

108TH CONGRESS
1ST SESSION

H. R. 1916

To prevent and cure diabetes and to promote and improve the care of individuals with diabetes for the reduction of health disparities within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American and Pacific Islander, and American Indian and Alaskan Native communities.

IN THE HOUSE OF REPRESENTATIVES

MAY 1, 2003

Ms. DEGETTE (for herself, Mr. NETHERCUTT, Mr. WELDON of Pennsylvania, Mr. BECERRA, Ms. SOLIS, Mrs. CHRISTENSEN, Mr. WU, Mr. HONDA, Mr. KILDEE, Mr. BONILLA, Mr. DOYLE, Mr. KENNEDY of Rhode Island, Mr. GREEN of Texas, Mr. HINOJOSA, Ms. NORTON, Mr. LEWIS of Georgia, Mr. HOEFFEL, Mr. GUTIERREZ, Mr. JACKSON of Illinois, Mr. DAVIS of Illinois, Mr. REYES, Mr. CARSON of Oklahoma, Mr. RODRIGUEZ, Mr. STENHOLM, Mr. SCOTT of Georgia, Mr. WYNN, Ms. LEE, Mr. KIND, Mr. LYNCH, Mr. PRICE of North Carolina, Mr. CROWLEY, Mrs. CAPPS, Ms. SCHAKOWSKY, Ms. WOOLSEY, Mr. MCINTYRE, Mr. HILL, Mr. BERMAN, Mr. BELL, Ms. KILPATRICK, Mr. PASTOR, Ms. WATSON, Ms. WATERS, Mr. LAMPSON, Mr. DEUTSCH, Mr. OLVER, Mr. POMEROY, Ms. MAJETTE, Mr. SERRANO, Mr. McDERMOTT, Mr. FILNER, Ms. KAPTUR, Mr. CUMMINGS, Mr. MOLLOHAN, Mr. KANJORSKI, Ms. DELAURO, Mr. KUCINICH, Mr. TOWNS, Mr. ETHERIDGE, Mr. FERGUSON, Mr. MEEKS of New York, Mr. THOMPSON of Mississippi, Mr. FORD, Mr. MURTHA, Mr. LEVIN, Mr. BISHOP of New York, and Mr. PALLONE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To prevent and cure diabetes and to promote and improve the care of individuals with diabetes for the reduction of health disparities within racial and ethnic minority

groups, including the African-American, Hispanic American, Asian American and 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Diabetes Prevention
5 Access and Care Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Hispanic Americans, African-Americans,
9 Asian Americans and Pacific Islanders, and Amer-
10 ican Indians and Alaskan Native populations suffer
11 from the highest incidence of diabetes and from the
12 highest rates of diabetes complications, and these
13 rates are steadily increasing to epidemic proportions.

14 (2) Within the United States, diabetes in-
15 creased from 6.9 percent to 7.3 percent during the
16 period 1999 to 2000, affecting every age group and
17 socioeconomic level.

18 (3) Type 2 diabetes accounts for 90 to 95 per-
19 cent of diagnosed diabetes cases among these popu-
20 lations.

21 (4) Another 16,000,000 individuals in the
22 United States have a condition known as “pre-diabe-
23 tes,” or Impaired Glucose Tolerance (IGT). Unless

1 treated, pre-diabetes dramatically increases the risk
2 for developing type 2 diabetes and increases the risk
3 of heart disease by nearly 50 percent. As with diabe-
4 tes, this condition also disproportionately affects mi-
5 nority populations.

6 (5) Physical inactivity and obesity are the main
7 contributing risk factors to the rising numbers of di-
8 abetes cases within these racial and ethnic minority
9 populations.

10 (6) Critical facets of daily living that can con-
11 tribute to diabetes risk can be modified including
12 poor diet, lack of recess and physical education for
13 children, specific eating habits for families and
14 adults that may be culturally indicative to the mi-
15 nority group, and psychological factors that may
16 interfere with proper meal planning and dietary edu-
17 cation.

18 (7) For certain socioeconomic groups, unhealthy
19 food is the only nutritional source available within
20 the community, such as fast food in poor areas. Ad-
21 ditionally, there are limited options for physical ac-
22 tivity within certain neighborhoods, communities, or
23 geographical areas.

