

115TH CONGRESS
1ST SESSION

H. R. 3592

To amend the Public Health Service Act and the Food, Agriculture, Conservation, and Trade Act of 1990 to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 28, 2017

Ms. JAYAPAL (for herself, Mr. WILSON of South Carolina, Mr. BERA, Ms. JUDY CHU of California, Mr. CORREA, Mr. CROWLEY, Ms. FRANKEL of Florida, Ms. GABBARD, Ms. JACKSON LEE, Mr. JOHNSON of Georgia, Mr. KHANNA, Mr. KRISHNAMOORTHY, Ms. LEE, Ms. MENG, Ms. NORTON, Mr. SMITH of Washington, Mr. SUOZZI, Mrs. TORRES, Mrs. WATSON COLEMAN, and Mr. NADLER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act and the Food, Agriculture, Conservation, and Trade Act of 1990 to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes.

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 “South Asian Heart
3 Health Awareness and Research Act of 2017”.

4 **SEC. 2. FINDINGS.**

5 Congress finds the following:

6 (1) The South Asian diaspora population in the
7 United States is primarily from India, Pakistan,
8 Bangladesh, Nepal, Bhutan, Sri Lanka, Fiji,
9 Maldives, East Africa, the West Indies, and the Car-
10ibbean.

11 (2) Heart disease refers to several types of
12 heart conditions; the most common form is coronary
13 artery disease, which affects blood flow to the heart.

14 (3) Heart disease is the leading cause of death
15 for both men and women—one in every 4 deaths
16 each year, according to the Centers for Disease Con-
17 trol and Prevention.

18 (4) Risk factors for heart disease include diabe-
19 tes, high blood pressure, excess body fat, high LDL
20 cholesterol, and smoking.

21 (5) In spite of a diet consisting of lentils, vege-
22 tables, grains, and spices, suboptimal nutritional ele-
23 ments of refined carbohydrates, refined fats, salt,
24 and sugar negate any nutritional advantage gained
25 through a traditional South Asian diet.

1 (6) South Asian communities in the United
2 States have four times the risk of heart disease than
3 the general population and have a much greater
4 chance of having a heart attack before age 50, ac-
5 cording to the Stanford South Asian Translational
6 Heart Initiative.

7 (7) In addition, diabetes is one of the most seri-
8 ous driving forces for heart disease; South Asians in
9 the United States have among the highest rates of
10 type 2 diabetes in the Nation.

11 (8) A Mediators of Atherosclerosis in South
12 Asians Living in America (MASALA) multi-ethnic
13 study showed a 26-percent prevalence of diabetes
14 among South Asians, compared to 6 percent among
15 Whites, 18 percent among African-Americans, 17
16 percent among Latinos, and 13 percent among Chi-
17 nese-Americans.

18 (9) Early intervention and treatment through
19 awareness campaigns, nutritional education, and in-
20 struction on physical activity can greatly reduce the
21 burden of diabetes, risk of heart disease, decreased
22 quality of life, and untimely death.

23 (10) Successful efforts to prevent and combat
24 heart disease in the South Asian population of the

1 United States can serve as a model for the general
2 population.

3 **SEC. 3. SOUTH ASIAN HEART HEALTH PROMOTION GRANTS**
4 **BY CENTERS FOR DISEASE CONTROL AND**
5 **PREVENTION.**

6 Title III of the Public Health Service Act (42 U.S.C.
7 241 et seq.) is amended by adding at the end the following
8 new section:

9 **“SEC. 317U. SOUTH ASIAN HEART HEALTH PROMOTION**
10 **GRANTS.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Director of the Centers for Disease Control and Pre-
13 vention, shall make grants to States for the purpose of
14 promoting awareness of the increasing prevalence of heart
15 disease, including its relationship to type 2 diabetes, in
16 South Asian communities in the United States.

