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 their health disciplines.

HR 565: CARDIOMYOPATHY HEALTH EDUCATION, AWARENESS, RISK ASSESSMENT, AND TRAINING IN THE SCHOOLS (HEARTS) ACT OF 2013

Cardiomyopathy is a leading cause of sudden cardiac arrest, which strikes 7,000 children a year, with only a 5% survival rate. Schools and families should be educated and ready for a cardiac emergency. Many children may be at risk for cardiomyopathy but go undiagnosed because they are not properly screened for the disease. The HEARTS Act will require the secretary of Health and Human Services to coordinate with the Centers for Disease Control and Prevention and national patient advocacy and health professional organizations to develop educational materials and resources for public awareness regarding the symptoms of cardiomyopathy, risk assessment, training in lifesaving procedures, and development and implementation of a cardiac emergency response plan. The HEARTS Act will encourage schools to be aware of and prepared for a cardiac emergency and also will encourage families to evaluate their family’s cardiac history, check for cardiomyopathy symptoms, and seek medical screening if necessary.

Sponsor: Rep Frank Pallone, Jr. (D-NJ)

Introduced 2/6/2013
Referred to the Subcommittee on Health

S 271: BETTER HEALTH IN THE ARCTIC ACT

The United States has more than 100 million acres of land above the Arctic Circle and an even broader area that is defined as Arctic by temperature, including the Bering Sea and Aleutian Islands. Climate change is affecting the communities and ecosystems of the indigenous people of the Arctic and the marine mammals, fish, and wildlife upon which the indigenous popula-
The negative effects of climate change include health problems, which are even more exacerbated among indigenous people of the north. Northern people have a shorter life expectancy and increased deaths from suicide and injuries than do populations living in more moderate climates. Alaska Native children are more than twice as likely to live in poverty than are Alaskans of other races, 26% compared with 11%. More research is necessary into the causes of disparities in rates of particular public health problems in the Arctic and intervention into the prevention and treatment of these problems.

This act will direct the Arctic Research Commission to examine the science base, gaps in knowledge, and strategies to prevent and treat mental, behavioral, and physical health problems, including alcohol abuse, faced by populations in the Arctic, with a focus on Alaska. It amends the Public Health Service Act to establish a Desk for Arctic Health to 1) work with the Interagency Arctic Research Policy Committee to ensure adequate health representation from federal agencies, 2) collaborate and consult with governmental entities and US nongovernmental organizations involved in Arctic health issues, and 3) collaborate with the Canadian Institutes of Health Research on indigenous Arctic people’s health issues.

Sponsor: Sen Mark Begich (D-AK)
Introduced 2/11/2013
Referred to the Committee on Health, Education, Labor, and Pensions

S 516: PROSTATE RESEARCH, OUTREACH, SCREENING, TESTING, ACCESS, and TREATMENT EFFECTIVENESS (PROSTATE) Act

Prostate cancer is the second leading cause of cancer death among men. Racial and ethnic disparities demand attention: African Americans have prostate cancer death rates that are more than double those in the White population. Under-served rural populations have higher rates of death than do their urban counterparts, and innovative and cost-efficient methods to improve rural access to high-quality care should take advantage of advances in telehealth to diagnose and treat prostate cancer. Certain veteran populations may have nearly twice the incidence of prostate cancer as the general population of the United States. Although much basic and translational research has been completed and much is known, there are still many unanswered questions. For example, it is not fully understood how much of known disparities are attributable to disease etiology, access to care, or education and awareness in the community.

The PROSTATE Act will establish the Interagency Prostate Cancer Coordination and Education Task Force, with duties to include 1) developing a summary of advances in federal prostate cancer research and compiling a list of best practices that warrant broader adoption in health care programs, (2) considering establishing guidance to enable physicians to allow screening of men over age 74, 3) coordinating information on federal research and health care program activities relating to prostate cancer, and 4) submitting recommendations regarding federal research and health care programs.

Sponsor: Sen Jon Tester (D-MT)
Introduced 3/11/2013
Referred to the Committee on Health, Education, Labor, and Pensions