

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 5698: IMPACT ACT

The National Health and Nutrition Examination Survey for 2002 found that an estimated 65% of adults are overweight and 31% are obese; 16% of children and adolescents in the United States are overweight or obese. The Institute of Medicine reported in *Preventing Childhood Obesity* (2004) that ≈60% of obese children 5–10 years of age

have at least one cardiovascular disease risk factor, and 25% have two or more such risk factors. Obesity is a health problem that disproportionately impacts medically under-served populations.

Weight-control programs should promote a healthy lifestyle including regular physical activity and healthy eating. Effective interventions for promot-

ing healthy eating behaviors should promote healthy lifestyle and not inadvertently promote unhealthy weight-management techniques. This bill would provide for grants to provide training for students and health professionals on how to treat or prevent obesity, overweight, and eating disorders. This bill would also provide grants for commu-

nity-based solutions that increase physical activity, improve nutrition, and promote healthy eating behaviors.

Sponsor: Rep. Mary Bono (R-Calif)

Introduced 6/28/2006

Status: Referred to the Subcommittee on Health

HR 5225: DIABETES PREVENTION ACCESS AND CARE ACT

This bill would amend the Public Health Service Act to prevent and cure diabetes and promote and improve the care of individuals with diabetes to reduce health disparities within ethnic minority groups, including African American, Hispanic American, Asian American and Pacific Islander, and American Indian and Alaskan Native communities. The National Institutes of Health will expand,

intensify, conduct, coordinate, and support research and other activities with respect to pre-diabetes and diabetes, particularly type 2, in minority populations, including research to identify clinical, socioeconomic, geographic, cultural, and organizational factors that contribute to type 2 diabetes in these populations.

In addition, the National Diabetes Laboratory will be expand-

ed for translational research and to identify genetic and immunological risk factors associated with diabetes. The National Health and Nutrition Examination Survey on eating and dietary habits will be enhanced to include a focus on cultural and socioeconomic factors in minority communities. The survey will also oversample Asian American and Pacific Islanders in appropriate geographic areas to better

determine the prevalence of diabetes in these populations and improve the data collection of diabetes penetration disaggregated into major ethnic groups within this population.

Sponsor: Rep. Diana DeGette (D-Colo)

Introduced 5/15/2006

Status: Referred to the Subcommittee on Health

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HR 4858: KATRINA HEALTH ACCESS, RECOVERY, AND EMPOWERMENT ACT

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 uninsured 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. In New Orleans, more than two in three displaced providers (4,486) were in three central New Orleans parishes—Plaquemines, St. Bernard, and Jefferson parishes—all of which were evacuated. Additionally, more than one in three (35%) of the displaced

physicians in these three central New Orleans parishes were primary care physicians.

This bill would provide low-interest loans to eligible small businesses to restore health care and other services connected to health care. This bill would also provide income tax credit for expenditures by healthcare professionals in Hurricane Katrina-affected areas for malpractice in-

surance; deductions are also provided for premiums for medical liability insurance for practices in these areas that serve medically under-served communities.

Sponsor: Rep. William J. Jefferson (D-La)

Introduced 3/2/2006

Status: Referred to the Subcommittee on Health