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107TH CONGRESS
2D SESSION

H. R. 4824

To provide for various programs and activities to respond to the problem of asthma in urban areas.

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2002

Mr. TOWNS introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To provide for various programs and activities to respond to the problem of asthma in urban areas.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Urban Asthma Assistance Act''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Asthma is a serious chronic condition affecting an estimated 14,000,000 to 15,000,000 indi-

viduals in the United States, including almost 5,000,000 children.

(2) Asthma accounts for an estimated 3 million lost workdays for adults and 10.1 million lost school days in children annually. Asthma is one of the Nation's most common and costly diseases. Over the past 20 years mortality, morbidity and hospital discharge rates attributed to asthma have substantially increased. Between 1979 and 1998, the age-adjusted mortality rate increased 56 per-cent while the prevalence rate increased by almost 22 percent in males and 97 percent in females between 1982 and 1996.

(3) Asthma is a chronic illness that is treatable with ambulatory and specialty care, but over 43 percent of its economic impact comes from use of emergency rooms, hospitalization, and death.

(4) Certain pests, such as cockroaches and rodents, are known to create public health problems and proliferate at higher rates in urban areas. These pests may spread infectious disease and contribute to the worsening of chronic respiratory illnesses, including asthma.

(5) Research supported by the National Institutes of Health demonstrated that the cockroach, rodent, house dust mite, and mold allergens, as well as

tobacco smoke and feathers, are important environmental causes of asthma-related illness and hospitalization among children in inner-city areas of the United States.

(6) Morbidity and mortality related to childhood asthma are disproportionately high in urban areas.

(7) In 1996 the prevalence rate in whites was 53.5 per 1,000 persons while the prevalence rate in blacks was 69.6 per 1,000 persons. Both of these rates represent significant differences from the rates reported in 1982, when they were 34.6 and 39.2 for whites and blacks, respectively.

(8) In 1995, there were more than 1,800,000 emergency room visits made for asthma-related attacks and among these, the rate for emergency room visits was 48.8 per 10,000 visits among whites and 228.9 per 10,000 visits among blacks. These statistics confirm that our healthcare system encourages emergency room and trauma care rather than prevention.

(9) Hospitalization rates were highest for individuals 4 years old and younger, and were 10.9 per 10,000 visits for whites and 35.5 per 10,000 visits for blacks.

(10) Minority children living in urban areas are especially vulnerable to asthma. In 1988, national prevalence rates were 26 percent higher for black children than for white children.

(11) Asthma is the most common chronic illness in childhood, afflicting nearly 5,000,000 children under age 18, and costing an estimated $1,900,000,000 to treat those children. The death rate for children age 19 and younger increased by 78 percent between 1980 and 1993.

(12) From 1979 to 1992, the hospitalization rates among children due to asthma increased 74 percent. It is estimated that more than 7 percent of children now have asthma.

(13) Although asthma can occur at any age, about 80 percent of the children who will develop asthma do so before starting school.

(14) From 1980 to 1994, the most substantial prevalence rate increase for asthma occurred among children aged 0 to 4 years (160 percent) and persons aged 5 to 14 years (74 percent).

(15) Children aged 0 to 5 years who are exposed to maternal smoking are 201 times more likely to develop asthma compared with those free from exposure.

(16) According to data from the 1988 National Health Interview Survey (NHIS), which surveyed children for their health experiences over a 12-month period, 25 percent of those children reported experiencing a great deal of pain or discomfort due to asthma either often or all the time during the previous 12 months.

(17) Asthma entails an annual economic cost to our nation in direct health care costs of $8.1 billion; indirect costs (lost productivity) add another $4.6 billion for a total of $12.7 billion. Inpatient hospital services represented the largest single direct medical expenditure, over $3.5 billion. The value of reduced productivity due to loss of school days represented the largest single indirect cost at $1.5 billion.

(18) According to a 1995 National Institute of Health workshop report, missed school days accounted for an estimated cost of lost productivity for parents of children with asthma of almost $1,000,000,000 per year.

(19) Managing asthma requires a long-term, multifaceted approach, including patient education, specialty care, life skills training, nutrition counseling elimination or avoidance of asthma triggers,

pharmacologic therapy, and scheduled medical follow-up.

(20) In recognition of the growing public health crisis in asthma, in 1999, the Centers for Disease Control and Prevention developed the National Asthma Control Program within the National Center for Environmental Health to determine the incidence, prevalence, and circumstances of asthma cases.

(21) Enhancing the available prevention, educational, research, and treatment resources with respect to asthma in the United States will allow our Nation to address more effectively the problems associated with this increasing threat to the health and well-being of our citizen.

SEC. 3. CDC'S URBAN ASTHMA PREVENTION PROGRAMS.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall provide, through the National Asthma Control Program within the National Center for Environmental Health, additional intervention program grants to address the incidence of asthma in urban areas.

(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated $15,000,000 for fiscal year 2003,

and such sums as may be necessary for each of the fiscal years 2004 through 2007.

SEC. 4. MEDICAID MODEL TREATMENT CENTERS DEMONSTRATION PROGRAM.

Under the authority provided in section 1115 of the Social Security Act (42 U.S.C. 1315), the Secretary of Health and Human Services shall permit States under the medicaid program under title XIX of the Social Security Act to develop model asthma treatment centers demonstration programs that—

(1) are based on the scientifically validated asthma treatment models developed by the National Cooperative Inner-City Asthma Study supported by the National Institute of Allergy and Infectious Diseases;

(2) include education, screening, and treatment services for children with asthma;

(3) involve nonprofit organizations that can affect patient beliefs, behavior, and outcomes;

(4) include specialty care and access to a full range of available treatments to minimize unwanted side effects; and

(5) improve health outcomes while lowering overall health care expenditures.

SEC. 5. CDC GUIDELINES REGARDING COORDINATION OF DATA.

For the purpose of facilitating the utility and comparability of asthma data collected by State and local health departments, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall develop and disseminate to such departments guidelines on the collection and reporting of such data.

SEC. 6. INCREASING NUMBER OF CDC HEALTH PROFESSIONALS SERVING IN ASTHMA PROGRAMS.

For the purpose of increasing the number of full-time equivalent employees of the Centers for Disease Control and Prevention who are health professionals and serve in asthma programs of such Centers, there are authorized to be appropriated $4,000,000 for fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2007.

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