

107TH CONGRESS
2D SESSION

H. R. 5265

To establish the Cultural Competence Commission.

IN THE HOUSE OF REPRESENTATIVES

JULY 26, 2002

Ms. JACKSON-LEE of Texas (for herself, Mr. LEWIS of Georgia, Mr. WYNN, Mr. BISHOP, Mr. RUSH, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. FILNER, Mr. STARK, Mr. DAVIS of Illinois, Mrs. CLAYTON, Mr. PAYNE, Mr. SERRANO, Ms. LEE, Mr. BECERRA, Mr. RODRIGUEZ, Ms. SOLIS, Mr. GONZALEZ, Mr. PALLONE, Mr. HONDA, Mr. PASTOR, Ms. WATSON of California, Mr. CUMMINGS, and Mr. RANGEL) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish the Cultural Competence Commission.

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 “Good Medicine Cul-
5 tural Competence Act of 2002”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Racial and ethnic minorities receive lower-
9 quality health care, even when insurance status, in-

1 come, age, and severity of conditions are com-
2 parable.

3 (2) In overall health, at each stage of life until
4 age 44, African Americans, Latinos, and Native
5 Americans have, on average, higher mortality rates
6 than whites.

7 (3) The Department of Health and Human
8 Services found at least 6 areas in which racial and
9 ethnic minorities experience serious disparities in
10 health access outcomes: infant mortality, cancer
11 screening and management, cardiovascular disease,
12 diabetes, HIV/AIDS infection, and immunizations.

13 (4) African-American children are twice as like-
14 ly to have asthma and 6 times as likely to die from
15 asthma as white children.

16 (5) Asthma hospitalization rates are higher in
17 urban, low-income, and minority communities.

18 (6) African Americans are 30 percent more
19 likely to die of cancer than whites when differences
20 in age are taken into account.

21 (7) African-American women are at greater risk
22 for being diagnosed with more advanced forms of
23 breast cancer.

1 (8) The African-American death rate due to di-
2 abetes is more than twice that for whites when dif-
3 ferences in age are taken into account.

4 (9) African Americans are 30 percent more
5 likely to die of heart disease than whites when dif-
6 ferences in age are taken into account.

7 (10) Of the AIDS cases reported in 2000, 47
8 percent involved African Americans.

9 (11) The annual AIDS case rate is 4 times
10 higher for Latinos than for whites.

11 (12) Infant mortality rates, one of the most
12 sensitive indicators of the health and well-being of a
13 population, are twice as high among African-Amer-
14 ican infants as whites.

15 (13) Studies show that even well-meaning phy-
16 sicians who are not overtly biased or prejudiced typi-
17 cally demonstrate unconscious negative racial atti-
18 tudes.

19 **SEC. 3. ESTABLISHMENT.**

20 There is established a commission to be known as the
21 Cultural Competence Commission (in this Act referred to
22 as the “Commission”).

23 **SEC. 4. DUTIES.**

24 The Commission shall conduct a study and, under
25 section 7, submit a report on the following:

1 (1) Establishing standards in cultural com-
2 petence education for medical and health profes-
3 sionals.

4 (2) Mandating minimum professional training
5 requirements for the delivery of high-quality knowl-
6 edge-based patient care, and mandating annual
7 hearings on the status of patient care for minority
8 and low-income patients.

9 (3) Collaborating with the Agency for
10 Healthcare Research and Quality and the American
11 Hospital Association to ensure that the review and
12 assessment process for updating clinical guidelines
13 and protocols incorporates a mechanism to deter-
14 mine the appropriateness of the guidelines and pro-
15 tocols for use among patients of color.

16 (4) Engaging the leadership of such diverse or-
17 ganizations as the National Consortium for African
18 American Children to help prioritize and provide cul-
19 tural competence training opportunities in such
20 venues as school-based and school-linked health set-
21 tings, working with The Council for Exceptional
22 Children to address issues relating to persons with
23 special needs, and collaborating with geriatric ex-
24 perts to improve access to culturally competent care
25 for seniors in long-term care facilities.

1 (5) Working with diverse organizations such as
2 the Asian and Pacific Islander American Health
3 Forum, the National Alliance for Hispanic Health,
4 the John Hopkins University Institute of Urban
5 Health, and the Utah Department of Health, Divi-
6 sion of Health Systems Improvement Primary Care
7 Rural and Ethnic Health, to address the needs of
8 vulnerable populations served by community and
9 tribal health centers.

