

2025

ROADMAP TO EQUALITY: HEALTHCARE

55 HHS Federal Funding
Initiatives that
Discriminate Based on
Race



WISCONSIN INSTITUTE
FOR LAW & LIBERTY

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Below, the Wisconsin Institute for Law & Liberty (“WILL”) identifies 55 U.S. Department of Health & Human Services (“HHS”) initiatives that sanction federal funding on the basis of race for health and healthcare-related assistance. As WILL explains in its [letter to HHS, the Department of Justice \(“DOJ”\), and the Office of Management and Budget \(“OMB”\)](#), most of these schemes set forth classic forms of impermissible governmental race discrimination, long held to violate the Constitution’s equal protection guarantee.

In particular, numerous HHS initiatives are designed to implement a racial balance throughout the healthcare workforce and as to various health conditions and issues in response to perceived societal disparities. “The problem with these approaches is well established. Outright racial balancing is patently unconstitutional.”¹ Moreover, the government has been “long” since forbidden from relying on generalized societal disparities to justify racially motivated action.²

Although a number of constitutional infirmities plague the vast majority of identified race-based HHS initiatives, ultimately, a crux of the problem is that they “lack a logical end point” (with some initiatives spanning across decades), “devolve into illegitimate ... stereotyping,” and use race as a “negative” in violation of the “twin commands” of equality.³

We urge the new administration to carefully investigate the identified HHS initiatives and immediately cease all implementations and enforcement of any unconstitutional and unlawful racial discrimination. Any racially-motivated action *must* be supported by a constitutionally permissible basis, *not* merely a response to perceived societal disparities grounded in the assumptions of racial stereotypes.⁴

Health policy cannot be effective, safe, or efficient when patient-related care and healthcare education are improperly allotted to individuals based on race instead of need or merit. Given that the private healthcare industry—including federally funded academic medical centers and healthcare entities—has been similarly and increasingly infected by

¹ *Students for Fair Admissions, Inc. v. President & Fellows of Harvard Coll.* (“*SFFA*”), 600 U.S. 181, 223 (2023) (citation and internal quotation marks and brackets omitted).

² *Id.* at 226.

³ *Id.* at 211–212, 218–221 (citations and internal quotation marks and brackets omitted).

⁴ While *at least* most of these initiatives are *not* supported by anything approaching a constitutional justification, any such legitimate racially-motivated action must be untethered to any impermissible bases and go no further than what is specifically justified. As explained in WILL’s letter to HHS, DOJ, and OMB, the vast majority of the identified HHS funding schemes focus on an impermissible interest in “race *qua* race” to mitigate broad, purported societal disparities among racial groups and advance racial balance or parity in the healthcare workforce and as to certain health outcomes. *SFFA*, 600 U.S. at 220, 223, 218–21, 226.

illegitimate race-based stereotyping and exclusion, it is more important than ever for *all* unlawful, federally funded racial discrimination to end.⁵

⁵ See Letter from WILL to HHS, *Civil Rights Complaint Against Cleveland Clinic on behalf of Do No Harm* (Aug. 14, 2024), available [here](#); Letter from WILL to HHS, *Civil Rights Complaint Against Cincinnati Children's Hospital Medical Center* (Dec. 17, 2024), available [here](#); Letter from WILL to HHS, *Civil Rights Complaint Against Johns Hopkins University on behalf of Do No Harm* (Jan. 15, 2025) available [here](#).

