

107TH CONGRESS
1ST SESSION

H. R. 1682

To provide the Secretary of Health and Human Services and the Secretary of Education with increased authority with respect to asthma programs, and to provide for increased funding for such programs.

IN THE HOUSE OF REPRESENTATIVES

MAY 2, 2001

Mrs. LOWEY introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide the Secretary of Health and Human Services and the Secretary of Education with increased authority with respect to asthma programs, and to provide for increased funding for such programs.

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 “Asthma Act”.

5 **SEC. 2. FINDINGS.**

6 The Congress finds as follows:

1 (1) Despite improved therapies, the prevalence
2 rate of asthma continues to rise, affecting an esti-
3 mated 17 million Americans; nearly 5 million under
4 the age of 18. The prevalence of pediatric asthma
5 has risen dramatically since 1980. Rates are increas-
6 ing for all ethnic groups, especially for African-
7 American and Hispanic children.

8 (2) Asthma is the third leading cause of pre-
9 ventable hospitalizations. Improper diagnosis and
10 poor management of asthma resulted in 1.6 million
11 people being treated for asthma attacks in the emer-
12 gency room in 1995.

13 (3) Asthma can be life-threatening if not prop-
14 erly managed. Most asthma-related deaths are pre-
15 ventable, yet such deaths continue to rise in the U.S.
16 Each day, 14 Americans die of asthma.

17 (4) The cost of asthma to the U.S. was \$11.3
18 billion in 1998, and the rise in asthma prevalence
19 will lead to higher costs in the future.

20 (5) With early recognition of the signs and
21 symptoms of asthma, proper diagnosis and treat-
22 ment, and patient education and self-management,
23 asthma is a controllable disease.

24 (6) Public health interventions have been prov-
25 en effective in the treatment and management of

1 asthma. Population-based research supported by the
2 National Institutes of Health (NIH) has effectively
3 demonstrated the benefits of combining aggressive
4 medical treatment with patient education to improve
5 the management of asthma. The National Asthma
6 Education and Prevention Program (NAEPP) helps
7 raise awareness that asthma is a serious chronic dis-
8 ease, and helps promote more effective management
9 of asthma through patient and professional edu-
10 cation.

11 (7) The alarming rise in prevalence, asthma-re-
12 lated deaths, and expenditures demonstrate that, de-
13 spite extensive knowledge on effective asthma man-
14 agement strategies, current federal policy and fund-
15 ing regarding the education, treatment, and manage-
16 ment of asthma is inadequate.

17 (8) Additional federal direction, funding, and
18 support is necessary to increase awareness of asth-
19 ma as a chronic illness, its symptoms, and the envi-
20 ronmental factors (indoor and outdoor) that affect
21 the disease, as well as to promote education pro-
22 grams that teach patients how to better manage
23 asthma.

1 **SEC. 3. PROVISIONS REGARDING NATIONAL ASTHMA EDU-**
2 **CATION AND PREVENTION PROGRAM OF NA-**
3 **TIONAL HEART, LUNG, AND BLOOD INSTI-**
4 **TUTE.**

5 (a) **ADDITIONAL FUNDING; EXPANSION OF PRO-**
6 **GRAM.**—In addition to any other authorization of appro-
7 priations that is available to the National Heart, Lung,
8 and Blood Institute for the purpose of carrying out the
9 National Asthma Education and Prevention Program,
10 there is authorized to be appropriated to such Institute
11 for such purpose \$4,100,000 for each of the fiscal years
12 2002 through 2006. Amounts appropriated under the pre-
13 ceding sentence shall be expended to expand such Pro-
14 gram.

15 (b) **COORDINATING COMMITTEE.**—

16 (1) **REPORT TO CONGRESS.**—With respect to
17 the coordinating committee established for the Na-
18 tional Asthma Education and Prevention Program of
19 the National Heart, Lung, and Blood Institute, such
20 committee shall submit to the Congress a report
21 that—

22 (A) contains a determination by the com-
23 mittee of the scope of the problem of asthma in
24 the United States;

25 (B) identifies all Federal programs that
26 carry out asthma-related activities; and

1 (C) contains the recommendations of the
2 committee for strengthening and better coordi-
3 nating the asthma-related activities of the Fed-
4 eral Government.

