

105TH CONGRESS
2D SESSION

H. R. 4654

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

SEPTEMBER 28, 1998

Mrs. LOWEY (for herself and Mr. BARTON of Texas) introduced the following bill; which was referred to the Committee on 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 14.6 million Americans; 4.8 million under the
4 age of 18. Since 1984, the prevalence of pediatric
5 asthma has risen 72 percent. Rates are increasing
6 for all ethnic groups and 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 1997. According to recent studies,
13 asthma accounts for 17 percent of all pediatric
14 emergency room visits.

15 (3) Asthma can be life-threatening if not prop-
16 erly managed. Most asthma-related deaths are pre-
17 ventable, yet such deaths continue to rise in the U.S.
18 In 1994, 5,487 children died as a result of an asth-
19 ma attack, representing a six percent increase in
20 deaths from 1993 and a doubling since 1979.

21 (4) Asthma costs the U.S. over \$12 billion a
22 year and the rise in asthma prevalence will lead to
23 higher costs in the future.

24 (5) With early recognition of the signs and
25 symptoms of asthma, proper diagnosis and treat-

1 ment, and patient education and self-management,
2 asthma is a controllable disease.

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

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

21 (8) Additional federal direction, funding, and
22 support is necessary to increase awareness of asth-
23 ma as a chronic illness, its symptoms, and the envi-
24 ronmental factors (indoor and outdoor) that affect
25 the disease, as well as to promote education pro-

1 grams that teach patients how to better manage
2 asthma.

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

7 (a) **ADDITIONAL FUNDING; EXPANSION OF PRO-**
8 GRAM.—In addition to any other authorization of appro-
9 priations that is available to the National Heart, Lung,
10 and Blood Institute for the purpose of carrying out the
11 National Asthma Education and Prevention Program,
12 there is authorized to be appropriated to such Institute
13 for such purpose \$5,000,000 for each of the fiscal years
14 1999 through 2003. Amounts appropriated under the pre-
15 ceding sentence shall be expended to expand such Pro-
16 gram.

17 (b) **COORDINATING COMMITTEE.**—

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

1 (A) contains a determination by the com-
2 mittee of the scope of the problem of asthma in
3 the United States;

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

6 (C) contains the recommendations of the
7 committee for strengthening and better coordi-
8 nating the asthma-related activities of the Fed-
9 eral Government.

10 (2) INCLUSION OF REPRESENTATIVE OF DE-
11 PARTMENT OF EDUCATION.—The Secretary of Edu-
12 cation or a designee of the Secretary shall be in-
13 cluded in the membership of the coordinating com-
14 mittee referred to in paragraph (1).

15 **SEC. 4. ASTHMA-RELATED ACTIVITIES OF CENTERS FOR**
16 **DISEASE CONTROL AND PREVENTION.**

17 (a) ADDITIONAL FUNDING.—In addition to any other
18 authorization of appropriations that is available to the
19 Centers for Disease Control and Prevention for the pur-
20 pose of carrying out activities in accordance with sub-
21 section (b), there is authorized to be appropriated to such
22 Centers for such purpose \$5,000,000 for each of the fiscal
23 years 1999 through 2003.

24 (b) EXPANSION OF PUBLIC HEALTH SURVEILLANCE
25 ACTIVITIES; PROGRAM FOR PROVIDING INFORMATION

1 AND EDUCATION TO PUBLIC.—For purposes of subsection
2 (a), the Secretary of Health and Human Services, acting
3 through the Director of the Centers for Disease Control
4 and Prevention, shall collaborate with the States to ex-
5 pand the scope of—

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

8 (2) activities that are carried out to prevent the
9 health consequences of asthma, including through
10 the provision of information and education to the
11 public regarding asthma, which may include the use
12 of public service announcements through the media
13 and such other means as such Director determines
14 to be appropriate.

15 **SEC. 5. GRANTS FOR COMMUNITY OUTREACH REGARDING**
16 **ASTHMA INFORMATION, EDUCATION, AND**
17 **SERVICES.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services (in this section referred to as the “Sec-
20 retary”) may make grants to nonprofit private entities for
21 projects to carry out, in communities identified by entities
22 applying for the grants, outreach activities to provide for
23 residents of the communities the following:

24 (1) Information and education on asthma.

1 (2) Referrals to health programs of public and
2 nonprofit private entities that provide asthma-relat-
3 ed services, including such services for low-income
4 individuals. The grant may be expended to make ar-
5 rangements to coordinate the activities of such enti-
6 ties in order to establish and operate networks or
7 consortia regarding such referrals.

8 (b) PREFERENCES IN MAKING GRANTS.—In making
9 grants under subsection (a), the Secretary shall give pref-
10 erence to applicants that will carry out projects under such
11 subsection in communities that are disproportionately af-
12 fected by asthma or underserved with respect to the activi-
13 ties described in such subsection and in which a significant
14 number of low-income individuals reside.

15 (c) EVALUATIONS.—A condition for a grant under
16 subsection (a) is that the applicant for the grant agree
17 to provide for the evaluation of the projects carried out
18 under such subsection by the applicant to determine the
19 extent to which the projects have been effective in carrying
20 out the activities referred to in such subsection.

21 (d) FUNDING.—For the purpose of carrying out this
22 section, there is authorized to be appropriated \$5,000,000
23 for each of the fiscal years 1999 through 2003.

