

# 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 their health disciplines.

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## HR 1014: HEART FOR WOMEN ACT

Heart disease, stroke, and other cardiovascular diseases are the leading cause of death among women. However, only 13% of women are aware that cardiovascular diseases, including heart disease and stroke, are their greatest health risk. Many minority women, including African American, Hispanic, Native American, and some Asian American women, are at a higher risk of death from heart disease,

stroke, and other cardiovascular diseases, but they are less likely to know of this risk.

Women are less likely than men to receive certain treatments for cardiovascular diseases, perhaps due to lack of awareness and the presence of different symptoms in women than in men. Women tend to experience later onset of heart disease than do men, and therefore more often suffer from

multiple conditions that mask symptoms of heart disease and complicate treatment. Certain diagnostic tests for cardiovascular disease may be less accurate in women than in men, and drug effectiveness and metabolism differ in women and men, which affects successful treatment of cardiovascular disease.

This bill would amend the federal Food, Drug, and Cosmetic Act and the Public Health

Service Act to improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women.

Sponsor: Rep. Lois Capps (D-Calif)

Introduced 2/13/2007

Status: Subcommittee consideration and mark-up session held.

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## HR 3895: MEAL ACT

Research continues to reveal that there is a strong link between diet and health and that diet-related diseases start early in life. Increased caloric intake is a key factor contributing to the alarming increase in obesity in the United States. According to the Centers for Disease Control and Prevention, two thirds of American adults are overweight or obese, and rates of obesity have doubled in children and tripled in teens since 1980. Obesity increases the risk of diabetes, heart disease, stroke, several types of cancer, and other health problems. The annual cost of obesity to families, busi-

nesses, and governments in the United States is \$117 billion.

Over the past two decades, the number of meals prepared or eaten outside the home has increased substantially; an estimated one third of calories and almost half of total food dollars are spent on food purchased from or eaten at restaurants and other food-service establishments. Excess saturated fat intake is a major risk factor for heart disease, which is the leading cause of death in the United States; increased sodium intake is associated with increased risk of high blood pressure. The Nutrition Label-

ing and Education Act of 1990 (Public Law 101-535) requires food manufacturers to provide nutrition information on almost all packaged foods; however, restaurant foods are exempt from those requirements unless a nutrient content or health claim is made for a menu item. It is difficult for consumers to limit their intake of calories at restaurants, given the limited availability of nutrition information. Studies show, however, that consumers would like nutrition information to be provided at the time of ordering their food at a restaurant, so as to enable them to make an

educated decision regarding what to order.

This act would amend the federal Food, Drug, and Cosmetic Act to extend the food labeling requirements of the Nutrition Labeling and Education Act of 1990 to enable customers to make informed choices about the nutritional content of standard menu items in large chain restaurants.

Sponsor: Rep. Rosa L. DeLauro (D-Conn)

Introduced 10/18/2007

Status: Referred to the House Committee on Energy and Commerce.

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### S 2005: SECONDHAND SMOKE EDUCATION AND OUTREACH ACT OF 2007

Secondhand smoke contains more than 50 carcinogens; it causes approximately 46,000 cardiac deaths and 3000 lung cancer deaths in the United States each year. Secondhand smoke exposure has both immediate and long-term adverse health effects on the adult cardiovascular system. Exposure to

secondhand smoke for 30 minutes can damage coronary arteries, potentially leading to the constriction of blood vessels, abnormal fatty deposits in arteries, and blood clot formation. Sustained exposure to secondhand smoke can increase the risk of coronary heart disease by 25%–30%.

Although more than 20 states have passed smoke-free laws, including laws that ban smoking in restaurants and bars, Americans of all age groups are involuntarily exposed to tobacco smoke through exposure in workplaces, homes, cars, apartments, and even outdoor public spaces. This bill would amend the Public Health

Service Act to provide education on the health consequences of exposure to secondhand smoke.

Sponsor: Sen. Hillary Rodham Clinton (D-NY)

Introduced 8/3/2007

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