

103^D CONGRESS
1ST SESSION

H. R. 825

To amend the Public Health Service Act to establish a National Institute on Minority Health.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 4, 1993

Mrs. COLLINS of Illinois introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to establish a National Institute on Minority Health.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “National Institute on
5 Minority Health Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds that—

8 (1) heart disease and strokes lead to about 2½
9 times as many deaths among Black Americans (be-

1 tween the ages of 25 and 44) as among White
2 Americans;

3 (2) diabetes is twice as prevalent among
4 Mexican- and Puerto Rican-Americans as among
5 White Americans;

6 (3) Black and Hispanic women account for 73
7 percent of the reported cases of AIDS among Amer-
8 ican women, and the death rate from AIDS is 9
9 times higher among Black women than among White
10 women;

11 (4) between 1983 and 1985, when the infant
12 mortality rate among Whites was 9.0 deaths per
13 1,000 live births, the infant mortality rate among
14 Blacks was 18.7 and 13.9 among Native Americans,
15 with similar disparities among rates of low-
16 birthweight babies;

17 (5) in 1988, when the rates of death resulting
18 from homicides was 8 per 100,000 among young
19 (ages 15 to 24) White males, the rate among young
20 Black males was 59 per 100,000, and the rates for
21 young Hispanic and Native American males was
22 roughly 2 to 3 times that of young White males;

23 (6) biomedical research, including clinical trials
24 for pharmaceuticals, often has failed to include mi-
25 norities in the population being studied or tested,

1 even when it is certain that minorities will be among
2 the population subject to the medical condition or
3 receiving the treatment or pharmaceutical that is
4 being studied or tested;

5 (7) the percentages of medical professionals, es-
6 pecially physicians, who are minorities are signifi-
7 cantly lower than their representation in the general
8 population; and

9 (8) the ratio of physicians to inhabitants of
10 neighborhoods that are heavily populated by minori-
11 ties (or low-income residents) is often much lower
12 than the ratio of physicians to inhabitants of pre-
13 dominantly White neighborhoods.

14 **SEC. 3. ESTABLISHMENT OF NATIONAL INSTITUTE ON MI-**
15 **NORITY HEALTH.**

16 Part C of title IV of the Public Health Service Act
17 (42 U.S.C. 285 et seq.), as amended by section 124 of
18 Public Law 102–321 (106 Stat. 364), is amended by add-
19 ing at the end the following subpart:

20 “Subpart 17—National Institute on Minority Health

21 “PURPOSE OF INSTITUTE

22 “SEC. 464V. (a) The general purpose of the National
23 Institute on Minority Health is the conduct and support
24 of research, training, the dissemination of health informa-
25 tion, and other programs with respect to minority health

1 conditions, including the advancement of opportunities for
2 and recruitment of minorities for training and placement
3 as health professionals.

4 “(b) For purposes of this subpart:

5 “(1) The term ‘health care system’ means the
6 system in the United States for the delivery of
7 health care.

8 “(2) The term ‘minorities’ means members of
9 minority groups.

10 “(3) The term ‘minority health conditions’
11 means all diseases, disorders, and conditions (includ-
12 ing conditions regarding mental health)—

13 “(A) unique to, more serious in, or more
14 prevalent in minorities;

15 “(B) for which the factors of medical risk
16 or types of medical intervention are different
17 for minorities, or for which it is unknown
18 whether such factors or types are different for
19 minorities; or

20 “(C) with respect to which there has been
21 insufficient clinical research involving minorities
22 as subjects, or insufficient clinical data on mi-
23 norities.

24 “(4) The term ‘research on minority health’
25 means research on minority health conditions.

1 “(5) The term ‘Institute’ means the National
2 Institute on Minority Health.

3 “CERTAIN AUTHORITIES

4 “SEC. 464W. (a) In carrying out section 464V, the
5 Director of the Institute shall—

6 “(1) recommend an agenda for conducting and
7 supporting research on minority health;

8 “(2) identify projects of research on minority
9 health that should be conducted or supported by the
10 national research institutes;

11 “(3) identify multidisciplinary research relating
12 to research on minority health that should be so con-
13 ducted or supported;

14 “(4) promote coordination and collaboration
15 among entities conducting research identified under
16 paragraph (2) or (3);

17 “(5) encourage the conduct of research identi-
18 fied under paragraph (2) or (3) by entities receiving
19 funds from the national research institutes;

20 “(6) ensure that minorities are appropriately
21 represented as subjects in projects of clinical re-
22 search conducted or supported by the national re-
23 search institutes and, as appropriate, encourage
24 similar representation in research conducted under
25 other circumstances; and

1 “(7) promote the sufficient allocation of the re-
2 sources of the national research institutes for con-
3 ducting and supporting such research.

4 “(b)(1) The Director of the Institute shall monitor
5 the health care system for the purpose of determining the
6 effects of the system on the health of minorities, including
7 the extent to which minorities have access to health care.
8 In monitoring the system, the Director shall determine,
9 with respect to such purpose, the effects of the policies
10 and practices of entities that provide health benefits plans.

11 “(2) With respect to Federal proposals for reforming
12 the health care system, the Director of the Institute shall,
13 in carrying out paragraph (1), monitor such proposals for
14 the purpose of determining whether the proposals ade-
15 quately provide for the health of minorities.

16 “(c)(1) The Director of the Institute shall serve as
17 an advocate regarding the health of minorities. The Direc-
18 tor may in so serving carry out advocacy activities regard-
19 ing the Federal Government, State and local governments,
20 and private entities, including public and private edu-
21 cational entities.

22 “(2) In carrying out paragraph (1), the Director of
23 the Institute shall determine the health benefits for mi-
24 norities that should, at a minimum, be provided for in any
25 reform of the health care system.

1 “(d) The Director of the Institute shall encourage the
2 creation of opportunities for the training of minorities as
3 health professionals and shall facilitate the placement of
4 minorities trained as health professionals into appropriate
5 positions.”.

6 **SEC. 4. CONFORMING AMENDMENT.**

7 Section 401(b)(1) of the Public Health Service Act
8 (42 U.S.C. 281(b)(1)), as amended by section 121 of Pub-
9 lic Law 102-321 (106 Stat. 358), is amended by adding
10 at the end the following subparagraph:

11 “(Q) The National Institute on Minority
12 Health.”.

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