5 (2) INCLUSION OF REPRESENTATIVE OF DE-
6 PARTMENT OF EDUCATION.—The Secretary of Edu-
7 cation or a designee of the Secretary shall be in-
8 cluded in the membership of the coordinating com-
9 mittee referred to in paragraph (1).

10 **SEC. 4. ASTHMA-RELATED ACTIVITIES OF CENTERS FOR**
11 **DISEASE CONTROL AND PREVENTION.**

12 (a) EXPANSION OF PUBLIC HEALTH SURVEILLANCE
13 ACTIVITIES; PROGRAM FOR PROVIDING INFORMATION
14 AND EDUCATION TO PUBLIC.—The Secretary of Health
15 and Human Services, acting through the Director of the
16 Centers for Disease Control and Prevention, shall collabo-
17 rate with the States to expand the scope of—

18 (1) activities that are carried out to determine
19 the incidence and prevalence of asthma; and

20 (2) activities that are carried out to prevent the
21 health consequences of asthma, including through
22 the provision of information and education to the
23 public regarding asthma, which may include the use
24 of public service announcements through the media

1 and such other means as such Director determines
2 to be appropriate.

3 (b) COMPILATION OF DATA.—The Secretary of
4 Health and Human Services, acting through the Director
5 of the Centers for Disease Control and Prevention and in
6 consultation with the National Asthma Education Preven-
7 tion Program Coordinating Committee, shall—

8 (1) conduct local asthma surveillance activities
9 to collect data on the prevalence and severity of
10 asthma and the quality of asthma management,
11 including—

12 (A) telephone surveys to collect sample
13 household data on the local burden of asthma;
14 and

15 (B) health care facility specific surveillance
16 to collect asthma data on the prevalence and se-
17 verity of asthma, and on the quality of asthma
18 care; and

19 (2) compile and annually publish data on—

20 (A) the prevalence of children suffering
21 from asthma in each State; and

22 (B) the childhood mortality rate associated
23 with asthma nationally and in each State.

24 (c) ADDITIONAL FUNDING.—In addition to any other
25 authorization of appropriations that is available to the

1 Centers for Disease Control and Prevention for the pur-
2 pose of carrying out this section, there is authorized to
3 be appropriated to such Centers for such purpose
4 \$8,200,000 for each of the fiscal years 2002 through
5 2006.

6 **SEC. 5. GRANTS FOR COMMUNITY OUTREACH REGARDING**
7 **ASTHMA INFORMATION, EDUCATION, AND**
8 **SERVICES.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services (in this section referred to as the “Sec-
11 retary”) may make grants to nonprofit private entities for
12 projects to carry out, in communities identified by entities
13 applying for the grants, outreach activities to provide for
14 residents of the communities the following:

15 (1) Information and education on asthma.

16 (2) Referrals to health programs of public and
17 nonprofit private entities that provide asthma-re-
18 lated services, including such services for low-income
19 individuals. The grant may be expended to make ar-
20 rangements to coordinate the activities of such enti-
21 ties in order to establish and operate networks or
22 consortia regarding such referrals.

23 (b) PREFERENCES IN MAKING GRANTS.—In making
24 grants under subsection (a), the Secretary shall give pref-
25 erence to applicants that will carry out projects under such

1 subsection in communities that are disproportionately af-
2 fected by asthma or underserved with respect to the activi-
3 ties described in such subsection and in which a significant
4 number of low-income individuals reside.

5 (c) EVALUATIONS.—A condition for a grant under
6 subsection (a) is that the applicant for the grant agree
7 to provide for the evaluation of the projects carried out
8 under such subsection by the applicant to determine the
9 extent to which the projects have been effective in carrying
10 out the activities referred to in such subsection.

11 (d) FUNDING.—For the purpose of carrying out this
12 section, there is authorized to be appropriated \$4,100,000
13 for each of the fiscal years 2002 through 2006.

