

116TH CONGRESS
1ST SESSION

H. R. 3131

To amend the Public Health Service Act to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 5, 2019

Ms. JAYAPAL (for herself, Mr. WILSON of South Carolina, Mr. FITZPATRICK, Ms. MCCOLLUM, Mr. GRIJALVA, Mr. KHANNA, Ms. GABBARD, Mr. SMITH of Washington, Ms. MENG, Mr. SMITH of New Jersey, Mrs. WATSON COLEMAN, Mr. FOSTER, Mr. BERA, Mr. ESPAILLAT, Ms. JACKSON LEE, Mr. KRISHNAMOORTHY, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes.

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 “South Asian Heart
5 Health Awareness and Research Act of 2019”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) The South Asian diaspora population in the
4 United States is primarily from India, Pakistan,
5 Bangladesh, Nepal, Bhutan, Sri Lanka, Fiji,
6 Maldives, East Africa, the West Indies, and the Car-
7ibbean.

8 (2) Heart disease refers to several types of
9 heart conditions; the most common form is coronary
10 artery disease, which affects blood flow to the heart.

11 (3) Heart disease is the leading cause of death
12 for both men and women—one in every 4 deaths
13 each year, according to the Centers for Disease Con-
14 trol and Prevention.

15 (4) Risk factors for heart disease include diabe-
16 tes, high blood pressure, smoking, and abnormal
17 cholesterol levels.

18 (5) Though the traditional South Asian diet
19 consists of lentils, vegetables, grains, and spices,
20 there is higher consumption of suboptimal nutri-
21 tional elements including refined carbohydrates,
22 trans fats, and sugar that have been associated with
23 higher risk of type 2 diabetes and cardiovascular dis-
24 ease.

25 (6) South Asians in the United States have four
26 times the risk of heart disease than the general pop-

1 ulation and have a much greater chance of having
2 a heart attack before age 50, according to the Stan-
3 ford South Asian Translational Heart Initiative.

4 (7) In addition, diabetes is one of the strongest
5 risk factors for heart disease; South Asian Ameri-
6 cans have among the highest rates of type 2 diabetes
7 in the Nation.

8 (8) A Mediators of Atherosclerosis in South
9 Asians Living in America (MASALA) showed a 26-
10 percent prevalence of diabetes among South Asians,
11 compared to 6 percent among Whites, 18 percent
12 among African-Americans, 17 percent among
13 Latinos, and 13 percent among Chinese-Americans
14 in the Multi-Ethnic Study of Atherosclerosis.

15 (9) Early intervention and treatment through
16 awareness campaigns, nutritional education, and in-
17 struction on physical activity can greatly reduce the
18 burden of diabetes, risk of heart disease, decreased
19 quality of life, and untimely death.

20 (10) Successful efforts to prevent and combat
21 heart disease in the South Asian population of the
22 United States can serve as a model for the general
23 population.

1 **SEC. 3. SOUTH ASIAN HEART HEALTH PROMOTION GRANTS**
2 **BY CENTERS FOR DISEASE CONTROL AND**
3 **PREVENTION.**

4 Title III of the Public Health Service Act (42 U.S.C.
5 241 et seq.) is amended by adding at the end the following
6 new section:

7 **“SEC. 317U. SOUTH ASIAN HEART HEALTH PROMOTION**
8 **GRANTS.**

9 “(a) IN GENERAL.—The Secretary, acting through
10 the Director of the Centers for Disease Control and Pre-
11 vention, shall make grants to States for the purpose of
12 promoting awareness of the increasing prevalence of heart
13 disease, including its relationship to type 2 diabetes, in
14 South Asian communities in the United States.

15 “(b) USE OF FUNDS.—A State that receives a grant
16 under paragraph (1) shall use such grant funds—

17 “(1) to establish an Internet clearinghouse to
18 catalog existing evidence-based heart health research
19 and treatment options for South Asian communities
20 to prevent, treat, or reverse heart disease and diabe-
21 tes;

22 “(2) to develop culturally appropriate materials
23 on topics such as nutrition education, optimal diet
24 plans, and programs for regular exercise;

1 “(3) to support heart health promotion activi-
2 ties of community organizations that work with or
3 serve South Asian communities; or

4 “(4) to support conferences or workshops on re-
5 search practices, methodology, and design to include
6 more members of South Asian communities in sci-
7 entific studies.

8 “(c) ANNUAL REPORT TO CONGRESS.—Not later
9 than 180 days after the date of the enactment of the
10 South Asian Heart Health Awareness and Research Act
11 of 2019, and annually thereafter, the Director shall sub-
12 mit to Congress a report on outreach efforts and data re-
13 lating to heart disease in South Asian communities in the
14 United States.

15 “(d) AUTHORIZATION OF APPROPRIATIONS.—For
16 purposes of carrying out this section, there is authorized
17 to be appropriated \$1,000,000 for each of fiscal years
18 2020 through 2024.”.

19 **SEC. 4. HEART HEALTH RESEARCH BY NATIONAL INSTI-
20 TUTES OF HEALTH AND NATIONAL HEART,
21 LUNG, AND BLOOD INSTITUTE.**

22 Part B of title IV of the Public Health Service Act
23 (42 U.S.C. 284 et seq.) is amended by adding at the end
24 the following new section:

1 **“SEC. 409K. HEART HEALTH RESEARCH.**

2 “(a) IN GENERAL.—For the purpose of conducting
3 research and related activities with respect to cardio-
4 vascular disease, type 2 diabetes, and other heart health-
5 related ailments among South Asian communities in the
6 United States, the Director of the National Institutes of
7 Health, in coordination with the Director of the National
8 Heart, Lung, and Blood Institute—

9 “(1) may conduct or support, through funding
10 opportunity announcements, grants, or cooperative
11 agreements, basic, clinical, and translational re-
12 search; and

13 “(2) may award grants and cooperative agree-
14 ments to public or nonprofit private entities (includ-
15 ing State health departments, political subdivisions
16 of States, universities, and other medical or edu-
17 cation entities).

18 “(b) AUTHORIZATION OF APPROPRIATIONS.—For
19 purposes of carrying out this section, there is authorized
20 to be appropriated \$1,000,000 for each of fiscal years
21 2020 through 2024.”.

22 **SEC. 5. SENSE OF CONGRESS.**

23 It is the sense of Congress that medical schools in
24 the United States that are accredited by the Liaison Com-
25 mittee on Medical Education should include as part of
26 their nutrition curriculum a focus on cultural differences

- 1 in diets and ways to achieve optimal nutrition in commu-
- 2 nities that experience substantial heart disease.

