H. R. 4209

To amend the Public Health Service Act to authorize grants to provide treatment for diabetes in minority communities.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 10, 2015

Ms. Maxine Waters of California (for herself, Mr. Grijalva, Ms. Lee, Ms. Bordallo, Ms. Kelly of Illinois, Ms. Linda T. Sánchez of California, Mr. Meeks, Ms. Norton, Mr. Butterfield, Mrs. Beatty, Mr. Hastings, Mr. Smith of Washington, Ms. Jackson Lee, Mr. Payne, Mr. Al Green of Texas, Ms. Moore, Ms. Velázquez, Mrs. Lawrence, Mr. Carson of Indiana, Ms. Bass, Mr. Lewis, Ms. Judy Chu of California, Mr. Fattah, Mr. Takano, Ms. Clarke of New York, Ms. Brown of Florida, Mr. David Scott of Georgia, Ms. Sewell of Alabama, Mr. Johnson of Georgia, Ms. Plaskett, Mr. Sarbanes, Ms. Scharowsky, Ms. Edwards, Mr. Cohen, Mr. Cárdenas, Mr. Danny K. Davis of Illinois, Mr. Richmond, Mr. Nadler, Mr. Cummings, Mr. Hinojosa, Ms. Adams, Ms. Fudge, and Mr. Van Hollen) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize grants to provide treatment for diabetes in minority communities.

Be it enacted by the Senate and House of Representa-
atives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Minority Diabetes Ini-
itiative Act”.

SEC. 2. GRANTS REGARDING TREATMENT OF DIABETES IN MINORITY COMMUNITIES.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after section 330L the following:

“SEC. 330M. GRANTS REGARDING TREATMENT OF DIABETES IN MINORITY COMMUNITIES.

“(a) IN GENERAL.—The Secretary may make grants to public and nonprofit private health care providers for the purpose of providing treatment for diabetes in minority communities.

“(b) RECIPIENTS OF GRANTS.—The public and nonprofit private health care providers to whom grants may be made under subsection (a) include physicians, podiatrists, community-based organizations, health care organizations, community health centers, and State, local, and tribal health departments.

“(c) SCOPE OF TREATMENT ACTIVITIES.—The Secretary shall ensure that grants under subsection (a) cover a variety of diabetes-related health care services, including routine care for diabetic patients, public education on diabetes prevention and control, eye care, foot care, and treatment for kidney disease and other complications of diabetes.

“(d) APPROPRIATE CULTURAL CONTEXT.—A condition for the receipt of a grant under subsection (a) is that
the applicant involved agrees that, in the program carried
out with the grant, services will be provided in the lan-
guages most appropriate for, and with consideration for
the cultural backgrounds of, the individuals for whom the
services are provided.

“(e) OUTREACH SERVICES.—A condition for the re-
ceipt of a grant under subsection (a) is that the applicant
involved agrees to provide outreach activities to inform the
public of the services of the program, and to provide offsite
information on diabetes.

“(f) APPLICATION FOR GRANT.—A grant may be
made under subsection (a) only if an application for the
grant is submitted to the Secretary and the application
is in such form, is made in such manner, and contains
such agreements, assurances, and information as the Sec-
retary determines to be necessary to carry out this section.

“(g) AUTHORIZATION OF APPROPRIATIONS.—For the
purpose of carrying out this section, there are authorized
to be appropriated such sums as may be necessary for
each of the fiscal years 2016 through 2021.”.