

114TH CONGRESS  
1ST SESSION

# H. R. 2468

To improve minority inclusion in clinical trials.

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IN THE HOUSE OF REPRESENTATIVES

MAY 20, 2015

Mr. RUSH introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To improve minority inclusion in clinical trials.

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 Inclusion in  
5 Clinical Trials Act of 2015”.

6 **SEC. 2. SENSE OF CONGRESS ON INCENTIVIZING INCLU-**  
7 **SION OF UNDERREPRESENTED COMMU-**  
8 **NITIES IN CLINICAL TRIALS.**

9 It is the sense of Congress that the National Institute  
10 on Minority Health and Health Disparities (NIMHD)  
11 shall include within its strategic plan ways to increase rep-

1 resentation of underrepresented communities in clinical  
2 trials.

3 **SEC. 3. CAREER DEVELOPMENT FOR SCIENTISTS AND RE-**  
4 **SEARCHERS.**

5 The Secretary of Health and Human Services (in this  
6 section referred to as the “Secretary”), acting through the  
7 Director of the National Institutes of Health, the Director  
8 of the Centers for Disease Control and Prevention, the  
9 Commissioner of Food and Drugs, the Director of the  
10 Agency for Healthcare Research and Quality, and the Ad-  
11 ministrator of the Health Resources and Services Admin-  
12 istration, shall award grants for—

13 (1) expanding existing opportunities for sci-  
14 entists and researchers; and

15 (2) promoting the inclusion of underrepresented  
16 minorities in the health professions.

17 **SEC. 4. SUPPORT FOR INSTITUTIONS COMMITTED TO**  
18 **WORKFORCE DEVELOPMENT IN UNDERREP-**  
19 **RESENTED COMMUNITIES.**

20 (a) IN GENERAL.—The Secretary of Health and  
21 Human Services (in this section referred to as the “Sec-  
22 retary”), acting through the Administrator of the Health  
23 Resources and Services Administration and the Centers  
24 for Disease Control and Prevention, shall award grants  
25 to eligible entities that demonstrate a commitment to

1 health workforce development in underrepresented com-  
2 munities.

3 (b) ELIGIBILITY.—To be eligible to receive a grant  
4 under subsection (a), an entity shall—

5 (1) be an educational institution or entity that  
6 historically produces or trains meaningful numbers  
7 of underrepresented minority health professionals,  
8 including—

9 (A) historically Black colleges and univer-  
10 sities;

11 (B) Hispanic-serving health professions  
12 schools;

13 (C) Hispanic-serving institutions;

14 (D) tribal colleges and universities;

15 (E) Asian-American, Native American, and  
16 Pacific Islander-serving institutions;

17 (F) institutions that have programs to re-  
18 cruit and retain underrepresented minority  
19 health professionals, in which a significant  
20 number of the enrolled participants are under-  
21 represented minorities;

22 (G) health professional associations, which  
23 may include underrepresented minority health  
24 professional associations; and

25 (H) institutions—

1 (i) located in communities with pre-  
2 dominantly underrepresented minority pop-  
3 ulations;

4 (ii) with whom partnerships have been  
5 formed for the purpose of increasing work-  
6 force diversity; and

7 (iii) in which at least 20 percent of  
8 the enrolled participants are underrep-  
9 resented minorities; and

10 (2) submit to the Secretary an application at  
11 such time, in such manner, and containing such in-  
12 formation as the Secretary may require.

