

# HEALTH LEGISLATIVE ISSUES

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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.

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## **S 526: CHILD CARE QUALITY INCENTIVE ACT OF 2005**

Recent research on early brain development reveals that much of a child's growth is determined by early learning and nurturing care. Research also shows that early quality care and education leads to increased cognitive abilities, positive classroom learning behavior, increased likelihood of long-term school success, and greater likelihood of long-term economic and social self-sufficiency. Each day an estimated

13,000,000 children, including 6,000,000 infants and toddlers, spend some part of their day in child care. However, a study in 4 states found that only 1 in 7 childcare centers provide care that promotes healthy development, while 1 in 8 childcare centers provide care that threatens the safety and health of children. Although federal assistance is available for child care, funding is severely limited.

Even with federal subsidies, many families cannot afford child care. For families with young children and a monthly income <\$1,200, the cost of child care typically consumes 25% of their income. Children in low-quality child care are more likely to have delayed reading and language skills and display more aggression toward other children and adults.

This legislation will amend the Child Care and Development Block Grant Act of 1990 to provide incentive grants to improve the quality of child care.

Sponsor: Sen. Jack Reed (D-RI)

Introduced 3/3/2005

Status: Referred to the Committee on Health, Education, Labor, and Pensions

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## **S 2358: VA HOSPITAL QUALITY REPORT CARD ACT OF 2006 (INTRODUCED IN SENATE)**

This act will establish the Hospital Quality Report Card Initiative under Title 38, United States Code, to ensure that quality measures data for hospitals administered by the Secretary of Veterans Affairs are readily available and accessible in order to: 1) inform patients and consumers about healthcare quality in such hospitals; 2) assist Veterans Affairs healthcare providers in identifying opportunities for quality improvement and cost containment; and 3) enhance the un-

derstanding of policymakers and public officials of healthcare issues, raise public awareness of hospital quality issues, and help constituents of such policymakers and officials identify quality healthcare options.

Under this law, no less than twice a year, the Secretary of Veterans Affairs will publish reports on VA hospital quality. These reports will include quality measures data that allow for an assessment of healthcare effectiveness, safety, timeliness,

efficiency, patient-centeredness, and equity. These reports will include VA hospital information, as possible, relating to staffing levels of nurses and other health professionals, as appropriate; rates of nosocomial infections; volume of various procedures performed; hospital sanctions and other violations; quality of care for various patient populations, including female, geriatric, disabled, rural, homeless, mentally ill, and racial and ethnic minority populations;

availability of emergency rooms, intensive care units, maternity care, and specialty services; quality of care in various hospital settings, including inpatient, outpatient, emergency, maternity, and intensive care unit settings; and ongoing patient safety initiatives.

Sponsor: Sen. Barak Obama (D-III)

Introduced 3/2/2006

Status: Referred to the Committee on Veterans Affairs

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### HR 4747: HEART FOR WOMEN ACT

Heart disease, stroke, and other cardiovascular diseases are the leading cause of death among women. Despite being the number 1 killer, only 13% of women are aware that cardiovascular diseases, including heart disease and stroke, are their greatest health risk. Many minority women, including African American, Hispanic, and Native American women, are at a higher risk of death from heart disease, stroke, and other cardiovascular diseases, but they are less likely to know of this risk. Women are less likely than men to receive

certain treatments for cardiovascular diseases, perhaps because of lack of awareness and different symptoms in women than in men. Women tend to experience later onset of heart disease than men and therefore more often suffer from multiple conditions that mask symptoms of heart disease and complicate treatment. Certain diagnostic tests for cardiovascular disease may be less accurate in women than men. Drug effectiveness and metabolism differ in women and men, which affects successful treatment of cardiovascular disease.

This bill would amend the Public Health Service Act to improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women. In addition to improving data collection on sex differences in cardiovascular disease etiology, treatment, and outcomes, this bill mandates development of educational materials relating to the prevention, diagnosis, and treatment of heart disease, stroke, and cardiovascular diseases in women and distribution to female Medicare beneficia-

ries, physicians, and other appropriate healthcare professionals. In addition, this bill appropriates funds to implement Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program projects in all state and territories, including projects among Indian tribes.

Sponsor: Rep. Lois Capps (D-Calif)

Introduced 2/14/2006

Status: Referred to the Subcommittee on Health