

# HEALTH LEGISLATIVE ISSUES

---

The following pieces of legislation regarding health and minority populations may be relevant to readers of *Ethnicity & Disease*. Information on these bills was current when this issue went to press. We encourage readers to further investigate legislation of interest to your health discipline.

---

## HR 4858: KATRINA HEALTH ACCESS, RECOVERY, AND EMPOWERMENT ACT OF 2006

Many of the communities that were most affected by Hurricane Katrina had poor healthcare infrastructures and some of the highest poverty rates before the storm reached the coast. For example, Louisiana had the fourth highest uninsurance rate in the nation, and nearly one in four residents was living in poverty. Today, the

number of people from the Gulf Coast who are uninsured and lack access to adequate health care has significantly increased. Studies confirm that numerous factors exacerbate health disparities, including poverty; uninsurance; unemployment; low educational attainment; the absence of culturally and linguistically competent care; and a lack of

access to housing, needed healthcare services and treatments, and healthcare information.

This legislation will provide for the restoration of healthcare-related services in Hurricane Katrina-affected areas. It will rebuild pipelines of providers in medically needy and underserved areas and communities, and it will provide relief to

academic institutions and restore key components of the healthcare infrastructure.

Sponsor: William J. Jefferson (D-La)

Introduced 3/2/2006

Status: Referred to the Committee on Energy and Commerce

---

## HR 159: MINORITY POPULATIONS DIABETES PREVENTION AND CONTROL ACT OF 2005

Minority populations, including African Americans, Hispanics, Native Americans, and Asians, have the highest incidence of diabetes and the highest rates of complications of the disease. These groups are rapidly growing segments of the population, and specific programs of research, education, and treatment must be carried out to address its ravaging effects on minority populations. The Centers for Disease Control and Prevention has had great

success with comprehensive, state-based diabetes initiatives. An example is support for a program carried out in the state of New York, where in only two years diabetes-related hospitalization rates decreased by 35% and diabetes-related amputations of extremities were decreased by 39%. Because of funding constraints, only 16 states have received support for such programs.

With the passage of this legislation, the Centers for Disease Control

and Prevention shall increase the extent of activities regarding diabetes in minorities, including grants for state-based initiatives. Activities shall include: 1) prevention research; 2) cooperating with the states to determine the national incidence and prevalence in various minority populations and the reasons therefore; 3) activities of the National Diabetes Education Program; and 4) projects to provide treatment. For the purpose of carrying out the plan to implement the recommendations

of the Diabetes Research Working Group of the National Institute on Diabetes and Digestive and Kidney Diseases, such sums as may be necessary for each of the fiscal years 2006 through 2010 are authorized to be appropriated.

Sponsor: Juanita Millender-McDonald (D-Calif)

Introduced 1/4/2005

Status: Referred to the Subcommittee on Health

---

## HR 3000: JOSEPHINE BUTLER UNITED STATES HEALTH SERVICE ACT

The present healthcare system has failed to provide financial

coverage for healthcare services for >40 million Americans, and

the percentage lacking such coverage grows each year. The

present healthcare system has failed to provide for sufficient,

effective preventive measures that would address the deterioration in occupational, environmental, and social conditions affecting the health of the people of this nation. Unnecessary and excessive profits and administrative expenses have inflated the cost of health care. The growth of for-profit medical care and for-profit managed care is making it difficult for healthcare personnel to provide, and users to receive, the full range of health services they believe to be necessary, appropriate, and desirable. The health professions

have failed to control the cost of their services and the imbalance in the number of health workers among geographic areas or healthcare specialties. The present healthcare system has failed to make full and efficient use of allied health workers. A United States Health Service is the best means to implement the right to high-quality health care and to overcome the deficiencies in the present healthcare delivery system.

This act will create a United States Health Service to provide, without charge, to all residents, regardless of race, sex, age,

national origin, income, marital status, sexual orientation, religion, political belief, place of residence, employment status, or previous health status, comprehensive healthcare services delivered by salaried health workers, emphasizing the promotion and maintenance of health as well as the treatment of illness. This act will increase the availability and continuity of health care by linking local healthcare facilities to hospitals and specialized care facilities. This bill will overcome present disparities in health and access to healthcare

resources, especially for currently under-served inner-city and rural populations, minority groups, prisoners, and occupational groups, by redistributing healthcare resources to under-served populations and by enhancing public health and preventive health services.

Sponsor: Barbara Lee (D-Calif)

Introduced 6/20/2005

Status: Referred to the Subcommittee on Workforce Protections

## HR 4469: COMMUNITY HEALTH WORKERS ACT OF 2005

Community health workers, who are primarily women, can be a critical component in conducting health promotion and disease prevention efforts in medically under-served populations. Recognizing the difficult barriers confronting medically under-served communities (poverty, geographic isolation, language and cultural differences, lack of transportation, low literacy, and lack of access to services), community health workers are in a unique position to reduce preventable illness and death, improve the quality

of life, and increase the utilization of available preventive health services for community members. Research has shown that community health workers have been effective in significantly increasing screening and medical follow-up visits among residents with limited access or underutilization of healthcare services. States on the US-Mexico border have high percentages of impoverished and ethnic minority populations: border states accommodate 60% of the total Hispanic population and 23% of the total population

<200% poverty in the United States.

This legislation will award grants to states or local or tribal units to promote positive health behaviors for women in target populations, especially racial and ethnic minority women in medically under-served communities. Grants may be used to support community health workers to educate, guide, and provide outreach in a community setting regarding health problems prevalent among women and especially among racial and ethnic minority women. Grants

may be used to educate, guide, and provide experiential learning opportunities that target behavioral risk factors, including poor nutrition, physical inactivity, overweight and obesity, tobacco use, alcohol and substance use, injury and violence, risky sexual behavior, and mental health problems.

Sponsor: Hilda L. Solis (D-Calif)

Introduced 12/7/2005

Status: Referred to the Subcommittee on Health