#	HHS Federal Funding Initiative	Description of directive promoting discrimination on the basis of race	Authorities & Agency Resources
1.	Nursing Workforce Diversity (“NWD”) Program	The Secretary may award grants and contracts to eligible nursing schools “to increase nursing education opportunities for individuals who are from disadvantaged backgrounds,” including “racial and ethnic minorities underrepresented among registered nurses.”	<ul style="list-style-type: none"> • 42 U.S.C. § 296m • HRSA, NWD Program – 2025 Notice of Funding Opportunity, (summarizing the program’s purpose, background, goals, objectives, and requirements).
2.	Nursing Workforce Development, Grant Approval	The Secretary may not approve nursing grant applications unless recommended by a peer group comprised of appropriate representation on the basis of “sex, rac[e], ethnic[ity], and geograph[y].”	<ul style="list-style-type: none"> • 42 U.S.C. § 296e(e)
3.	Scholarships for Disadvantaged Students (“SDS”) Program	HHS conditions grant awards to health professions and nursing schools for scholarships to “eligible individual[s]” who are “from a disadvantaged background, ” “including students who are members of racial and ethnic minority groups,” provided also that the school is “carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups. ”	<ul style="list-style-type: none"> • 42 U.S.C. § 293a • HRSA, SDS Program – 2025 Notice of Funding Opportunity, (summarizing the program’s purpose, background, goals, objectives, and requirements).
4.	Native Hawaiian Health Scholarship Program (“NHHSP”)	The Secretary must provide scholarship assistance to eligible Native Hawaiian students who agree to pursue health profession careers.	<ul style="list-style-type: none"> • 42 U.S.C. § 11709 • 42 U.S.C. § 254s • HRSA, NHHSP Application & Program Guide for 2024–25
5.	Loans for Disadvantaged	HHS conditions certain federal capital contributions made to a school’s student loan fund upon the health	<ul style="list-style-type: none"> • 42 U.S.C. § 292t • See HRSA’s Application for the LDS Program for 2024

	Students (“LDS”) Program	<p>professions school’s agreement to, among other things:</p> <ul style="list-style-type: none"> • use the federal funding, together with the school’s contributions, “only for the purpose of making loans to individuals from disadvantaged backgrounds”; • “carry[] out ... program[s] for recruiting and retaining students from disadvantaged backgrounds, including racial and ethnic minorities” and “recruiting and retaining minority faculty”; • “ensure that adequate instruction regarding minority health issues is provided for in the curricula of the school.” 	(describing who is “considered racial and ethnic minorities for the purpose of calculating underrepresented populations at an institution”).
6.	Faculty Loan Repayment Program (“NFLP”)	<p>The Secretary must establish a program by which faculty members in eligible health profession disciplines can receive loan repayment assistance in exchange for serving as faculty at an eligible health professions school that “has or will have the ability to identify, recruit and select underrepresented minority individuals—[or ‘individuals who are members of racial or ethnic minority groups that are underrepresented in the health professions including nursing’]—who have the potential for teaching, administration, or conducting research at a health professions institution.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 293b(a)
7.	Health Professions, Fellowships for Faculty Positions	<p>The Secretary may award grants and contracts to eligible schools that “ha[ve] or will have the ability to identify, recruit and select underrepresented minority individuals—[or ‘individuals who are members of racial or ethnic minority groups that are underrepresented in the health professions including nursing’]—</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 293b(b)

		<p>who have the potential for teaching, administration, or conducting research at a health professions institution,” for the purpose of “assist[ing] such entities in increasing the number of underrepresented minority individuals who are members of the faculty of such schools.”</p>	
8.	Health Professions, Educational Assistance	<p>The Secretary may award grants and contracts to eligible health professions schools “for the purpose of assisting individuals from disadvantaged backgrounds”; however, the Secretary must ensure that provided “services and activities ... are adequately allocated among the various racial and ethnic populations who are from disadvantaged backgrounds.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 239c
9.	Centers of Excellence (“COE”) programs for under-represented minority individuals	<p>The Secretary must award grants and contracts to eligible health professions schools and other public and nonprofit health or educational entities “for the purpose of assisting the schools in supporting programs of excellence in health professions education for under-represented minority individuals— “racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved.”</p> <p>Among numerous other race-based requirements for recipient schools, schools must agree to use funding to establish, strengthen, and expand programs to support the academic performance of under-represented minority students; improve the schools’ capacity to recruit, train and retain under-represented minority faculty; carry out activities to improve education as it relates to</p>	<ul style="list-style-type: none"> • 42 U.S.C. §§ 293; 295p • 42 U.S.C. § 285t(h) • See brief descriptions on HRSA COE Program & NIH-NIMHD COE Program.

		<p>“minority health issues”; facilitate research on health issues particularly affecting under-represented minority groups; and carry out a program to train students in providing health services to a “significant number of under-represented minority individuals.”</p> <p>Two examples of HHS COE programs include the COE Program offered through the Health Resources & Services Administration (“HRSA”) and the COE Programs offered through the National Institute on Minority Health and Health Disparities at the National Institutes of Health (“NIH-NIMHD”).</p>	
10.	Health Professions, Grants	In awarding grants and contracts to eligible entities to increase the number of individuals in the public health workforce, HHS may rely on preferences for entities that serve individuals who are from disadvantaged backgrounds, including “ underrepresented racial and ethnic minorities .”	<ul style="list-style-type: none"> • 42 U.S.C. §§ 295; 295p
11.	Grants supporting medically underserved communities	<p>The Secretary must award grants and contracts to eligible entities “to promote positive health behaviors and outcomes for populations in medically underserved communities” such as by supporting health workers to assist “racial and ethnic minority populations” in such communities.</p> <p>HHS must prioritize applicants who propose to serve racial and ethnic minority populations and have experience in providing health services to such minority populations, or who meet other priority requirements.</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 280g-11

