

109TH CONGRESS
2^D SESSION

H. R. 5225

To amend the Public Health Service Act to prevent and cure diabetes and to promote and improve the care of individuals with diabetes for the reduction of health disparities within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American and Pacific Islander, and American Indian and Alaskan Native communities.

IN THE HOUSE OF REPRESENTATIVES

APRIL 27, 2006

Ms. DEGETTE (for herself, Mr. BECERRA, Mr. CASTLE, Mr. CUMMINGS, Mr. DAVIS of Alabama, Mr. DAVIS of Illinois, Mr. GUTIERREZ, Mr. HAYWORTH, Mr. HINOJOSA, Mr. HONDA, Mr. JACKSON of Illinois, Ms. JACKSON-LEE of Texas, Ms. KILPATRICK of Michigan, Mrs. NAPOLITANO, Mr. OWENS, Mr. REYES, Ms. LINDA T. SÁNCHEZ of California, Ms. SOLIS, Ms. WATERS, Mr. WELDON of Pennsylvania, and Mr. WU) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to prevent and cure diabetes and to promote and improve the care of individuals with diabetes for the reduction of health disparities within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American and Pacific Islander, and American Indian and Alaskan Native communities.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Diabetes Prevention
3 Access and Care Act”.

4 **TITLE I—NATIONAL INSTITUTES**
5 **OF HEALTH**

6 **SEC. 101. RESEARCH, TREATMENT, AND EDUCATION.**

7 (a) IN GENERAL.—Subpart 3 of part C of title IV
8 of the Public Health Service Act (42 U.S.C. 285c et seq.)
9 is amended by adding at the end the following section:

10 **“SEC. 434B. DIABETES IN MINORITY POPULATIONS.**

11 “(a) IN GENERAL.—The Director of NIH shall ex-
12 pand, intensify, conduct, coordinate, and support research
13 and other activities with respect to pre-diabetes and diabe-
14 tes, particularly type 2, in minority populations, including
15 research to identify clinical, socioeconomic, geographical,
16 cultural, and organizational factors that contribute to type
17 2 diabetes in such populations.

18 “(b) CERTAIN ACTIVITIES.—Activities under sub-
19 section (a) regarding type 2 diabetes in minority popu-
20 lations shall include the following:

21 “(1) Research on behavior and obesity, includ-
22 ing research through the obesity research center that
23 is sponsored by the National Institutes of Health.

24 “(2) Research on environmental factors that
25 may contribute to the increase in type 2 diabetes,
26 which shall be conducted or supported through the

1 National Institute of Environmental Health Sciences
2 and the National Human Genome Research Insti-
3 tute.

4 “(3) Support for new methods to identify envi-
5 ronmental triggers and genetic interactions that lead
6 to the development of type 1 and type 2 diabetes in
7 minority newborns with a high genetic susceptibility
8 to the disease. Such research should follow the
9 newborns through puberty, which is a high-risk pe-
10 riod for developing type 1 diabetes, and—increas-
11 ingly—type 2 diabetes.

12 “(4) Research to identify genes that predispose
13 individuals to the onset of developing type 1 and
14 type 2 diabetes and to develop complications.

15 “(5) Research to prevent complications in indi-
16 viduals who have already developed diabetes, such as
17 attempting to identify the genes that predispose in-
18 dividuals with diabetes to the development of com-
19 plications, as well as methods and alternative thera-
20 pies to control blood glucose.

21 “(6) The support of ongoing research efforts
22 examining the level of glycemia at which adverse
23 outcomes develop during pregnancy and to address
24 the many clinical issues associated with minority

1 mothers and fetuses during diabetic and gestational
2 diabetic pregnancies.

3 “(c) TREATMENT.—

4 “(1) IN GENERAL.—The Director of NIH shall
5 conduct and support programs to treat diabetes in
6 minority populations.

7 “(2) CERTAIN ACTIVITIES.—Activities under
8 paragraph (1) regarding the treatment of diabetes in
9 minority populations shall include recommending
10 and disseminating, through the National Center on
11 Minority Health and Health Disparities, the guide-
12 lines of the American Diabetes Association for nutri-
13 tion exercise and diet for diabetes treatment and
14 prevention.

15 “(d) EDUCATION.—The Director of NIH shall—

16 “(1) through the National Center on Minority
17 Health and Health Disparities—

18 “(A) make grants to programs funded
19 under section 485F (relating to centers of ex-
20 cellence) for the purpose of establishing a men-
21 toring program for health care professionals to
22 be more involved in weight counseling, obesity
23 research, and nutrition; and

1 “(B) provide for the participation of mi-
2 nority health professionals in diabetes-focused
3 research programs; and

4 “(2) make grants for programs to establish a
5 pipeline from high school to professional school that
6 will increase minority representation in diabetes-fo-
7 cused health fields by expanding Minority Access to
8 Research Careers (MARC) program internships and
9 mentoring opportunities for recruitment.

