

114TH CONGRESS
1ST SESSION

H. R. 2651

To amend the Public Health Service Act to prevent and treat diabetes, to promote and improve the care of individuals with diabetes, and to reduce health disparities, relating to diabetes, within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American, Native Hawaiian and Other Pacific Islander, and American Indian and Alaskan Native communities.

IN THE HOUSE OF REPRESENTATIVES

JUNE 4, 2015

Ms. DEGETTE (for herself, Mr. WHITFIELD, Ms. KELLY of Illinois, Ms. MICHELLE LUJAN GRISHAM of New Mexico, and Ms. LEE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to prevent and treat diabetes, to promote and improve the care of individuals with diabetes, and to reduce health disparities, relating to diabetes, within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American, Native Hawaiian and Other 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Eliminating Dispari-
3 ties in Diabetes Prevention, Access, and Care Act of
4 2015”.

5 **TITLE I—NATIONAL INSTITUTES**
6 **OF HEALTH**

7 **SEC. 101. RESEARCH, TREATMENT, AND EDUCATION.**

8 (a) IN GENERAL.—Subpart 3 of part C of title IV
9 of the Public Health Service Act (42 U.S.C. 285c et seq.)
10 is amended by adding at the end the following new section:

11 **“SEC. 434B. DIABETES IN MINORITY POPULATIONS.**

12 “(a) IN GENERAL.—The Director of NIH shall ex-
13 pand, intensify, and support ongoing research and other
14 activities with respect to prediabetes and diabetes, particu-
15 larly type 2, in minority populations.

16 “(b) RESEARCH.—

17 “(1) DESCRIPTION.—Research under subsection
18 (a) shall include investigation into—

19 “(A) the causes of diabetes, including so-
20 cioeconomic, geographic, clinical, environmental,
21 genetic, and other factors that may contribute
22 to increased rates of diabetes in minority popu-
23 lations; and

24 “(B) the causes of increased incidence of
25 diabetes complications in minority populations,

1 and possible interventions to decrease such inci-
2 dence.

3 “(2) INCLUSION OF MINORITY PARTICIPANTS.—

4 In conducting and supporting research described in
5 subsection (a), the Director of NIH shall seek to in-
6 clude minority participants as study subjects in clin-
7 ical trials.

8 “(c) REPORT; COMPREHENSIVE PLAN.—

9 “(1) IN GENERAL.—The Diabetes Mellitus
10 Interagency Coordinating Committee shall—

11 “(A) prepare and submit to the Congress,
12 not later than 6 months after the date of enact-
13 ment of this section, a report on Federal re-
14 search and public health activities with respect
15 to prediabetes and diabetes in minority popu-
16 lations; and

17 “(B) develop and submit to the Congress,
18 not later than 1 year after the date of enact-
19 ment of this section, an effective and com-
20 prehensive Federal plan (including all appro-
21 priate Federal health programs) to address
22 prediabetes and diabetes in minority popu-
23 lations.

1 “(2) CONTENTS.—The report under paragraph
2 (1)(A) shall at minimum address each of the fol-
3 lowing:

4 “(A) Research on diabetes and prediabetes
5 in minority populations, including such research
6 on—

7 “(i) genetic, behavioral, and environ-
8 mental factors; and

9 “(ii) prevention and complications
10 among individuals within these populations
11 who have already developed diabetes.

12 “(B) Surveillance and data collection on
13 diabetes and prediabetes in minority popu-
14 lations, including with respect to—

15 “(i) efforts to better determine the
16 prevalence of diabetes among Asian Amer-
17 ican and Pacific Islander subgroups; and

18 “(ii) efforts to coordinate data collec-
19 tion on the American Indian population.

20 “(C) Community-based interventions to ad-
21 dress diabetes and prediabetes targeting minor-
22 ity populations, including—

23 “(i) the evidence base for such inter-
24 ventions;

1 “(ii) the cultural appropriateness of
2 such interventions; and

3 “(iii) efforts to educate the public on
4 the causes and consequences of diabetes.

