

108TH CONGRESS
1ST SESSION

H. R. 1144

To provide, with respect to diabetes in minority populations, for an increase in the extent of activities carried out by the Centers for Disease Control and Prevention and the National Institutes of Health.

IN THE HOUSE OF REPRESENTATIVES

MARCH 6, 2003

Ms. MILLENDER-MCDONALD (for herself, Mr. WEXLER, Ms. WOOLSEY, Ms. NORTON, Mr. HOLDEN, Mrs. CHRISTENSEN, Mr. RANGEL, Mr. MCNULTY, Mr. FROST, Mr. CASE, Mr. SCHIFF, Mr. McDERMOTT, Mr. GRIJALVA, Mr. KILDEE, Mr. BACA, Mr. RUSH, Mr. ORTIZ, Mr. OWENS, Mr. ACKERMAN, Mr. GUTIERREZ, Ms. LEE, Mr. DAVIS of Alabama, Mr. TOWNS, Mr. COOPER, and Mr. LANTOS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide, with respect to diabetes in minority populations, for an increase in the extent of activities carried out by the Centers for Disease Control and Prevention and the National Institutes of 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 “Minority Populations
5 Diabetes Prevention and Control Act of 2003”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) Minority populations, including African
4 Americans, Hispanics, Native Americans, and
5 Asians, have the highest incidence of diabetes and
6 the highest rates of complications of the disease.
7 These groups are rapidly growing segments of the
8 population and specific programs of research, edu-
9 cation, and treatment must be carried out to address
10 its ravaging effects on minority populations.

11 (2) The Centers for Disease Control and Pre-
12 vention has had great success with comprehensive
13 State-based diabetes initiatives. An example is sup-
14 port for a program carried out in the State of New
15 York, where in only two years diabetes-related hos-
16 pitalization rates decreased by 35 percent and diabe-
17 tes-related amputations of extremities were de-
18 creased by 39 percent. Due to funding constraints,
19 only 16 States have received support for such pro-
20 grams.

21 **SEC. 3. CENTERS FOR DISEASE CONTROL AND PREVEN-**
22 **TION; INCREASED PUBLIC HEALTH ACTIVI-**
23 **TIES REGARDING DIABETES IN MINORITY**
24 **POPULATIONS.**

25 (a) IN GENERAL.—The Secretary of Health and
26 Human Services, acting through the Centers for Disease

1 Control and Prevention, shall increase, relative to fiscal
2 year 2001, the extent of activities carried out through
3 such Centers regarding diabetes in minorities, including
4 grants for State-based initiatives. Activities under the pre-
5 ceding sentence shall include—

6 (1) prevention research;

7 (2) cooperating with the States to determine
8 the national incidence and prevalence in various mi-
9 nority populations and the reasons therefor;

10 (3) activities of the National Diabetes Edu-
11 cation Program carried out by the Secretary; and

12 (4) projects to provide treatment.

13 (b) AUTHORIZATION OF APPROPRIATIONS.—For the
14 purpose of carrying out subsection (a), there are author-
15 ized to be appropriated such sums as may be necessary
16 for each of the fiscal years 2004 through 2008. Such au-
17 thorizations are in addition to other authorizations of ap-
18 propriations that are available for such purpose.

19 **SEC. 4. NATIONAL INSTITUTES OF HEALTH; IMPLEMENTA-**
20 **TION OF RECOMMENDATIONS OF DIABETES**
21 **RESEARCH WORKING GROUP.**

22 For the purpose of carrying out the plan to imple-
23 ment the recommendations of the Diabetes Research
24 Working Group of the National Institute on Diabetes and
25 Digestive and Kidney Diseases (which plan was developed

1 and submitted to the Congress pursuant to the Depart-
2 ment of Health and Human Services Appropriations Act,
3 2000), there are authorized to be appropriated such sums
4 as may be necessary for each of the fiscal years 2004
5 through 2008. Such authorizations are in addition to other
6 authorizations of appropriations that are available for
7 such purpose.

8 **SEC. 5. DEFINITION.**

9 For purposes of this Act, the terms “minorities” and
10 “minority” refer to individuals who are members of a ra-
11 cial or ethnic minority group as defined in section 1707
12 of the Public Health Service Act.

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