

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 3257: FIT Kids Act

Obesity-related diseases cost the United States economy >\$100,000,000,000 every year. Of all United States deaths from major chronic disease, 23% are linked to sedentary lifestyles that now begin at childhood. Overweight adolescents have a 70% chance of becoming overweight adults, increasing their risk for chronic disease, disability, and death. Childhood obesity has reached epidemic proportions

in the United States. In 2004, an estimated 9,900,000 children and adolescents ages 6 through 19 were considered overweight. The Department of Health and Human Services estimates that, by 2010, 20% of children and youth in the United States will be obese.

A decline in physical activity has contributed to the unprecedented epidemic of childhood obesity. Part of the decline in

physical activity has been in our nation's schools, where physical education programs have been cut back in the past two decades. Between 1991 and 2003, enrollment of high school students in daily physical education classes fell from 41.6% to 28.4%. Among children ages 9 to 13, 61.5% do not participate in any organized physical activity during out-of-school hours.

In order to promote physical activity among youth and decrease the rate of childhood obesity, this bill would amend the Elementary and Secondary Education Act of 1965 to improve standards for physical education.

Sponsor: Rep. Ron Kind (D-Wis.)

Introduced 7/31/2007

Status: Referred to the House Committee on Education and Labor

S 866: Health Promotion FIRST Act

Lifestyle factors are responsible for almost half of the premature deaths in developed nations, and a large portion of the deaths in developing nations. Lifestyle factors are a primary cause of the six leading causes of death in the United States, including heart disease, cancer, stroke, respiratory diseases, accidents, and diabetes, which account for almost 75% of all deaths in the United States. A significant portion of the health disparities in the United States are caused by lifestyle factors,

which could be improved by health promotion programs.

Per capita medical care costs in the United States are more than double those of all but two other countries in the world, yet the United States ranks 26th in terms of disability-adjusted life expectancy, infant mortality, and other positive lifestyle measures. Medical care costs are second only to education in state government budgets. Lifestyle factors are responsible for at least one fourth of employers' medical care costs in the United

States. National costs of obesity account for 9.1% of all medical costs, reaching \$93,000,000 in 2002. Approximately one half of these costs were paid by the Medicare and Medicaid programs.

Significant gaps exist in the basic and applied research base of health promotion regarding how to best reach and serve people of color, low-income people, people with little formal education, children, and older adults; how to create long-term health improvements; how to

create supportive environments; and how to address gender issues. More focused research can reduce these gaps. This bill would provide for increased planning and funding for health promotion programs of the Department of Health and Human Services.

Sponsor: Sen. Richard G. Lugar (R-Ind.)

Introduced 3/13/2007

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

HR 2922: Preventing Diabetes in Medicare Act of 2007

According to the American Diabetes Association, 54,000,000 people have pre-diabetes in America. For a significant number of people with pre-diabetes, intervening early can reverse elevated blood glucose levels to normal range and prevent diabetes and its complications completely. Preventing diabetes and its complications can save money and lives. The average annual cost to treat someone with diabetes is \$13,243. Diabetes is unique because its complications and their associated healthcare cost are preventable

with currently available medical treatment and lifestyle changes.

In 2002, the Diabetes Prevention Program study conducted by the National Institutes of Health found that participants (all of whom were at increased risk of developing type 2 diabetes) who made lifestyle changes reduced their risk of developing type 2 diabetes by 58% and that participants aged ≥ 60 years reduced their risk of developing diabetes by 71%. The Agency for Healthcare Research and Quality has demon-

strated that \$2,500,000,000 in hospitalization costs related to the treatment of diabetes or complications resulting from diabetes could be saved by providing seniors with appropriate primary care to prevent the onset of diabetes. The Medicare program currently screens and identifies beneficiaries with pre-diabetes but does not provide adequate services to such beneficiaries to prevent them from becoming diabetic.

This legislation would amend title XVIII of the Social Security

Act to reduce the occurrence of diabetes in Medicare beneficiaries by extending coverage under Medicare for medical nutrition therapy services to such beneficiaries with pre-diabetes or with risk factors for developing type 2 diabetes.

Sponsor: Rep. Diana DeGette (D-Colo.)

Introduced 6/28/2007

Status: Referred to the Committee on Energy and Commerce and to the Committee on Ways and Means