24 (8) Type 2 diabetes is also being increasingly
25 diagnosed in adolescents in high numbers within

1 these populations. This is partly due to nonnutri-
2 tional diets and a lack of physical activity.

3 (9) The most effective prevention and control
4 strategies include: increased physical activity, im-
5 proved nutrition, quality diabetes care, and improved
6 self-management practice.

7 (10) Multiple acute and chronic complications
8 result from poor diabetes diagnosis, care, and man-
9 agement. There is a need for prevention strategies
10 and measures in order to educate individuals about
11 diabetes and its complications, and to decrease cur-
12 rent numbers within these populations.

13 (11) Recent discoveries regarding disparities in
14 health care among these populations have identified
15 a need for culturally sensitive modes of treatment
16 that are conducive to the lifestyle of the patient: Pa-
17 tients and consumers should be guaranteed effective,
18 understandable, and respectful care that is provided
19 in a manner that properly addresses their cultural
20 health beliefs, practices, and preferred language.

21 (12) Effective communication, cultural conflict
22 resolution, and cultural differences on health pro-
23 motion and disease prevention should be addressed.

1 **TITLE I—RESEARCH**

2 **SEC. 101. RESEARCH.**

3 Part P of title III of the Public Health Service Act
4 (42 U.S.C. 280g et seq.) is amended by inserting after
5 section 399N the following section:

6 **“SEC. 399O. DIABETES; MINORITY HEALTH AND HEALTH 7 DISPARITIES RESEARCH.**

8 “(a) NATIONAL INSTITUTES OF HEALTH.—

9 “(1) IN GENERAL.—The Director of the Na-
10 tional Institutes of Health shall expand, intensify,
11 conduct, coordinate, and support research and other
12 activities with respect to pre-diabetes and diabetes,
13 particularly type 2, in minority populations, includ-
14 ing research to identify clinical, socioeconomic, geo-
15 graphical, cultural, and organizational factors that
16 contribute to type 2 diabetes in such populations.

17 “(2) CERTAIN ACTIVITIES.—Activities under
18 paragraph (1) regarding type 2 diabetes in minority
19 populations shall include the following:

20 “(A) Research on behavior and obesity, in-
21 cluding research through the obesity research
22 center that is sponsored by the National Insti-
23 tutes of Health.

24 “(B) Research on the causes and effects of
25 health care access disparities and racial dis-

12 “(iv) Diabetes care and treatment dis-
13 crimination against individuals with diabe-
14 tes in prisons, the workplace, and schools.

24 “(C) Research on environmental factors
25 that may contribute to the increase in type 2

1 diabetes, which shall be conducted or supported
2 through the National Institute of Environ-
3 mental Health Sciences and the National
4 Human Genome Research Institute.

5 “(D) Support for new methods to identify
6 environmental triggers and genetic interactions
7 that lead to the development of type 1 and type
8 2 diabetes in minority newborns with a high ge-
9 netic susceptibility to the disease. Such research
10 should follow the newborns through puberty,
11 which is a high-risk period for developing type
12 1 diabetes, and—increasingly—type 2 diabetes.

13 “(E) Research to identify genes that pre-
14 dispose individuals to the onset of developing
15 type 1 and type 2 diabetes and to develop com-
16 plications with the goal of developing improved
17 prevention and treatment strategies.

18 “(F) Research to prevent complications in
19 individuals who have already developed diabe-
20 tes, such as attempting to identify the genes
21 that predispose individuals with diabetes to the
22 development of complications, as well as meth-
23 ods and alternative therapies to control blood
24 glucose.

1 “(G) The support of ongoing research ef-
2 forts examining the level of glycemia at which
3 adverse outcomes develop during pregnancy and
4 to address the many clinical issues associated
5 with minority mothers and fetuses during dia-
6 betic and gestational diabetic pregnancies.

7 “(b) CENTERS FOR DISEASE CONTROL AND PREVEN-
8 TION.—

9 “(1) IN GENERAL.—The Secretary, acting
10 through the Director of the Centers for Disease
11 Control and Prevention, shall conduct and support
12 research and other activities with respect to diabetes
13 in minority populations.

