

107TH CONGRESS
1ST SESSION

H. R. 2288

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 and indoor air quality and climate control services for multifamily residential housing in low-income communities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 21, 2001

Ms. MILLENDER-MCDONALD (for herself and Mr. STEARNS) introduced the following bill; which was referred to the Committee on Energy and 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 and indoor air quality and climate 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Asthma Awareness,
3 Education and Treatment Act of 2001”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows:

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

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

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

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

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

23 (6) Asthma has a disparate impact on low in-
24 come families, i.e., a family of four with an income
25 of less than \$17,650. In households with an annual
26 income of less than \$10,000, 79.2 of 1,000 individ-

1 uals who are under the age of 45 have asthma, while
2 in families with an annual income of between
3 \$20,000 and \$35,000, 53.6 of 1,000 individuals
4 under the age of 45 have asthma.

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

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

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

18 (10) The asthma death rate is four times high-
19 er among African American children and two times
20 higher among all African Americans.

21 (11) Exercise improves the physical and psycho-
22 logical well-being of children. Children with asthma
23 require treatment programs that are tailored to their
24 unique needs because in some instances, exercise can
25 trigger negative response among asthmatics.

1 **SEC. 3. GRANTS FOR PROJECTS FOR ASTHMA-RELATED AC-**
2 **TIVITIES FOR LOW-INCOME COMMUNITIES.**

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

8 (1) screenings and referrals regarding asthma,
9 allergies, and related respiratory problems in accord-
10 ance with subsection (b);

11 (2) information and education regarding such
12 conditions in accordance with subsection (c); and

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

18 (b) SCREENINGS AND REFERRALS.—The Secretary
19 shall ensure that screenings and referrals regarding asth-
20 ma, allergies, and related respiratory problems under sub-
21 section (a) are comprehensive, and that the settings in
22 which the screenings and referrals are provided include—

23 (1) traditional medical settings such as hos-
24 pitals, health clinics, and the offices of physicians;
25 and

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

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

13 (1) The information and education is provided
14 in the language and cultural context that is most ap-
15 propriate for the individuals for whom the informa-
16 tion and education is intended.

17 (2) The information and education includes in-
18 formation and education to increase understanding
19 on the following:

20 (A) The symptoms of the conditions.

21 (B) Preventing the conditions.

22 (C) Monitoring and managing the condi-
23 tions, including—

1 (i) avoiding circumstances that may
2 cause asthma attacks or other respiratory
3 problems; and

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

8 (D) The importance of developing a treat-
9 ment plan that permits asthmatic children to
10 regularly engage in sports and other physical
11 activities.

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

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

20 (1) determining the number of low income chil-
21 dren and adults who have received screenings and
22 referrals through the projects;

23 (2) determining the extent to which the projects
24 have had an effect on the manner in which individ-
25 uals served by the projects prevent and manage

1 asthma, allergies, and related respiratory problems;
2 and

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

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

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

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

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

23 (g) AUTHORIZATION OF APPROPRIATIONS.—For the
24 purpose of carrying out this section, there are authorized
25 to be appropriated \$8,000,000 for fiscal year 2002, and

1 such sums as may be necessary for each of the fiscal years
2 2003 through 2006.

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

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services (in this section referred to as the “Sec-
7 retary”) may make awards of contracts to provide for a
8 national media campaign to provide to the public and
9 health care providers information on asthma, allergies,
10 and related respiratory problems, with priority given to the
11 occurrence of such conditions in children. Funds for the
12 campaign will be spent from the appropriated sum of
13 \$5,000,000.

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

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

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

22 (A) the campaign provides information re-
23 garding the availability in the community of
24 programs that provide screenings, referrals, and

1 treatment regarding such conditions and train-
2 ing in managing the conditions; and

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

7 The campaign message, while tailored to the affected pop-
8 ulation, should have universal appeal and application to
9 populations with different demographic backgrounds.

10 (c) AUTHORIZATION OF APPROPRIATIONS.—For the
11 purpose of carrying out this section, there are authorized
12 to be appropriated \$600,000 for fiscal year 2002, and
13 such sums as may be necessary for each of the fiscal years
14 2003 through 2006.

15 **SEC. 5. TAX CREDIT FOR DONATIONS OF PEST CONTROL**
16 **SERVICES AND HEATING, VENTILATION, AND**
17 **AIR CONDITIONING SERVICES.**

18 (a) IN GENERAL.—Subpart D of part IV of sub-
19 chapter A of chapter 1 of the Internal Revenue Code of
20 1986 (relating to business related credits) is amended by
21 adding at the end the following new section:

1 **“SEC. 45G. CREDIT FOR DONATIONS OF PEST CONTROL**
2 **SERVICES AND HEATING, VENTILATION, AND**
3 **AIR CONDITIONING SERVICES.**

4 “(a) IN GENERAL.—For purposes of section 38, in
5 the case of a taxpayer engaged in the trade or business
6 of providing pest control services or heating, ventilation,
7 and air conditioning services, the donation credit deter-
8 mined under this section for the taxable year is an amount
9 equal to the aggregate cost (including wages) paid or in-
10 curred by the taxpayer during the taxable year in pro-
11 viding qualified pest control services and qualified heating,
12 ventilation, and air conditioning services.

13 “(b) PROVIDER MUST BE LICENSED.—No amount
14 shall be taken into account for purposes of subsection (a)
15 by a taxpayer unless the taxpayer is licensed and certified
16 in the type of service provided.

