

110TH CONGRESS  
1ST SESSION

# S. 2424

To ensure that all Americans have basic health literacy skills to function effectively as patients and health care consumers.

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## IN THE SENATE OF THE UNITED STATES

DECEMBER 6, 2007

Mr. COLEMAN (for himself, Mr. HARKIN, Mr. DOMENICI, Ms. KLOBUCHAR, Ms. COLLINS, and Ms. LANDRIEU) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To ensure that all Americans have basic health literacy skills to function effectively as patients and health care consumers.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “National Health Lit-  
5 eracy Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Low health literacy is a problem for half of  
9 all American adults, or 100,000,000 individuals.

1           (2) Health literacy problems impact health care  
2 cost, quality of care, and health outcomes.

3           (3) Ensuring that individuals have health lit-  
4 eracy skills is critical to their ability to function ef-  
5 fectively as patients and health care consumers.

6           (4) Health literacy skills are needed to commu-  
7 nicate with health care providers, to understand self-  
8 care instructions, to understand and complete med-  
9 ical forms, to comply with treatment regimens, and  
10 to complete a host of other important health care  
11 tasks.

12           (5) Low health literacy costs billions of dollars  
13 each year in avoidable health care expenses, the ma-  
14 jority of which is borne by the Medicare and Med-  
15 icaid programs.

16           (6) The elderly and chronically ill are among  
17 those most at-risk of low health literacy. Those with  
18 the greatest health care needs are the heaviest users  
19 of health care and may be least able to respond to  
20 their health situation.

21           (7) The Institute of Medicine’s landmark report  
22 published in 2004, “Health Literacy: A Prescription  
23 to End Confusion”, identifies health literacy as  
24 “critical to successful health care”.

1 (8) Former Surgeon General Carmona con-  
 2 cluded that “health literacy can save lives, save  
 3 money, and improve the health and well-being of  
 4 millions of Americans”.

5 **SEC. 3. HEALTH LITERACY: STRATEGIC PLANNING, RE-**  
 6 **SEARCH AND COORDINATION.**

7 Part A of title IX of the Public Health Service Act  
 8 (42 U.S.C. 299 et seq.) is amended by adding at the end  
 9 the following:

10 **“SEC. 904. HEALTH LITERACY: STRATEGIC PLANNING, RE-**  
 11 **SEARCH AND COORDINATION.**

12 “(a) DEFINITIONS.—In this section:

13 “(1) HEALTH LITERACY.—The term ‘health lit-  
 14 eracy’ means an individual’s ability to obtain, proc-  
 15 ess, and understand basic health information and  
 16 services needed to make appropriate health care de-  
 17 cisions.

18 “(2) CENTER.—The term ‘Center’ means the  
 19 Health Literacy Implementation Center established  
 20 under subsection (b).

21 “(b) HEALTH LITERACY IMPLEMENTATION CEN-  
 22 TER.—

23 “(1) ESTABLISHMENT.—The Director shall es-  
 24 tablish within the Agency a Health Literacy Imple-  
 25 mentation Center, to be headed by a Director to be

1 appointed by the Secretary, to enhance efforts to  
2 help eliminate the problem of low health literacy by  
3 improving measurements, research, development,  
4 and information dissemination.

5 “(2) DUTIES.—The Center shall—

6 “(A) gather health literacy resources from  
7 public and private sources and make such re-  
8 sources available to researchers, health care  
9 providers, and the general public;

10 “(B) sponsor demonstration and evaluation  
11 projects to establish the feasibility and utility of  
12 health literacy interventions and tools in various  
13 settings;

14 “(C) develop the next generation of health  
15 literacy interventions and tools, including cur-  
16ricula, measures, and health information deci-  
17sion support, with specific attention placed on  
18 elementary and secondary schools, colleges and  
19 universities (including community colleges), and  
20 adult and vocational education programs and  
21 language barriers and cultural differences that  
22 contribute to low health literacy rates;

23 “(D) identify and fill research gaps relat-  
24ing to health literacy that have direct applica-  
25bility to quality improvement;

1           “(E) assist appropriate Federal agencies in  
2           establishing specific objectives and strategies  
3           for carrying out the purpose of the Center and  
4           in monitoring the programs of such agencies;

5           “(F) enter into implementation partner-  
6           ships with organizations and agencies, including  
7           the Centers for Medicare & Medicaid Services,  
8           the Joint Commission on the Accreditation of  
9           Healthcare Organizations, and the National  
10          Committee for Quality Assurance, to promote  
11          the adoption of interventions and tools devel-  
12          oped under this section; and

13          “(G) enter into an interagency agreement  
14          with the Secretary of Education to facilitate the  
15          coordination of Federal health literacy activities  
16          within the Department of Health and Human  
17          Services and the Department of Education.