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

17 “(A) Expanding the National Diabetes
18 Laboratory for translational research, and the
19 identification of genetic and immunological risk
20 factors associated with diabetes.

21 “(B) Enhancing the National Health and
22 Nutrition Examination Survey on eating and di-
23 etary habits, with a focus, including cultural
24 and socioeconomic factors, on Hispanic Amer-
25 ican, African-American, American Indian and

1 Alaskan Native, and Asian American and Pa-
2 cific Islander communities.

3 “(C) Establishing and implementing model
4 demonstration projects to design, implement,
5 and evaluate effective diabetes prevention and
6 control interventions.

7 “(D) Increased funding for the Translating
8 Research Into Action for Diabetes study to con-
9 duct interventions for improving the quality of
10 diabetes care received by these populations in
11 managed care settings.

12 “(E) Prevention research within the Divi-
13 sion of Diabetes Translation to better under-
14 stand how to influence healthcare systems
15 changes to improve quality of care being deliv-
16 ered to such populations.

17 “(F) Within the Division of Diabetes
18 Translation, carrying out model demonstration
19 projects to design, implement, and evaluate ef-
20 fective diabetes prevention and control interven-
21 tion for these populations.

22 “(G) Carrying out culturally appropriate
23 community-based interventions within the Divi-
24 sion of Diabetes Translation designed to ad-

1 address issues and problems experienced by these
2 populations.

3 “(H) Conducting applied research within
4 the Division of Diabetes Translation on health
5 systems, community, and communication inter-
6 ventions to reduce those barriers of discrimina-
7 tion, and reduce health disparities within these
8 populations with diabetes.

9 “(I) Conducting applied research on pri-
10 mary prevention within the Division of Diabetes
11 Translation to reduce those barriers within var-
12 ious arenas of discrimination, and reduce dia-
13 betes-related health disparities within these popu-
14 lations with diabetes.

15 "(c) ADDITIONAL PROGRAMS.—

16 “(1) IN GENERAL.—In addition to activities
17 under subsections (a) and (b), the Secretary shall
18 conduct and support research and other activities
19 with respect to diabetes within minority populations.

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

23 “(A) Through the National Institutes of
24 Health and the Centers for Disease Control and
25 Prevention, identifying culturally sensitive ap-

1 approaches to research, including the clinical, cul-
2 tural, socioeconomic, and organizational factors
3 that contribute to high levels of diabetes within
4 such populations.

5 “(B) Expanding the National Diabetes
6 Education Program.

17 “(D) Through the Indian Health Service,
18 in collaboration with other appropriate Federal
19 agencies, conducting research on ethnic and cul-
20 turally appropriate diabetes treatment, care,
21 prevention, and services by health care profes-
22 sionals to the American Indian population.

23 "(d) DEFINITION.—For purposes of this section, the
24 term 'minority populations' means racial and ethnic mi-
25 nority groups within the meaning of section 1707.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—

2 “(1) NATIONAL INSTITUTES OF HEALTH.—For
3 the purpose of carrying out subsection (a), there are
4 authorized to be appropriated such sums as may be
5 necessary for fiscal year 2004 and each subsequent
6 fiscal year.

7 “(2) CENTERS FOR DISEASE CONTROL AND
8 PREVENTION.—For the purpose of carrying out sub-
9 section (b), there are authorized to be appropriated
10 such sums as may be necessary for fiscal year 2004
11 and each subsequent fiscal year.

12 “(3) ADDITIONAL PROGRAMS.—For the purpose
13 of carrying out subsection (c), there are authorized
14 to be appropriated such sums as may be necessary
15 for fiscal year 2004 and each subsequent fiscal
16 year.”.