1 **SEC. 6. ACTION PLANS OF STATES REGARDING ASTHMA; FI-**
2 **NANCIAL INCENTIVES REGARDING CHIL-**
3 **DREN'S HEALTH INSURANCE PROGRAM.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (in this section referred to as the “Sec-
6 retary”) shall in accordance with subsection (b) carry out
7 a program to encourage the States to implement plans to
8 carry out activities to assist children with respect to asth-
9 ma in accordance with guidelines of the National Heart,
10 Lung, and Blood Institute.

11 (b) RELATION TO CHILDREN'S HEALTH INSURANCE
12 PROGRAM.—

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

20 (2) REQUIREMENT OF MATCHING FUNDS.—

21 (A) IN GENERAL.—With respect to the
22 costs of the activities to be carried out by a
23 State pursuant to paragraph (1), the Secretary
24 may make a grant under such paragraph only
25 if the State agrees to make available (directly
26 or through donations from public or private en-

1 tities) non-Federal contributions toward such
2 costs in an amount that is not less than 50 per-
3 cent of the costs (\$1 for each \$1 of Federal
4 funds provided in the grant).

5 (B) DETERMINATION OF AMOUNT CON-
6 TRIBUTED.—Non-Federal contributions re-
7 quired in subparagraph (A) may be in cash or
8 in kind, fairly evaluated, including plant, equip-
9 ment, or services. Amounts provided by the
10 Federal Government, or services assisted or
11 subsidized to any significant extent by the Fed-
12 eral Government, may not be included in deter-
13 mining the amount of such non-Federal con-
14 tributions.

15 (3) CRITERIA REGARDING ELIGIBILITY FOR
16 GRANT.—The Secretary shall publish in the Federal
17 Register criteria describing the circumstances in
18 which the Secretary will consider a State plan to be
19 satisfactory for purposes of paragraph (1).

20 (4) TECHNICAL ASSISTANCE.—With respect to
21 State plans under title XXI of the Social Security
22 Act, the Secretary, acting through the Director of
23 the Centers for Disease Control and Prevention,
24 shall make available to the States technical assist-

1 ance in developing the provisions of such plans that
2 will provide for activities pursuant to paragraph (1).

3 (c) FUNDING.—For the purpose of carrying out this
4 section, there is authorized to be appropriated \$5,000,000
5 for each of the fiscal years 1999 through 2003.

6 **SEC. 7. ACTION PLANS OF LOCAL EDUCATIONAL AGENCIES**

7 **REGARDING ASTHMA.**

8 (a) IN GENERAL.—

9 (1) SCHOOL-BASED ASTHMA ACTIVITIES.—The
10 Secretary of Education (in this section referred to as
11 the “Secretary”), in consultation with the Director
12 of the Centers for Disease Control and Prevention
13 and the Director of the National Institutes of
14 Health, may make grants to local educational agen-
15 cies for programs to carry out at elementary and
16 secondary schools specified in paragraph (2) asthma-
17 related activities for children who attend such
18 schools.

19 (2) ELIGIBLE SCHOOLS.—The elementary and
20 secondary schools referred to in paragraph (1) are
21 such schools that are located in communities with a
22 significant number of low-income or underserved in-
23 dividuals (as defined by the Secretary).

24 (b) DEVELOPMENT OF PROGRAMS.—Programs under
25 subsection (a) shall include grants under which local edu-

1 cation agencies and State public health officials collabo-
2 rate to develop programs to improve the management of
3 asthma in school settings.

4 (c) CERTAIN GUIDELINES.—Programs under sub-
5 section (a) shall be carried out in accordance with applica-
6 ble guidelines or other recommendations of the National
7 Institutes of Health (including the National Heart, Lung,
8 and Blood Institute) and the Environmental Protection
9 Agency.

10 (d) CERTAIN ACTIVITIES.—Activities that may be
11 carried out in programs under subsection (a) include the
12 following:

13 (1) Identifying and working directly with local
14 hospitals, community clinics, advocacy organizations,
15 parent-teacher associations, and asthma coalitions.

16 (2) Identifying asthmatic children and training
17 them and their families in asthma self-management.

18 (3) Purchasing asthma equipment.

19 (4) Hiring school nurses.

20 (5) Training teachers, nurses, coaches, and
21 other school personnel in asthma-symptom recogni-
22 tion and emergency responses.

23 (6) Simplifying procedures to improve students'
24 safe access to their asthma medications.

(f) DEFINITIONS.—For purposes of this section, the terms “elementary school”, “local educational agency”, and “secondary school” have the meanings given such terms in the Elementary and Secondary Education Act of 1965.

17 SEC. 8. SENSE OF CONGRESS REGARDING HOSPITALS AND
18 MANAGED CARE PLANS.

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

24 (2) hospitals should, with respect to information
25 on asthma, establish telephone services for patients

1 and communicate with providers of primary health
2 services; and

3 (3) managed care organizations should—

4 (A) be encouraged to disseminate to health
5 care providers asthma clinical practice guide-
6 lines developed or endorsed by the Public
7 Health Service;

8 (B) collect and maintain asthma data; and

9 (C) offer asthma-related education and
10 training to asthma patients and their families.

11 **SEC. 9. SENSE OF CONGRESS REGARDING IMPLEMENTA-**
12 **TION OF ACT.**

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

15 (1) promote the guidelines and other rec-
16 ommendations of the Public Health Service on asth-
17 ma diagnosis and management; and

18 (2) be designed in consultation with national
19 and local organizations representing the medical,
20 educational, and environmental communities, as well
21 as advocates that represent those affected by asth-
22 ma.

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