18          “(3) PUBLIC MEETINGS.—The Center shall con-  
19          vene at least one annual public meeting to help raise  
20          awareness about the problem of health literacy and  
21          Federal and State efforts to address the issue. The  
22          Center shall invite representatives from the Depart-  
23          ment of Health and Human Services and the De-  
24          partment of Education, State officials, private sector

1 groups, and other interested parties involved in  
2 health literacy activities.

3 “(4) REPORT.—The Center shall annually sub-  
4 mit to Congress a report that includes—

5 “(A) a comprehensive and detailed descrip-  
6 tion of the operations, activities, financial condi-  
7 tion, and accomplishments of the Center in the  
8 field of health literacy; and

9 “(B) a description of how plans for the op-  
10 eration of the Center for the succeeding fiscal  
11 year will facilitate achievement of the goals of  
12 the Center.

13 “(5) AUTHORIZATION OF APPROPRIATIONS.—  
14 There is authorized to be appropriated to carry out  
15 this subsection, such sums as may be necessary for  
16 each of fiscal years 2008 through 2012.

17 “(c) STATE HEALTH LITERACY RESOURCE CEN-  
18 TERS.—

19 “(1) GRANTS.—The Director of the Center  
20 shall award grants to States to provide for the es-  
21 tablishment of a network of State or regional health  
22 literacy resource centers to facilitate efforts to elimi-  
23 nate low health literacy.

24 “(2) ELIGIBILITY.—To be eligible for a grant  
25 under subsection (a), a State shall submit to the Di-

1 rector of the Center an application at such time, in  
2 such manner, and containing such information as  
3 the Director may require, including a description of  
4 how the State will structure and provide services  
5 through the resource center established under the  
6 grant.

7 “(3) USE OF FUNDS.—A State shall use  
8 amounts received under a grant under this section  
9 to—

10 “(A) support efforts to better understand  
11 the nature and scope of low health literacy  
12 among the State’s population;

13 “(B) assist public and private efforts in  
14 the State in coordinating and delivering health  
15 literacy services;

16 “(C) encourage State and local government  
17 and industry partnerships to coordinate efforts  
18 to address low health literacy;

19 “(D) provide technical and policy assist-  
20 ance to State and local governments and service  
21 providers; and

22 “(E) monitor and evaluate programs con-  
23 ducted under this grant.

24 “(4) MEETINGS.—A State health literacy re-  
25 source center shall meet at least once each year to

1 share models of best practices. A summary report  
2 with respect to such meeting shall be made available  
3 to the public to facilitate the dissemination of effective  
4 State-based practices

5 “(5) REPORT.—Not later than September 30,  
6 or each fiscal year for which a grant is received by  
7 a State under this section, the State shall submit to  
8 the Director of the Center a report that shall describe  
9 the programs supported by the grant and the  
10 results of monitoring and evaluation of those programs.  
11

12 “(6) AUTHORIZATION OF APPROPRIATIONS.—  
13 There is authorized to be appropriated to carry out  
14 this subsection, \$10,000,000 for each of fiscal years  
15 2008 through 2012.”.

16 **SEC. 4. INSTITUTE OF MEDICINE STUDY AND REPORT.**

17 (a) STUDY.—The Secretary of Health and Human  
18 Services shall enter into a contract with the Institute of  
19 Medicine to conduct a study to identify opportunities within  
20 the Department of Health and Human Services to improve  
21 the public’s health literacy through the Medicare  
22 and Medicaid programs under titles XVIII and XIX of  
23 the Social Security Act (42 U.S.C. 1395 and 1396 et seq.)  
24 and at the Food and Drug Administration.

1           (b) REPORT.—Not later than 1 year after the date  
2 of enactment of this Act, the Institute of Medicine shall  
3 submit to the Secretary of Health and Human Services  
4 and the appropriate committees of Congress, a report con-  
5 cerning the results of the study conducted under sub-  
6 section (a).

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