

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 1964: NATIONAL BLACK CLERGY FOR THE ELIMINATION OF HIV/AIDS ACT OF 2009

More than 1,000,000 people in the United States are living with HIV/AIDS, and approximately 500,000 of them are Black. Blacks are 8 times as likely to have AIDS as their White counterparts. In the Black community, the subpopulation most disproportionately affected by HIV/AIDS is Black men who have sex with men (MSM), in

whom the prevalence of HIV/AIDS is twice that of White MSM. Black women account for most new AIDS cases among women and are 23 times as likely to be living with AIDS as White women and 4 times as likely as Latinas.

This legislation would authorize the secretary of the Department of Health and Human

Services to conduct or support culturally competent research to develop evidence-based behavioral strategies to reduce HIV transmission in the African-American community and prioritize such research that focuses on populations in that community that are at increased risk of HIV/AIDS. In addition, provisions would authorize the secre-

tary to make grants for studies of biological and behavioral factors that lead to increased HIV/AIDS prevalence in the Black community.

Sponsor: Rep Charles B. Rangel (D-NY)

Introduced 4/2/2009

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

HR 805: STRENGTHENING AMERICA'S PUBLIC HEALTH SYSTEM ACT

The purpose of the programs authorized under this Act is to strengthen public health surveillance systems and disease reporting by delineating existing grant mechanisms at the Centers for Disease Control and Prevention designed to enhance disease surveillance and reporting by improving and modernizing capacity at the state and local level.

This bill increases funding to ensure all states and jurisdictions have appropriate surveillance and reporting capacity and can provide comprehensive electronic reporting, including laboratory reporting and delineates existing applied epidemiology, laboratory science, and informatics fellowship programs designed to reduce documented

workforce shortages for these essential public health professionals at the state and local level and increases funding for these programs. The bill also expands the Epidemic Intelligence Service, delineates a refined process for establishing a list of nationally notifiable diseases and conditions, and improves binational surveillance of

diseases in the United States and Mexico border region.

Sponsor: Rep Tammy Baldwin (D-Wisc)

Introduced 2/3/2009

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

HR 179: COMMUNITY AIDS AND HEPATITIS PREVENTION ACT

Each year, approximately 12,000 Americans contract HIV/AIDS and approximately 19,000 Americans contract the hepatitis C virus directly or indirectly from sharing contaminated syringes. A 2005 comprehensive international review of the evidence of the effectiveness of syringe-exchange programs in preventing HIV transmission shows that such programs reduce HIV transmission and are cost-effective. Eight additional federally funded research reports concluded that syringe-exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health

intervention that reduces HIV transmission without increasing the use of illicit drugs. Research has also shown that syringe-exchange programs prevent the transmission of hepatitis B and C. As part of a comprehensive HIV and hepatitis C virus prevention effort, syringe exchange programs often provide HIV and hepatitis C counseling, testing, and education; links to addiction treatment; overdose prevention; and referrals to other medical and social services. Research has shown that injection drug users who are referred to addiction treatment from syringe-exchange programs are

more likely to enter and remain in treatment.

According to the most recent data from the Centers for Disease Control and Prevention, in 2005, 185 syringe exchanges were operating in 36 states, the District of Columbia, and Puerto Rico. Removing barriers to the use of federal funding will empower localities to use their funding in the most efficient way to prevent HIV and viral hepatitis. Despite the scientific and public health consensus that syringe exchange programs reduce HIV and do not increase substance abuse, a ban on funding syringe exchange has been in

place since 1998. This legislation states that, notwithstanding any other provision of law, nothing shall prohibit the use of federal funds to establish or carry out a program of distributing sterile syringes to reduce the transmission of bloodborne pathogens, including HIV and viral hepatitis.

Sponsor: Rep Jose E. Serrano (D-NY)

Introduced 1/6/2009

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