12.	Minority Fellowship Program (“MFP”)	<p>The Secretary must maintain the MFP to award fellowships for the purposes of “improving the quality of mental and substance use disorder prevention and treatment services delivered to racial and ethnic minority populations,” and “increasing the number of culturally competent mental and substance use disorders professionals who teach, administer services, conduct research, and provide direct mental or substance use disorder services to racial and ethnic minority populations.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 29011 • See SAMHSA’s celebration of the 50th Anniversary of MFP.
13.	HHS Office of Minority Health (“HHS-OMH”)	<p>The Affordable Care Act officially established the HHS-OMH for the purpose of “improving minority health and the quality of health care [that certain] minorities receive, and eliminating racial and ethnic disparities.”</p> <p>Among various other race-based parameters governing the activities of HHS-OMH, this office’s concern for the health of certain individuals is based on race and extends to the following groups: “American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 300u-6
14.	National Institute on Minority Health and Health Disparities (“NIMHD”)	<p>An agency of the NIH, the NIMHD is purposed to “conduct and support research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities.”</p> <p>NIMHD’s concern for the health of certain individuals is based on race and extends to the following groups: American Indians (including</p>	<ul style="list-style-type: none"> • 42 U.S.C. §§ 281, 285t • 42 U.S.C. § 300u-6(g) • See NIMHD’s 35 year “History in Review”.

		Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.	
15.	Six other offices of minority health within HHS agencies	<p>The Affordable Care Act called for the establishment of six offices of minority health within HHS agencies, including—the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Agency for Healthcare Research and Quality (AHRQ), the Food and Drug Administration (FDA), and the Centers for Medicare & Medicaid Services (CMS).</p> <p>These six offices work with both HHS-OMH and NIH’s NIMHD to lead and coordinate activities that improve the health of certain minority populations.</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 300u-6a • <i>E.g.</i>, CDC-OMH website; FDA-OMHHE website; CMS-OMH website.
16.	Increased participation of women and minorities for NIH research, training, and recruitment	<p>The Secretary must act through the NIH to “increase ... the number of women and individuals from disadvantaged backgrounds,” “including racial and ethnic minorities” “in conducting and supporting programs for [biomedical and behavioral] research, training, recruitment, and other activities.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 282(h)
17.	Ruth L. Kirschstein National Research Service Awards	<p>The Secretary must provide Ruth L. Kirschstein National Research Service Awards for biomedical and behavioral research and training at both the NIH and public and private institutions “in a manner that will result in the recruitment of women, and individuals from disadvantaged backgrounds,” “including racial and ethnic minorities” into such research fields and for such research training.</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 288

18.	Advanced Research Projects Agency-Health (“ARPA-H”), Agency recruitment	<p>Recently codified into law as an entity within the NIH, the ARPA-H’s goals are to, among other things, “foster the development of novel ... technologies to accelerate transformative innovation in biomedical science and medicine” and “pursue[] initiatives that aim to maintain global leadership in science and innovation.”</p> <p>In appointing agency personnel, ARPA-H must “make efforts to recruit a diverse workforce, including individuals underrepresented in science, engineering, and medicine, including racial and ethnic minorities.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 290c
19.	Grants for Autism Research	<p>The NIH Director may consider the extent to which an applicant can demonstrate availability and access to clinical services for individuals “from diverse racial, ethnic, geographic, or linguistic backgrounds” when making grant determinations.</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 284g
20.	Minority AIDS Initiative	<p>HHS must “evaluate and address” HIV/AIDS “disparities in access, treatment, care, and outcomes for, racial and ethnic minorities (including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders.)”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 30ff-121 • See HHS’s “Minority HIV/AIDS Fund” website.
21.	CDC Community Transformation Grants	<p>The Secretary must act through the Centers for Disease Control and Prevention (“CDC”) to award grants to state and local governments and other eligible entities for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to, among other things, reduce chronic disease rates and “address health disparities.” Recipients are permitted to</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 300u-13

