

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007

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HOUSE DRH10208-LN-287 (4/30)

Short Title: Health Disparities Reduction Act. (Public)

Sponsors: Representatives Luebke, Wainwright, Bryant, and Insko (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

1
2 AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND
3 HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, FOR EFFORTS TO
4 RAISE AWARENESS ABOUT HEALTH DISPARITIES AMONG NORTH
5 CAROLINIANS OF DIFFERENT RACIAL GROUPS.

6 Whereas, the Centers for Disease Control and Prevention, Office of Minority
7 Health, reports compelling evidence indicating that race and ethnicity correlate with
8 persistent, and often increasing, health disparities among U.S. populations; and

9 Whereas, the United States Department of Health and Human Services has
10 selected the following six focus areas in which racial and ethnic minorities experience
11 serious disparities in health access and outcomes: infant mortality, cancer screening and
12 management, cardiovascular disease, diabetes, HIV Infection/AIDS, and
13 immunizations; and

14 Whereas, African-American women are more likely to die of breast cancer
15 than are women of any other racial or ethnic group; and

16 Whereas, rates of death from diseases of the heart were 29% higher among
17 African-American adults than among white adults, and death rates from stroke were
18 40% higher; and

19 Whereas, in 2000, American Indians and Alaskan Natives were 2.6 times
20 more likely to have diagnosed diabetes compared with non-Hispanic whites; African-
21 Americans were 2.0 times more likely, and Hispanics were 1.9 times more likely; and

22 Whereas, although African-Americans and Hispanics represented only 26%
23 of the U.S. population in 2001, they accounted for 66% of adult AIDS cases and 82% of
24 pediatric AIDS cases reported in the first half of that year; and

1 Whereas, in 2001, Hispanics and African-Americans aged 65 and older were
2 less likely than non-Hispanic whites to report having received influenza and
3 pneumococcal vaccines; and

4 Whereas, African-American, American Indian, and Puerto Rican infants have
5 higher death rates than white infants; and

6 Whereas, according to the Centers for Disease Control and Prevention,
7 eliminating racial and ethnic disparities in health care will require enhanced efforts at
8 preventing disease, promoting health, and delivering appropriate care; and

9 Whereas, the North Carolina Community-Focused Eliminating Health
10 Disparities Initiative seeks to close the gaps in health status between African-American,
11 American Indian, and Hispanic/Latino persons as compared to the health status of white
12 persons; and

13 Whereas, the General Assembly has experienced the loss through illness of
14 seven of its African-American members within the last two years, six of whom passed
15 within the last five months; and

16 Whereas, the loss of these dedicated public servants calls for the State's
17 immediate attention to the causes and effects of health disparities; Now, therefore,
18 The General Assembly of North Carolina enacts:

19 **SECTION 1.** This act shall be known as the
20 Hall-Allen-Hunter-Holloman-Lucas-Martin Health Disparities Reduction Act of 2007.

21 **SECTION 2.** Of the funds appropriated in the Current Operations and
22 Capital Improvement Appropriations Act of 2007 to the Department of Health and
23 Human Services, Division of Public Health, for the Community-Focused Elimination of
24 Health Disparities Initiative, the sum of five hundred thousand dollars (\$500,000) in
25 each fiscal year shall be used for concerted efforts to address health disparities among
26 African-American and other minority populations in North Carolina by:

- 27 (1) Instituting a pilot program for nurse practitioners to travel throughout
28 the State to provide routine health care at community centers, high
29 schools, and churches.
- 30 (2) Providing enhanced education and outreach to minority populations on
31 the prevention, diagnosis, and treatment of heart disease, breast cancer,
32 diabetes, obesity, and HIV infection.
- 33 (3) Addressing cultural and communication barriers to quality care by
34 improving interpersonal processes between clinicians and patients.

35 **SECTION 3.** This act becomes effective July 1, 2007.