



Legislation Text

File #: Res 0067-2004, **Version:** *

Res. No. 67

Resolution calling upon the Congress of the United States to support the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003 (H.R. 918 and S. 453), which would authorize grants for model programs to provide services for cancer and chronic diseases to individuals in “health disparity populations”.

By Council Members Quinn, Monserrate, Foster, Gerson, Baez, Martinez, Addabbo, Barron, Boyland, Clarke, Fidler, Jackson, Jennings, Lopez, Recchia, Sanders, Seabrook, Stewart, Vann and Brewer

Whereas, Despite notable improvements in the overall health of those living in our nation, there are continuing disparities in the burden of illness and death experienced by African Americans, Latinos and Hispanics, Native Americans, Alaska Natives, Asian and Pacific Islanders and the poor, compared to the United States population as a whole; and

Whereas, According to a June 2003 study by The Henry J. Kaiser Family Foundation, many minority and low-income populations suffer disproportionately from cancer, cardiovascular disease, diabetes and other chronic diseases; and

Whereas, Culturally competent approaches to chronic disease care are needed to encourage increased participation of “health disparity populations,” including racial and ethnic minorities and the medically underserved, in chronic disease prevention and early detection and treatment programs; and

Whereas, H.R. 918 and S. 453, also known as the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003, a bill currently before Congress, would amend the Public Health Service Act to authorize the Health Resources and Services Administration, the National Cancer Institute and the Indian Health Service to make grants for model programs to provide individuals in “health disparity populations” with services relating to prevention, early detection, treatment and appropriate follow-up care in connection with cancer and chronic diseases; and

Whereas, H.R. 918 and S. 453 would also authorize the Health Resources and Services Administration, the National Cancer Institute and the Indian Health Service to make grants regarding the provision of patient navigators to assist individuals in “health disparity populations” to access and receive the above services; and

Whereas, Additionally, H.R. 918 and S. 453 would require that such services be provided in a culturally competent way and would include ongoing outreach activities; and

Whereas, H.R. 918 and S. 453 would condition grants, which would be limited to a five-year duration, on the presence of a fee schedule consistent with prevailing rates and a fee discount schedule which would provide fee adjustments based on ability to pay; and

Whereas, Furthermore, H.R. 918 and S. 453 would require that services provided pursuant to its provisions be evaluated according to a peer-reviewed model based on best practices; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the Congress of the United States to support the Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2003 (H.R. 918 and S. 453), which would authorize grants for model programs to provide services for cancer and chronic diseases to individuals in “health disparity populations.”