		“prioritiz[e] strategies to reduce racial and ethnic disparities.”	
22.	Mental and behavioral health education and training grants	The Secretary may award grants to eligible institutions to support the education and clinical experience of students in, and recruitment of students to, higher education programs for mental and behavioral health education and training, provided that the institution demonstrates “participation in the institutions’ programs of individuals and groups from different racial, ethnic , cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations.”	<ul style="list-style-type: none"> • 42 U.S.C. § 294e-1
23.	Block grants regarding mental health and substance use	In administering grants for mental health services and substance use prevention and treatment, the Secretary must collaborate with States and other interested groups to develop plans that ensure accountability based on outcome and performance measures—ensuring that interested groups include, among others, “ representatives of racial and ethnic groups including Native Americans. ”	<ul style="list-style-type: none"> • 42 U.S.C. § 300x-59
24.	Training for Health Care Providers - Obstetrics	The Secretary must establish a program to award grants to eligible health professions schools for the training of health care professionals “to improve the provision of prenatal care, labor care, birthing, and postpartum care for racial and ethnic minority populations , including with respect to perceptions and biases that may affect the approach to, and provision of, care.”	<ul style="list-style-type: none"> • 42 U.S.C. § 294p
25.	Maternity Care Nursing Workforce Expansion (MatCare) Program	The Secretary may award grants and contract to eligible entities to support advanced nursing education and practice and traineeships.	<ul style="list-style-type: none"> • 42 U.S.C. § 296j • HRSA, MatCare Program – 2023 Notice of Funding Opportunity

		<p>While this particular funding initiative does <i>not</i> appear to involve a statutory directive mandating preferential treatment on the basis of race, past grant funding notices nonetheless indicate that HRSA has implemented such racial preferences.</p>	
26.	Healthy Start Initiative	<p>The Secretary must act through HRSA to continue to carry out, and expand on a national basis, the Healthy Start Initiative to reduce infant mortality rates and improve perinatal outcomes. In making grants the Secretary must consider factors that contribute to infant mortality, including “the social determinants of health” and “communities” of high rates of infant mortality.</p> <p>“As such, [and according to HRSA,] Healthy Start works to eliminate the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups.”</p> <p>The Secretary may reserve one percent of funding appropriations to evaluate “whether such projects have been effective in reducing the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 254c-8 • HRSA, Healthy Start Initiative, Enhanced – 2023 Notice of Funding Opportunity
27.	Obstetric network grants	<p>The Secretary must award grants or cooperative agreements to establish collaborative improvement and innovation networks for the purpose of improving maternal and infant health outcomes and reducing maternal mortality and morbidity in rural and frontier areas and certain “target” and tribal areas. To achieve these goals, recipients are permitted</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 254c-1b

		to “assess and address disparities in infant and maternal health outcomes, including among racial and ethnic minority populations. ”	
28.	Services for pregnant and postpartum women	<p>The Secretary may award grants to establish or operate programs designed to deliver integrated health care services to pregnant and postpartum women to optimize the health of women and their infants to include, among other things, reducing health disparities, “including such disparities associated with racial and ethnic minority populations.”</p> <p>In awarding grants, the Secretary must prioritize applicant State and tribal organizations having the highest rates of maternal mortality and morbidity and consider “disparities associated with racial and ethnic minority populations.”</p> <p>Grant recipients must work with relevant stakeholders that coordinate care to develop and carry out the program, including “individuals representing communities with disproportionately high rates of maternal mortality and severe maternal morbidity, and including those representing racial and ethnic minority populations.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 254c-22
29.	Screening & treatment for maternal mental health and substance use disorders	<p>The Secretary must award grants to States and tribal organizations to establish, improve, or maintain programs for maternal mental health and substance use disorders screening, assessment, and treatment for pregnant and postpartum women and women who have given birth within the preceding 12 months. Activities eligible for funding may include, among other things, training health care providers “to improve the provision of maternal mental health</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 247b-13a