10 (6) Increasing outcomes-based research to as-
11 sess improvements in health care outcomes for mi-
12 nority patients as a result of cultural competence
13 education.

14 (7) Broadening access to culturally competent
15 health education by patients, providers, and organi-
16 zations.

17 (8) Conducting a national policy forum to in-
18 form legislators at the Federal, State, and local lev-
19 els about cultural competence programs, research
20 findings, and patient care outcomes.

21 (9) Facilitating improvements in the effective-
22 ness of provider and patient interactions and com-
23 munications through cross-cultural education, health
24 literacy training, and information.

1 (10) Creating incentives for providers who have
2 documented training and expertise in cultural com-
3 petence.

4 (11) Collaborating with the National Board of
5 Medical Examiners, the Joint Commission on the
6 Accreditation of Health Care Organizations, and
7 other professional licensing boards and accrediting
8 bodies to devise and monitor a method for assessing
9 provider attitudes, knowledge, and skills in culturally
10 competent health care.

11 (12) Developing and enforcing mechanisms to
12 ensure organizational compliance with cultural com-
13 petence professional training, service delivery, and
14 administrative requirements.

15 (13) Establishing a national cultural com-
16 petence “think tank” comprised of expert advisers
17 known in the areas of research, advocacy, education,
18 public health policy, and human services.

19 **SEC. 5. MEMBERSHIP.**

20 (a) NUMBER AND APPOINTMENT.—The Commission
21 shall be composed of 17 members appointed as follows:

22 (1) 4 members appointed by the Speaker of the
23 House of Representatives.

24 (2) 4 members appointed by the minority leader
25 of the House of Representatives.

1 (3) 4 members appointed by the majority leader
2 of the Senate.

3 (4) 4 members appointed by the minority leader
4 of the Senate.

5 (5) 1 member appointed by the President.

6 (b) TERMS.—

7 (1) IN GENERAL.—Each member of the Com-
8 mission shall be appointed for the life of the Com-
9 mission.

10 (2) VACANCIES.—A vacancy in the Commission
11 shall be filled in the manner in which the original
12 appointment was made.

13 (c) BASIC PAY.—Members of the Commission shall
14 serve without pay.

15 (d) TRAVEL EXPENSES.—Each member shall receive
16 travel expenses, including per diem in lieu of subsistence,
17 in accordance with applicable provisions under subchapter
18 I of chapter 57 of title 5, United States Code.

19 (e) CHAIRPERSON.—The Chairperson of the Commis-
20 sion shall be elected by the Commission from among its
21 members.

22 **SEC. 6. POWERS OF COMMISSION.**

23 (a) HEARINGS AND SESSIONS.—The Commission
24 may, for the purpose of carrying out this Act, hold hear-

1 ings, sit and act at times and places, take testimony, and
2 receive evidence as the Commission considers appropriate.

3 (b) POWERS OF MEMBERS AND AGENTS.—Any mem-
4 ber or agent of the Commission may, if authorized by the
5 Commission, take any action that the Commission is au-
6 thorized to take by this section.

7 (c) OBTAINING OFFICIAL DATA.—Notwithstanding
8 sections 552 and 552a of title 5, United States Code, the
9 Commission may secure directly from any department or
10 agency of the United States information necessary to en-
11 able it to carry out this Act. Upon request of the Commis-
12 sion, the head of that department or agency shall furnish
13 that information to the Commission.

14 (d) MAILS.—The Commission may use the United
15 States mails in the same manner and under the same con-
16 ditions as other departments and agencies of the United
17 States.

18 (e) STAFF OF FEDERAL AGENCIES.—Upon request
19 of the Commission, the head of any Federal department
20 or agency may detail, on a nonreimbursable basis, any of
21 the personnel of that department or agency to the Com-
22 mission to assist it in carrying out its duties under this
23 Act.

24 (f) ADMINISTRATIVE SUPPORT SERVICES.—Upon the
25 request of the Commission, the Administrator of General

1 Services may provide to the Commission, on a non-
2 reimbursable basis, the administrative support services
3 necessary for the Commission to carry out its responsibil-
4 ities under this Act.

5 **SEC. 7. REPORT.**

6 Not later than 4 years after the date of the enact-
7 ment of this Act, the Commission shall submit to the Con-
8 gress and the President a report containing a detailed
9 statement of the findings and conclusions of the Commis-
10 sion, together with such recommendations as the Commis-
11 sion considers appropriate.

12 **SEC. 8. TERMINATION.**

13 The Commission shall terminate 180 days after sub-
14 mitting its final report pursuant to section 7.

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