13 (c) USE OF FUNDS.—Amounts received under a  
14 grant under subsection (a) shall be used to expand existing  
15 workforce diversity programs, implement new workforce  
16 diversity programs, or evaluate existing or new workforce  
17 diversity programs, including with respect to mental  
18 health care professions. Such programs shall enhance di-  
19 versity by considering minority status as part of an indi-  
20 vidualized consideration of qualifications. Possible activi-  
21 ties may include—

22 (1) educational outreach programs relating to  
23 opportunities in the health professions;

24 (2) scholarship, fellowship, grant, loan repay-  
25 ment, and loan cancellation programs;

1           (3) postbaccalaureate programs;

2           (4) academic enrichment programs, particularly  
3           targeting those who would not be competitive for  
4           health professions schools;

5           (5) kindergarten through 12th grade and other  
6           health pipeline programs;

7           (6) mentoring programs;

8           (7) internship or rotation programs involving  
9           hospitals, health systems, health plans, and other  
10          health entities;

11          (8) community partnership development for  
12          purposes relating to workforce diversity; or

13          (9) leadership training.

14          (d) REPORTS.—Not later than 1 year after receiving  
15          a grant under this section, and annually for the term of  
16          the grant, a grantee shall submit to the Secretary a report  
17          that summarizes and evaluates all activities conducted  
18          under the grant.

19          (e) DEFINITION.—In this section, the term “Asian-  
20          American, Native American, and Pacific Islander-serving  
21          institutions” has the same meaning as the term “Asian  
22          American and Native American Pacific Islander-serving  
23          institution” as defined in section 371(c) of the Higher  
24          Education Act of 1965 (20 U.S.C. 1067q(c)).

1 (f) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to carry out this section,  
3 such sums as may be necessary for each of fiscal years  
4 2015 through 2020.

5 **SEC. 5. ELIMINATING DISPARITIES IN MATERNITY HEALTH**  
6 **OUTCOMES.**

7 (a) IN GENERAL.—The Secretary of Health and  
8 Human Services (in this section referred to as the “Sec-  
9 retary”) (in consultation with the Deputy Assistant Sec-  
10 retary for Minority Health, the Director of the National  
11 Institutes of Health, the Director of the Centers for Dis-  
12 ease Control and Prevention, the Administrator of the  
13 Centers for Medicare & Medicaid Services, and the Admin-  
14 istrator of the Agency for Healthcare Research & Quality,  
15 and in consultation with relevant national stakeholder or-  
16 ganizations such as national medical specialty organiza-  
17 tions, national maternal child health organizations, na-  
18 tional groups that represent minority populations, and na-  
19 tional health disparity organizations) shall carry out the  
20 following activities to eliminate disparities in maternal  
21 health outcomes:

22 (1) Conduct research into the determinants and  
23 the distribution of disparities in maternal care,  
24 health risks, and health outcomes, and improve the

1 capacity of the performance measurement infrastruc-  
2 ture to measure such disparities.

3 (2) Expand access to services that have been  
4 demonstrated to improve the quality and outcomes  
5 of maternity care for vulnerable populations.

6 (3) Establish a demonstration project to com-  
7 pare the effectiveness of interventions to reduce dis-  
8 parities in maternity services and outcomes, and im-  
9 plement and assess effective interventions.

10 (b) SCOPE AND SELECTION OF STATES FOR DEM-  
11 ONSTRATION PROJECT.—The demonstration project  
12 under subsection (a)(3) shall be conducted in no more  
13 than 8 States, which shall be selected by the Secretary  
14 based on—

15 (1) applications submitted by States, which  
16 specify which regions and populations the State in-  
17 volved will serve under the demonstration project;

18 (2) criteria designed by the Secretary to ensure  
19 that, as a whole, the demonstration project is, to the  
20 greatest extent possible, representative of the demo-  
21 graphic and geographic composition of communities  
22 most affected by disparities;

23 (3) criteria designed by the Secretary to ensure  
24 that a variety of types of models are tested through  
25 the demonstration project and that such models in-

1       clude interventions that have an existing evidence  
2       base for effectiveness; and

3               (4) criteria designed by the Secretary to assure  
4       that the demonstration projects and models will be  
5       carried out in consultation with local and regional  
6       provider organizations, such as community health  
7       centers, hospital systems, and medical societies rep-  
8       resenting providers of maternity services.

