

109TH CONGRESS
1ST SESSION

H. R. 2098

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

MAY 4, 2005

Mrs. LOWEY introduced the following bill; which was referred to the Committee on Energy and 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, asthma cur-
2 rently affects 21.9 million Americans adults and 8.9
3 million children under the age of 18.

4 (2) There were 1.9 million asthma-related visits
5 to hospital emergency departments in 2002, includ-
6 ing 727,000 for children under 18.

7 (3) Asthma can be life-threatening if not prop-
8 erly managed. Most asthma-related deaths are pre-
9 ventable, yet such deaths continue to rise in the U.S.
10 Each day, 14 Americans die of asthma.

11 (4) Asthma-related health care costs are esti-
12 mated at \$14 billion annually.

13 (5) With early recognition of the signs and
14 symptoms of asthma, proper diagnosis and treat-
15 ment, and patient education and self-management,
16 asthma is a controllable disease.

17 (6) Public health interventions have been prov-
18 en effective in the treatment and management of
19 asthma. Population-based research supported by the
20 National Institutes of Health (NIH) has effectively
21 demonstrated the benefits of combining aggressive
22 medical treatment with patient education to improve
23 the management of asthma. The National Asthma
24 Education and Prevention Program (NAEPP) helps
25 raise awareness that asthma is a serious chronic dis-

1 ease, and helps promote more effective management
2 of asthma through patient and professional edu-
3 cation.

4 (7) The alarming rise in prevalence, asthma-re-
5 lated deaths, and expenditures demonstrate that, de-
6 spite extensive knowledge on effective asthma man-
7 agement strategies, current federal policy and fund-
8 ing regarding the education, treatment, and manage-
9 ment of asthma is inadequate.

10 (8) Additional Federal direction, funding, and
11 support is necessary to increase awareness of asth-
12 ma as a chronic illness, its symptoms, and the envi-
13 ronmental factors (indoor and outdoor) that affect
14 the disease, as well as to promote education pro-
15 grams that teach patients how to better manage
16 asthma.

17 **SEC. 3. PROVISIONS REGARDING NATIONAL ASTHMA EDU-**
18 **CATION AND PREVENTION PROGRAM OF NA-**
19 **TIONAL HEART, LUNG, AND BLOOD INSTI-**
20 **TUTE.**

21 (a) **ADDITIONAL FUNDING; EXPANSION OF PRO-**
22 **GRAM.**—In addition to any other authorization of appro-
23 priations that is available to the National Heart, Lung,
24 and Blood Institute for the purpose of carrying out the
25 National Asthma Education and Prevention Program,

1 there is authorized to be appropriated to such Institute
2 for such purpose \$4,100,000 for each of the fiscal years
3 2006 through 2010. Amounts appropriated under the pre-
4 ceding sentence shall be expended to expand such Pro-
5 gram.

6 (b) COORDINATING COMMITTEE.—

7 (1) REPORT TO CONGRESS.—With respect to
8 the coordinating committee established for the Na-
9 tional Asthma Education and Prevention Program of
10 the National Heart, Lung, and Blood Institute, such
11 committee shall submit to the Congress a report
12 that—

13 (A) contains a determination by the com-
14 mittee of the scope of the problem of asthma in
15 the United States;

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

18 (C) contains the recommendations of the
19 committee for strengthening and better coordi-
20 nating the asthma-related activities of the Fed-
21 eral Government.

22 (2) INCLUSION OF REPRESENTATIVE OF DE-
23 PARTMENT OF EDUCATION.—The Secretary of Edu-
24 cation or a designee of the Secretary shall be in-

1 cluded in the membership of the coordinating com-
2 mittee referred to in paragraph (1).

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

5 (a) EXPANSION OF PUBLIC HEALTH SURVEILLANCE
6 ACTIVITIES; PROGRAM FOR PROVIDING INFORMATION
7 AND EDUCATION TO PUBLIC.—The Secretary of Health
8 and Human Services, acting through the Director of the
9 Centers for Disease Control and Prevention, shall collabo-
10 rate with the States to expand the scope of—

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

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

20 (b) COMPILATION OF DATA.—The Secretary of
21 Health and Human Services, acting through the Director
22 of the Centers for Disease Control and Prevention and in
23 consultation with the National Asthma Education Preven-
24 tion Program Coordinating Committee, shall—

1 (1) conduct local asthma surveillance activities
2 to collect data on the prevalence and severity of
3 asthma and the quality of asthma management, in-
4 cluding—

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

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

12 (2) compile and annually publish data on—

13 (A) the prevalence of children suffering
14 from asthma in each State; and

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

17 (c) **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 this section, there is authorized to
21 be appropriated to such Centers for such purpose
22 \$8,200,000 for each of the fiscal years 2006 through
23 2010.

1 **SEC. 5. GRANTS FOR COMMUNITY OUTREACH REGARDING**
2 **ASTHMA INFORMATION, EDUCATION, AND**
3 **SERVICES.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (in this section referred to as the “Sec-
6 retary”) may make grants to nonprofit private entities for
7 projects to carry out, in communities identified by entities
8 applying for the grants, outreach activities to provide for
9 residents of the communities the following:

10 (1) Information and education on asthma.

11 (2) Referrals to health programs of public and
12 nonprofit private entities that provide asthma-re-
13 lated services, including such services for low-income
14 individuals. The grant may be expended to make ar-
15 rangements to coordinate the activities of such enti-
16 ties in order to establish and operate networks or
17 consortia regarding such referrals.

