

SOUTH ASIAN HEART HEALTH AWARENESS AND
RESEARCH ACT OF 2020

SEPTEMBER 29, 2020.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 3131]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3131) to amend the Public Health Service Act to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “South Asian Heart Health Awareness and Research Act of 2020”.

SEC. 2. HEART HEALTH PROMOTION GRANTS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 317U (42 U.S.C. 247b–23) the following new section:

“SEC. 317V. HEART HEALTH PROMOTION GRANTS.

“(a) **IN GENERAL.**—The Secretary shall make grants to States for the purpose of promoting awareness of the increasing prevalence of heart disease, including, where appropriate, its relationship to type 2 diabetes, in communities disproportionately affected by heart disease such as South Asian communities in the United States.

“(b) **USE OF FUNDS.**—A State that receives a grant under subsection (a) shall use such grant funds—

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

“(2) to support heart health promotion activities of community organizations that work with or serve communities disproportionately affected by heart disease, such as South Asian communities in the United States; or

“(3) to support conferences or workshops on research practices, methodology, and design to include more members of communities disproportionately affected by heart disease, such as South Asian communities in the United States, in scientific studies.

“(c) **ANNUAL REPORT TO CONGRESS.**—Not later than 180 days after the date of the enactment of the South Asian Heart Health Awareness and Research Act of 2020, and annually thereafter, the Director shall submit to Congress a report on outreach efforts and data relating to heart disease in communities disproportionately affected by heart disease, such as South Asian communities in the United States.

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2020 through 2024.”

SEC. 3. HEART HEALTH RESEARCH.

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

“SEC. 409K. HEART HEALTH RESEARCH.

“(a) **IN GENERAL.**—The Secretary may—

“(1) conduct or support research and related activities regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at-risk populations, including South Asian communities in the United States; and

“(2) establish an Internet clearinghouse to catalog existing evidence-based heart health research and treatment options for communities disproportionately affected by heart disease, such as South Asian communities in the United States, to prevent, treat, or reverse heart disease and diabetes.

“(b) **AUTHORIZATION OF APPROPRIATIONS.**—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2020 through 2024.”

I. PURPOSE AND SUMMARY

H.R. 3131, the “South Asian Heart Health Awareness and Research Act of 2020”, was introduced on June 5, 2019, by Representatives Pramila Jayapal (D–WA), Joe Wilson (R–SC), Brian Fitzpatrick (R–PA), Betty McCollum (D–MN), Raul Grijalva (D–AZ), Ro Khanna (D–CA), Tulsi Gabbard (D–HI), Adam Smith (D–WA), Grace Meng (D–NY), Christopher Smith (R–NJ), Bonnie Watson Coleman (D–NJ), Bill Foster (D–IL), Ami Bera (D–CA), Adriano Espaillat (D–NY), Sheila Jackson Lee (D–TX), Raja Krishnamoorthi (D–IL), and Janice Schakowsky (D–IL). The bill authorizes the Secretary of Health and Human Services (the Secretary) to award heart health promotion grants to States for heart health awareness initiatives, educational materials, and training workshops for communities disproportionately affected by heart disease. It also authorizes the Secretary to conduct or support research regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at-risk populations, including the South Asian populations. The Secretary may also establish re-

search catalogs for existing heart health research and treatment options.

II. BACKGROUND AND NEED FOR THE LEGISLATION

Heart disease is the leading cause of death in the United States, and a person’s risk of heart disease death differs dramatically by their race and ethnicity.¹ Overall, racial and ethnic minorities have an elevated risk of morbidity and mortality due to heart disease.² Racial and ethnic minorities confront more barriers to heart health care than their White counterparts, including higher comorbidity rates, less culturally competent care, and fewer proactive heart health interventions.³

It is clear that social and structural determinants of health affect heart health, but it also appears that biology may play a role.⁴ The average lifespan of African Americans is significantly shorter than White Americans, mostly because of heart disease and stroke, which contributed to more than two million years of life lost among African Americans between 1999 and 2010.⁵ Cardiovascular disease is also the second leading cause of death for Hispanics.⁶ And South Asians represent approximately 25 percent of the world’s population—yet they account for 60 percent of the world’s heart disease patients.⁷

In November 2019, the American Heart Association and other medical groups issued updated cholesterol guidelines that, for the first time, urged doctors to consider ethnicity when determining a patient’s cardiovascular risk and treatment options.⁸

H.R. 3131 makes additional funding available for States who wish to increase heart health promotion, awareness, and training for communities disproportionately affected by heart disease. The bill also supports heart health research for communities disproportionately affected by heart disease.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 3131:

The Subcommittee on Health held a hearing on Wednesday, June 17, 2020, entitled, “Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID–19 and the Health Care System.” The Subcommittee received testimony from the following witnesses:

¹Centers for Disease Control and Prevention, *Health, United States* (April 2020) (www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight_2019_0404.pdf).

²Lindsay R. Pool, et al., *Trends in Racial/Ethnic Disparities in Cardiovascular Health Among US Adults From 1999–2012*, *Journal of the American Heart Association* (Sep. 22, 2017).

