

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 6063: REMOTE MONITORING ACCESS ACT OF 2006

Remote patient monitoring can make chronic disease management more effective and efficient for patients and the health-care system. By collecting, analyzing, and transmitting clinical health information to a healthcare practitioner, remote monitoring technologies allow patients and physicians to manage the patient's condition in a consistent and real-time fashion. Use of these technologies not only improves the quality of care given to patients, it also reduces the need for frequent physician office appointments, costly emergency room visits, and unnecessary hospitalizations.

Monitoring a patient's disease from the home reduces the need for face-to-face physician interactions, thereby minimizing unnecessary travel and missed work and providing particular value to individuals who live in rural or under-served communities who would otherwise face potentially significant access barriers to receiving needed care.

Four major areas in which remote management technologies are emerging in health care are the treatment of heart failure, diabetes, cardiac arrhythmia, and sleep apnea. Prompt transmission of clinical data on each of these conditions, to the phy-

sician or the patient as appropriate, are essential to providing timely and appropriate therapeutic interventions which can then reduce expensive hospitalizations. Despite these innovations, remote management technologies have failed to diffuse rapidly. A significant barrier to wider adoption is the relative lack of payment mechanisms in fee-for-service Medicare to reimburse for remote, non-face-to-face management.

This act will eliminate this barrier to new technologies by requiring Medicare to reimburse doctors for time spent analyzing data transmitted to them by

remote patient management technologies. This act also promotes high-quality care by requiring the Secretary of Health and Human Services to consult with physician groups to create a standard of care and a quality standard for remote patient management services for the covered chronic conditions.

Sponsor: Rep. Charles W. Pickering (R-Miss)

Introduced 9/13/2006

Status: Referred to the Subcommittee on Health

S 3965: LATINA HEALTH ACCESS ACT

As of 2006, an estimated 18,000,000 Latinas were living in the United States. The number of Latinas is expected to grow considerably; by the year 2050, an estimated one out of every four women in the United States will be a Latina. Latinas are particularly at risk for being uninsured; 37% of Latinas are uninsured, almost double the national average.

The prevalence of diabetes is at least two to four times higher among Latinas than among White women. More than 25%

of Latinas 65–74 years of age have type 2 diabetes. Heart disease is the main cause of death for all women, and heart disease risk and death rates are higher among Latinas, partly because of higher rates of obesity and diabetes. The HIV infection rate is seven times higher for Latinas than their White counterparts, and Latinas represent 18% of new HIV infections among women; the AIDS case rate for Latinas is five times more than the rate for White women. The national incidence

rate for cervical cancer in Latinas over the age of 30 is nearly double that of non-Latinas. One in 12 Latinas nationwide will develop breast cancer; while White women have the highest rates of breast cancer, Latinas have among the lowest rates of breast cancer screening, diagnosis, and treatment and, as a result, are more likely to die from breast cancer compared to White women.

Therefore, despite their growing numbers, Latinas continue to face serious health concerns

(including sexually transmitted diseases, diabetes, and cancer) that are otherwise preventable, or treatable, with adequate health access. This bill would amend the Public Health Service Act to require the Secretary of Health and Human Services to award grants for programs and activities that provide healthcare services to uninsured and low-income individuals in medically under-served areas. It directs that grant funds be used to care for a full spectrum of preventable and treatable

healthcare problems in a culturally and linguistically appropriate manner, including through: 1) family planning services and information; 2) prenatal and

postnatal care; and 3) assistance and services with respect to asthma, cancer, HIV disease and AIDS, sexually transmitted diseases, mental

health, diabetes, and heart disease.

Sponsor: Sen. Barbara Boxer (D-Calif)

Introduced 9/28/2006

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

HR 6275: HEALTH EQUITY AND JUSTICE ACT OF 2006

This act would provide grants to public and private organizations working to address racial and ethnic health disparities in

new “health empowerment zones.” The bill also includes measures to increase health workforce diversity, expand lan-

guage services, and improve rural health care.

Sponsor: Rep. Donna Christensen (D-VI)

Introduced 9/29/2006

Status: Referred to the Subcommittee on Employer-Employee Relations