		and substance use disorder care for racial and ethnic minority populations and reduce related disparities in the delivery of such care.”	
30.	Maternal and obstetric care training demonstration	The Secretary shall award grants to health professions schools to establish a training demonstration program to reduce maternal mortality and morbidity. Such training programs may include topics aimed at “improving [obstetric care] for racial and ethnic minority populations , including with respect to perceptions and biases that may affect the approach to, and provision of, care.”	<ul style="list-style-type: none"> • 42 U.S.C. § 294s
31.	Healthy Tomorrows Partnership for Children Program (“HTPCP”)	<p>The Secretary must use appropriated funding “through grants, contracts, or otherwise” “to provide for special projects of regional and national significance, research, and training with respect to maternal and child health” issues and topics.</p> <p>While this particular funding initiative does <i>not</i> appear to involve a statutory directive mandating preferential treatment on the basis of race, past grant funding notices nonetheless indicate that HRSA has implemented such racial preferences.</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 701(a)(2) • HRSA, HTPCP – 2025 Notice of Funding Opportunity (noting HTPCP funding since 1989 and permitting funded services for underserved children on the basis of race and ethnicity).
32.	Grants to States for preventing domestic violence	The Secretary must award grants to States to “support[] the establishment, maintenance, and expansion of programs and projects” to, among other things, “provide specialized services for children exposed to family violence, domestic violence, or dating violence, underserved populations— [meaning, ‘underserved racial and ethnic populations’] —and victims who are members of racial and ethnic minority populations. ”	<ul style="list-style-type: none"> • 42 U.S.C. §§ 10406; 10408 • 42 U.S.C. § 10402 • 34 U.S.C. § 12291(a)(46)

		In turn, States must agree to use federal grant funding to issue subgrants to eligible entities for programs and projects “designed to prevent incidents of family violence, domestic violence, and dating violence,” which may include “outreach to underserved populations. ”	
33.	National Resource Centers for Preventing Domestic Violence	<p>The Secretary must award grants to eligible entities for the establishment and maintenance of “at least 7 special issue resource centers” “which shall be national in scope,” “addressing key areas of domestic violence, and intervention and prevention.”</p> <p>At least three of these resource centers must focus on “enhancing domestic violence intervention and prevention efforts for victims of domestic violence who are members of racial and ethnic minority groups.”</p> <p>“Special issue resource centers concerned with racial and ethnic minority groups” must be “nonprofit private organization[s] that focus[] primarily on issues of domestic violence in a racial or ethnic community” and have “experience relevant to the specific racial or ethnic population to which information, training, technical assistance, and outreach would be provided under the grant.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 10410
34.	Grants to State Domestic Violence Coalitions	The Secretary must award grants for the funding of State Domestic Violence Coalitions, which must use the federal funds to, among other things, “work[] in collaboration with service providers and community-based organizations to address the	<ul style="list-style-type: none"> • 42 U.S.C. §§ 10411; 10414 • 42 U.S.C. § 10402 • 34 U.S.C. § 12291(a)(46)

		<p>needs of family violence, domestic violence, and dating violence victims, and their dependents, who are members of racial and ethnic minority populations and underserved populations.”</p> <p>In addition, the Secretary must enter into cooperative agreements with State Domestic Violence Coalitions to establish, operate, and maintain local community projects to prevent family violence, domestic violence, and dating violence. “In establishing and operating a project ..., an eligible organization shall ... recognize, in applicable cases, the needs of underserved populations,” including “racial ... populations.”</p>	
35.	National Domestic Violence Hotline Grant	<p>The Secretary must “award a grant to 1 or more private entities to provide for the ongoing operation of a 24-hour, national, toll-free telephone hotline to provide information and assistance to adult and youth victims of family violence, domestic violence, or dating violence ... and persons affected by the victimization.”</p> <p>Eligible entities must submit application materials “demonstrat[ing] that the applicant has a commitment to diversity and to the provision of services to underserved populations, including to ethnic, racial, and non-English speaking minorities, in addition to older individuals and individuals with disabilities.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 10413 • 42 U.S.C. § 10402 • 34 U.S.C. § 12291(a)(46)
36.	Grants for preventing child abuse & neglect	<p>The Secretary must make grants “to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect.” Grant funding to States require States to submit application</p>	<ul style="list-style-type: none"> • 42 U.S.C. §§ 5116; 5116d