17 **SEC. 102. DIABETES MELLITUS INTERAGENCY COORDI-
18 NATING COMMITTEE.**

19 Section 429 of the Public Health Service Act (42
20 U.S.C. 285c-3) is amended by adding at the end the fol-
21 lowing subsection:

22 “(d)(1) In addition to other duties established in this
23 section for the Diabetes Mellitus Interagency Coordinating
24 Committee, such Committee shall—

1 “(A) assess the current activities of all current
2 Federal health programs to determine their ade-
3 quacy as a systemic method of addressing the im-
4 pact of diabetes mellitus on minority populations;

5 “(B) undertake strategic planning activities to
6 develop an effective and comprehensive Federal plan
7 to address diabetes mellitus within communities of
8 color which will involve all appropriate Federal
9 health programs; and

10 “(C) conduct the implementation of such a plan
11 throughout all Federal health programs.

12 “(2) The Federal plan under paragraph (1)(B)
13 shall—

14 “(A) include steps to address issues including,
15 but not limited to, type 1 and type 2 diabetes in
16 children and the disproportionate impact of diabetes
17 mellitus on minority populations; and

18 “(B) remain consistent with the programs and
19 activities identified in sections 399O through 399R,
20 as well as remaining consistent with the intent of
21 the Diabetes Prevention Access and Care Act.

22 “(3) For purposes of this subsection, the term ‘mi-
23 nority populations’ means racial and ethnic minority
24 groups within the meaning of section 1707.

1 “(4) For the purpose of carrying out this subsection,
2 there are authorized to be appropriated such sums as may
3 be necessary for fiscal year 2004 and each subsequent fis-
4 cal year.”.

5 **TITLE II—TREATMENT**

6 **SEC. 201. TREATMENT.**

7 Part P of title III of the Public Health Service Act,
8 as amended by section 101 of this Act, is amended by in-
9 serting after section 399O the following section:

10 **“SEC. 399P. DIABETES; TREATMENT FOR MINORITY POPU-
11 LATIONS.**

12 “(a) IN GENERAL.—The Secretary shall conduct and
13 support programs to treat diabetes in minority popu-
14 lations.

15 “(b) NATIONAL INSTITUTES OF HEALTH.—With re-
16 spect to the National Institutes of Health, activities under
17 subsection (a) regarding the treatment of diabetes in mi-
18 nority populations shall include the following:

19 “(1) Through the National Institute of Mental
20 Health, providing for comprehensive mental health
21 services and treatment for individuals within such
22 populations who experience mental barriers to prop-
23 er diabetes care.

24 “(2) Through the National Center on Minority
25 Health and Health Disparities, recommending and

1 disseminating the guidelines of the American Diabetes
2 Association for nutrition exercise and diet for diabetes
3 treatment and prevention.

4 “(c) OTHER AGENCIES.—Activities under subsection
5 (a) regarding the treatment of diabetes in minority populations
6 shall include the following:

7 “(1) Through the Substance Abuse and Mental
8 Health Services Administration and the National Institute
9 of Mental Health, providing for comprehensive
10 mental health services and treatment for minorities
11 who experience mental barriers to proper diabetes
12 care.

13 “(2) Promoting early detection as a cost-saving
14 mechanism, including making grants to community
15 health centers and clinics to specifically treat type 2
16 diabetes and complications, including eye disease,
17 kidney failure, heart disease and stroke, nerve damage,
18 and limb amputations.

19 “(3) Through the Health Resources and Services
20 Administration and the Centers for Disease Control
21 and Prevention, carrying out a collaborative
22 program to encourage preventive care. Such program
23 shall not be limited to primary prevention, and
24 shall include secondary and tertiary prevention. Such
25 program shall include the award of grants to com-

1 munity health centers and clinics to specifically treat
2 diabetes, with an emphasis on type 2 diabetes, and
3 diabetic complications, including eye disease, kidney
4 failure, heart disease and stroke, nerve damage, and
5 limb amputation.

6 “(d) DEFINITION.—For purposes of this section, the
7 term ‘minority populations’ means racial and ethnic mi-
8 nority groups within the meaning of section 1707.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—

10 “(1) IN GENERAL.—For the purpose of car-
11 rying out subsections (a) and (c), there are author-
12 ized to be appropriated such sums as may be nec-
13 essary for fiscal year 2004 and each subsequent fis-
14 cal year.

15 “(2) NATIONAL INSTITUTES OF HEALTH.—For
16 the purpose of carrying out subsection (b), there are
17 authorized to be appropriated such sums as may be
18 necessary for fiscal year 2004 and each subsequent
19 fiscal year.”.

