

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007

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HOUSE BILL 2046

Short Title: Health Disparities Reduction Act. (Public)

Sponsors: Representatives Luebke, Wainwright, Bryant, Insko (Primary Sponsors);
Faison, Glazier, Harrison, and Ross.

Referred to: Appropriations.

May 10, 2007

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

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

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

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

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

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

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

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

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

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

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