

113TH CONGRESS
1ST SESSION

H. R. 3591

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

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 21, 2013

Ms. WATERS (for herself, Ms. BORDALLO, Mr. GRIJALVA, Ms. ROYBAL-ALLARD, Ms. LEE of California, Mrs. CHRISTENSEN, Ms. HAHN, Mr. HINOJOSA, Ms. NORTON, Ms. BROWN of Florida, Ms. JACKSON LEE, Mrs. BEATTY, Mr. CONYERS, Ms. CLARKE, Mr. HASTINGS of Florida, Mr. RANGEL, Mr. PAYNE, Mr. ELLISON, Ms. WILSON of Florida, Mr. BISHOP of Georgia, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. CÁRDENAS, Mr. AL GREEN of Texas, Ms. SEWELL of Alabama, Mr. FALEOMAVAEGA, Ms. LORETTA SANCHEZ of California, Mr. CUMMINGS, Mr. DANNY K. DAVIS of Illinois, Mr. ENGEL, Ms. CHU, Ms. MCCOLLUM, Mr. COHEN, Mr. BRADY of Pennsylvania, Mr. MEEKS, Mr. HONDA, Mr. VELA, Mr. LEWIS, Mr. RUSH, Mr. SERRANO, Ms. MOORE, Mr. TAKANO, and Mr. ENYART) 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Minority Diabetes Ini-
5 tiative Act”.

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

3 Part D of title III of the Public Health Service Act
4 (42 U.S.C. 254b et seq.) is amended by inserting after
5 section 330L the following:

6 **“SEC. 330M. GRANTS REGARDING TREATMENT OF DIABE-**
7 **TES IN MINORITY COMMUNITIES.**

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

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

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

25 “(d) APPROPRIATE CULTURAL CONTEXT.—A condi-
26 tion for the receipt of a grant under subsection (a) is that

1 the applicant involved agrees that, in the program carried
2 out with the grant, services will be provided in the lan-
3 guages most appropriate for, and with consideration for
4 the cultural backgrounds of, the individuals for whom the
5 services are provided.

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

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

17 “(g) 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
20 each of the fiscal years 2014 through 2019.”.

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