

Energy and Commerce Committee along with other staff that enabled this bill to come to the floor. I urge my colleagues to vote for its adoption.

Ms. JACKSON-LEE of Texas. Madam Speaker, I rise today to speak in support of The Patient Navigator, Outreach and Chronic Disease Prevention Act of 2005. As a cosponsor of the bill last year, I am fully aware of the benefits the bill will provide. Specifically, the bill would establish a 5-year, \$25 million demonstration program for patient navigator services through Community Health Centers, National Cancer Institute centers, Indian Health Service centers, and Rural Health Clinics, as well as certain non-profit entities that provide patient navigator services.

Further, the goal of a patient navigator is to improve health outcomes by helping patients, particularly in underserved communities, to overcome the barriers they face in getting early screening and appropriate follow-up treatment.

Patient navigators are individuals who know the local community and can help patients navigate through the complicated health care system. They help with referrals and follow-up treatment and direct patients to programs and clinical trials that are available to help them get the treatment and care they need to fight cancer and other chronic diseases. In addition, the patient navigator guides patients to health coverage that they may be eligible to receive. They also conduct ongoing outreach to health disparity communities to encourage people to get screenings and early detection services.

Racial and ethnic minorities benefit from patient navigators because they ensure that patients will have someone at their sides who understands their language, culture, and barriers to care, helping them get in to see a doctor early and work their way through our complicated health care system to get the coverage and treatment they need to stay healthy. The same applies to those in rural communities who face significant geographic barriers and limited access to care.

Again, I strongly support this legislation and I hope my colleagues will do the same.

Mr. GENE GREEN of Texas. Madam Speaker, I rise today in support of HR 1812, the Patient Navigator legislation. This legislation would help reduce health disparities and barriers to health care through the increased use of patient navigators.

Under the program, Community Health Centers, National Cancer Institute centers, Rural Health Clinics and other non-profit groups can utilize federal funding to help patients navigate through the complex health care system. Patient navigators can help to stem the rising number of uninsured in our country by helping individuals understand their eligibility for health care coverage. These kinds of services are needed throughout the country, but they are particularly helpful in underserved communities, where uninsured individuals too often put off health care either because of a lack of coverage or due to the difficulties in finding the appropriate health care home.

In my hometown of Houston, patient navigators have made tremendous strides in helping patients find an appropriate health care home. Our Harris County Community Access Collaborative has implemented a Navigation Services program that has helped 31,000 patients find health care homes.

In a related navigation service, the collaborative began an Ask Your Nurse phone serv-

ice, whereby nurses are available 24 hours a day, 7 days a week to steer patients to the best providers for their health care needs. Studies have shown that 57 percent of the diagnoses in Harris County safety net hospitals' emergency rooms could have been treated in our clinics and primary care physician offices. With this kind of ER overutilization, the Ask Your Nurse services are a welcome addition to the public health care infrastructure in our county and steer an average of 2,700 patients each month to the best health care provider for their condition.

This legislation we consider today would allow other communities to replicate the successes we've achieved in Harris County. In addition, the legislation places an important emphasis on patient navigator services for individuals with cancer and other chronic conditions. For these diagnoses, it is extremely important that patients receive the scheduled follow-up treatment, and patient navigators can play a critical role in ensuring that patients receive the necessary care to successfully manage their health care conditions.

I would like to thank my friend and Chairman, JOE BARTON, for the bi-partisan nature in which he shepherded this bill through committee. I offer particular thanks to Mr. BARTON for his willingness to work with me to eliminate an unnecessary reference in the bill to the H-CAP program—a program that is important to me and my constituents. This is just one example of the lengths he will go to seek consensus, and I thank him for those efforts. With that, Madam Speaker, I encourage my colleagues to join me in supporting this bi-partisan legislation that will help many more Americans gain access to quality health care.

Mr. MATHESON. Madam Speaker, thank you for the opportunity to share my remarks on H.R. 1812, the Patient Navigator Outreach and Chronic Disease Prevention Act. I rise in strong support of this important legislation.

H.R. 1812 would authorize the Department of Health and Human Services to make grants for the development and operation of a pilot "patient navigator program." This demonstration project would provide Community Health Centers, National Cancer Institute centers, Indian Health Service centers, Rural Health Clinics, and other health providers with funding to help patients "navigate" what can often be a complicated and confusing health care system.

Under this legislation, patient navigators would help individual patients and their families overcome obstacles to the prompt diagnosis and treatment of their diseases by helping them understand the processes for receiving medical care and insurance, helping them coordinate referrals between different providers and specialists, helping them identify and possibly enroll in life-saving clinical trials, and even helping them manage their treatment plans.

The bill ensures that particular attention is paid to patients with significant barriers to high-quality health care services including those who are geographically isolated, those with cultural or linguistic barriers, and the uninsured. In their endorsement of this important legislation, the American Cancer Society noted that despite notable advances in prevention interventions, screening technologies, and high-quality treatments, a disproportionate burden of cancer falls on the uninsured, those who live in rural areas, and minority and other

medically underserved populations. These populations have higher risks of developing cancer and poorer chances of early diagnosis, optimal treatment, and survival.

I believe that this pilot project will be helpful in providing patients with much-needed information. As receiving a diagnosis of cancer or another chronic disease can be overwhelming for an individual and their family members, this pilot project should ensure that information is available in an accessible, understandable format. I encourage my colleagues to support this legislation.

Mr. BROWN of Ohio. Madam Speaker, I yield back the balance of my time.

Mr. GILLMOR. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. GILLMOR) that the House suspend the rules and pass the bill, H.R. 1812, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

□ 1415

#### AMENDING AGRICULTURAL CREDIT ACT TO REAUTHORIZE STATE MEDIATION PROGRAMS

Mr. LUCAS of Oklahoma. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 643) to amend the Agricultural Credit Act of 1987 to reauthorize State mediation programs.

The Clerk read as follows:

S. 643

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. REAUTHORIZATION OF STATE MEDIATION PROGRAMS.

Section 506 of the Agricultural Credit Act of 1987 (7 U.S.C. 5106) is amended by striking "2005" and inserting "2010".

The SPEAKER pro tempore (Ms. GINNY BROWN-WAITE). Pursuant to the rule, the gentleman from Oklahoma (Mr. LUCAS) and the gentlewoman from South Dakota (Ms. HERSETH) each will control 20 minutes.

The Chair recognizes the gentleman from Oklahoma (Mr. LUCAS).

Mr. LUCAS of Oklahoma. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of S. 643. S. 643 will reauthorize USDA's Certified State Mediation Program through 2010.

The State Mediation Program provides agricultural producers and the government with the means to allow a neutral third party to settle disputes between producers and USDA instead of going through potentially costly and time-consuming court cases.

I have introduced S. 643's companion bill in the House, H.R. 1930. Since the bills are identical, it would be the most expedient thing to simply pass S. 643 so