17 “(c) DEFINITIONS.—For purposes of this section—

18 “(1) IN GENERAL.—The terms ‘qualified pest
19 control services’ and ‘qualified heating, ventilation,
20 and air conditioning services’ means pest control
21 services or heating, ventilation, and air conditioning
22 services (as the case may be) provided without
23 charge in—

24 “(A) any public housing (as defined in sec-
25 tion 3(b) of the United States Housing Act of
26 1937), or

1 “(B) any multifamily residential rental
2 property if it is reasonably expected that at
3 least 75 percent of the occupants of the dwell-
4 ing units have incomes below 200 percent of the
5 official poverty line,

6 but only if such services are part of a good faith ef-
7 fort (including follow-up treatments) to locate the
8 source(s) of pest or indoor air quality problems
9 known to trigger symptoms of asthma or allergies,
10 remedy the problem, and provide maintenance serv-
11 ices that will keep indoor air climates free of pest
12 and indoor air allergens and if such services are
13 verified in such manner as the Secretary shall pre-
14 scribe.

15 “(2) PEST CONTROL SERVICES.—For purposes
16 of paragraph (1), the term ‘pest control services’
17 means services—

18 “(A) to eliminate cockroaches, dust mites,
19 animal dander, and mold, and

20 “(B) to eliminate mice, rats, vermin, and
21 other rodents.

22 “(3) HEATING, VENTILATION, AND AIR CONDI-
23 TIONING SERVICES.—The term ‘heating, ventilation,
24 and air conditioning services’ shall include source re-
25 mediation of poor indoor air quality.”.

1 (b) CONFORMING AMENDMENTS.—

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

3 (A) by striking “plus” at the end of para-
4 graph (14),

5 (B) by striking the period at the end of
6 paragraph (15), and inserting a comma and
7 “plus”, and

8 (C) by adding at the end the following new
9 paragraph:

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

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

18 “(11) NO CARRYBACK OF SECTION 45G CREDIT
19 BEFORE JANUARY 1, 2002.—No portion of the un-
20 used business credit for any taxable year which is
21 attributable to the credit determined under section
22 45G may be carried back to a taxable year beginning
23 before January 1, 2002.”.

24 (3) The table of sections for subpart D of part
25 IV of subchapter A of chapter 1 of such Code is

1 amended by adding at the end the following new
2 item:

“Sec. 45G. Credit for donations of pest control services and heating, ventilation, and air conditioning services.”.

3 (c) **EFFECTIVE DATE.**—The amendments made by
4 this section shall apply to taxable years beginning after
5 December 31, 2001.

6 **SEC. 6. GRANT PROGRAM REGARDING AWARENESS OF TAX**
7 **CREDIT FOR DONATIONS OF PEST CONTROL**
8 **AND CLIMATE CONTROL SERVICES.**

9 The Secretary of Health and Human Services shall,
10 directly or through grants or contracts, carry out a pro-
11 gram to disseminate information about the pest and ven-
12 tilation initiative under section 45G of the Internal Rev-
13 enue Code of 1986.

14 **SEC. 7. RESEARCH ON RELATIONSHIP BETWEEN AIR POL-**
15 **LUTANTS AND ASTHMA-RELATED PROBLEMS.**

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

1 (b) REQUIREMENT REGARDING CLINICAL PARTICI-
2 PANTS.—

3 (1) IN GENERAL.—In providing for the conduct
4 of clinical research under subsection (a), the Sec-
5 retary shall give priority to providing to individuals
6 described in paragraph (2) opportunities to undergo
7 clinical evaluations for purposes of the research.

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

17 **SEC. 8. COORDINATION OF FEDERAL ACTIVITIES TO AD-**
18 **DRESS ASTHMA-RELATED HEALTH CARE**
19 **NEEDS.**

20 (a) IN GENERAL.—The Director of the National
21 Heart, Lung, and Blood Institute shall, through the Na-
22 tional Asthma Education Prevention Program Coordi-
23 nating Committee—

24 (1) identify all Federal programs that carry out
25 asthma-related activities;

1 (2) develop, in consultation with appropriate
2 Federal agencies and professional and voluntary
3 health organizations, a Federal plan for responding
4 to asthma; and

5 (3) not later than 12 months after the date of
6 enactment of this Act, submit recommendations to
7 the Congress on ways to strengthen and improve the
8 coordination of asthma-related activities of the Fed-
9 eral Government.

10 (b) REPRESENTATION OF THE DEPARTMENT OF
11 HOUSING AND URBAN DEVELOPMENT.—A representative
12 of the Department of Housing and Urban Development
13 shall be included on the National Asthma Education Pre-
14 vention Program Coordinating Committee for the purpose
15 of performing the tasks described in subsection (a).

16 (c) AUTHORIZATION OF APPROPRIATIONS.—Out of
17 any funds otherwise appropriated for the National Insti-
18 tutes of Health, \$5,000,000 shall be made available to the
19 National Asthma Education Prevention Program for the
20 period of fiscal years 2002 through 2006 for the purpose
21 of carrying out this section. Funds made available under
22 this subsection shall be in addition to any other funds ap-
23 propriated to the National Asthma Education Prevention
24 Program for any fiscal year during such period.

1 **SEC. 9. COMPILATION OF DATA BY CENTERS FOR DISEASE**
2 **CONTROL AND PREVENTION.**

3 The Director of the Centers for Disease Control and
4 Prevention, in consultation with the National Asthma
5 Education Prevention Program Coordinating Committee,
6 shall—

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

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

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

18 (2) compile and annually publish data on—

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

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

○