10 “(e) DEFINITION.—For purposes of this section, the
11 term ‘minority populations’ means racial and ethnic mi-
12 nority groups within the meaning of section 1707.

13 “(f) AUTHORIZATION OF APPROPRIATIONS.—For the
14 purpose of carrying out this section, there are authorized
15 to be appropriated such sums as may be necessary for fis-
16 cal year 2006 and each subsequent fiscal year.”.

17 (b) DIABETES MELLITUS INTERAGENCY COORDI-
18 NATING COMMITTEE.—Section 429 of the Public Health
19 Service Act (42 U.S.C. 285c–3) is amended by adding at
20 the end the following subsection:

21 “(d)(1) In addition to other duties established in this
22 section for the Diabetes Mellitus Interagency Coordinating
23 Committee, such Committee shall—

24 “(A) assess the current activities of all current
25 Federal health programs to determine their ade-

1 quacy as a systemic method of addressing the im-
2 pact of diabetes mellitus on minority populations;

3 “(B) undertake strategic planning activities to
4 develop an effective and comprehensive Federal plan
5 to address diabetes mellitus within communities of
6 color which will involve all appropriate Federal
7 health programs; and

8 “(C) conduct the implementation of such a plan
9 throughout all Federal health programs.

10 “(2) The Federal plan under paragraph (1)(B)
11 shall—

12 “(A) include steps to address issues including,
13 but not limited to, type 1 and type 2 diabetes in
14 children and the disproportionate impact of diabetes
15 mellitus on minority populations; and

16 “(B) remain consistent with the programs and
17 activities identified in sections 399O through 399R,
18 as well as remaining consistent with the intent of
19 the Diabetes Prevention Access and Care Act.

20 “(3) For purposes of this subsection, the term ‘mi-
21 nority populations’ means racial and ethnic minority
22 groups within the meaning of section 1707.

23 “(4) For the purpose of carrying out this subsection,
24 there are authorized to be appropriated such sums as may

1 be necessary for fiscal year 2006 and each subsequent fis-
2 cal year.”.

3 **TITLE II—CENTERS FOR DIS-**
4 **EASE CONTROL AND PREVEN-**
5 **TION**

6 **SEC. 201. RESEARCH, EDUCATION, AND OTHER ACTIVITIES.**

7 (a) IN GENERAL.—Part B of title III of the Public
8 Health Service Act (42 U.S.C. 243 et seq.) is amended
9 by inserting after section 317S the following section:

10 **“SEC. 317T. DIABETES IN MINORITY POPULATIONS.**

11 “(a) RESEARCH AND OTHER ACTIVITIES.—

12 “(1) IN GENERAL.—The Secretary, acting
13 through the Director of the Centers for Disease
14 Control and Prevention, shall conduct and support
15 research and other activities with respect to diabetes
16 in minority populations.

17 “(2) CERTAIN ACTIVITIES.—Activities under
18 paragraph (1) regarding diabetes in minority popu-
19 lations shall include the following:

20 “(A) Expanding the National Diabetes
21 Laboratory for translational research, and the
22 identification of genetic and immunological risk
23 factors associated with diabetes.

24 “(B) Enhancing the National Health and
25 Nutrition Examination Survey on eating and di-

1 etary habits, with a focus, including cultural
2 and socioeconomic factors, on Hispanic Amer-
3 ican, African-American, American Indian and
4 Alaskan Native, and Asian American and Pa-
5 cific Islander communities.

6 “(C) Further enhancing the National
7 Health and Nutrition Examination Survey by
8 over-sampling Asian American and Pacific Is-
9 landers in appropriate geographic areas to bet-
10 ter determine the prevalence of diabetes in
11 these populations as well as to improve the data
12 collection of diabetes penetration disaggregated
13 into major ethnic groups within this population.

14 “(D) Within the Division of Diabetes
15 Translation, providing for prevention research
16 to better understand how to influence health
17 care systems changes to improve quality of care
18 being delivered to such populations, and within
19 the Division of Diabetes Translation, carrying
20 out model demonstration projects to design, im-
21 plement, and evaluate effective diabetes preven-
22 tion and control intervention for these popu-
23 lations.

24 “(E) Through the Division of Diabetes
25 Translation, carrying out culturally appropriate

1 community-based interventions designed to ad-
2 dress issues and problems experienced by these
3 populations.

4 “(F) Conducting applied research within
5 the Division of Diabetes Translation to reduce
6 health disparities within these populations with
7 diabetes.

8 “(G) Conducting applied research on pri-
9 mary prevention within the Division of Diabetes
10 Translation to specifically focus on these popu-
11 lations with pre-diabetes.