		materials adequately describing the “outreach activities” that will be “undertake[n] to maximize the participation of racial and ethnic minorities ... and members of other underserved or underrepresented groups. ”	
37.	Advisory Board on Child Abuse & Neglect	The Secretary may appoint an advisory board “to make recommendations ... concerning specific issues relating to child abuse and neglect.” In establishing the board, the Secretary must appoint “members from the general public who are individuals knowledgeable in child abuse and neglect prevention, intervention, treatment, or research, and with due consideration to representation of ethnic or racial minorities. ”	<ul style="list-style-type: none"> • 42 U.S.C. § 5102
38.	Drug & alcohol abuse prevention & treatment	<p>The Secretary may award grants to public and private entities and may enter into contracts with such entities and individuals to conduct demonstration and evaluation projects for the development of “new and more effective alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs” and for alcohol abuse education and training.</p> <p>The Secretary must “encourage the submission of and give special consideration to applications ... for programs and projects aimed at underserved populations such as racial and ethnic minorities, Native Americans (including Native Hawaiians and Native American Pacific Islanders).”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 4577
39.	Special grants & contracts through the National Institute on	The Secretary may act through NIH-NIDA to award grants and contracts to individuals and entities to provide training, education, and technical	<ul style="list-style-type: none"> • 21 U.S.C. § 1177

	<p>Drug Abuse at NIH (“NIH-NIDA”)</p>	<p>assistance, and to conduct demonstration and evaluation projects, concerning drug abuse prevention, treatment, and rehabilitation.</p> <p>In doing so, the Secretary must “encourage the submission of and give special consideration to applications ... aimed at underserved populations such as racial and ethnic minorities, Native Americans (including Native Hawaiians and Native American Pacific Islanders).”</p>	
<p>40.</p>	<p>State plans for child welfare services</p>	<p>Federal funding for State child welfare plans must, among other things, “provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 622
<p>41.</p>	<p>State Children’s Health Insurance Program (“CHIP”)</p>	<p>The Secretary must “award grants to eligible entities ... to conduct outreach and enrollment efforts that are designed to increase the enrollment and participation of” children eligible for CHIP and Medicaid.</p> <p>In awarding grants, the Secretary must give priority to entities that (1) “propose to target geographic areas with high rates of” “eligible but unenrolled children” or “racial and ethnic minorities and health disparity populations” and (2) “submit the most demonstrable evidence” showing, among other things, “that the entity includes members who have access to, and credibility with, ethnic or low-income populations in the communities in which activities funded under the grant are to be conducted.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 1397mm

42.	Medicaid Conditions for Participation	As a condition for State participation in Medicaid, “a State must establish procedures for,” among other things, “conducting outreach to and enrolling vulnerable and underserved populations eligible for [Medicaid assistance or CHIPS assistance], including ... “racial and ethnic minorities” among other groups.	<ul style="list-style-type: none"> • 42 U.S.C. § 1396w-3
43.	Medicare services education & outreach campaign	The Secretary must “conduct an education and outreach campaign,” to inform professionals who furnish Part B Medicare services and encourage individuals with chronic care needs to receive such services. “Such campaign shall ... focus on encouraging participation by underserved rural populations and racial and ethnic minority populations. ”	<ul style="list-style-type: none"> • 42 U.S.C. § 1395w-4, enacted statutory notes
44.	Cancer Prevention & Treatment Demonstration for Ethnic and Racial Minorities	<p>The Secretary must conduct demonstration projects for the purpose of developing models and evaluating methods that improve the quality of services to detect and treat cancer in order to reduce disparities, and improve clinical outcomes for, “target individuals”—[meaning, “individuals of a racial and ethnic minority group,’ including ‘American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics”].</p> <p>In addition, the Secretary must design and implement these demonstration projects according to other race-based requirements and considerations.</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 1395b-1, enacted statutory notes • 42 U.S.C. § 300u-6(g)
45.	Grants for research therapies for ALS	The Secretary must award grants to entities concerning certain research for the prevention, diagnosis, mitigation, treatment, or cure of Amyotrophic Lateral Sclerosis. Before	<ul style="list-style-type: none"> • 21 U.S.C. § 360ee, enacted statutory notes