5 “(D) Education and training programs for
6 health professionals (including community
7 health workers) on the prevention and manage-
8 ment of diabetes and its related complications
9 that is supported by the Health Resources and
10 Services Administration, including such pro-
11 grams supported by—

12 “(i) the National Health Service
13 Corps; or

14 “(ii) the community health centers
15 program under section 330.

16 “(d) EDUCATION.—The Director of NIH shall—

17 “(1) through the National Institute on Minority
18 Health and Health Disparities and the National Di-
19 abetes Education Program—

20 “(A) make grants to programs funded
21 under section 464z-4 (relating to centers of ex-
22 cellence) for the purpose of establishing a men-
23 toring program for health care professionals to
24 be more involved in weight counseling, obesity
25 research, and nutrition; and

1 “(B) provide for the participation of mi-
 2 nority health professionals in diabetes-focused
 3 research programs; and

4 “(2) make grants for programs to establish a
 5 pipeline from high school to professional school that
 6 will increase minority representation in diabetes-fo-
 7 cused health fields by expanding Minority Access to
 8 Research Careers (MARC) program internships and
 9 mentoring opportunities for recruitment.

10 “(e) DEFINITIONS.—For purposes of this section:

11 “(1) The ‘Diabetes Mellitus Interagency Coordi-
 12 nating Committee’ means the Diabetes Mellitus
 13 Interagency Coordinating Committee established
 14 under section 429.

15 “(2) The term ‘minority population’ means a
 16 racial and ethnic minority group, as defined in sec-
 17 tion 1707.”.

18 **TITLE II—CENTERS FOR DIS-** 19 **EASE CONTROL AND PREVEN-** 20 **TION**

21 **SEC. 201. RESEARCH, EDUCATION, AND OTHER ACTIVITIES.**

22 Part B of title III of the Public Health Service Act
 23 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
 24 tion 317T the following section:

1 **“SEC. 317U. DIABETES IN MINORITY POPULATIONS.**

2 “(a) RESEARCH AND OTHER ACTIVITIES.—

3 “(1) IN GENERAL.—The Secretary, acting
4 through the Director of the Centers for Disease
5 Control and Prevention, shall conduct and support
6 research and public health activities with respect to
7 diabetes in minority populations.

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

11 “(A) Further enhancing the National
12 Health and Nutrition Examination Survey by
13 over-sampling Asian American, Native Hawai-
14 ian, and Other Pacific Islanders in appropriate
15 geographic areas to better determine the preva-
16 lence of diabetes in such populations as well as
17 to improve the data collection of diabetes pene-
18 tration disaggregated into major ethnic groups
19 within such populations. The Secretary shall en-
20 sure that any such oversampling does not re-
21 duce the oversampling of other minority popu-
22 lations including African-American and Latino
23 populations.

24 “(B) Through the Division of Diabetes
25 Translation—

1 “(i) providing for prevention research
2 to better understand how to influence
3 health care systems changes to improve
4 quality of care being delivered to such pop-
5 ulations;

6 “(ii) carrying out model demonstra-
7 tion projects to design, implement, and
8 evaluate effective diabetes prevention and
9 control interventions for minority popu-
10 lations, including culturally appropriate
11 community-based interventions;

12 “(iii) developing and implementing a
13 strategic plan to reduce diabetes in minor-
14 ity populations through applied research to
15 reduce disparities and culturally and lin-
16 guistically appropriate community-based
17 interventions;

18 “(iv) supporting, through the national
19 diabetes prevention program under section
20 399V–3, diabetes prevention program sites
21 in underserved regions highly impacted by
22 diabetes; and

23 “(v) implementing, through the na-
24 tional diabetes prevention program under
25 section 399V–3, a demonstration program

1 developing new metrics measuring health
2 outcomes related to diabetes that can be
3 stratified by specific minority populations.

4 “(b) EDUCATION.—The Secretary, acting through
5 the Director of the Centers for Disease Control and Pre-
6 vention, shall direct the Division of Diabetes Translation
7 to conduct and support both programs to educate the pub-
8 lic on diabetes in minority populations and programs to
9 educate minority populations about the causes and effects
10 of diabetes.