17 “(b) USE OF FUNDS.—A State that receives a grant
18 under paragraph (1) shall use such grant funds—

19 “(1) to establish an Internet clearinghouse to
20 catalog existing evidence-based heart health research
21 and treatment options for South Asian communities
22 to prevent, treat, or reverse heart disease and diabe-
23 tes;

1 “(2) to develop culturally appropriate materials
2 on topics such as nutrition education, optimal diet
3 plans, and programs for regular exercise;

4 “(3) to support heart health promotion activi-
5 ties of community organizations that work with or
6 serve South Asian communities; or

7 “(4) to support conferences or workshops on re-
8 search practices, methodology, and design to include
9 more members of South Asian communities in sci-
10 entific studies.

11 “(c) ANNUAL REPORT TO CONGRESS.—Not later
12 than 180 days after the date of the enactment of the
13 South Asian Heart Health Awareness and Research Act
14 of 2017, and annually thereafter, the Director shall sub-
15 mit to Congress a report on outreach efforts and data re-
16 lating to heart disease in South Asian communities in the
17 United States.

18 “(d) AUTHORIZATION OF APPROPRIATIONS.—For
19 purposes of carrying out this section, there is authorized
20 to be appropriated \$1,000,000 for each of fiscal years
21 2018 through 2022.”.

1 **SEC. 4. HEART HEALTH RESEARCH BY NATIONAL INSTI-**
2 **TUTES OF HEALTH AND NATIONAL HEART,**
3 **LUNG, AND BLOOD INSTITUTE.**

4 Part B of title IV of the Public Health Service Act
5 (42 U.S.C. 284 et seq.) is amended by adding at the end
6 the following new section:

7 **“SEC. 409K. HEART HEALTH RESEARCH.**

8 “(a) IN GENERAL.—For the purpose of conducting
9 research and related activities with respect to cardio-
10 vascular disease, type 2 diabetes, and other heart health-
11 related ailments among South Asian communities in the
12 United States, the Director of the National Institutes of
13 Health, in coordination with the Director of the National
14 Heart, Lung, and Blood Institute—

15 “(1) may conduct or support, through funding
16 opportunity announcements, grants, or cooperative
17 agreements, basic, clinical, and translational re-
18 search; and

19 “(2) may award grants and cooperative agree-
20 ments to public or nonprofit private entities (includ-
21 ing State health departments, political subdivisions
22 of States, universities, and other medical or edu-
23 cation entities).

24 “(b) AUTHORIZATION OF APPROPRIATIONS.—For
25 purposes of carrying out this section, there is authorized

1 to be appropriated \$1,000,000 for each of fiscal years
2 2018 through 2022.”.

3 **SEC. 5. HEART HEALTH INITIATIVE BY NATIONAL INSTI-**
4 **TUTE OF FOOD AND AGRICULTURE.**

5 Subsection (d) of section 1672 of the Food, Agri-
6 culture, Conservation, and Trade Act of 1990 (7 U.S.C.
7 5925(d)) is amended by adding at the end the following
8 new paragraph:

9 “(11) SOUTH ASIAN HEART HEALTH INITIA-
10 TIVE.—

11 “(A) IN GENERAL.—Research and exten-
12 sion grants may be made under this section for
13 purposes of developing and disseminating
14 science-based tools and strategies to promote
15 heart healthy nutrition among South Asian
16 communities in the United States.

17 “(B) AUTHORIZATION OF APPROPRIA-
18 TIONS.—In addition to amounts made available
19 pursuant to subsection (h), there is authorized
20 to be appropriated \$1,000,000 for each of fiscal
21 years 2018 through 2022 for purposes of car-
22 rying out this paragraph.”.

23 **SEC. 6. SENSE OF CONGRESS.**

24 It is the sense of Congress that medical schools in
25 the United States that are accredited by the Liaison Com-

1 mittee on Medical Education should include as part of
2 their nutrition curriculum a focus on South Asian diet and
3 ways to achieve optimal nutrition in South Asian commu-
4 nities.

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