

118TH CONGRESS
1ST SESSION

S. _____

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

Mr. PADILLA introduced the following bill; which was read twice and referred to the Committee on _____

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.

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 Equity and
5 Middle Eastern and North African Community Inclusion
6 Act of 2023” or the “Health Equity and MENA Commu-
7 nity Inclusion Act of 2023”.

1 **SEC. 2. DEFINITION.**

2 In this Act, the terms “Middle Eastern and North
3 African” or “MENA”, with respect to individuals or popu-
4 lations, includes individuals and populations who identify
5 with or belong to one or more nationalities or ethnic
6 groups originating in a country (or portion thereof) in the
7 Middle Eastern and North African region (such as Leba-
8 nese, Iranians, Egyptians, Moroccans, Yemenis,
9 Chaldeans, Imazighen, Kurds, Palestinians, and Yazidis).

10 **SEC. 3. FINDINGS.**

11 Congress finds the following:

12 (1) Through the establishment of the Office of
13 Minority Health (referred to in this section as the
14 “OMH”) in 1986, the Department of Health and
15 Human Services has developed health policies and
16 programs that eliminate health disparities and im-
17 prove the health of racial and ethnic minority popu-
18 lations.

19 (2) Congress has funded the OMH to assure
20 improved health status of racial and ethnic minori-
21 ties, and to develop measures to evaluate the effec-
22 tiveness of activities aimed at reducing health dis-
23 parities and supporting the local community. The ac-
24 tivities of the OMH have addressed health dispari-
25 ties, including with respect to physical activity and
26 nutrition, clinical conditions, individual social needs,

1 and the social determinants of health for “racial and
2 ethnic minority groups”.

3 (3) Before the amendments made by this Act,
4 section 1707(g)(1) of the Public Health Service Act
5 (42 U.S.C. 300u–6(g)(1)) defined the term “racial
6 and ethnic minority group” (for whom the OMH
7 works to improve health outcomes and eliminate
8 health disparities) to exclude Middle Easterners and
9 North Africans, and thereby prevented MENA popu-
10 lations from accessing critical resources intended to
11 assist historically marginalized communities.

12 (4) Independent researchers and private sector
13 research initiatives have found significant health dis-
14 parities between MENA individuals and the non-
15 Hispanic White population, as well as significant
16 overlap between the health outcomes and health con-
17 ditions of MENA individuals and those of other ra-
18 cial and ethnic minority groups.

19 (5) Poor health outcomes are often connected to
20 impoverishment in other aspects of life and are exae-
21 riated by additional barriers to access high-quality
22 health coverage, whether in terms of language, eligi-
23 bility, health literacy, or discrimination at the point-
24 of-service.

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

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

14 (8) Under the current Federal standards for
15 data on race and ethnicity, demographic data on
16 MENA individuals is aggregated into the same cat-
17 egory as demographic data on individuals of Euro-
18 pean ancestry, which limits the ability of the Federal
19 Government to understand the factors that con-
20 tribute to health outcomes for MENA individuals.

21 (9) The Federal standards for data on race and
22 ethnicity effectively obscure the reality of minority
23 health and health disparities by aggregating demo-
24 graphic health data on MENA individuals with that
25 of Europeans.

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

7 (11) The OMH could better assess and elimi-
8 nate health disparities by conducting a comprehen-
9 sive study of the health of MENA individuals and
10 recognizing MENA individuals as a racial and ethnic
11 minority group.

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

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

20 (b) SENSE OF CONGRESS.—It is the sense of Con-
21 gress that subsection (a) should be implemented so as to
22 ensure that—

23 (1) the definition of a “racial and ethnic minor-
24 ity group” in section 1707(g)(1) of the Public
25 Health Service Act (42 U.S.C. 300u–6(g)(1)), as

1 amended by subsection (a), is applied in the imple-
2 mentation and execution of Federal programs and
3 activities that reference such definition; and

4 (2) no racial and ethnic minority group served
5 by such programs and activities is negatively im-
6 pacted by the amendment made by subsection (a).

7 (c) UNDEFINED REFERENCES.—Not later than 2
8 years after the date of enactment of this Act, the Sec-
9 retary of Health and Human Services shall—

10 (1) identify all regulations, guidance, orders,
11 and documents of the Department of Health and
12 Human Services for establishment or implementa-
13 tion of a health care or public health program, activ-
14 ity, or survey that—

15 (A) use the term “racial and ethnic minor-
16 ity group” or similar terminology; and

17 (B) do not define such term or termi-
18 nology; and

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

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

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

7 (a) STUDY REQUIRED.—The Secretary of Health and
8 Human Services (referred to in this section as the “Sec-
9 retary”) shall conduct or support a comprehensive study
10 regarding the unique health patterns and outcomes of
11 MENA populations.

12 (b) REQUIREMENTS FOR STUDY.—The comprehen-
13 sive study under subsection (a) shall include an enumera-
14 tion of MENA populations across the United States,
15 disaggregated by subpopulation, and with respect to each
16 such population and subpopulation—

17 (1) the rates of—

18 (A) obesity, diabetes, sickle cell anemia,
19 stroke, asthma, pneumonia, lung cancer, HIV/
20 AIDS, HPV, high cholesterol, high blood pres-
21 sure, chronic heart, lung, and kidney disease;

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

1 (C) mental health and substance use dis-
2 orders; and

3 (D) domestic violence, dating violence, sex-
4 ual assault, sexual harassment, and stalking;

5 (2) analysis of—

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

7 (B) the leading causes of pregnancy-associ-
8 ated morbidity and mortality; and

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

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

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

18 (c) CONSULTATION.—The Secretary shall—

19 (1) carry out this section in consultation, as ap-
20 propriate, with the Director of the Census Bureau,
21 the Director of the Centers for Disease Control and
22 Prevention, the Director of the National Institutes
23 of Health, the Assistant Secretary for Mental Health
24 and Substance Use, and other stakeholders (includ-
25 ing community-based organizations); and

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

4 (d) **ONLINE PORTAL.**—Upon conclusion of the com-
5 prehensive study under this section, the Secretary shall
6 establish a public online portal to catalogue the results of
7 the study, its underlying data, and information in the re-
8 port submitted pursuant to subsection (f).

9 (e) **REPORTING.**—

10 (1) **INTERIM REPORT.**—Not later than 2 years
11 after the date of enactment of this Act, the Sec-
12 retary shall submit to the Secretary a report out-
13 lining the challenges associated with, and progress
14 towards implementing health data collection for
15 MENA populations as a distinct category and the
16 plan for completing a comprehensive study regarding
17 the unique health patterns and outcomes of MENA
18 populations.

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

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

1 (B) the rulemakings and other actions the
2 agencies described in subsection (c)(1) can un-
3 dertake to more equitably include MENA indi-
4 viduals in their programs.

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