

111TH CONGRESS
1ST SESSION

H. R. 2233

To authorize the Secretary of Health and Human Services to designate health empowerment zones, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 4, 2009

Mrs. CHRISTENSEN (for herself, Ms. LEE of California, Mr. MEEK of Florida, Mr. WATT, Mr. JOHNSON of Georgia, Ms. JACKSON-LEE of Texas, Ms. WATSON, Ms. CORRINE BROWN of Florida, Ms. FUDGE, Mr. BISHOP of Georgia, Ms. EDWARDS of Maryland, Ms. CLARKE, Mr. TOWNS, Mr. RUSH, Mr. THOMPSON of Mississippi, Mr. DAVIS of Illinois, Mr. SCOTT of Virginia, Mr. CLYBURN, Mr. BUTTERFIELD, Mr. FALEOMAVAEGA, Mr. RANGEL, Ms. BORDALLO, Mr. LEWIS of Georgia, Mr. HASTINGS of Florida, Mr. PIERLUISI, and Mr. CONYERS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To authorize the Secretary of Health and Human Services to designate health empowerment zones, 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 “Health Empowerment
5 Zone Act of 2009”.

1 **SEC. 2. TABLE OF CONTENTS.**

2 The table of contents for this Act is as follows:

- 3 Sec. 1. Short title.
- 4 Sec. 2. Table of contents.
- 5 Sec. 3. Findings.
- 6 Sec. 4. Designation of health empowerment zones.
- 7 Sec. 5. Assistance to those seeking designation.
- 8 Sec. 6. Benefits of designation.
- 9 Sec. 7. Definition.
- 10 Sec. 8. Authorization of appropriations.

11 **SEC. 3. FINDINGS.**

12 (a) FINDINGS.—The Congress finds the following:

13 (1) Numerous studies and reports, including
14 the National Healthcare Disparities Report and Un-
15 equal Treatment, the 2002 Institute of Medicine Re-
16 port, document the extensiveness to which health
17 disparities exist across the country.

18 (2) These studies have found that, on average,
19 racial and ethnic minorities are disproportionately
20 afflicted with chronic and acute conditions—such as
21 cancer, diabetes, and hypertension—and suffer
22 worse health outcomes, worse health status, and
higher mortality rates than their White counter-
parts.

(3) Several recent studies also show that health
disparities are a function of not only access to health
care, but also the social determinants of health—in-
cluding the environment, the physical structure of
communities, nutrition and food options, educational
attainment, employment, race, ethnicity, geography,

1 and language preference—that directly and indi-
2 rectly affect the health, health care, and wellness of
3 individuals and communities.

4 (4) Integrally involving and fully supporting the
5 communities most affected by health inequities in
6 the assessment, planning, launch, and evaluation of
7 health disparity elimination efforts is among the
8 leading recommendations made to adequately ad-
9 dress and ultimately reduce health disparities.

10 (5) Recommendations also include supporting
11 the efforts of community stakeholders from a broad
12 cross section—including, but not limited to local
13 businesses, local departments of commerce, edu-
14 cation, labor, urban planning, and transportation,
15 and community-based and other nonprofit organiza-
16 tions—to find areas of common ground around
17 health disparity elimination and collaborate to im-
18 prove the overall health and wellness of a community
19 and its residents.

20 **SEC. 4. DESIGNATION OF HEALTH EMPOWERMENT ZONES.**

21 (a) IN GENERAL.—At the request of an eligible com-
22 munity partnership, the Secretary may designate an eligi-
23 ble area as a health empowerment zone.

24 (b) ELIGIBILITY CRITERIA.—

1 (1) ELIGIBLE COMMUNITY PARTNERSHIP.—A
2 community partnership is eligible to submit a re-
3 quest under this section if the partnership—

4 (A) demonstrates widespread public sup-
5 port from key individuals and entities in the eli-
6 gible area, including State and local govern-
7 ments, nonprofit organizations, and community
8 and industry leaders, for designation of the eli-
9 gible area as a health empowerment zone; and

10 (B) includes representatives of—

11 (i) a broad cross section of stake-
12 holders and residents from communities in
13 the eligible area experiencing dispropor-
14 tionate disparities in health status and
15 health care; and

16 (ii) organizations, facilities, and insti-
17 tutions that have a history of working
18 within and serving such communities.

19 (2) ELIGIBLE AREA.—An area is eligible to be
20 designated as a health empowerment zone under this
21 section if one or more communities in the area expe-
22 rience disproportionate disparities in health status
23 and health care. In determining whether a commu-
24 nity experiences such disparities, the Secretary shall
25 consider the data collected by the Department of

1 Health and Human Services focusing on the fol-
2 lowing areas:

3 (A) Access to high-quality health services.

4 (B) Arthritis, osteoporosis, and chronic
5 back conditions.

6 (C) Cancer.

7 (D) Chronic kidney disease.

8 (E) Diabetes.

9 (F) Injury and violence prevention.

