

108TH CONGRESS
1ST SESSION

H. R. 2553

To amend the Public Health Service Act to authorize grants to provide treatment for diabetes in minority communities.

IN THE HOUSE OF REPRESENTATIVES

JUNE 19, 2003

Ms. WATERS (for herself, Mr. WAXMAN, Mr. HONDA, Mr. SERRANO, Mr. KILDEE, Mrs. CHRISTENSEN, Mr. CROWLEY, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. TOWNS, Ms. JACKSON-LEE of Texas, Mr. PAYNE, Mr. FROST, Ms. LEE, Mr. DAVIS of Illinois, Ms. CARSON of Indiana, Mr. SCOTT of Virginia, Mr. SANDERS, Mr. McNULTY, Mr. CONYERS, Ms. KILPATRICK, Mr. UDALL of New Mexico, Mr. RUSH, and Mr. HASTINGS of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize grants to provide treatment for diabetes in minority 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 “Minority Diabetes Ini-
3 tiative Act”.

4 **SEC. 2. GRANTS REGARDING TREATMENT OF DIABETES IN**
5 **MINORITY COMMUNITIES.**

6 Part D of title III of the Public Health Service Act
7 (42 U.S.C. 254b et seq.) is amended by inserting after
8 section 330K the following:

9 **“SEC. 330L. GRANTS REGARDING TREATMENT OF DIABETES**
10 **IN MINORITY COMMUNITIES.**

11 “(a) IN GENERAL.—The Secretary may make grants
12 to public and nonprofit private health care providers for
13 the purpose of providing treatment for diabetes in minor-
14 ity communities.

15 “(b) RECIPIENTS OF GRANTS.—The public and non-
16 profit private health care providers to whom grants may
17 be made under subsection (a) include physicians, podia-
18 trists, community-based organizations, health care organi-
19 zations, community health centers, and State, local, and
20 tribal health departments.

21 “(c) SCOPE OF TREATMENT ACTIVITIES.—The Sec-
22 retary shall ensure that grants under subsection (a) cover
23 a variety of diabetes-related health care services, including
24 routine care for diabetic patients, public education on dia-
25 betes prevention and control, eye care, foot care, and

1 treatment for kidney disease and other complications of
2 diabetes.

3 “(d) APPROPRIATE CULTURAL CONTEXT.—A condi-
4 tion for the receipt of a grant under subsection (a) is that
5 the applicant involved agree that, in the program carried
6 out with the grant, services will be provided in the lan-
7 guages and cultural contexts most appropriate for the in-
8 dividuals for whom the services are provided.

9 “(e) OUTREACH SERVICES.—A condition for the re-
10 ceipt of a grant under subsection (a) is that the applicant
11 involved agree to provide outreach activities to inform the
12 public of the services of the program, and to provide offsite
13 information on diabetes.

14 “(f) APPLICATION FOR GRANT.—A grant may be
15 made under subsection (a) only if an application for the
16 grant is submitted to the Secretary and the application
17 is in such form, is made in such manner, and contains
18 such agreements, assurances, and information as the Sec-
19 retary determines to be necessary to carry out this section.

20 “(g) AUTHORIZATION OF APPROPRIATIONS.—For the
21 purpose of carrying out this section, there are authorized
22 to be appropriated such sums as may be necessary for
23 each of the fiscal years 2004 through 2008.”.

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