20 **TITLE III—EDUCATION**

21 **SEC. 301. EDUCATION.**

22 Part P of title III of the Public Health Service Act,
23 as amended by section 201 of this Act, is amended by in-
24 serting after section 399P the following section:

1 **“SEC. 399Q. DIABETES; EDUCATION REGARDING MINORITY**2 **POPULATIONS.**3 “(a) IN GENERAL.—The Secretary shall conduct and
4 support programs to educate the public on the causes of
5 effects of diabetes in minority populations.6 “(b) NATIONAL INSTITUTES OF HEALTH.—With re-
7 spect to the National Institutes of Health, activities under
8 subsection (a) regarding education on diabetes in minority
9 populations shall include the following:10 “(1) Through the National Center on Minority
11 Health and Health Disparities—12 “(A) making grants to programs funded
13 under section 485F (relating to centers of ex-
14 cellence) for the purpose of establishing a men-
15 toring program for health care professionals to
16 be more involved in weight counseling, obesity
17 research, and nutrition;18 “(B) providing for the participation of mi-
19 nority health professionals in diabetes-focused
20 research programs; and21 “(C) providing for the participation of mi-
22 nority health professionals in diabetes-focused
23 research programs.24 “(2) Making grants for programs to establish a
25 pipeline from high school to professional school that
26 will increase minority representation in diabetes-fo-

1 cused health fields by expanding Minority Access to
2 Research Careers (MARC) program internships and
3 mentoring opportunities for recruitment.

4 “(c) CENTERS FOR DISEASE CONTROL AND PREVEN-
5 TION.—With respect to the Centers for Disease Control
6 and Prevention, activities under subsection (a) regarding
7 education on diabetes in minority populations shall include
8 the following:

9 “(1) Making grants for diabetes-focused edu-
10 cation classes or training programs on cultural sen-
11 sitivity and patient care within such populations for
12 health care providers.

13 “(2) Carrying out public awareness campaigns
14 directed toward such populations to aggressively em-
15 phasize the importance and impact of physical activ-
16 ity and diet in regard to diabetes and diabetes-re-
17 lated complications.

18 “(d) HEALTH RESOURCES AND SERVICES ADMINIS-
19 TRATION.—With respect to the Health Resources and
20 Services Administration, activities under subsection (a) re-
21 garding education on diabetes in minority populations
22 shall include the following:

23 “(1) Providing additional funds for the Health
24 Careers Opportunity Program, Centers for Excel-
25 lence, and the Minority Faculty Fellowship Program

1 to partner with the Office of Minority Health under
2 section 1707 and the National Institutes of Health
3 to strengthen programs for career opportunities
4 within minority populations focused on diabetes
5 treatment and care.

6 “(2) In partnership with the Health Resources
7 and Services Administration, develop a diabetes
8 focus within, and provide additional funds for, the
9 National Health Service Corps Scholarship program
10 to place individuals in areas that are disproportio-
11 nately affected by diabetes, to provide health care
12 services.

13 “(3) Establishing a diabetes ambassador pro-
14 gram for recruitment efforts to increase the number
15 of underrepresented minorities currently serving in
16 student, faculty, or administrative positions in insti-
17 tutions of higher learning, hospitals, and community
18 health centers.

19 “(4) Establishing a loan repayment program
20 that focuses on diabetes care and prevention.

21 “(e) ADDITIONAL PROGRAMS.—Activities under sub-
22 section (a) regarding education on diabetes in minority
23 populations shall include the following:

24 “(1) Through collaboration between the Health
25 Resources and Services Administration and the In-

1 dian Health Service, establishing a joint scholarship
2 and loan-repayment program for American Indians
3 health profession students.

4 “(2) Providing funds for new and existing dia-
5 betes-focused education grants and programs for
6 present and future students and clinicians in the
7 medical field from minority populations, including
8 the following:

9 “(A) Federal and State loan repayment
10 programs for health profession students within
11 communities of color.

12 “(B) Providing funds to the Office of Mi-
13 nority Health under section 1707 for training
14 health profession students to focus on diabetes
15 within such populations.

