

111TH CONGRESS
1ST SESSION

H. R. 1995

To amend the Public Health Service Act to prevent and treat diabetes, to promote and improve the care of individuals with diabetes, and to reduce health disparities, relating to diabetes, within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American, Native Hawaiian and Other Pacific Islander, and American Indian and Alaskan Native communities.

IN THE HOUSE OF REPRESENTATIVES

APRIL 21, 2009

Ms. DEGETTE (for herself, Mr. CASTLE, Mr. KIRK, Mr. BECERRA, Ms. LEE of California, Mr. HONDA, and Ms. VELÁZQUEZ) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to prevent and treat diabetes, to promote and improve the care of individuals with diabetes, and to reduce health disparities, relating to diabetes, within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American, Native Hawaiian and Other Pacific Islander, and American Indian and Alaskan Native communities.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Eliminating Dispari-
3 ties in Diabetes Prevention Access and Care Act of 2009”.

4 **TITLE I—NATIONAL INSTITUTES**
5 **OF HEALTH**

6 **SEC. 101. RESEARCH, TREATMENT, AND EDUCATION.**

7 (a) IN GENERAL.—Subpart 3 of part C of title IV
8 of the Public Health Service Act (42 U.S.C. 285c et seq.)
9 is amended by adding at the end the following new section:

10 **“SEC. 434B. DIABETES IN MINORITY POPULATIONS.**

11 “(a) IN GENERAL.—The Director of the National In-
12 stitutes of Health shall expand, intensify, and support on-
13 going research and other activities with respect to pre-dia-
14 betes and diabetes, particularly type 2, in minority popu-
15 lations, including research to identify clinical, socio-
16 economic, geographical, cultural, and organizational fac-
17 tors that contribute to type 2 diabetes in such populations.

18 “(b) CERTAIN ACTIVITIES.—Activities under sub-
19 section (a) regarding type 2 diabetes in minority popu-
20 lations shall include the following:

21 “(1) Continue research on behavior and obesity,
22 including research through the obesity research cen-
23 ter that is sponsored by the National Institutes of
24 Health.

25 “(2) Research on environmental factors that
26 may contribute to the increase in type 2 diabetes.

1 “(3) Support for new methods to identify envi-
2 ronmental triggers and genetic interactions that lead
3 to the development of type 2 diabetes in minority
4 newborns. Such research should follow the newborns
5 through puberty, an increasingly high-risk period for
6 developing type 2 diabetes.

7 “(4) Research to identify genes that predispose
8 individuals to the onset of developing type 1 and
9 type 2 diabetes and to the development of complica-
10 tions.

11 “(5) Research to prevent complications in indi-
12 viduals who have already developed diabetes, such as
13 research that attempts to identify the genes that
14 predispose individuals with diabetes to the develop-
15 ment of complications.

16 “(6) Research methods and alternative thera-
17 pies to control blood glucose.

18 “(7) Support of ongoing research efforts exam-
19 ining the level of glycemia at which adverse out-
20 comes develop during pregnancy and to address the
21 many clinical issues associated with minority moth-
22 ers and fetuses during diabetic and gestational dia-
23 betic pregnancies.

24 “(c) EDUCATION.—The Director of the National In-
25 stitutes of Health shall—

1 “(1) through the National Center on Minority
2 Health and Health Disparities and the National Di-
3 abetes Education Program—

4 “(A) make grants to programs funded
5 under section 485F (relating to centers of ex-
6 cellence) for the purpose of establishing a men-
7 toring program for health care professionals to
8 be more involved in weight counseling, obesity
9 research, and nutrition; and

10 “(B) provide for the participation of mi-
11 nority health professionals in diabetes-focused
12 research programs; and

13 “(2) make grants for programs to establish a
14 pipeline from high school to professional school that
15 will increase minority representation in diabetes-fo-
16 cused health fields by expanding Minority Access to
17 Research Careers (MARC) program internships and
18 mentoring opportunities for recruitment.

19 “(d) DEFINITION.—For purposes of this section, the
20 term ‘minority population’ means a racial and ethnic mi-
21 nority group, as defined in section 1707(g).

22 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purpose of carrying out this section, there are authorized
24 to be appropriated such sums as are necessary for fiscal
25 year 2010 and each subsequent fiscal year.”.