10 (G) Maternal, infant, and child health.

11 (H) Medical product safety.

12 (I) Mental health and mental disorders.

13 (J) Nutrition and overweight.

14 (K) Disability and secondary conditions.

15 (L) Educational and community-based
16 health programs.

17 (M) Environmental health.

18 (N) Family planning.

19 (O) Food safety.

20 (P) Health communication.

21 (Q) Health disease and stroke.

22 (R) HIV/AIDS.

23 (S) Immunization and infectious diseases.

24 (T) Occupational safety and health.

25 (U) Oral health.

- 1 (V) Physical activity and fitness.
- 2 (W) Public health infrastructure.
- 3 (X) Respiratory diseases.
- 4 (Y) Sexually transmitted diseases.
- 5 (Z) Substance abuse.
- 6 (AA) Tobacco use.
- 7 (BB) Vision and hearing.

8 (c) PROCEDURE.—

9 (1) REQUEST.—A request under subsection (a)
10 shall—

11 (A) describe the bounds of the area to be
12 designated as a health empowerment zone and
13 the process used to select those bounds;

14 (B) demonstrate that the partnership sub-
15 mitting the request is an eligible community
16 partnership described in subsection (b)(1);

17 (C) demonstrate that the area is an eligible
18 area described in subsection (b)(2);

19 (D) include a comprehensive assessment of
20 disparities in health status and health care ex-
21 perience by one or more communities in the
22 area;

23 (E) set forth—

24 (i) a vision and a set of values for the
25 area; and

1 (ii) a comprehensive and holistic set of
2 goals to be achieved in the area through
3 designation as a health empowerment zone;
4 and

5 (F) include a strategic plan for achieving
6 the goals described in subparagraph (E)(ii).

7 (2) APPROVAL.—Not later than 60 days after
8 the receipt of a request for designation of an area
9 as a health empowerment zone under this section,
10 the Secretary shall approve or disapprove the re-
11 quest.

12 (d) MINIMUM NUMBER.—The Secretary—

13 (1) shall designate not more than 110 health
14 empowerment zones under this section; and

15 (2) shall designate at least one health empower-
16 ment zone in each of the several States, the District
17 of Columbia, and each territory or possession of the
18 United States.

19 **SEC. 5. ASSISTANCE TO THOSE SEEKING DESIGNATION.**

20 At the request of any organization or entity seeking
21 to submit a request under section 4(a), the Secretary shall
22 provide technical assistance, and may award a grant, to
23 assist such organization or entity—

24 (1) to form an eligible community partnership
25 described in subsection (b)(1);

1 (2) to complete a health assessment, including
2 an assessment of health disparities under subsection
3 (c)(1)(D); or

4 (3) to prepare and submit a request, including
5 a strategic plan, in accordance with section 4.

6 **SEC. 6. BENEFITS OF DESIGNATION.**

7 (a) **PRIORITY.**—In awarding any competitive grant,
8 a Federal official shall give priority to any applicant
9 that—

10 (1) meets the eligibility criteria for the grant;

11 (2) proposes to use the grant for activities in a
12 health empowerment zone; and

13 (3) demonstrates that such activities will di-
14 rectly and significantly further the goals of the stra-
15 tegic plan approved for such zone under section 4.

16 (b) **GRANTS FOR INITIAL IMPLEMENTATION OF**
17 **STRATEGIC PLAN.**—

18 (1) **IN GENERAL.**—Upon designating an eligible
19 area as a health empowerment zone at the request
20 of an eligible community partnership, the Secretary
21 shall, subject to the availability of appropriations,
22 make a grant to the community partnership for im-
23 plementation of the strategic plan for such zone.

24 (2) **GRANT PERIOD.**—A grant under paragraph
25 (1) for a health empowerment zone shall be for a pe-

1 riod of 2 years and may be renewed, except that the
2 total period of grants under paragraph (1) for such
3 zone may not exceed 10 years.

4 (3) LIMITATION.—In awarding grants under
5 this subsection, the Secretary shall not give less pri-
6 ority to an applicant or reduce the amount of a
7 grant because the Secretary rendered technical as-
8 sistance or made a grant to the same applicant
9 under section 5.

10 (4) REPORTING.—The Secretary shall require
11 each recipient of a grant under this subsection to re-
12 port to the Secretary not less than every 6 months
13 on the progress in implementing the strategic plan
14 for the health empowerment zone.

15 **SEC. 7. DEFINITION.**

16 In this Act, the term “Secretary” means the Sec-
17 retary of Health and Human Services, acting through the
18 Administrator of the Health Resources and Services Ad-
19 ministration and the Director of the Office of Minority
20 Health, and in cooperation with the Director of the Office
21 of Community Services and the Director of the National
22 Center for Minority Health and Health Disparities.

1 **SEC. 8. AUTHORIZATION OF APPROPRIATIONS.**

2 To carry out this Act, there is authorized to be appro-
3 priated \$100,000,000 for fiscal year 2010.

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