18 (b) PREFERENCES IN MAKING GRANTS.—In making
19 grants under subsection (a), the Secretary shall give pref-
20 erence to applicants that will carry out projects under such
21 subsection in communities that are disproportionately af-
22 fected by asthma or underserved with respect to the activi-
23 ties described in such subsection and in which a significant
24 number of low-income individuals reside.

25 (c) EVALUATIONS.—A condition for a grant under
26 subsection (a) is that the applicant for the grant agree

1 to provide for the evaluation of the projects carried out
2 under such subsection by the applicant to determine the
3 extent to which the projects have been effective in carrying
4 out the activities referred to in such subsection.

5 (d) FUNDING.—For the purpose of carrying out this
6 section, there is authorized to be appropriated \$4,100,000
7 for each of the fiscal years 2006 through 2010.

8 **SEC. 6. ACTION PLANS OF STATES REGARDING ASTHMA; FI-**
9 **NANCIAL INCENTIVES REGARDING CHIL-**
10 **DREN’S HEALTH INSURANCE PROGRAM.**

11 (a) IN GENERAL.—The Secretary of Health and
12 Human Services (in this section referred to as the “Sec-
13 retary”) shall in accordance with subsection (b) carry out
14 a program to encourage the States to implement plans to
15 carry out activities to assist children with respect to asth-
16 ma in accordance with guidelines of the National Heart,
17 Lung, and Blood Institute.

18 (b) RELATION TO CHILDREN’S HEALTH INSURANCE
19 PROGRAM.—

20 (1) IN GENERAL.—Subject to paragraph (2), if
21 a State plan under title XXI of the Social Security
22 Act provides for activities described in subsection (a)
23 to an extent satisfactory to the Secretary, the Sec-
24 retary shall, with amounts appropriated under sub-

1 section (c), make a grant to the State involved to as-
2 sist the State in carrying out such activities.

3 (2) REQUIREMENT OF MATCHING FUNDS.—

4 (A) IN GENERAL.—With respect to the
5 costs of the activities to be carried out by a
6 State pursuant to paragraph (1), the Secretary
7 may make a grant under such paragraph only
8 if the State agrees to make available (directly
9 or through donations from public or private en-
10 tities) non-Federal contributions toward such
11 costs in an amount that is not less than 50 per-
12 cent of the costs (\$1 for each \$1 of Federal
13 funds provided in the grant).

14 (B) DETERMINATION OF AMOUNT CON-
15 TRIBUTED.—Non-Federal contributions re-
16 quired in subparagraph (A) may be in cash or
17 in kind, fairly evaluated, including plant, equip-
18 ment, or services. Amounts provided by the
19 Federal Government, or services assisted or
20 subsidized to any significant extent by the Fed-
21 eral Government, may not be included in deter-
22 mining the amount of such non-Federal con-
23 tributions.

24 (3) CRITERIA REGARDING ELIGIBILITY FOR
25 GRANT.—The Secretary shall publish in the Federal

1 Register criteria describing the circumstances in
2 which the Secretary will consider a State plan to be
3 satisfactory for purposes of paragraph (1).

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

11 (c) 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 2006 through 2010.

14 **SEC. 7. ACTION PLANS OF LOCAL EDUCATIONAL AGENCIES**
15 **REGARDING ASTHMA.**

16 (a) IN GENERAL.—

17 (1) SCHOOL-BASED ASTHMA ACTIVITIES.—The
18 Secretary of Education (in this section referred to as
19 the “Secretary”), in consultation with the Director
20 of the Centers for Disease Control and Prevention
21 and the Director of the National Institutes of
22 Health, may make grants to local educational agen-
23 cies for programs to carry out at elementary and
24 secondary schools specified in paragraph (2) asthma-

1 related activities for children who attend such
2 schools.

3 (2) ELIGIBLE SCHOOLS.—The elementary and
4 secondary schools referred to in paragraph (1) are
5 such schools that are located in communities with a
6 significant number of low-income or underserved in-
7 dividuals (as defined by the Secretary).

8 (b) DEVELOPMENT OF PROGRAMS.—Programs under
9 subsection (a) shall include grants under which local edu-
10 cation agencies and State public health officials collabo-
11 rate to develop programs to improve the management of
12 asthma in school settings.

13 (c) CERTAIN GUIDELINES.—Programs under sub-
14 section (a) shall be carried out in accordance with applica-
15 ble guidelines or other recommendations of the National
16 Institutes of Health (including the National Heart, Lung,
17 and Blood Institute) and the Environmental Protection
18 Agency.

19 (d) CERTAIN ACTIVITIES.—Activities that may be
20 carried out in programs under subsection (a) include the
21 following:

22 (1) Identifying and working directly with local
23 hospitals, community clinics, advocacy organizations,
24 parent-teacher associations, and asthma coalitions.

1 tients and their families upon discharge from the
2 hospital of such patients;

3 (2) hospitals should, with respect to information
4 on asthma, establish telephone services for patients
5 and communicate with providers of primary health
6 services; and

7 (3) managed care organizations should—

8 (A) be encouraged to disseminate to health
9 care providers asthma clinical practice guide-
10 lines developed or endorsed by the Public
11 Health Service;

12 (B) collect and maintain asthma data; and

13 (C) offer asthma-related education and
14 training to asthma patients and their families.

15 **SEC. 9. SENSE OF CONGRESS REGARDING IMPLEMENTA-**
16 **TION OF ACT.**

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

19 (1) promote the guidelines and other rec-
20 ommendations of the Public Health Service on asth-
21 ma diagnosis and management; and

22 (2) be designed in consultation with national
23 and local organizations representing the medical,
24 educational, and environmental communities, as well

1 as advocates that represent those affected by asth-
2 ma.

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