

# 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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## HR 2510: DIETARY SUPPLEMENT REGULATORY IMPLEMENTATION ACT OF 2005

More than 158 million Americans regularly consume dietary supplements to maintain and improve their health. Consumer expenditures on dietary supplements reached a reported \$20.5 billion in 2004, more than double the amount spent in 1994. According to a recent report issued by the Food and Drug Administration (FDA), the use of dietary supplements is likely to grow because of factors such as the aging of the baby boom generation, increased interest in self-sufficiency, and advances in science that are uncovering new relationships between diet and disease.

In 1994, the Dietary Supplement Health and Education Act (DSHEA) of 1994 was enacted to balance continued consumer access to vitamins, minerals, and other dietary supplements; increased scientific research on the benefits and risks of dietary supplements; public education on dietary supplements; and needed consumer protections. DSHEA requires that claims made on dietary supplement labels, packaging, and accompanying material be truthful, non-misleading, and substantiated. Manufacturers are prohibited from making claims that products are intended to diagnose,

treat, mitigate, cure, or prevent a disease.

The Food and Drug Administration (FDA) has not adequately used its authority to enforce DSHEA. The FDA needs adequate resources to appropriately implement and enforce DSHEA. Congress has appropriated additional funds over the last several years beyond those requested in the President's budget to implement and enforce DSHEA, reaching \$10,800,000 in fiscal year 2005. However, according to the FDA, full implementation of DSHEA would require substantial additional resources. The FDA as-

serts that between \$24,000,000 and \$65,000,000 per year will be needed to fully implement DSHEA. This bill will ensure that the goals of the Dietary Supplement Health and Education Act of 1994 are met by authorizing appropriations to fully enforce and implement it.

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

Introduced 5/19/2005

Status: referred to the Subcommittee on Health

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## S 969: ATTACKING VIRAL INFLUENZA ACROSS NATIONS ACT OF 2005

The Centers for Disease Control and Prevention has estimated conservatively that up to 207,000 Americans would die, and up to 734,000 would be hospitalized, during the next influenza pandemic. The costs of the pandemic, including the total direct costs associated with medical care and indirect costs of lost productivity and death, are estimated at between \$71 and \$166 billion. These costs do not include the economic effects of pandemic on commerce and society.

The best defense against influenza pandemics is a height-

ened global surveillance system. In many of the nations where avian flu has become endemic, early detection capabilities are severely lacking, as is transparency in health systems. In addition to surveillance, pandemic preparedness requires domestic and international coordination and cooperation to ensure an adequate medical response, including communication and information networks, public health measures to prevent spread, use of vaccination and antivirals, provision of health outpatient and inpatient services,

and maintenance of core public functions.

This bill would expand and intensify human and animal research on influenza related to vaccine development and manufacture, including strategies to increase immunologic response, prophylactic and therapeutic antivirals, side effects and drug safety of antivirals and vaccines in subpopulations, alternate routes of delivery, more efficient methods of viral testing and subtype determinations, and other areas as deemed appropriate. In addition, research on past

pandemics would be expanded and intensified in order to better understand pandemic epidemiology, transmission, protective measures, high-risk groups, and other lessons that may be applicable to future pandemics.

Sponsor: Sen. Barack Obama (D-III)

Introduced 4/29/2005

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

## S 1074: HEALTHY LIFESTYLES AND PREVENTION (HELP) AMERICA ACT

Healthcare costs in the United States are rising rapidly. According to the Centers for Medicare and Medicaid Services, total healthcare spending in the United States in 2004 was \$1.8 trillion and is expected to rise to \$3.6 trillion by 2014. Still, the United States spends <5% of annual healthcare expenditures on prevention. Reducing and

preventing the incidence of chronic disease is one means to reduce healthcare costs.

This legislation aims to improve the health of Americans and reduce healthcare costs by reorienting the nation's health care system toward prevention, wellness, and self-care. This bill will transform our healthcare system and reduce costs by

giving Americans access to better preventive care and information to encourage healthier lifestyles. Goals of the act include improving the overall wellness of our children by increasing physical activity, providing tax credits to businesses that offer comprehensive programs to promote employee health, and encouraging new road construction that ac-

commodates bicycles and pedestrians.

Sponsor: Sen. Tom Harkin (D-Iowa)

Introduced 5/18/2005

Status: referred to the Committee on Finance