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To authorize the Secretary of Health and Human Services to carry out programs regarding the prevention and management of asthma, allergies, and related respiratory problems, to establish a tax credit regarding pest control services for multifamily residential housing in low-income communities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 26, 1999

Ms. MILLENDER-MCDONALD (for herself, Ms. BROWN of Florida, Mr. BROWN of California, Mr. CAPUANO, Ms. CARSON, Mrs. CHRISTENSEN, Mr. CLYBURN, Mr. CUMMINGS, Ms. DANNER, Mr. FROST, Mr. GREEN of Texas, Mr. HASTINGS of Florida, Mr. HILLIARD, Ms. NORTON, Ms. HOOLEY of Oregon, Ms. JACKSON-LEE of Texas, Mr. JEFFERSON, Mr. KENNEDY of Rhode Island, Ms. KILPATRICK, Ms. LEE, Ms. MCCARTHY of Missouri, Ms. MCKINNEY, Mrs. MEEK of Florida, Mrs. MINK of Hawaii, Mrs. MORELLA, Mr. OWENS, Ms. PELOSI, Ms. ROYBAL-ALLARD, Mr. RUSH, Ms. SANCHEZ, Mr. SERRANO, Mr. THOMPSON of Mississippi, Mr. TOWNS, Mrs. JONES of Ohio, Mr. WEYGAND, and Mr. WYNN) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on Ways and Means, 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 authorize the Secretary of Health and Human Services to carry out programs regarding the prevention and management of asthma, allergies, and related respiratory problems, to establish a tax credit regarding pest control services for multifamily residential housing in low-income communities, 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 “Asthma Awareness,
5 Education and Treatment Act of 1999”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Asthma is a chronic lung condition that af-
9 fects an estimated 14,600,000 Americans, including
10 4,800,000 children.

11 (2) An estimated 40,000,000 to 50,000,000
12 Americans suffer from allergies, including allergic
13 asthma.

14 (3) Asthma is the most common chronic res-
15 piratory disease of children, accounting for 25 per-
16 cent of school absenteeism, and is the third leading
17 cause of preventable hospitalizations.

18 (4) During the period 1980 through 1994 the
19 prevalence of pediatric asthma increased by 72 per-
20 cent, and the percentage of preschool children with
21 asthma increased by 160 percent.

22 (5) The prevalence of asthma is greater in
23 women than in men (5.6 percent of women as com-
24 pared to 5.1 percent of men).

1 (6) The prevalence of asthma is greater in low-
2 income families. In families with an annual income
3 of less than \$10,000, 79.2 of 1,000 individuals who
4 are under the age of 45 have asthma, while in fami-
5 lies with an annual income of between \$20,000 and
6 \$35,000, 53.6 of 1,000 individuals under the age of
7 45 have asthma.

8 (7) In 1997, more than 5,000 Americans died
9 from asthma attacks. During the period 1993
10 through 1995, the average number of deaths from
11 asthma for African Americans was 38.5 deaths per
12 million individuals, while the average for Caucasians
13 was 15.1 deaths per million.

14 (8) Asthma is estimated to cost the United
15 States over \$12,000,000,000 annually and the rise
16 in the prevalence of asthma will lead to higher costs
17 in the future.

18 (9) African Americans are five times more like-
19 ly than other segments of the population to seek
20 care for asthma at an emergency room.

21 (10) The asthma death rate is four times high-
22 er among African American children and two times
23 higher among all African Americans.

24 (11) Exercise improves the physical and psycho-
25 logical well-being of children, including improving

1 self-esteem, and it can help children manage their
 2 asthma and form life-long habits of physical activity
 3 that can improve the quality of life and the length
 4 of life of the individual.

