  
14          ethnic minorities;

15          (2) disseminate new research findings to health  
16          care providers and patients to assist them in under-  
17          standing, reducing, and eliminating health and  
18          health care disparities;

19          (3) disseminate information about the impact of  
20          linguistic and cultural barriers on health care quality  
21          and the obligation of health providers who receive  
22          Federal financial assistance to ensure that people  
23          with limited-English proficiency have access to lan-  
24          guage access services;

1           (4) disseminate information about the impor-  
2           tance and legality of racial, ethnic, disability status,  
3           socioeconomic status, sex, gender identity, and sex-  
4           ual orientation, and primary language data collec-  
5           tion, analysis, and reporting;

6           (5) design and implement specific educational  
7           initiatives to health care providers relating to health  
8           and health care disparities; and

9           (6) assess the impact of the programs estab-  
10          lished under this section in raising awareness of  
11          health and health care disparities and providing in-  
12          formation on available resources.

13          (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
14          authorized to be appropriated to carry out this section  
15          such sums as may be necessary for each of fiscal years  
16          2015 through 2020.

