

106TH CONGRESS  
1ST SESSION

# H. R. 1965

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.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 26, 1999

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

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## 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; 4.4 million under the  
4           age of 18. Since 1982, the prevalence of pediatric  
5           asthma has risen 76 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 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          In 1996, 5,667 individuals died as a result of an  
17          asthma attack, nearly double the number of deaths  
18          in 1980.

19          (4) The costs of asthma to the U.S. was over  
20          \$6 billion in 1990, and the rise in asthma prevalence  
21          will lead to higher costs in the future.

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

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

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

19           (8) Additional federal direction, funding, and  
20      support is necessary to increase awareness of asth-  
21      ma as a chronic illness, its symptoms, and the envi-  
22      ronmental factors (indoor and outdoor) that affect  
23      the disease, as well as to promote education pro-  
24      grams that teach patients how to better manage  
25      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 2000 through 2004. 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 2000 through  
 5 2004.

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 2000 through 2004.

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           eral Government, may not be included in deter-  
 2           mining the amount of such non-Federal con-  
 3           tributions.

4           (3) CRITERIA REGARDING ELIGIBILITY FOR  
 5           GRANT.—The Secretary shall publish in the Federal  
 6           Register criteria describing the circumstances in  
 7           which the Secretary will consider a State plan to be  
 8           satisfactory for purposes of paragraph (1).

9           (4) TECHNICAL ASSISTANCE.—With respect to  
 10          State plans under title XXI of the Social Security  
 11          Act, the Secretary, acting through the Director of  
 12          the Centers for Disease Control and Prevention,  
 13          shall make available to the States technical assist-  
 14          ance in developing the provisions of such plans that  
 15          will provide for activities pursuant to paragraph (1).

16          (c) FUNDING.—For the purpose of carrying out this  
 17          section, there is authorized to be appropriated \$4,100,000  
 18          for each of the fiscal years 2000 through 2004.

19   **SEC. 7. ACTION PLANS OF LOCAL EDUCATIONAL AGENCIES**  
 20                   **REGARDING ASTHMA.**

21          (a) IN GENERAL.—

22           (1) SCHOOL-BASED ASTHMA ACTIVITIES.—The  
 23          Secretary of Education (in this section referred to as  
 24          the “Secretary”), in consultation with the Director  
 25          of the Centers for Disease Control and Prevention

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:

6 (3) Purchasing asthma equipment.

(5) Training teachers, nurses, coaches, and other school personnel in asthma-symptom recognition and emergency responses.

13 (7) Such other asthma-related activities as the  
14 Secretary determines to be appropriate.

(f) FUNDING.—For the purpose of carrying out this section, there is authorized to be appropriated \$4,100,000 for each of the fiscal years 2000 through 2004.

25 It is the sense of the Congress that—

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.

