

care. H.R. 1812 authorizes a total of \$25 million over a 5-year period to conduct the demonstration project.

Furthermore, this measure will be particularly helpful to sprawling districts such as my own in northwest Ohio, in which patients must drive or be driven by friends or family long distances for basic medical care and services.

Madam Speaker, I again urge my colleagues to join me in supporting H.R. 1812.

Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Madam Speaker, I yield myself such time as I may consume.

Too many Americans, as my friend from Ohio said, face financial barriers to health care. The American Cancer Society and other patient advocates support H.R. 1812 because they know that many Americans also face serious nonfinancial barriers; racial, cultural, linguistic and geographical barriers; barriers that have contributed to striking disparities across racial and ethnic lines in the incidence and treatment of cancer and other serious diseases.

This is by no means a minor or inconsequential issue. It is a crisis, and addressing it should be one of our Nation's highest priorities. According to former Surgeon General David Satcher, more than 80,000 African Americans die every year because of continuing disparities in health care; 80,000.

African American and Latino adults are disproportionately more likely than whites to suffer from chronic conditions such as heart disease, cancer, asthma, depression, diabetes and high blood pressure. Modern medicine can combat these conditions, but only if it is available to those that need it. The earlier people receive preventative, diagnostic and treatment services, the better.

Prevention and timely treatment are not only optimal from a public health perspective, they are optimal from a budget perspective. Timely care is cost-efficient care. The complexity and fragmentation of our health care system is perhaps the most daunting barrier of all. It exacerbates racial and ethnic disparities and reduces the efficiency of health care across the board.

The patient navigator bill lays out a comprehensive strategy designed to foster prevention, early diagnosis and efficient treatment of serious illnesses. The goal is twofold: To reach those who are currently disenfranchised from the health care system, and to help ease the way for those who face a serious illness, an intimidating array of treatment options and uncertainty about the best course of action.

This bill establishes a year-round community outreach program to promote cost-effective preventive services, including cancer screening. Early detection saves dollars, and, more importantly, saves lives.

The program features culturally and linguistically competent patient navi-

gators who are trained to assist and empower patients, serve as their advocates in negotiating our complicated and too often impersonal health care system, and help patients overcome barriers to health care services.

With this legislation's passage, we can expect to see increased enrollment in clinical trials, greater community involvement and health awareness, a more coordinated approach to health care delivery, and enhanced access to timely health care services for racial and ethnic minorities.

H.R. 1812 has the endorsement of the American Cancer Society, the National Association of Community Health Centers, the National Council of La Raza, the American Diabetes Association and the American Medical Association.

I want to commend the gentleman from New Jersey (Mr. MENENDEZ) and the gentlewoman from Ohio (Ms. PRYCE) for their hard work on this legislation. I am pleased to support it.

Mr. DINGELL. Madam Speaker, I rise in strong support of H.R. 1812, the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2005. This legislation establishes a five-year, \$25 million demonstration grant program to evaluate the use of "patient navigators," who are individuals trained to assist persons who are at risk for or who have cancer or other chronic diseases. Assistance provided by patient navigators would include coordinating health care services for patients such as enrollment in clinical trials, facilitating community involvement, and coordinating health insurance ombudsman programs to improve health care options. Simply put, this bill reduces barriers to access and improves health care outcomes.

H.R. 1812 ensures year-round outreach to target communities and funds culturally and linguistically competent patient navigators to conduct outreach, build relationships, and educate the public, while encouraging prevention screenings and follow-up treatment. It also ensures that navigators are available to help patients make their way through the health care system—offering a wide variety of services including translating technical medical terminology, making sense of their insurance, making appointments for referral screenings, following-up to make sure the patient keeps that appointment, or even accompanying a patient to a referral appointment.

This bill will support the placement of patient navigators in a variety of health care settings. Eligible entities for patient navigators include community health centers, cancer centers, rural health clinics, academic health centers, and facilities operated by the Indian Health Service.

This bill is supported by many patient advocate organizations, health care providers, and others, including the American Diabetes Association, the American Cancer Society, the National Hispanic Medical Association, the National Rural Health Association, and the National Association of Community Health Centers. I know that the bipartisan support for this bill involved the work of many of my colleagues. I would especially like to thank Representatives MENENDEZ and SOLIS for their hard work on this legislation. I will support H.R. 1812 and I encourage all of my colleagues to do the same.

Mrs. CHRISTENSEN. Madam Speaker, I rise today in support of H.R. 1812, the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2005. I applaud my colleague, friend and chair of the Democratic Caucus, Congressman ROBERT MENENDEZ of New Jersey for introducing this bill and getting it to the floor today. I also want to thank Chairman BARTON and Ranking member DINGELL for their support of measure.

As you know, Madam Speaker, I have come to this floor on numerous occasions call attention to the racial and ethnic health disparities in this Nation. For years, research has told us that minorities and low-income populations are the least likely to receive the health care they need to live a long, healthy life. There are many barriers to access which go beyond just the complex nature of the system.

While I am pleased that today we have a bill that will begin to break down these barriers, and open up access to healthcare for many who might otherwise be left out, I would have to say though that I am deeply disappointed that the Committee did not see it fit to include some of the provisions that specifically addressed the additional barriers that people of racial and ethnic minority populations face, such as those related to language and unique cultural factors.

Considering that people of this color bear such a disproportionate share of ill health and premature death, and that our lack of access contributes greatly to the skyrocketing cost of health care, it would have seemed to me to be only natural that a bill such as this would have sought to include the extra provisions that would ensure that every American would have the extra help, according to their need to get the health care services they need.

Nevertheless the bill we are passing today while greatly modified meets an important need and I join the many organizations which support it in asking my colleagues to pass this bill, and then continue to work with Democrats and the minority caucuses to address all of the other deficiencies in the health care system that keep wellness out of the reach of people of color in this country.

The bill before us provides that navigators will be available to help patients make their way through the health care system—whether it's translating technical medical terminology, making sense of their insurance, making appointments for referral screenings, following up to make sure the patient keeps that appointment, or even accompanying a patient to a referral appointment.

Madam Speaker, I also want to acknowledge that the original concept for the legislation comes from Dr. Harold Freeman's "navigator" program, which he created while he was Director of Surgery at Harlem Hospital. It is our hope that Dr. Freeman's navigator concept and its laser shape focus on comprehensive modeling of prevention services will eventually be fully translated in legislative terms.

I would also want at this time to recognize Brenda Pillars, the chief of staff to Congressman TOWNS who labored hard on this bill and who passed away last evening. Her passion for the health of all Americans but particularly the African American community, and her work in this body will be missed but long be remembered.

In closing, Madam Speaker, I also want to thank Karissa Willhite of Mr. MENENDEZ's office and John Ford and Cheryl Jaeger of the