1 (b) DIABETES MELLITUS INTERAGENCY COORDI-
2 NATING COMMITTEE.—Section 429 of the Public Health
3 Service Act (42 U.S.C. 285c–3) is amended by adding at
4 the end the following new subsection:

5 “(c)(1) In each annual report prepared by the Diabe-
6 tes Mellitus Interagency Coordinating Committee, the
7 Committee shall include an assessment of the Federal ac-
8 tivities and programs related to diabetes in minority popu-
9 lations. Such assessment shall—

10 “(A) compile the current activities of all
11 current Federal health programs to allow for
12 the assessment of their adequacy as a systemic
13 method of addressing the impact of diabetes
14 mellitus on minority populations;

15 “(B) develop strategic planning activities
16 to develop an effective and comprehensive Fed-
17 eral plan to address diabetes mellitus within mi-
18 nority populations which will involve all appro-
19 priate Federal health programs and shall—

20 “(i) include steps to address issues in-
21 cluding type 1 and type 2 diabetes in chil-
22 dren and the disproportionate impact of di-
23 abetes mellitus on minority populations;
24 and

1 “(ii) remain consistent with the pro-
 2 grams and activities identified in section
 3 399O, as well as remaining consistent with
 4 the intent of the Eliminating Disparities in
 5 Diabetes Prevention Access and Care Act
 6 of 2009; and

7 “(C) assess the implementation of such a
 8 plan throughout Federal health programs.

9 “(2) For the purposes of this subsection, the
 10 term ‘minority population’ means a racial and ethnic
 11 minority group, as defined in section 1707(g).

12 “(3) For the purpose of carrying out this sub-
 13 section, there are authorized to be appropriated such
 14 sums as are necessary for fiscal year 2010 and each
 15 subsequent fiscal year.”.

16 **TITLE II—CENTERS FOR DIS-** 17 **EASE CONTROL AND PREVEN-** 18 **TION**

19 **SEC. 201. RESEARCH, EDUCATION, AND OTHER ACTIVITIES.**

20 Part B of title III of the Public Health Service Act
 21 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
 22 tion 317T the following section:

23 **“SEC. 317U. DIABETES IN MINORITY POPULATIONS.**

24 “(a) RESEARCH AND OTHER ACTIVITIES.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention, shall conduct and support
4 research and other activities with respect to diabetes
5 in minority populations.

6 “(2) CERTAIN ACTIVITIES.—Activities under
7 paragraph (1) regarding diabetes in minority popu-
8 lations shall include the following:

9 “(A) Expanding the National Diabetes
10 Laboratory capacity for translational research
11 and the identification of genetic and
12 immunological risk factors associated with dia-
13 betes.

14 “(B) Enhancing the National Health and
15 Nutrition Examination Survey to include risk
16 factors for type 2 diabetes and pre-diabetes
17 with emphasis on eating and dietary habits, and
18 focus, including cultural and socioeconomic fac-
19 tors, on Hispanic American, African-American,
20 American Indian and Alaskan Native, and
21 Asian American, Native Hawaiian and other
22 Pacific Islander communities.

23 “(C) Further enhancing the National
24 Health and Nutrition Examination Survey by
25 over-sampling Asian American, Native Hawai-

1 ian, and Other Pacific Islanders in appropriate
2 geographic areas to better determine the preva-
3 lence of diabetes in such populations as well as
4 to improve the data collection of diabetes pene-
5 tration disaggregated into major ethnic groups
6 within such populations.

7 “(D) Within the Division of Diabetes
8 Translation, providing for prevention research
9 to better understand how to influence health
10 care systems changes to improve quality of care
11 being delivered to such populations, and within
12 the Division of Diabetes Translation, carrying
13 out model demonstration projects to design, im-
14 plement, and evaluate effective diabetes preven-
15 tion and control intervention for such popu-
16 lations.

17 “(E) Through the Division of Diabetes
18 Translation, carrying out culturally appropriate
19 community-based interventions designed to ad-
20 dress issues and problems experienced by such
21 populations.

22 “(F) Conducting applied research within
23 the Division of Diabetes Translation to reduce
24 health disparities within such populations with
25 diabetes.

