118TH CONGRESS
1ST SESSION

S. 2899

To amend the Public Health Service Act to include Middle Easterners and North Africans in the statutory definition of a ''racial and ethnic minority group'', and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 21, 2023

Mr. PADILLA introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To amend the Public Health Service Act to include Middle Easterners and North Africans in the statutory definition of a ''racial and ethnic minority group'', and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Health Equity and Middle Eastern and North African Community Inclusion Act of 2023'' or the ''Health Equity and MENA Community Inclusion Act of 2023''.

SEC. 2. DEFINITION.

In this Act, the terms ''Middle Eastern and North African'' or ''MENA'', with respect to individuals or populations, includes individuals and populations who identify with or belong to one or more nationalities or ethnic groups originating in a country (or portion thereof) in the Middle Eastern and North African region (such as Lebanese, Iranians, Egyptians, Moroccans, Yemenis, Chaldeans, Imazighen, Kurds, Palestinians, and Yazidis).

SEC. 3. FINDINGS.

Congress finds the following:

(1) Through the establishment of the Office of Minority Health (referred to in this section as the ''OMH'') in 1986, the Department of Health and Human Services has developed health policies and programs that eliminate health disparities and improve the health of racial and ethnic minority populations.

(2) Congress has funded the OMH to assure improved health status of racial and ethnic minorities, and to develop measures to evaluate the effectiveness of activities aimed at reducing health disparities and supporting the local community. The activities of the OMH have addressed health disparities, including with respect to physical activity and nutrition, clinical conditions, individual social needs,

and the social determinants of health for ''racial and ethnic minority groups''.

(3) Before the amendments made by this Act, section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6(g)(1)) defined the term ''racial and ethnic minority group'' (for whom the OMH works to improve health outcomes and eliminate health disparities) to exclude Middle Easterners and North Africans, and thereby prevented MENA populations from accessing critical resources intended to assist historically marginalized communities.

(4) Independent researchers and private sector research initiatives have found significant health disparities between MENA individuals and the non-Hispanic White population, as well as significant overlap between the health outcomes and health conditions of MENA individuals and those of other racial and ethnic minority groups.

(5) Poor health outcomes are often connected to impoverishment in other aspects of life and are exacerbated by additional barriers to access high-quality health coverage, whether in terms of language, eligibility, health literacy, or discrimination at the point-of-service.

(6) A recent study published in the journal, Proceedings of the National Academy of Sciences, suggested that MENA individuals are not perceived as White and do not perceive themselves as White.

(7) Research on the health outcomes and health conditions of MENA individuals is troubling and suggests that efforts must be made on the Federal level to disaggregate the demographic data of MENA individuals from the demographic data of individuals in the non-Hispanic White category and fully understand the social determinants of health for health disparities and outcomes experienced by MENA individuals.

(8) Under the current Federal standards for data on race and ethnicity, demographic data on MENA individuals is aggregated into the same category as demographic data on individuals of European ancestry, which limits the ability of the Federal Government to understand the factors that contribute to health outcomes for MENA individuals.

(9) The Federal standards for data on race and ethnicity effectively obscure the reality of minority health and health disparities by aggregating demographic health data on MENA individuals with that of Europeans.

(10) MENA individuals are not included among the groups for whom the OMH works to improve health outcomes and eliminate health disparities, which further limits the opportunity of MENA individuals to access programs designed to address their experiences and health conditions.

(11) The OMH could better assess and eliminate health disparities by conducting a comprehensive study of the health of MENA individuals and recognizing MENA individuals as a racial and ethnic minority group.

SEC. 4. INCLUSION OF MIDDLE EASTERNERS AND NORTH AFRICANS IN DEFINITION OF RACIAL AND ETHNIC MINORITY GROUPS.

(a) IN GENERAL.—Section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6(g)(1)) is amended by striking ''Blacks; and Hispanics'' and inserting ''Blacks or African Americans; Hispanics; and Middle Easterners and North Africans''.

(b) SENSE OF CONGRESS.—It is the sense of Congress that subsection (a) should be implemented so as to ensure that—

(1) the definition of a ''racial and ethnic minority group'' in section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6(g)(1)), as

amended by subsection (a), is applied in the implementation and execution of Federal programs and activities that reference such definition; and

(2) no racial and ethnic minority group served by such programs and activities is negatively impacted by the amendment made by subsection (a).

(c) UNDEFINED REFERENCES.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall—

(1) identify all regulations, guidance, orders, and documents of the Department of Health and Human Services for establishment or implementation of a health care or public health program, activity, or survey that—

(A) use the term ''racial and ethnic minority group'' or similar terminology; and

(B) do not define such term or terminology; and

(2) take such actions as may be necessary to clarify whether the definition of ''racial and ethnic minority group'' in section 1707(g)(1) of the Public Health Service Act (42 U.S.C. 300u–6(g)(1)), as amended by subsection (a), applies to such term or terminology.

(d) REPORT TO CONGRESS.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall submit a report to Congress on the implementation of this section.

SEC. 5. REPORT ON THE HEALTH OF THE MIDDLE EASTERN AND NORTH AFRICAN POPULATION.

(a) STUDY REQUIRED.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall conduct or support a comprehensive study regarding the unique health patterns and outcomes of MENA populations.

(b) REQUIREMENTS FOR STUDY.—The comprehensive study under subsection (a) shall include an enumeration of MENA populations across the United States, disaggregated by subpopulation, and with respect to each such population and subpopulation—

(1) the rates of—

(A) obesity, diabetes, sickle cell anemia, stroke, asthma, pneumonia, lung cancer, HIV/AIDS, HPV, high cholesterol, high blood pressure, chronic heart, lung, and kidney disease;

(B) morbidity and mortality, including the rates of morbidity and mortality associated with the health conditions listed in subparagraph (A);

(C) mental health and substance use disorders; and

(D) domestic violence, dating violence, sexual assault, sexual harassment, and stalking;

(2) analysis of—

(A) the rates described in paragraph (1);

(B) the leading causes of pregnancy-associated morbidity and mortality; and

(C) access to health care facilities and the associated outcomes of care;

(3) analysis, enumeration, or quantification of any other health or health-related parameters the Secretary may deem necessary; and

(4) analysis of the relationship between the health factors, outcomes, and conditions described in paragraphs (1) through (3) and the implementation of Federal health programs.

(c) CONSULTATION.—The Secretary shall—

(1) carry out this section in consultation, as appropriate, with the Director of the Census Bureau, the Director of the Centers for Disease Control and Prevention, the Director of the National Institutes of Health, the Assistant Secretary for Mental Health and Substance Use, and other stakeholders (including community-based organizations); and

(2) determine through such consultation the subpopulations to be used for purposes of disaggregation of data pursuant to subsection (b).

(d) ONLINE PORTAL.—Upon conclusion of the comprehensive study under this section, the Secretary shall establish a public online portal to catalogue the results of the study, its underlying data, and information in the report submitted pursuant to subsection (f).

(e) REPORTING.—

(1) INTERIM REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to Congress a report outlining the challenges associated with, and progress towards implementing health data collection for MENA populations as a distinct category and the plan for completing a comprehensive study regarding the unique health patterns and outcomes of MENA populations.

(2) FINAL REPORT.—Not later than 30 days after the conclusion of the comprehensive study under this section, the Secretary shall submit to Congress a report describing—

(A) the results of the study conducted under this section; and

(B) the rulemakings and other actions the agencies described in subsection (c)(1) can un-

dertake to more equitably include MENA individuals in their programs.

(f) PRIVACY.—The Secretary shall not include any personally identifiable information on the online portal under subsection (e) or in the report under subsection (f).

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