

NIMHD RESEARCH ENDOWMENT REVITALIZATION ACT
 OF 2019

NOVEMBER 16, 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. 4499]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4499) to amend the Public Health Service Act to provide that the authority of the Director of the National Institute on Minority Health and Health Disparities to make certain research endowments applies with respect to both current and former centers of excellence, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

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I. PURPOSE AND SUMMARY

H.R. 4499, the “NIMHD Research Endowment Revitalization Act of 2019”, introduced on by Representatives Nannette Diaz Barragán (D–CA), Earl L. “Buddy” Carter (R–GA), and John Lewis (D–GA), authorizes the National Institute on Minority Health and Health Disparities (NIMHD) to facilitate research on minority health disparities through research endowments at current or former Centers of Excellence. Currently, only Centers of Excellence with an active status can access the NIMHD Research Endowment Program.

II. BACKGROUND AND NEED FOR LEGISLATION

The NIMHD Research Endowment Program was established by the Minority Health and Health Disparities Research and Education Act of 2000.¹ By supporting the endowments of certain academic institutions, the goals of the program are to promote minority health and health disparities research capacity, increase the diversity of the scientific workforce, and enhance the recruitment and retention of underrepresented individuals in science.² Funding is available annually for up to five years.

The Patient Protection and Affordable Care Act expanded the eligibility of the program to include institutions of higher education with an active NIMHD Center of Excellence.³ The condition that the program support active Centers of Excellence has inadvertently resulted in schools such as Morehouse School of Medicine, Georgia State University, Morgan State University, and the Charles R. Drew University of Medicine and Sciences being ineligible for support under this program due to their respective Center of Excellence statuses ending.

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. 4499:

The Subcommittee on Health held a hearing on 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:

- 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

Representatives Barragán, Carter (R–GA), and Lewis introduced H.R. 4499 on September 26, 2019, and the bill was referred to the Committee on Energy and Commerce. H.R. 4499 was then referred

¹P.L. 106–525.

²National Institute on Minority Health and Health Disparities, *Research Endowment Program (REP)* (accessed September 17, 2020).

³P.L. 111–148.

to the Subcommittee on Health on September 27, 2019. A hearing on this bill was held on June 17, 2020.

On September 9, 2020, H.R. 4499 was discharged from further consideration by the Subcommittee on Health as it was called up for consideration by the full Committee on Energy and Commerce. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 4499 and 37 other bills. No amendments were offered to the bill. Upon conclusion of consideration, the full Committee agreed to a motion on final passage offered by Mr. Pallone, Chairman of the committee, to order H.R. 4499 reported favorably to the House, without amendment, 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. 4499, including the motion for final passage of the bill.

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 amend the Public Health Service Act to provide that the authority of the Director of the National Institute on Minority Health and Health Disparities to make certain research endowments applies with respect to both current and former Centers of Excellence.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 4499 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. 4499 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 “NIMHD Research Endowment Revitalization Act of 2019”.

Sec. 2. Research endowments at both current and former Centers of Excellence

Section 2 amends the Public Health Service Act to direct the Director of the NIMHD to facilitate minority health disparities research and other health disparities research by providing for research endowments at current or former NIMHD Centers of Excellence under section 464z–4 of the Public Health Service Act and at current or former Health Resources and Services Administration Centers of Excellence under section 736 of the Public Health Service Act.

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 (existing law proposed to be omitted is enclosed in black brackets, 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 IV—NATIONAL RESEARCH INSTITUTES

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PART C—SPECIFIC PROVISIONS RESPECTING NATIONAL RESEARCH
INSTITUTES

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Subpart 20—National Institute on Minority Health and Health
Disparities

SEC. 464z-3. PURPOSE OF CENTER.

(a) **IN GENERAL.**—The general purpose of the National Institute on Minority Health and Health Disparities (in this subpart referred to as the “Institute”) is the conduct and support of research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities.

(b) **PRIORITIES.**—The Director of the Institute shall in expending amounts appropriated under this subpart give priority to conducting and supporting minority health disparities research.

(c) **MINORITY HEALTH DISPARITIES RESEARCH.**—For purposes of this subpart:

(1) The term “minority health disparities research” means basic, clinical, and behavioral research on minority health conditions (as defined in paragraph (2)), including research to prevent, diagnose, and treat such conditions.

(2) The term “minority health conditions”, with respect to individuals who are members of minority groups, means all diseases, disorders, and conditions (including with respect to mental health and substance abuse)—

(A) unique to, more serious, or more prevalent in such individuals;

(B) for which the factors of medical risk or types of medical intervention may be different for such individuals, or for which it is unknown whether such factors or types are different for such individuals; or

(C) with respect to which there has been insufficient research involving such individuals as subjects or insufficient data on such individuals.

(3) The term “minority group” has the meaning given the term “racial and ethnic minority group” in section 1707.

(4) The terms “minority” and “minorities” refer to individuals from a minority group.

(d) **HEALTH DISPARITY POPULATIONS.**—For purposes of this subpart:

(1) A population is a health disparity population if, as determined by the Director of the Institute after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in

the population as compared to the health status of the general population.

(2) The Director shall give priority consideration to determining whether minority groups qualify as health disparity populations under paragraph (1).

(3) The term “health disparities research” means basic, clinical, and behavioral research on health disparity populations (including individual members and communities of such populations) that relates to health disparities as defined under paragraph (1), including the causes of such disparities and methods to prevent, diagnose, and treat such disparities.