12 “(b) EDUCATION.—

13 “(1) IN GENERAL.—The Secretary, acting
14 through the Director of the Centers for Disease
15 Control and Prevention, shall direct the Division of
16 Diabetes Translation to conduct and support pro-
17 grams to educate the public on the causes [of] ef-
18 fects of diabetes in minority populations.

19 “(2) CERTAIN ACTIVITIES.—Activities under
20 paragraph (1) regarding education on diabetes in
21 minority populations shall include the following:

22 “(A) Making grants for diabetes-focused
23 education classes or training programs on cul-
24 tural sensitivity and patient care within such
25 populations for health care providers.

1 “(B) Carrying out public awareness cam-
2 paigns directed toward such populations to ag-
3 gressively emphasize the importance and impact
4 of physical activity and diet in regard to diabe-
5 tes and diabetes-related complications.

6 “(c) DIABETES; HEALTH PROMOTION, PREVENTION
7 ACTIVITIES, AND ACCESS.—

8 “(1) IN GENERAL.—The Secretary, acting
9 through the Director of the Centers for Disease
10 Control and Prevention, shall carry out culturally
11 appropriate diabetes health promotion and preven-
12 tion programs for minority populations.

13 “(2) CERTAIN ACTIVITIES.—Activities under
14 paragraph (1) regarding culturally appropriate dia-
15 betes health promotion and prevention programs for
16 minority populations shall include the following:

17 “(A) Expanding the Diabetes Prevention
18 and Control Program (currently existing in all
19 the States and territories).

20 “(B) Providing funds for the Diabetes
21 Today program to adapt community planning
22 tools within such populations.

23 “(C) Providing funds for Racial and Eth-
24 nic Approaches to Community Health (REACH
25 2010) grants to develop and evaluate diabetes

1 prevention and control community programs fo-
2 cused on such populations.

3 “(D) Providing funds to community health
4 centers for a monthly diabetes week program of
5 diabetes services, including screenings.

6 “(E) Providing funds for education and
7 community outreach on diabetes.

8 “(F) Providing funds for the United States
9 and Mexico Border Diabetes project to develop
10 culturally appropriate diabetes prevention and
11 control interventions for minority populations in
12 the border region.

13 “(G) Providing funds for an aggressive
14 prevention campaign that focuses on physical
15 inactivity and diet and its relation to type 2 di-
16 abetes within such populations.

17 “(H) Providing funds for surveillance sys-
18 tems and strategies for strengthening existing
19 systems to improve the quality, accuracy, and
20 timelines of morbidity and mortality diabetes
21 data for such populations.

22 “(d) DEFINITION.—For purposes of this section, the
23 term ‘minority populations’ means racial and ethnic mi-
24 nority groups within the meaning of section 1707.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the
 2 purpose of carrying out this section, there are authorized
 3 to be appropriated such sums as may be necessary for fis-
 4 cal year 2006 and each subsequent fiscal year.”.

5 **TITLE III—ADDITIONAL**
 6 **PROGRAMS**

7 **SEC. 301. RESEARCH, EDUCATION, AND OTHER ACTIVITIES.**

8 Part P of title III of the Public Health Service Act
 9 (42 U.S.C. 280g et seq.) is amended by inserting after
 10 section 399N the following section:

11 **“SEC. 399O. RESEARCH, EDUCATION, AND OTHER ACTIVI-**
 12 **TIES REGARDING DIABETES IN MINORITY**
 13 **POPULATIONS.**

14 “(a) RESEARCH AND OTHER ACTIVITIES.—

15 “(1) IN GENERAL.—In addition to activities
 16 under sections 317T and 434B, the Secretary shall
 17 conduct and support research and other activities
 18 with respect to diabetes within minority populations.

19 “(2) CERTAIN ACTIVITIES.—Activities under
 20 paragraph (1) regarding diabetes in minority popu-
 21 lations shall include the following:

22 “(A) Expanding the National Diabetes
 23 Education Program.

24 “(B) Through the National Center on Mi-
 25 nority Health and Health Disparities, the Office

1 of Minority Health under section 1707, the
2 Health Resources and Service Administration,
3 the Centers for Disease Control and Prevention,
4 and the Indian Health Service, establishing
5 partnerships within minority populations to
6 conduct studies on cultural, familial, and social
7 factors that may influence health promotion, di-
8 abetes management, and prevention.

9 “(C) Through the Indian Health Service,
10 in collaboration with other appropriate Federal
11 agencies, conducting research on ethnic and cul-
12 turally appropriate diabetes treatment, care,
13 prevention, and services by health care profes-
14 sionals to the American Indian population.

15 “(3) PROGRAMS RELATING TO CLINICAL RE-
16 SEARCH.—

17 “(A) EDUCATION REGARDING CLINICAL
18 TRIALS.—The Secretary shall carry out edu-
19 cation and awareness programs designed to in-
20 crease participation of minority populations in
21 clinical trials.