		awarding a grant, the Secretary must confirm that, among other things, “the resulting project funded by such grant will allow for equitable access to investigational drugs by minority and underserved populations. ”	
46.	Grants to University Centers for Excellence in Developmental Disabilities Education, Research, and Service	<p>The Secretary must award “5-year grants to entities in each State designated as University Centers for Excellence in Developmental Disabilities Education, Research, and Service.” Grant “applications shall be approved by the Secretary only if the application contains or is supported by reasonable assurances that the entity designated as the Center will,” among other things, “establish a consumer advisory committee” “that reflects the racial and ethnic diversity of the State.”</p> <p>In addition, subject to certain considerations, the Secretary may make additional grants to such Centers “for States or populations that are unserved or underserved by Centers due to” among other possible factors, “a high concentration of unserved or underserved populations.”</p>	<ul style="list-style-type: none"> • 42 U.S.C. § 15064; 15062
47.	Federal assistance to State Councils on Developmental Disabilities	<p>“In order for a State to receive an allotment” purposed to “assure that individuals with developmental disabilities and their families participate in the design of and have access to needed community services ... and other forms of assistance,” “the State shall have in effect a system to protect and advocate the rights of individuals with developmental disabilities.”</p> <p>“[S]uch system shall” among other things, “have the authority to pursue legal, administrative, and other appropriate remedies or approaches</p>	<ul style="list-style-type: none"> • 42 U.S.C. §§ 15001; 15002; 15043

		to ensure the protection of, and advocacy for, the rights of such individuals ... who are or who may be eligible for treatment, services, or habilitation, ... with particular attention to members of ethnic and racial minority groups .	
48.	Family support grants	The Secretary must award grants to States “to support systems change activities designed to assist States to develop and implement, or expand and enhance, a statewide system of family support services for families of children with disabilities.” The Secretary must prioritize awards in a manner that “distributes the grants among States that attempt to meet the needs of unserved and underserved populations, such as individuals from racial and ethnic minority backgrounds, ” among other groups.	<ul style="list-style-type: none"> • 42 U.S.C. §§ 15093; 15096
49.	Homeless assistance	In the context of homeless assistance, “underserved populations” are defined on the basis of race to include “ underserved racial and ethnic populations. ”	<ul style="list-style-type: none"> • 42 U.S.C. § 11360(33)
50.	Food and Drug Administration (“FDA”) Communication on medical products	<p>The Secretary must act through the Commissioner of Food and Drugs to review and modify as needed, the FDA’s “communication plan to inform and educate health care providers and patients on the benefits and risks of medical products, with particular focus on underrepresented subpopulations, including racial subgroups.”</p> <p>Among other things, the “communication plan” must “take into account” “the goals and principles set forth in the Strategic Action Plan to Reduce Racial and Ethnic Health Disparities issued by [HHS].”</p>	<ul style="list-style-type: none"> • 21 U.S.C. § 399f

51.	Pre-review of television advertisements for drugs	In conducting pre-review of a television advertisement for a drug, the Secretary may make recommendations concerning information included in the label of the drug, “tak[ing] into consideration the impact of the advertised drug on ... racially and ethnically diverse communities ,” among other groups.	<ul style="list-style-type: none"> • 21 U.S.C. § 353c
52.	Organ Procurement & Transplantation Network (“OPTN”)	The OPTN was established to coordinate, operate, and improve the nation’s organ procurement, allocation, and transplantation system, and is required to (among other things) carry out improvement “projects to examine and attempt to increase transplantation” for “ individuals who are members of racial or ethnic minority groups. ”	<ul style="list-style-type: none"> • 42 U.S.C. § 274
53.	C.W. Bill Young Cell Transplantation Program	The Secretary must act through HRSA to establish and maintain the C.W. Bill Young Cell Transplantation Program “that has the purpose of increasing the number of transplants for recipients suitably matched to biologically unrelated donors of bone marrow and cord blood.” The program must give donor recruitment priority to “ underrepresented ” “ racial and ethnic minority groups. ”	<ul style="list-style-type: none"> • 42 U.S.C. § 274k
54.	Clinical studies	A number of provisions outline the Secretary’s charge to ensure “adequate representation” of “ ethnic and racial minorities ” with respect to clinical studies.	<ul style="list-style-type: none"> • <i>E.g.</i>, 21 U.S.C. §§ 355a, 355, enacted statutory notes (regarding “diversity action plans for clinical studies).
55.	Determination of penalties for non-compliance at long-term care facilities	Federally-funded long-term care facilities (receiving ≥ \$10,000) must either report to the Secretary and law enforcement “any reasonable suspicion of a crime ... against any individual who is a resident of, or is receiving care from, the facility” or be subject to penalties, including civil	<ul style="list-style-type: none"> • 42 U.S.C. § 1320b-25

		<p>money penalties and exclusion from federal funding.</p> <p>In determining a penalty, the Secretary may “take into account the financial burden on providers with underserved populations,” including “racial and ethnic minority populations.”</p>	
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