14 **SEC. 6. ACTION PLANS OF STATES REGARDING ASTHMA; FI-**
15 **NANCIAL INCENTIVES REGARDING CHIL-**
16 **DREN'S HEALTH INSURANCE PROGRAM.**

17 (a) IN GENERAL.—The Secretary of Health and
18 Human Services (in this section referred to as the “Sec-
19 retary”) shall in accordance with subsection (b) carry out
20 a program to encourage the States to implement plans to
21 carry out activities to assist children with respect to asth-
22 ma in accordance with guidelines of the National Heart,
23 Lung, and Blood Institute.

24 (b) RELATION TO CHILDREN'S HEALTH INSURANCE
25 PROGRAM.—

1 (1) IN GENERAL.—Subject to paragraph (2), if
2 a State plan under title XXI of the Social Security
3 Act provides for activities described in subsection (a)
4 to an extent satisfactory to the Secretary, the Sec-
5 retary shall, with amounts appropriated under sub-
6 section (c), make a grant to the State involved to as-
7 sist the State in carrying out such activities.

8 (2) REQUIREMENT OF MATCHING FUNDS.—

9 (A) IN GENERAL.—With respect to the
10 costs of the activities to be carried out by a
11 State pursuant to paragraph (1), the Secretary
12 may make a grant under such paragraph only
13 if the State agrees to make available (directly
14 or through donations from public or private en-
15 tities) non-Federal contributions toward such
16 costs in an amount that is not less than 50 per-
17 cent of the costs (\$1 for each \$1 of Federal
18 funds provided in the grant).

19 (B) DETERMINATION OF AMOUNT CON-
20 TRIBUTED.—Non-Federal contributions re-
21 quired in subparagraph (A) may be in cash or
22 in kind, fairly evaluated, including plant, equip-
23 ment, or services. Amounts provided by the
24 Federal Government, or services assisted or
25 subsidized to any significant extent by the Fed-

1 and the Director of the National Institutes of
2 Health, may make grants to local educational agen-
3 cies for programs to carry out at elementary and
4 secondary schools specified in paragraph (2) asthma-
5 related activities for children who attend such
6 schools.

7 (2) ELIGIBLE SCHOOLS.—The elementary and
8 secondary schools referred to in paragraph (1) are
9 such schools that are located in communities with a
10 significant number of low-income or underserved in-
11 dividuals (as defined by the Secretary).

12 (b) DEVELOPMENT OF PROGRAMS.—Programs under
13 subsection (a) shall include grants under which local edu-
14 cation agencies and State public health officials collabo-
15 rate to develop programs to improve the management of
16 asthma in school settings.

17 (c) CERTAIN GUIDELINES.—Programs under sub-
18 section (a) shall be carried out in accordance with applica-
19 ble guidelines or other recommendations of the National
20 Institutes of Health (including the National Heart, Lung,
21 and Blood Institute) and the Environmental Protection
22 Agency.

23 (d) CERTAIN ACTIVITIES.—Activities that may be
24 carried out in programs under subsection (a) include the
25 following:

1 (1) hospitals should be encouraged to offer
2 asthma-related education and training to asthma pa-
3 tients and their families upon discharge from the
4 hospital of such patients;

5 (2) hospitals should, with respect to information
6 on asthma, establish telephone services for patients
7 and communicate with providers of primary health
8 services; and

9 (3) managed care organizations should—

10 (A) be encouraged to disseminate to health
11 care providers asthma clinical practice guide-
12 lines developed or endorsed by the Public
13 Health Service;

14 (B) collect and maintain asthma data; and

15 (C) offer asthma-related education and
16 training to asthma patients and their families.

17 **SEC. 9. SENSE OF CONGRESS REGARDING IMPLEMENTA-**
18 **TION OF ACT.**

19 It is the sense of the Congress that all Federal, State,
20 and local asthma-related activities should—

21 (1) promote the guidelines and other rec-
22 ommendations of the Public Health Service on asth-
23 ma diagnosis and management; and

24 (2) be designed in consultation with national
25 and local organizations representing the medical,

1 educational, and environmental communities, as well
2 as advocates that represent those affected by asth-
3 ma.

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