1 “(G) Conducting applied research on pri-
2 mary prevention within the Division of Diabetes
3 Translation to specifically focus on such popu-
4 lations with pre-diabetes.

5 “(b) EDUCATION.—

6 “(1) IN GENERAL.—The Secretary, acting
7 through the Director of the Centers for Disease
8 Control and Prevention, shall direct the Division of
9 Diabetes Translation to conduct and support pro-
10 grams to educate the public on the causes and ef-
11 fects of diabetes in minority populations.

12 “(2) CERTAIN ACTIVITIES.—Programs under
13 paragraph (1) regarding education on diabetes in
14 minority populations shall include carrying out pub-
15 lic awareness campaigns directed toward such popu-
16 lations to aggressively emphasize the importance and
17 impact of physical activity and diet in regard to dia-
18 betes and diabetes-related complications through the
19 National Diabetes Education Program.

20 “(c) DIABETES; HEALTH PROMOTION, PREVENTION
21 ACTIVITIES, AND ACCESS.—

22 “(1) IN GENERAL.—The Secretary, acting
23 through the Director of the Centers for Disease
24 Control and Prevention, shall carry out culturally

1 appropriate diabetes health promotion and preven-
2 tion programs for minority populations.

3 “(2) CERTAIN ACTIVITIES.—Activities regard-
4 ing culturally appropriate diabetes health promotion
5 and prevention programs for minority populations
6 shall include the following:

7 “(A) Expanding the Diabetes Prevention
8 and Control Program (currently existing in all
9 the States and territories) and providing funds
10 for education and community outreach on dia-
11 betes.

12 “(B) Providing funds for an expansion of
13 the Diabetes Prevention Program Initiative that
14 focuses on physical inactivity and diet and its
15 relation to type 2 diabetes within such popu-
16 lations.

17 “(C) Providing funds to strengthen exist-
18 ing surveillance systems to improve the quality,
19 accuracy, and timeliness of morbidity and mor-
20 tality diabetes data for such populations.

21 “(d) DEFINITION.—For purposes of this section, the
22 term ‘minority population’ means a racial and ethnic mi-
23 nority group, as defined in section 1707(g).

24 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
25 purpose of carrying out this section, there are authorized

1 to be appropriated such sums as are necessary for fiscal
2 year 2010 and each subsequent fiscal year.”.

3 **TITLE III—HEALTH RESOURCES**
4 **AND SERVICES ADMINISTRA-**
5 **TION**

6 **SEC. 301. RESEARCH, EDUCATION, AND OTHER ACTIVITIES.**

7 Part P of title III of the Public Health Service Act
8 is amended—

9 (1) by redesignating the section 399R inserted
10 by section 2 of Public Law 110–373 as section
11 399S;

12 (2) by redesignating the section 399R inserted
13 by section 3 of Public Law 110–374 as section
14 399T; and

15 (3) by adding at the end the following new sec-
16 tion:

17 **“SEC. 399U. PROGRAMS TO EDUCATE HEALTH PROVIDERS**
18 **ON THE CAUSES AND EFFECTS OF DIABETES**
19 **IN MINORITY POPULATIONS.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Director of the Health Resources and Services Admin-
22 istration, shall conduct and support programs described
23 in subsection (b) to educate health professionals on the
24 causes and effects of diabetes in minority populations.

1 “(b) PROGRAMS.—Programs described in this sub-
2 section, with respect to education on diabetes in minority
3 populations, shall include the following:

4 “(1) Making grants for diabetes-focused edu-
5 cation classes or training programs on cultural sen-
6 sitivity and patient care within such populations for
7 health care providers.

8 “(2) Providing funds to community health cen-
9 ters for programs that provide diabetes services and
10 screenings.

11 “(3) Providing additional funds for the Health
12 Careers Opportunity Program, Centers for Excel-
13 lence, and the Minority Faculty Fellowship Program
14 to partner with the Office of Minority Health under
15 section 1707 and the National Institutes of Health
16 to strengthen programs for career opportunities
17 within minority populations focused on diabetes
18 treatment and care.

