

# 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 2109: CHILDHOOD CANCER SURVIVORSHIP RESEARCH AND QUALITY OF LIFE ACT OF 2009

This legislation amends the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention (CDC), to expand and intensify CDC's cancer control programs, including

programs for conducting surveillance activities or supporting state comprehensive cancer control programs. It also establishes grants for research relating to childhood cancer survivors in minority populations and health disparities in cancer survivorship outcomes in minority or other

medically under-served populations. It makes grants to establish or improve training programs for healthcare professionals to improve the quality of immediate and long-term follow-up care for survivors of childhood cancers and their families to ensure that such care

is linguistically and culturally competent.

Sponsor: Rep Jackie Speier (D-CA)

Introduced 4/27/2009

Referred to the House Committee on Energy and Commerce

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## HR 439: FAMILY-BASED METHAMPHETAMINE TREATMENT ACCESS ACT OF 2009

This legislation amends the Public Health Service Act to expand the grant program to provide residential substance abuse treatment to pregnant and postpartum women to include parenting women substance abuse treatment (including treatment for addiction to methamphetamine) and outpatient treatment services. This act requires that such treatment

programs be accessible to pregnant and parenting women in health disparity populations. This legislation also requires the secretary to award grants, cooperative agreements, or contracts to assist local jails and detention facilities in providing comprehensive, family-based substance abuse treatment services to pregnant and parenting adults who are considered nonviolent of-

fenders. It sets forth criteria that must be met if such a grant is used for a family drug treatment program that is an alternative to incarceration. The act gives priority in awarding grants to any entity that agrees to use the award for programs serving an area that is a rural area, an area with a shortage of mental health professionals, or an area with a shortage of family-based sub-

stance abuse treatment options and has high rates of addiction to methamphetamine or other drugs.

Sponsor: Rep Denny Rehberg (D-MT)

Introduced 1/9/2009

Referred to the House Committee on Energy and Commerce

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## HR 1883: PATIENT ADVOCATE ACT OF 2009

This legislation requires the Secretary of Health and Human Services to establish a demonstration program under which the secretary may make grants

for the development and operation of programs to provide services for patients to resolve health insurance, job retention, and debt crisis matters related to

the patients' diagnosis and illness. It includes the following services to be provided by grant recipients: 1) acting as contacts for people who are seeking

prevention or early detection services or treatment for an adverse health condition; 2) facilitating the involvement of community organizations in

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helping people receive better access to high-quality healthcare services; 3) notifying people of clinical trials and facilitating enrollment; 4) anticipating, identifying, and helping people overcome barriers in the health-care system to ensure prompt diagnosis and treatment; 5)

coordinating with the relevant health insurance ombudsman programs to provide information about health coverage; and 6) conducting ongoing outreach to health disparity populations in addition to helping them seek preventive care. This act directs the secretary to require grantees

to prohibit any patient health advocate providing services under the grant from accepting any referral fee, kickback, or other thing of value in return for referring a person to a particular health care provider and prohibit the use of any grant funds to pay any fees or

costs resulting from any proceeding to resolve a legal dispute.

Sponsor: Rep Robert C. Scott (D-VA)

Introduced 4/2/2009

Referred to the House Committee on Energy and Commerce