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 their health disciplines.

HR 2832: COMPREHENSIVE COMPARATIVE STUDY OF VACCINATED AND UNVACCINATED POPULATIONS ACT

The US vaccine program has greatly reduced human suffering from infectious disease by preventing and reducing the outbreak of vaccine-preventable diseases. Childhood immunizations are an essential tool in the pursuit of childhood health, and the number of immunizations administered to infants, pregnant women, children, teenagers, and adults has grown dramatically over recent years. The incidence of chronic, unexplained diseases such as autism, learning disabilities, and other neurologic disorders also appears to have increased dramatically in recent years.

Individual vaccines are tested for safety, but little safety testing has been conducted for interaction effects of multiple vaccines. The strategy of aggressive, early childhood immunization against a large number of infectious diseases has never been tested in its entirety against alternative strategies, either for safety or for total health outcomes. Numerous US populations eschew vaccination, which provides a natural comparison group for comparing total health outcomes. Given rising concern over the high rates of childhood neurodevelopmental disorders such as autism, the need for such studies is urgent.

This legislation would direct the Secretary of Health and Human Services to conduct or support a comprehensive study comparing total health outcomes, including risk of autism, in vaccinated populations in the United States with such outcomes in unvaccinated populations in the United States.

Sponsor: Rep Carolyn B. Maloney (D-NY)

Introduced 6/22/2007

Status: referred to the Subcommittee on Health

S 3312: PUBLIC HEALTH EMERGENCY RESPONSE ACT OF 2008

In the event of a public health emergency, compliance with recommendations to seek immediate care may be critical to containing the spread of an infectious disease outbreak or responding to a bioterror attack. However, nearly 16% of Americans lack health insurance coverage, and fears of out-of-pocket expenses may cause people to delay seeking medical attention during a public health emergency. A public health emergency may also disrupt healthcare assistance programs for people with chronic conditions, exacerbating the costs and risks to their health.

The Department of Health and Human Services Pandemic Influenza Plan projects that a pandemic influenza outbreak could result in 45 million additional outpatient visits, with 865,000–9,900,000 people requiring hospitalization, depending upon the severity of the pandemic. Hospitals in the United States could lose as much as $3.9 billion in uncompensated care and cash flow losses in the event of a severe pandemic. Under current statute, no dedicated mechanism exists to reimburse providers for uncompensated care during a public health emergency.

This act would provide temporary emergency healthcare coverage for uninsured and certain otherwise qualified people in the event of a public health emergency declared by the Secretary of Health and Human Services and would ensure that healthcare providers remain fiscally solvent and are not overburdened by the cost of uncompensated care during a public health emergency. This act eliminates a primary disincentive for uninsured people to promptly seek medical care during a public health emergency and minimizes delays in the provision of emergency healthcare coverage.

Sponsor: Sen Richard Durbin (D-Ill)

Introduced 7/23/2008

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

HR 4214: COMMUNITY AND HEALTHCARE-ASSOCIATED INFECTIONS REDUCTION ACT

Effective antibiotics have transformed the practice of medicine and saved millions of lives, but the emergence and spread of antibiotic-resistant bacterial pathogens poses a threat to patient and public health. Healthcare-associated infections are one of the top 10 leading causes of death in the United States. In American hospitals, healthcare-associated infections account for an estimated 1,700,000 infections and 99,000 associated deaths each year. These infections result in up to $27,500,000,000 in additional healthcare costs annually.

The growing problem of antibiotic resistance, which affects the most common and least expensive antibiotics first, also shifts utilization toward more expensive antibiotics. Methicillin-resistant *Staphylococcus aureus* (MRSA), one of the most dangerous infections, highlights the magnitude of the problem. Nearly 95,000 people were infected with invasive MRSA in 2005 in the United States, resulting in 19,000 deaths, more than the number who died from HIV/AIDS, Parkinson disease, emphysema, or homicide. Most (85%) of these infections were associated with healthcare treatment. The problem of antibiotic-resistant infections is not limited to MRSA. High levels of resistance in enterococci, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, and *Escherichia coli* have also been reported.

Despite this public health threat, information on community and healthcare-associated infections is incomplete and unreliable. Policymakers, healthcare providers, and consumers have little information about hospital infection rates, making it difficult to diagnose the scope of the problem and evaluate current infection prevention efforts, and assess potential remedies. This act will improve the prevention, detection, and treatment of community and healthcare-associated infections, with a focus on antibiotic-resistant bacteria.

Sponsor: Rep Elijah E. Cummings (D-Md)

Introduced 11/15/2007

Status: referred to the Subcommittee on Health