19 “(4) Developing a diabetes focus within, and
20 providing additional funds for, the National Health
21 Service Corps Scholarship program to place individ-
22 uals in areas that are disproportionately affected by
23 diabetes and to provide health care services to such
24 areas.

1 “(5) Establishing a diabetes ambassador pro-
 2 gram for recruitment efforts to increase the number
 3 of underrepresented minorities currently serving in
 4 student, faculty, or administrative positions in insti-
 5 tutions of higher learning, hospitals, and community
 6 health centers.

7 “(6) Establishing a loan repayment program
 8 that focuses on diabetes care and prevention in mi-
 9 nority populations.”.

10 **TITLE IV—ADDITIONAL** 11 **PROGRAMS**

12 **SEC. 401. RESEARCH, EDUCATION, AND OTHER ACTIVITIES.**

13 Part P of title III of the Public Health Service Act
 14 (42 U.S.C. 280g et seq.), as amended by section 301, is
 15 further amended by adding at the end the following sec-
 16 tion:

17 **“SEC. 399V. RESEARCH, EDUCATION, AND OTHER ACTIVI-** 18 **TIES REGARDING DIABETES IN MINORITY** 19 **POPULATIONS.**

20 “(a) RESEARCH AND OTHER ACTIVITIES.—

21 “(1) IN GENERAL.—In addition to activities
 22 under sections 317U and 434B, the Secretary shall
 23 conduct and support research and other activities
 24 with respect to diabetes within minority populations.

1 “(2) CERTAIN ACTIVITIES.—Activities under
2 paragraph (1) regarding diabetes in minority popu-
3 lations shall include the following:

4 “(A) Through the National Center on Mi-
5 nority Health and Health Disparities, the Office
6 of Minority Health under section 1707, the
7 Health Resources and Services Administration,
8 the Centers for Disease Control and Prevention,
9 and the Indian Health Service, establishing
10 partnerships within minority populations to
11 conduct studies on cultural, familial, and social
12 factors that may influence health promotion, di-
13 abetes management, and prevention.

14 “(B) Through the Indian Health Service,
15 in collaboration with other appropriate Federal
16 agencies, coordinating the collection of data on
17 ethnic and culturally appropriate diabetes treat-
18 ment, care, prevention, and services by health
19 care professionals to the American Indian popu-
20 lation.

21 “(3) PROGRAMS RELATING TO CLINICAL RE-
22 SEARCH.—

23 “(A) EDUCATION REGARDING CLINICAL
24 TRIALS.—The Secretary shall carry out edu-
25 cation and awareness programs designed to in-

1 crease participation of minority populations in
2 clinical trials.

3 “(B) MINORITY RESEARCHERS.—The Sec-
4 retary shall carry out mentorship programs for
5 minority researchers who are conducting or in-
6 tend to conduct research on diabetes in minor-
7 ity populations.

8 “(C) SUPPLEMENTING CLINICAL RE-
9 SEARCH REGARDING CHILDREN.—The Sec-
10 retary shall make grants to supplement clinical
11 research programs to assist such programs in
12 obtaining the services of health professionals
13 and other resources to provide specialized care
14 for children with type 1 and type 2 diabetes.

15 “(4) ADDITIONAL PROGRAMS.—Activities under
16 paragraph (1) regarding education on diabetes in
17 minority populations shall include providing funds
18 for new and existing diabetes-focused education
19 grants and programs for present and future stu-
20 dents and clinicians in the medical field from minor-
21 ity populations, including for the following:

22 “(A) For Federal and State loan repay-
23 ment programs for health profession students
24 within communities of color.

1 “(B) For the Office of Minority Health
2 under section 1707 for training health profes-
3 sion students to focus on diabetes within such
4 populations.

5 “(C) For State and local entities to estab-
6 lish diabetes awareness week or day every
7 month in schools, nursing homes, and colleges
8 through partnerships with the Office of Minor-
9 ity Health under section 1707 and the Health
10 Resources and Services Administration.

11 “(b) DEFINITION.—For purposes of this section, the
12 term ‘minority population’ means a racial and ethnic mi-
13 nority group as defined in section 1707(g).

14 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purpose of carrying out this section, there are authorized
16 to be appropriated such sums as are necessary for fiscal
17 year 2010 and each subsequent fiscal year.”.

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