5 **SEC. 3. GRANTS FOR PROJECTS FOR ASTHMA-RELATED AC-**
 6 **TIVITIES FOR LOW-INCOME COMMUNITIES.**

7 (a) IN GENERAL.—The Secretary of Health and
 8 Human Services (in this section referred to as the “Sec-
 9 retary”) may make grants to public and nonprofit private
 10 entities for the purpose of carrying out projects to provide
 11 for individuals in low-income communities—

12 (1) screenings and referrals regarding asthma,
 13 allergies, and related respiratory problems in accord-
 14 ance with subsection (b);

15 (2) information and education regarding such
 16 conditions in accordance with subsection (c); and

17 (3) workshops regarding such conditions that
 18 are provided for parents, teachers, physical edu-
 19 cation instructors, school nurses, school counselors,
 20 athletic coaches, and other individuals who serve in
 21 supervisory roles of children in such communities.

22 (b) SCREENINGS AND REFERRALS.—The Secretary
 23 shall ensure that screenings and referrals regarding asth-
 24 ma, allergies, and related respiratory problems under sub-

1 section (a) are comprehensive, and that the settings in
2 which the screenings and referrals are provided include—

3 (1) traditional medical settings such as hos-
4 pitals, health clinics, and the offices of physicians;
5 and

6 (2) nontraditional settings for the provision of
7 such services, such as nurseries, elementary and sec-
8 ondary schools, community centers, public housing
9 units, volunteer organizations, convenience stores,
10 local governmental offices, day care centers, sites
11 that offer nutrition-related services for women, in-
12 fants, and children, and governmental offices that
13 provide cash assistance for low-income individuals.

14 (c) INFORMATION AND EDUCATION.—The Secretary
15 shall ensure that information and education on asthma,
16 allergies, and related respiratory problems under sub-
17 section (a) is provided in accordance with the following:

18 (1) The information and education is provided
19 in the language and cultural context that is most ap-
20 propriate for the individuals for whom the informa-
21 tion and education is intended.

22 (2) The information and education includes in-
23 formation and education to increase understanding
24 on the following:

25 (A) The symptoms of the conditions.

1 (B) Preventing the conditions.

2 (C) Monitoring and managing the condi-
3 tions, including—

4 (i) avoiding circumstances that may
5 cause asthma attacks or other respiratory
6 problems; and

7 (ii) being aware of appropriate medi-
8 cation options, such as the need as appro-
9 priate to keep in one's possession an asth-
10 ma inhaler.

11 (D) The importance for asthmatic children
12 of regularly engaging in physical activities.

13 (3) The settings in which the information and
14 education are provided include traditional settings
15 such as the settings described in subsection (b)(1)
16 and nontraditional settings such as the settings de-
17 scribed in subsection (b)(2).

18 (d) EVALUATIONS OF PROJECTS.—The Secretary
19 shall (directly or through contract) provide for the evalua-
20 tion of projects carried under subsection (a), including—

21 (1) determining the number of children who
22 have received screenings and referrals through the
23 projects;

24 (2) determining the extent to which the projects
25 have had an effect on the manner in which individ-

1 uals served by the projects prevent and manage
2 asthma, allergies, and related respiratory problems;
3 and

4 (3) evaluating the effectiveness of materials
5 used in providing information and education.

6 (e) INCLUSION IN PROJECT OF LOCAL COMMUNITY-
7 BASED ORGANIZATION.—A condition for the receipt of a
8 grant under subsection (a) is that—

9 (1) the applicant for the grant be a community-
10 based organization that provides services in the low-
11 income community in which the project under such
12 subsection is to be carried out; or

13 (2) the applicant for the grant demonstrate to
14 the Secretary that one or more representatives from
15 such an organization will play a substantial role in
16 carrying out the project.

17 (f) APPLICATION FOR GRANT.—The Secretary may
18 make a grant under subsection (a) only if an application
19 for the grant is submitted to the Secretary and the appli-
20 cation is in such form, is made in such manner, and con-
21 tains such agreements, assurances, and information as the
22 Secretary determines to be necessary to carry out this sec-
23 tion

24 (g) AUTHORIZATION OF APPROPRIATIONS.—For the
25 purpose of carrying out this section, there are authorized

1 to be appropriated \$8,000,000 for fiscal year 2000, and
2 such sums as may be necessary for each of the fiscal years
3 2001 through 2004.