9       (c) DURATION OF DEMONSTRATION PROJECT.—The  
10      demonstration project under subsection (a)(3) shall begin  
11      on January 1, 2015, and end on December 31, 2019.

12      (d) GRANTS FOR EVALUATION AND MONITORING.—  
13      The Secretary may make grants to States and health care  
14      providers participating in the demonstration project under  
15      subsection (a)(3) for the purpose of collecting data nec-  
16      essary for the evaluation and monitoring of such project.

17      (e) REPORTS.—

18               (1) STATE REPORTS.—Each State that partici-  
19      pates in the demonstration project under subsection  
20      (a)(3) shall report to the Secretary, in a time, form,  
21      and manner specified by the Secretary, the data nec-  
22      essary to—

23                       (A) monitor the—

24                               (i) outcomes of the project;

25                               (ii) costs of the project; and



1 (iii) quality of maternity care provided  
2 under the project; and

3 (B) evaluate the rationale for the selection  
4 of the items and services included in any bun-  
5 dled payment made by the State under the  
6 project.

7 (2) FINAL REPORT.—Not later than December  
8 31, 2020, the Secretary shall submit to Congress a  
9 report on the results of the demonstration project  
10 under subsection (a)(3).

11 **SEC. 6. HEALTH DISPARITIES EDUCATION PROGRAM.**

12 (a) ESTABLISHMENT.—The Secretary, acting  
13 through the National Institute on Minority Health and  
14 Health Disparities and in collaboration with the Office of  
15 Minority Health, the Office for Civil Rights, the Centers  
16 for Disease Control and Prevention, the Centers for Medi-  
17 care & Medicaid Services, the Health Resources and Serv-  
18 ices Administration, and other appropriate public and pri-  
19 vate entities, shall establish and coordinate a health and  
20 health care disparities education program to support, de-  
21 velop, and implement educational initiatives and outreach  
22 strategies that inform health care professionals and the  
23 public about the existence of and methods to reduce racial  
24 and ethnic disparities in health and health care.

1 (b) ACTIVITIES.—The Secretary, through the edu-  
2 cation program established under subsection (a), shall,  
3 through the use of public awareness and outreach cam-  
4 paigns targeting the general public and the medical com-  
5 munity at large—

6 (1) disseminate scientific evidence for the exist-  
7 ence and extent of racial and ethnic disparities in  
8 health care, including disparities that are not other-  
9 wise attributable to known factors such as access to  
10 care, patient preferences, or appropriateness of  
11 intervention, as described in the 2002 Institute of  
12 Medicine Report entitled “Unequal Treatment: Con-  
13 fronting Racial and Ethnic Disparities in Health  
14 Care”, as well as the impact of disparities related to  
15 age, disability status, socioeconomic status, sex, gen-  
16 der identity, and sexual orientation on racial and  
17 ethnic minorities;

18 (2) disseminate new research findings to health  
19 care providers and patients to assist them in under-  
20 standing, reducing, and eliminating health and  
21 health care disparities;

22 (3) disseminate information about the impact of  
23 linguistic and cultural barriers on health care quality  
24 and the obligation of health providers who receive  
25 Federal financial assistance to ensure that people

1 with limited-English proficiency have access to lan-  
2 guage access services;

3 (4) disseminate information about the impor-  
4 tance and legality of racial, ethnic, disability status,  
5 socioeconomic status, sex, gender identity, and sex-  
6 ual orientation, and primary language data collec-  
7 tion, analysis, and reporting;

8 (5) design and implement specific educational  
9 initiatives to health care providers relating to health  
10 and health care disparities; and

11 (6) assess the impact of the programs estab-  
12 lished under this section in raising awareness of  
13 health and health care disparities and providing in-  
14 formation on available resources.

15 (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
16 authorized to be appropriated to carry out this section  
17 such sums as may be necessary for each of fiscal years  
18 2015 through 2020.

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