22 “(B) MINORITY RESEARCHERS.—The Sec-
23 retary shall carry out mentorship programs for
24 minority researchers who are conducting or in-

1 tend to conduct research on diabetes in minor-
2 ity populations.

3 “(C) SUPPLEMENTING CLINICAL RE-
4 SEARCH REGARDING CHILDREN.—The Sec-
5 retary shall make grants to supplement clinical
6 research programs to assist such programs in
7 obtaining the services of health professionals
8 and other resources to provide specialized care
9 for children with type 1 and type 2 diabetes.

10 “(b) EDUCATION.—

11 “(1) IN GENERAL.—The Secretary shall con-
12 duct and support programs to educate the public on
13 the causes of effects of diabetes in minority popu-
14 lations.

15 “(2) HEALTH RESOURCES AND SERVICES AD-
16 MINISTRATION.—With respect to the Health Re-
17 sources and Services Administration, activities under
18 paragraph (1) regarding education on diabetes in
19 minority populations shall include the following:

20 “(A) Providing additional funds for the
21 Health Careers Opportunity Program, Centers
22 for Excellence, and the Minority Faculty Fel-
23 lowship Program to partner with the Office of
24 Minority Health under section 1707 and the
25 National Institutes of Health to strengthen pro-

1 grams for career opportunities within minority
2 populations focused on diabetes treatment and
3 care.

4 “(B) In partnership with the Health Re-
5 sources and Services Administration, develop a
6 diabetes focus within, and provide additional
7 funds for, the National Health Service Corps
8 Scholarship program to place individuals in
9 areas that are disproportionately affected by di-
10 abetes, to provide health care services.

11 “(C) Establishing a diabetes ambassador
12 program for recruitment efforts to increase the
13 number of underrepresented minorities cur-
14 rently serving in student, faculty, or adminis-
15 trative positions in institutions of higher learn-
16 ing, hospitals, and community health centers.

17 “(D) Establishing a loan repayment pro-
18 gram that focuses on diabetes care and preven-
19 tion.

20 “(3) ADDITIONAL PROGRAMS.—Activities under
21 paragraph (1) regarding education on diabetes in
22 minority populations shall include the following:

23 “(A) Through collaboration between the
24 Health Resources and Services Administration
25 and the Indian Health Service, establishing a

1 joint scholarship and loan-repayment program
2 for American Indians health profession stu-
3 dents.

4 “(B) Providing funds for new and existing
5 diabetes-focused education grants and programs
6 for present and future students and clinicians
7 in the medical field from minority populations,
8 including the following:

9 “(i) Federal and State loan repayment
10 programs for health profession students
11 within communities of color.

12 “(ii) Providing funds to the Office of
13 Minority Health under section 1707 for
14 training health profession students to focus
15 on diabetes within such populations.

16 “(iii) Providing funds to State and
17 local entities to establish diabetes aware-
18 ness week or day every month in schools,
19 nursing homes, and colleges through part-
20 nerships with the Office of Minority Health
21 under section 1707 and the Health Re-
22 sources and Services Administration.

23 “(c) DEFINITION.—For purposes of this section, the
24 term ‘minority populations’ means racial and ethnic mi-
25 nority groups within the meaning of section 1707.

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
2 purpose of carrying out this section, there are authorized
3 to be appropriated such sums as may be necessary for fis-
4 cal year 2006 and each subsequent fiscal year.”.

5 **TITLE IV—STUDIES**

6 **SEC. 401. STUDIES.**

7 (a) INSTITUTE OF MEDICINE.—The Secretary of
8 Health and Human Services (referred to in this section
9 as the “Secretary”) shall request the Institute of Medicine
10 to conduct a study to determine the extent and impact
11 of the shortage of adult and pediatric endocrinologists spe-
12 cializing in diabetes, and to submit a report describing the
13 findings of the study to the Secretary, to the Committee
14 on Energy and Commerce of the House of Representa-
15 tives, and to the Committee on Health, Education, Labor,
16 and Pensions of the Senate. The Secretary shall ensure
17 that the report includes recommendations on changes in
18 Federal policies that would increase the number of adult
19 and pediatric endocrinologists specializing in diabetes.

20 (b) AGENCY FOR HEALTHCARE RESEARCH AND
21 QUALITY.—The Secretary, acting through the Director of
22 the Agency for Healthcare Research and Quality, shall
23 conduct a study to determine whether minority children
24 with diabetes have better or worse outcomes than non-
25 minority children. The study shall include a determination

1 of the extent to which minority children have access to
2 and participate in disease management programs, and
3 have access to and use medical devices such as continuous
4 glucose monitoring systems, insulin pumps, and artificial
5 pancreas.

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