4 **SEC. 4. NATIONAL MEDIA CAMPAIGN TO PROVIDE ASTHMA-**
5 **RELATED INFORMATION.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (in this section referred to as the “Sec-
8 retary”) may make awards of contracts to provide for a
9 national media campaign to provide to the public and
10 health care providers information on asthma, allergies,
11 and related respiratory problems, with priority given to the
12 occurrence of such conditions in children.

13 (b) CERTAIN REQUIREMENTS.—The Secretary shall
14 ensure that the national media campaign under subsection
15 (a) is carried out in accordance with the following:

16 (1) The campaign provides information regard-
17 ing the prevention and management of asthma, al-
18 lergies, and related respiratory problems.

19 (2) With respect to a community in which the
20 campaign is carried out—

21 (A) the campaign provides information re-
22 garding the availability in the community of
23 programs that provide screenings, referrals, and
24 treatment regarding such conditions and train-
25 ing in managing the conditions; and

1 (B) the campaign is carried out in the lan-
 2 guage and cultural context that is most appro-
 3 priate for the individuals for whom the cam-
 4 paign is intended.

5 (c) AUTHORIZATION OF APPROPRIATIONS.—For the
 6 purpose of carrying out this section, there are authorized
 7 to be appropriated \$600,000 for fiscal year 2000, and
 8 such sums as may be necessary for each of the fiscal years
 9 2001 through 2004.

10 **SEC. 5. TAX CREDIT FOR DONATIONS OF PEST CONTROL**
 11 **AND CLIMATE CONTROL SERVICES.**

12 (a) IN GENERAL.—Subpart D of part IV of sub-
 13 chapter A of chapter 1 of the Internal Revenue Code of
 14 1986 (relating to business related credits) is amended by
 15 adding at the end the following new section:

16 **“SEC. 45D. CREDIT FOR DONATIONS OF PEST CONTROL**
 17 **AND CLIMATE CONTROL SERVICES.**

18 “(a) IN GENERAL.—For purposes of section 38, in
 19 the case of a taxpayer engaged in the trade or business
 20 of providing pest control or climate control services, the
 21 donation credit determined under this section for the tax-
 22 able year is an amount equal to 10 percent of the aggre-
 23 gate cost (including wages) paid or incurred by the tax-
 24 payer during the taxable year in providing qualified pest
 25 control and climate control services.

1 “(b) QUALIFIED PEST CONTROL AND CLIMATE CON-
2 TROL SERVICES.—For purposes of this section—

3 “(1) IN GENERAL.—The term ‘qualified pest
4 control and climate control services’ means pest con-
5 trol and climate control services provided without
6 charge in—

7 “(A) any public housing (as defined in sec-
8 tion 3(b) of the United States Housing Act of
9 1937), or

10 “(B) any multifamily residential rental
11 property if it is reasonably expected that at
12 least 75 percent of the occupants of the dwell-
13 ing units have incomes below 200 percent of the
14 official poverty line,

15 but only if such services are part of a good faith ef-
16 fort (including follow-up treatments) to accomplish
17 the intended result and are verified in such manner
18 as the Secretary shall prescribe.

19 “(2) PEST CONTROL AND CLIMATE CONTROL
20 SERVICES.—For purposes of paragraph (1), the
21 term ‘pest control and climate control services’
22 means services—

23 “(A) to eliminate cockroaches, dust mites,
24 animal dander, and mold, or

1 “(B) to improve poor ventilation and lack
2 of temperature control.”.

3 (b) CONFORMING AMENDMENTS.—

4 (1) Section 38(b) of such Code is amended—

5 (A) by striking “plus” at the end of para-
6 graph (11),

7 (B) by striking the period at the end of
8 paragraph (12), and inserting a comma and
9 “plus”, and

10 (C) by adding at the end the following new
11 paragraph:

12 “(13) in the case of a taxpayer engaged in the
13 trade or business of providing pest control or climate
14 control services (as defined in section 45D(b)(2)),
15 the donation credit determined under section 45D.”.

