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 their health disciplines.

**S 2474: Health Equity and Accountability Act of 2012**

The population of racial and ethnic minorities is expected to increase over the next few decades, but racial and ethnic minorities have the poorest health status and face substantial cultural, social, and economic barriers to obtaining quality health care. Health disparities are a function of not only access to health care, but also the social determinants of health—including the environment, the physical structure of communities, nutrition and food options, educational attainment, employment, race, ethnicity, sex, geography, language preference, immigrant or citizenship status, sexual orientation, gender identity, socio-economic status, or disability status—that directly and indirectly affect the health, health care, and wellness of people and communities.

Efforts to improve minority health have been limited by inadequate resources in funding, staffing, stewardship, and accountability. Targeted investments that are focused on eliminating disparities must be made in providing care and services that are community based, including prevention and policies addressing social determinants of health.

This legislation addresses issues in comprehensive data reporting that lead to a lack of information about the health status of minority groups. It provides culturally and linguistically appropriate health care, including the training of a diverse health workforce to effectively serve minority populations. It also removes barriers to care in rural communities by developing health empowerment zones and expanding coverage to previously marginalized groups.

**Sponsor:** Sen Daniel K. Akaka (D-HI)

**Introduced:** 4/26/2012

**Referred to the Committee on Health, Education, Labor, and Pensions**

**S 3407: Palliative Care and Hospice Education and Training Act**

Health care providers need better education about pain management and palliative care. Students graduating from medical school have very little, if any, training in the care of pain and symptom management, advance care planning, communication skills, and care coordination for patients with serious, life-threatening, or terminal illness. Hospice is palliative care for patients in their last year of life. Considered the model for quality compassionate care for people facing a life-limiting illness, hospice provides expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient’s needs and wishes. There is a large gap between those practicing in the palliative medicine field and the number of physicians needed. A mid-range estimate by the American Academy of Hospice and Palliative Medicine’s Workforce Task Force calls for 6,000 or more full-time equivalents to serve current needs in hospice and palliative care programs.

This legislation would establish academic career wards for faculty to teach and develop skills in interdisciplinary education in palliative care. It also establishes palliative care and hospice education centers to improve the training of interdisciplinary health professionals in palliative care.

**Sponsor:** Sen Ron Wyden (D-OR)

**Introduced:** 7/19/2012

**Referred to the Committee on Health, Education, Labor, and Pensions**
Diabetes affects 8.3% of Americans of all ages and 11.3% of adults age 20 and older. The prevalence is higher among racial and ethnic minorities: 16.1% of all adult American Indians and Alaskan Natives have diabetes, 12.6% of all adult African Americans have diabetes, 11.8% of all adult Hispanics have diabetes, and 8.4% of all adult Asian Americans have diabetes, compared with the 7.1% of all non-Hispanic Whites who have diabetes. To amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with pre-diabetes and diabetes.

The legislation establishes a commission of private and public sector members who will evaluate the government’s approaches to diabetes care and deliver recommendations for improvement. The National Diabetes Clinical Care Commission will include diabetes experts such as endocrinologists and other health care providers. They will work directly with patients who have been diagnosed with diabetes, patient advocates, and representatives from federal agencies heavily involved in diabetes care initiatives.

Sponsor: Sen Jeanne Shaheen (D-NH)
Introduced 7/25/2012
Referred to the Committee on Health, Education, Labor, and Pensions