16 “(C) Providing funds to State and local
17 entities to establish diabetes awareness week or
18 day every month in schools, nursing homes, and
19 colleges through partnerships with the Office of
20 Minority Health under section 1707 and the
21 Health Resources and Services Administration.

22 “(f) DEFINITION.—For purposes of this section, the
23 term ‘minority populations’ means racial and ethnic mi-
24 nority groups within the meaning of section 1707.

25 “(g) AUTHORIZATION OF APPROPRIATIONS.—

1 “(1) IN GENERAL.—For the purpose of car-
2 rying out subsections (a) and (e), there are author-
3 ized to be appropriated such sums as may be nec-
4 essary for fiscal year 2004 and each subsequent fis-
5 cal year.

6 “(2) NATIONAL INSTITUTES OF HEALTH.—For
7 the purpose of carrying out subsection (b), there are
8 authorized to be appropriated such sums as may be
9 necessary for fiscal year 2004 and each subsequent
10 fiscal year.

11 “(3) CENTERS FOR DISEASE CONTROL AND
12 PREVENTION.—For the purpose of carrying out sub-
13 section (c), there are authorized to be appropriated
14 such sums as may be necessary for fiscal year 2004
15 and each subsequent fiscal year.

16 “(4) HEALTH RESOURCES AND SERVICES AD-
17 MINISTRATION.—For the purpose of carrying out
18 subsection (c), there are authorized to be appro-
19 priated such sums as may be necessary for fiscal
20 year 2004 and each subsequent fiscal year.”.

1 **TITLE IV—HEALTH PROMOTION,**
2 **PREVENTION ACTIVITIES,**
3 **AND ACCESS**

4 **SEC. 401. HEALTH PROMOTION, PREVENTION ACTIVITIES,**
5 **AND ACCESS.**

6 Part P of title III of the Public Health Service Act,
7 as amended by section 301 of this Act, is amended by in-
8 serting after section 399Q the following section:

9 **“SEC. 399R. DIABETES; HEALTH PROMOTION, PREVENTION**
10 **ACTIVITIES, AND ACCESS REGARDING MI-**
11 **NORITY POPULATIONS.**

12 “(a) NATIONAL INSTITUTES OF HEALTH.

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Director of the National Institutes of
15 Health, shall provide access to proper care of diabe-
16 tes for minority populations.

17 “(2) CERTAIN ACTIVITIES.—Activities under
18 paragraph (1) regarding proper care of diabetes in
19 minority populations shall include the following:

20 “(A) Providing funds for research to as-
21 sess and identify the number of individuals af-
22 fected by socioeconomic and environmental bar-
23 riers to diabetes health care access, including
24 research regarding language, transportation,
25 daily routine, lifestyle, and housing.

1 “(B) Through the National Center on Mi-
2 nority Health and Health Disparities, identi-
3 fying the manner in which health care pro-
4 viders, community health centers, and hospitals
5 provide proper options and education on avail-
6 able services for diabetes care, management,
7 and prevention, including identifying the effects
8 of differences in the cultures of staff and pa-
9 tients on clinical and other workforce encoun-
10 ters.

11 “(b) CENTERS FOR DISEASE CONTROL AND PREVEN-
12 TION.

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Director of the Centers for Disease
15 Control and Prevention, shall carry out culturally
16 appropriate diabetes health promotion and preven-
17 tion programs for minority populations.

18 “(2) CERTAIN ACTIVITIES.—Activities under
19 paragraph (1) regarding culturally appropriate dia-
20 betes health promotion and prevention programs for
21 minority populations shall include the following:

22 “(A) Expanding the Diabetes Control Pro-
23 gram (currently existing in all the States and
24 territories).

1 “(B) Providing funds for the Diabetes
2 Today program to adapt community planning
3 tools within such populations.

4 “(C) Providing funds for Racial and Eth-
5 nic Approaches to Community Health (REACH
6 2010) grants to develop and evaluate diabetes
7 prevention and control community programs fo-
8 cused on such populations.

9 “(D) Providing funds to community health
10 centers for a monthly diabetes week program of
11 diabetes services, including screenings.