11 “(c) DIABETES; HEALTH PROMOTION, PREVENTION
12 ACTIVITIES, AND ACCESS.—The Secretary, acting through
13 the Director of the Centers for Disease Control and Pre-
14 vention and the National Diabetes Education Program,
15 shall conduct and support programs to educate specific
16 minority populations through culturally appropriate and
17 linguistically appropriate information campaigns about
18 prevention of, and managing, diabetes.

19 “(d) DEFINITION.—For purposes of this section, the
20 term ‘minority population’ means a racial and ethnic mi-
21 nority group, as defined in section 1707.”.

1 **TITLE III—HEALTH RESOURCES**
2 **AND SERVICES ADMINISTRATION**
3 **TION**

4 **SEC. 301. RESEARCH, EDUCATION, AND OTHER ACTIVITIES.**

5 Part P of title III of the Public Health Service Act
6 (42 U.S.C. 280g et seq.) is amended by adding at the end
7 the following new section:

8 **“SEC. 399V-6. PROGRAMS TO EDUCATE HEALTH PRO-**
9 **VIDERS ON THE CAUSES AND EFFECTS OF DI-**
10 **ABETES IN MINORITY POPULATIONS.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Director of the Health Resources and Services Admin-
13 istration, shall conduct and support programs described
14 in subsection (b) to educate health professionals on the
15 causes and effects of diabetes in minority populations.

16 “(b) PROGRAMS.—Programs described in this sub-
17 section, with respect to education on diabetes in minority
18 populations, shall include the following:

19 “(1) Giving priority, under the primary care
20 training and enhancement program under section
21 747—

22 “(A) to awarding grants to focus on or ad-
23 dress diabetes; and

1 “(B) adding minority populations to the
2 list of vulnerable populations that should be
3 served by such grants.

4 “(2) Providing additional funds for the Health
5 Careers Opportunity Program, Centers for Excel-
6 lence, and the Minority Faculty Fellowship Program
7 to partner with the Office of Minority Health under
8 section 1707 and the National Institutes of Health
9 to strengthen programs for career opportunities fo-
10 cused on diabetes treatment and care within under-
11 served regions highly impacted by diabetes.

12 “(3) Developing a diabetes focus within, and
13 providing additional funds for, the National Health
14 Service Corps Scholarship Program—

15 “(A) to place individuals in areas that are
16 disproportionately affected by diabetes and to
17 provide diabetes treatment and care in such
18 areas; and

19 “(B) to provide such individuals continuing
20 medical education specific to diabetes care.”.

21 **TITLE IV—INDIAN HEALTH**
22 **SERVICE**

23 **SEC. 401. RESEARCH, EDUCATION, AND OTHER ACTIVITIES.**

24 Part P of title III of the Public Health Service Act
25 (42 U.S.C. 280g et seq.), as amended by section 301, is

1 further amended by adding at the end the following sec-
2 tion:

3 **“SEC. 399V-7. RESEARCH, EDUCATION, AND OTHER ACTIVI-**
4 **TIES REGARDING DIABETES IN AMERICAN IN-**
5 **DIAN POPULATIONS.**

6 “In addition to activities under sections 317V-6 and
7 434B, the Secretary, acting through the Indian Health
8 Service and in collaboration with other appropriate Fed-
9 eral agencies, shall—

10 “(1) conduct and support research and other
11 activities with respect to diabetes; and

12 “(2) coordinate the collection of data on clini-
13 cally and culturally appropriate diabetes treatment,
14 care, prevention, and services by health care profes-
15 sionals to the American Indian population.”.

16 **TITLE V—INSTITUTE OF**
17 **MEDICINE REPORT**

18 **SEC. 501. UPDATED REPORT ON HEALTH DISPARITIES.**

19 The Secretary of Health and Human Services shall
20 seek to enter into an arrangement with the Institute of
21 Medicine under which the Institute will—

22 (1) not later than 1 year after the date of en-
23 actment of this Act, submit to the Congress an up-
24 dated version of the Institute’s 2002 report entitled

1 “Unequal Treatment: Confronting Racial and Ethnic
2 Disparities in Health Care”; and
3 (2) in such updated version, address how racial
4 and ethnic health disparities have changed since the
5 publication of the original report.

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