16 (2) Subsection (d) of section 39 of such Code
17 (relating to carryback and carryforward of unused
18 credits) is amended by adding at the end the fol-
19 lowing new paragraph:

20 “(9) NO CARRYBACK OF SECTION 45D CREDIT
21 BEFORE JANUARY 1, 2000.—No portion of the un-
22 used business credit for any taxable year which is
23 attributable to the credit determined under section
24 45D may be carried back to a taxable year begin-
25 ning before January 1, 2000.”.

1 (3) The table of sections for subpart D of part
 2 IV of subchapter A of chapter 1 of such Code is
 3 amended by adding at the end the following new
 4 item:

“Sec. 45D. Credit for donations of pest control and climate control services.”.

5 (c) EFFECTIVE DATE.—The amendments made by
 6 this section shall apply to taxable years beginning after
 7 December 31, 1999.

8 **SEC. 6. RESEARCH ON RELATIONSHIP BETWEEN AIR POL-**
 9 **LUTANTS AND ASTHMA-RELATED PROBLEMS.**

10 (a) IN GENERAL.—The Secretary of Health and
 11 Human Services (in this section referred to as the “Sec-
 12 retary”), in consultation with the Administrator of the En-
 13 vironmental Protection Agency, shall (directly or through
 14 grants and contracts) provide for the conduct of research
 15 for the purpose of determining whether and to what extent
 16 there is a causal relationship between air pollutants and
 17 the occurrence of asthma, allergies, and related res-
 18 piratory problems.

19 (b) REQUIREMENT REGARDING CLINICAL PARTICI-
 20 PANTS.—

21 (1) IN GENERAL.—In providing for the conduct
 22 of clinical research under subsection (a), the Sec-
 23 retary shall give priority to providing to individuals

1 described in paragraph (2) opportunities to undergo
2 clinical evaluations for purposes of the research.

3 (2) **RELEVANT POPULATIONS.**—For purposes of
4 paragraph (1), the individuals referred to in this
5 paragraph are individuals who are residents of com-
6 munities in which the average family income is at or
7 below 200 percent of the official poverty line, as es-
8 tablished by the Director of the Office of Manage-
9 ment and Budget and revised by the Secretary in ac-
10 cordance with section 673(2) of the Omnibus Budget
11 Reconciliation Act of 1981.

12 **SEC. 7. COORDINATION OF FEDERAL ACTIVITIES TO AD-**
13 **DRESS ASTHMA-RELATED HEALTH CARE**
14 **NEEDS.**

15 (a) **IN GENERAL.**—The Director of the National
16 Heart, Lung, and Blood Institute shall, through the Na-
17 tional Asthma Education Prevention Program Coordi-
18 nating Committee—

19 (1) identify all Federal programs that carry out
20 asthma-related activities;

21 (2) develop, in consultation with appropriate
22 Federal agencies and professional and voluntary
23 health organizations, a Federal plan for responding
24 to asthma; and

(c) AUTHORIZATION OF APPROPRIATIONS.—Out of any funds otherwise appropriated for the National Institutes of Health, \$5,000,000 shall be made available to the National Asthma Education Prevention Program for the period of fiscal years 2000 through 2004 for the purpose of carrying out this section. Funds made available under this subsection shall be in addition to any other funds appropriated to the National Asthma Education Prevention Program for any fiscal year during such period.

23 The Director of the Centers for Disease Control and
24 Prevention, in consultation with the National Asthma

1 Education Prevention Program Coordinating Committee,
2 shall—

3 (1) conduct local asthma surveillance activities
4 to collect data on the prevalence and severity of
5 asthma and the quality of asthma management,
6 including—

7 (A) telephone surveys to collect sample
8 household data on the local burden of asthma;
9 and

10 (B) health care facility specific surveillance
11 to collect asthma data on the prevalence and se-
12 verity of asthma, and on the quality of asthma
13 care; and

14 (2) compile and annually publish data on—

15 (A) the prevalence of children suffering
16 from asthma in each State; and

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

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