12 “(E) Providing funds for free diabetes self-
13 management education classes in hospitals, clin-
14 ics, and community health centers.

15 “(F) Providing funds for education and
16 community outreach on diabetes.

17 “(G) Providing funds for the United States
18 and Mexico Border Diabetes project to develop
19 culturally appropriate diabetes prevention and
20 control interventions for Minority populations in
21 the border region.

22 “(H) Providing funds for an aggressive
23 prevention campaign that focuses on physical
24 inactivity and diet and its relation to type 2 di-
25 abetes within such populations.

1 “(I) Providing funds for surveillance sys-
2 tems and strategies for strengthening existing
3 systems to improve the quality, accuracy, and
4 timelines of morbidity and mortality diabetes
5 data for such populations.

6 “(c) DEFINITION.—For purposes of this section, the
7 term ‘minority populations’ means racial and ethnic mi-
8 nority groups within the meaning of section 1707.

9 “(d) AUTHORIZATION OF APPROPRIATIONS.—

10 “(1) NATIONAL INSTITUTES OF HEALTH.—For
11 the purpose of carrying out subsection (b), there are
12 authorized to be appropriated such sums as may be
13 necessary for fiscal year 2004 and each subsequent
14 fiscal year.

15 “(2) CENTERS FOR DISEASE CONTROL AND
16 PREVENTION.—For the purpose of carrying out sub-
17 section (c), there are authorized to be appropriated
18 such sums as may be necessary for fiscal year 2004
19 and each subsequent fiscal year.”.

20 **TITLE V—ADDITIONAL
21 PROGRAMS**

22 **SEC. 501. ADDITIONAL PROGRAMS.**

23 (a) EDUCATION REGARDING CLINICAL TRIALS.—The
24 Secretary of Health and Human Services (referred to in
25 this section as the “Secretary”) shall carry out education

1 and awareness programs designed to increase participa-
2 tion of minority populations in clinical trials.

3 (b) MINORITY RESEARCHERS.—The Secretary shall
4 carry out mentorship programs for minority researchers
5 who are conducting or intend to conduct research on dia-
6 betes in minority populations.

7 (c) SUPPLEMENTING CLINICAL RESEARCH REGARD-
8 ING CHILDREN.—The Secretary shall make grants to sup-
9 plement clinical research programs to assist such pro-
10 grams in obtaining the services of health professionals and
11 other resources to provide specialized care for children
12 with type 1 and type 2 diabetes.

13 (d) DEFINITION.—For purposes of this section, the
14 term “minority populations” means racial and ethnic mi-
15 nority groups within the meaning of section 1707 of the
16 Public Health Service Act.

17 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
18 purpose of carrying out this section, there are authorized
19 to be appropriated such sums as may be necessary for fis-
20 cal year 2004 and each subsequent fiscal year.

21 **TITLE VI—STUDIES**

22 **SEC. 601. STUDIES.**

23 (a) INSTITUTE OF MEDICINE.—The Secretary of
24 Health and Human Services (referred to in this section
25 as the “Secretary”) shall request the Institute of Medicine

1 to conduct a study to determine the extent and impact
2 of the shortage of adult and pediatric endocrinologists spe-
3 cializing in diabetes, and to submit a report describing the
4 findings of the study to the Secretary, to the Committee
5 on Energy and Commerce of the House of Representa-
6 tives, and to the Committee on Health, Education, Labor,
7 and Pensions of the Senate. The Secretary shall ensure
8 that the report includes recommendations on changes in
9 Federal policies that would increase the number of adult
10 and pediatric endocrinologists specializing in diabetes.

11 (b) AGENCY FOR HEALTHCARE RESEARCH AND
12 QUALITY.—The Secretary, acting through the Director of
13 the Agency for Healthcare Research and Quality, shall
14 conduct a study to determine whether minority children
15 with diabetes have better or worse outcomes than non-
16 minority children. The study shall include a determination
17 of the extent to which minority children have access to
18 and participate in disease management programs, and
19 have access to and use medical devices such as continuous
20 glucose monitoring systems, insulin pumps, and artificial
21 pancreas.

○