

103<sup>D</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 825

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

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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

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## 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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