³Garth Graham, *Disparities in cardiovascular disease risk in the United States*, *Current Cardiology Review* (Aug. 2015).

⁴Salim S. Virani, et al., *Heart disease and stroke statistics—2020 update: a report from the American Heart Association*, *Circulation* (Jan. 29, 2020).

⁵Mercedes R. Carnethon, et al., *Cardiovascular Health in African Americans: A Scientific Statement From the American Heart Association*, *Circulation* (Oct. 23, 2017).

⁶P. C. Balfour, et al., *Cardiovascular Disease in Hispanics/Latinos in the United States*, *Journal of Latina/o Psychology* (2016).

⁷S Yusuf, et al., *Global burden of cardiovascular diseases: Part II: variations in cardiovascular disease by specific ethnic groups and geographic regions and prevention strategies*, *Circulation* (Dec. 4, 2001).

⁸*Ethnicity a ‘risk-enhancing’ factor under new cholesterol guidelines*, *American Heart Association News* (Jan. 11, 2019).

- Rhea Boyd, M.D., M.P.H., Pediatrician and Child Health Advocate, Palo Alto Medical Foundation
- Oliver T. Brooks, M.D., President, National Medical Association
- Avik S. A. Roy, President, The Foundation for Research on Equal Opportunity

IV. COMMITTEE CONSIDERATION

Representative Jayapal (D-WA), along with 16 original cosponsors, introduced H.R. 3131, the “South Asian Heart Health Awareness and Research Act of 2020”, on June 5, 2019, and the bill was referred to the Committee on Energy and Commerce. The bill was then referred to the Subcommittee on Health on June 6, 2019. A legislative hearing was held by the Subcommittee on June 17, 2020.

On September 9, 2020, the Subcommittee on Health was discharged from further consideration of H.R. 3131, as the full Committee on Energy and Commerce called the bill up for consideration. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 3131. During consideration of the bill, an amendment in the nature of a substitute offered by Ms. Schakowsky of Illinois was agreed to by a voice vote. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage by Mr. Pallone, Chairman of the committee, to order H.R. 3131 reported favorably to the House, amended, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 3131, including the motion on final passage.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to improve heart health promotion and research in communities disproportionately affected by heart disease such as South Asian communities in the United States.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3131 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111-139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 3131 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “South Asian Heart Health Awareness and Research Act of 2020”.

Sec. 2. Heart Health Promotion Grants

Section 2 amends title III of the Public Health Service Act by inserting a new section to direct the Secretary to award grants to States to promote awareness of the increasing prevalence of heart disease and its relation to type 2 diabetes. The grants shall be used

to expand awareness in certain communities by developing culturally appropriate materials on evidence-based topics related to heart health, supporting community organizations that address heart health, or supporting training opportunities for members of communities disproportionately affected by heart disease. An annual report on outreach efforts and data relating to heart disease in disproportionately affected communities is required to be submitted to Congress, with the first report due within 180 days of enactment.

Section 2 includes an authorization of \$1,000,000 for each of fiscal years 2020 through 2024.

Sec. 3. Heart Health Research

Section 3 amends part B of title IV of the Public Health Service Act to authorize the Secretary to conduct or support research regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at-risk populations, as well to establish an Internet clearinghouse to catalog existing evidence-based heart health research and treatment options.

Section 3 includes an authorization of \$1,000,000 for each of fiscal years 2020 through 2024.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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PART B—FEDERAL-STATE COOPERATION

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SEC. 317V. HEART HEALTH PROMOTION GRANTS.

(a) *IN GENERAL.*—*The Secretary shall make grants to States for the purpose of promoting awareness of the increasing prevalence of heart disease, including, where appropriate, its relationship to type 2 diabetes, in communities disproportionately affected by heart disease such as South Asian communities in the United States.*

(b) *USE OF FUNDS.*—*A State that receives a grant under subsection (a) shall use such grant funds—*

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

(2) to support heart health promotion activities of community organizations that work with or serve communities disproportionately affected by heart disease, such as South Asian communities in the United States; or

(3) to support conferences or workshops on research practices, methodology, and design to include more members of communities disproportionately affected by heart disease, such as South Asian communities in the United States, in scientific studies.

(c) ANNUAL REPORT TO CONGRESS.—Not later than 180 days after the date of the enactment of the South Asian Heart Health Awareness and Research Act of 2020, and annually thereafter, the Director shall submit to Congress a report on outreach efforts and data relating to heart disease in communities disproportionately affected by heart disease, such as South Asian communities in the United States.

(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2020 through 2024.

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TITLE IV—NATIONAL RESEARCH INSTITUTES

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PART B—GENERAL PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

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SEC. 409K. HEART HEALTH RESEARCH.

(a) IN GENERAL.—The Secretary may—

(1) conduct or support research and related activities regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at-risk populations, including South Asian communities in the United States; and

(2) establish an Internet clearinghouse to catalog existing evidence-based heart health research and treatment options for communities disproportionately affected by heart disease, such as South Asian communities in the United States, to prevent, treat, or reverse heart disease and diabetes.

(b) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2020 through 2024.

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