(e) COORDINATION OF ACTIVITIES.—The Director of the Institute shall act as the primary Federal official with responsibility for coordinating all minority health disparities research and other health disparities research conducted or supported by the National Institutes of Health, and—

(1) shall represent the health disparities research program of the National Institutes of Health, including the minority health disparities research program, at all relevant Executive branch task forces, committees and planning activities; and

(2) shall maintain communications with all relevant Public Health Service agencies, including the Indian Health Service, and various other departments of the Federal Government to ensure the timely transmission of information concerning advances in minority health disparities research and other health disparities research between these various agencies for dissemination to affected communities and health care providers.

(f) COLLABORATIVE COMPREHENSIVE PLAN AND BUDGET.—

(1) IN GENERAL.—Subject to the provisions of this section and other applicable law, the Director of NIH, the Director of the Institute, and the directors of the other agencies of the National Institutes of Health in collaboration (and in consultation with the advisory council for the Institute) shall—

(A) establish a comprehensive plan and budget for the conduct and support of all minority health disparities research and other health disparities research activities of the agencies of the National Institutes of Health (which plan and budget shall be first established under this subsection not later than 12 months after the date of the enactment of this subpart);

(B) ensure that the plan and budget establish priorities among the health disparities research activities that such agencies are authorized to carry out;

(C) ensure that the plan and budget establish objectives regarding such activities, describes the means for achieving the objectives, and designates the date by which the objectives are expected to be achieved;

(D) ensure that, with respect to amounts appropriated for activities of the Institute, the plan and budget give priority in the expenditure of funds to conducting and supporting minority health disparities research;

(E) ensure that all amounts appropriated for such activities are expended in accordance with the plan and budget;

(F) review the plan and budget not less than annually, and revise the plan and budget as appropriate;

(G) ensure that the plan and budget serve as a broad, binding statement of policies regarding minority health disparities research and other health disparities research activities of the agencies, but do not remove the responsibility of the heads of the agencies for the approval of specific programs or projects, or for other details of the daily administration of such activities, in accordance with the plan and budget; and

(H) promote coordination and collaboration among the agencies conducting or supporting minority health or other health disparities research.

(2) CERTAIN COMPONENTS OF PLAN AND BUDGET.—With respect to health disparities research activities of the agencies of the National Institutes of Health, the Director of the Institute shall ensure that the plan and budget under paragraph (1) provide for—

(A) basic research and applied research, including research and development with respect to products;

(B) research that is conducted by the agencies;

(C) research that is supported by the agencies;

(D) proposals developed pursuant to solicitations by the agencies and for proposals developed independently of such solicitations; and

(E) behavioral research and social sciences research, which may include cultural and linguistic research in each of the agencies.

(3) MINORITY HEALTH DISPARITIES RESEARCH.—The plan and budget under paragraph (1) shall include a separate statement of the plan and budget for minority health disparities research.

(g) PARTICIPATION IN CLINICAL RESEARCH.—The Director of the Institute shall work with the Director of NIH and the directors of the agencies of the National Institutes of Health to carry out the provisions of section 492B that relate to minority groups.

(h) RESEARCH ENDOWMENTS.—

[(1) IN GENERAL.—The Director of the Institute may carry out a program to facilitate minority health disparities research and other health disparities research by providing for research endowments—

[(1) at centers of excellence under section 736; and

[(2) at centers of excellence under section 464z–4.]

(1) IN GENERAL.—The Director of the Institute may carry out a program to facilitate minority health disparities research and other health disparities research by providing for research endowments—

(A) at current or former centers of excellence under section 736; and

(B) at current or former centers of excellence under section 464z–4.

(2) ELIGIBILITY.—The Director of the Institute may provide for a research endowment under paragraph (1) only if the institution involved meets the following conditions:

(A) The institution does not have an endowment that is worth in excess of an amount equal to 50 percent of the national median of endowment funds at institutions that

conduct similar biomedical research or training of health professionals.

(B) The application of the institution under paragraph (1) regarding a research endowment has been recommended pursuant to technical and scientific peer review and has been approved by the advisory council under subsection (j).

(i) CERTAIN ACTIVITIES.—In carrying out subsection (a), the Director of the Institute—

(1) shall assist the Director of NIH in carrying out section 404I(c)(2) and in committing resources for construction at Institutions of Emerging Excellence under such section;

(2) shall establish projects to promote cooperation among Federal agencies, State, local, tribal, and regional public health agencies, and private entities in health disparities research; and

(3) may utilize information from previous health initiatives concerning minorities and other health disparity populations.

(j) ADVISORY COUNCIL.—

(1) IN GENERAL.—The Secretary shall, in accordance with section 406, establish an advisory council to advise, assist, consult with, and make recommendations to the Director of the Institute on matters relating to the activities described in subsection (a), and with respect to such activities to carry out any other functions described in section 406 for advisory councils under such section. Functions under the preceding sentence shall include making recommendations on budgetary allocations made in the plan under subsection (f), and shall include reviewing reports under subsection (k) before the reports are submitted under such subsection.

(2) MEMBERSHIP.—With respect to the membership of the advisory council under paragraph (1), a majority of the members shall be individuals with demonstrated expertise regarding minority health disparity and other health disparity issues; representatives of communities impacted by minority and other health disparities shall be included; and a diversity of health professionals shall be represented. The membership shall in addition include a representative of the Office of Behavioral and Social Sciences Research under section 404A.

(k) INTRA-NATIONAL INSTITUTES OF HEALTH COORDINATION.—The Director of the Institute, as the primary Federal official with responsibility for coordinating all research and activities conducted or supported by the National Institutes of Health on minority health and health disparities, shall plan, coordinate, review, and evaluate research and other activities conducted or supported by the national research institutes and national centers. The Director of the Institute may foster partnerships between the national research institutes and national centers and may encourage the funding of collaborative research projects to achieve the goals of the National Institutes of Health that are related to minority health and health disparities.

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