

Subcommittee on Health hearing entitled, "H.R. 3014, the Health Equity and Accountability Act of 2007"

Mr. Chairman, thank you for holding this hearing on a critical health issue, health disparities, and more specifically on H.R. 3014, the "Health Equity and Accountability Act of 2007";

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June 24, 2008

Mr.
Chairman, thank you for holding this hearing on a critical health issue, health disparities, and more specifically on H.R. 3014, the "Health Equity and Accountability Act of 2007";

The existence of racial and ethnic health disparities in every aspect of health care is well documented. According to the National Institutes of Health, African Americans, Hispanics, Native Americans, and Asian/Pacific Islanders, who combined represent 25 percent of the U.S. population, continue to face dramatic differences in health outcomes compared to White Americans, including shorter life expectancy and higher rates of diabetes, cancer, heart disease, and stroke. The statistics represent loved ones lost prematurely, unnecessary suffering, and potential unfulfilled. In a country as great as ours, the idea that one's ethnic or racial background factors into your chances of living a healthy and productive life is simply unacceptable.

It is important to note that one of the key tools in reducing health disparities is having health insurance. While having insurance doesn't eliminate disparities, studies show that disparities are reduced significantly for those who are insured. The CHAMP Act, which I introduced last year, would make significant headway in reducing the number of uninsured. The CHAMP Act includes provisions targeted specifically at reducing racial and ethnic disparities. Some of the provisions from the CHAMP Act are included in H.R. 3014.

While disparities in health insurance coverage are a major contributor, there is no single factor responsible for health disparities that exist. The solution must be multi-faceted. The subject of today's hearing, H.R. 3014, provides a comprehensive solution that will take us a long way toward addressing the problem of health disparities. H.R. 3014 includes provisions to expand cultural and linguistically-appropriate care, workforce diversity, data collection, accountability, improvement of health services, and rural health.

I commend

Representatives Solis and Towns for their leadership on this issue. I also wish to recognize the Members of the Tri-Caucus for their efforts on this legislation and their persistence in bringing the issue of health disparities to the forefront.

Mr. Chairman, I

look forward to the comments of my colleagues and the testimony of our witnesses about addressing this serious problem. Lastly, I welcome Majority Whip James Clyburn, who is appearing before the Subcommittee. I look forward to his testimony and thank him for his leadership, on this issue, and so many others.

Prepared by the Committee on Energy and Commerce

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