

110TH CONGRESS  
1ST SESSION

# S. 626

To amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes.

---

IN THE SENATE OF THE UNITED STATES

FEBRUARY 15, 2007

Mr. KENNEDY (for himself, Mr. BOND, Mr. AKAKA, Mr. LEAHY, Mr. MENENDEZ, Mr. CRAIG, and Mr. SHELBY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

## A BILL

To amend the Public Health Service Act to provide for arthritis research and public health, 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 “Arthritis Prevention,  
5       Control, and Cure Act of 2007”.

6 **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

8           (1) Arthritis and other rheumatic diseases are  
9       among the most common conditions in the United

1 States. There are more than 100 different forms of  
2 arthritis, which affects joints, the tissues which sur-  
3 round the joint, and other connective tissue. Two of  
4 the most common forms are osteoarthritis, which af-  
5 fects approximately 21,000,000 Americans, and  
6 rheumatoid arthritis.

7 (2) Arthritis and other rheumatic diseases  
8 cause severe and chronic pain, swollen tissue, liga-  
9 ment and joint destruction, deformities, permanent  
10 disability, and death. Arthritis and other rheumatic  
11 diseases erode patients' quality of life and can di-  
12 minish their mental health, impose significant limi-  
13 tations on their daily activities, and disrupt the lives  
14 of their family members and caregivers.

15 (3) One out of every 5, or nearly 46,000,000,  
16 adults in the United States suffers from arthritis.  
17 The number of individuals in the United States with  
18 arthritis will grow as the number of older Americans  
19 continues to increase dramatically in the next few  
20 decades.

21 (4) By 2030, nearly 67,000,000, or 25 percent,  
22 of the projected United States adult population will  
23 have arthritis, and arthritis will limit the daily ac-  
24 tivities of nearly 25,000,000 individuals. These esti-  
25 mates may be conservative as they do not account

1 for the current trends in obesity, which may con-  
2 tribute to future cases of osteoarthritis.

3 (5) According to the Centers for Disease Con-  
4 trol and Prevention, the total costs attributable to  
5 arthritis and other rheumatic conditions in the  
6 United States in 2003 was approximately  
7 \$128,000,000,000. This equaled 1.2 percent of the  
8 2003 United States gross domestic product.  
9 \$80,800,000,000 were direct costs for medical care  
10 and \$47,000,000,000 were indirect costs for lost  
11 earnings. National medical costs attributable to ar-  
12 thritis grew by 24 percent between 1997 and 2003.  
13 This rise in medical costs resulted from an increase  
14 in the number of people with arthritis and other  
15 rheumatic conditions.

16 (6) Arthritis and other rheumatic diseases af-  
17 fect all types of people of the United States, not just  
18 older individuals. Arthritis and other rheumatic dis-  
19 eases disproportionately affect women in the United  
20 States. 8,700,000 young adults ages 18 through 44  
21 have arthritis and millions of others are at risk for  
22 developing the disease.

23 (7) Nearly 300,000 children in the United  
24 States, or 3 children out of every 1,000, have some  
25 form of arthritis or other rheumatic disease. It is the

1 sense of Congress that the substantial morbidity as-  
2 sociated with pediatric arthritis warrants a greater  
3 Federal investment in research to identify new and  
4 more effective treatments for these diseases.

5 (8) Arthritis and other rheumatic diseases are  
6 the leading cause of disability among adults in the  
7 United States. Over 40 percent, or nearly  
8 19,000,000, adults with arthritis are limited in their  
9 activities because of their arthritis.

10 (9) Obese adults are up to 4 times more likely  
11 to develop knee osteoarthritis than normal weight  
12 adults. Excess body weight is also associated with  
13 worse progression of arthritis, contributing to func-  
14 tional limitations, mobility problems and disability.  
15 About 35 percent of adults with arthritis are obese  
16 compared to only 21 percent of those without arthri-  
17 tis.

18 (10) Arthritis results in 744,000 hospitaliza-  
19 tions and 36,500,000 outpatient care visits every  
20 year.

21 (11) In 1975, the National Arthritis Act of  
22 1974 (Public Law 93-640) was enacted to promote  
23 basic and clinical arthritis research, establish Multi-  
24 purpose Arthritis Centers, and expand clinical  
25 knowledge in the field of arthritis. The Act was suc-

1       cessfully implemented, and continued funding of ar-  
2       thritis-related research has lead to important ad-  
3       vances in arthritis control, treatment, and preven-  
4       tion.

5               (12) Early diagnosis, treatment, and appro-  
6       priate management of arthritis can control symp-  
7       toms and improve quality of life. Weight control and  
8       exercise can demonstrably lower health risks from  
9       arthritis, as can other forms of patient education,  
10      training, and self-management. The genetics of ar-  
11      thritis are being actively investigated. New, innova-  
12      tive, and increasingly effective drug therapies, joint  
13      replacements, and other therapeutic options are  
14      being developed.

15               (13) While research has identified many effec-  
16       tive interventions against arthritis, such interven-  
17       tions are broadly underutilized. That underutiliza-  
18       tion leads to unnecessary loss of life, health, and  
19       quality of life, as well as avoidable or unnecessarily  
20       high health care costs. Increasing physical activity,  
21       losing excess weight, and participating in self-man-  
22       agement education classes have been shown to re-  
23       duce pain, improve functional limitations and mental  
24       health, and reduce disability among persons with ar-  
25       thritis. Some self-management programs have been

1 proven to reduce arthritis pain by 20 percent and  
2 physician visits by 40 percent. Despite this fact, less  
3 than 1 percent of the people in the United States  
4 with arthritis participate in such programs, and self-  
5 management courses are not offered in all areas of  
6 the United States.

7 (14) Rheumatologists are internists or pediatric  
8 sub-specialists that are uniquely qualified by an ad-  
9 dditional 2 to 4 years of training and experience in  
10 the diagnosis and treatment of rheumatic conditions.  
11 Typically, rheumatologists act as consultants, but  
12 also often act as managers, relying on the help of  
13 many skilled professionals, including nurses, physical  
14 and occupational therapists, psychologists, and social  
15 workers. Many rheumatologists conduct research to  
16 determine the cause and effective treatment of dis-  
17 abling and sometimes fatal rheumatic diseases.

18 (15) Recognizing that the Nation requires a  
19 public health approach to arthritis, the Department  
20 of Health and Human Services established impor-  
21 tant national goals related to arthritis in its Healthy  
22 People 2010 initiative. Moreover, various Federal  
23 and non-Federal stakeholders have worked coopera-  
24 tively to develop a comprehensive National Arthritis  
25 Action Plan: A Public Health Strategy.

8 SEC. 3. ENHANCING THE PUBLIC HEALTH ACTIVITIES RE-  
9 LATED TO ARTHRITIS OF THE CENTERS FOR  
10 DISEASE CONTROL AND PREVENTION  
11 THROUGH THE NATIONAL ARTHRITIS ACTION  
12 PLAN.

13        Part B of title III of the Public Health Service Act  
14 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
15 tion 314 the following:

16 "SEC. 315. IMPLEMENTATION OF THE NATIONAL ARTHRITIS  
17 ACTION PLAN.

18        "The Secretary shall develop and implement a Na-  
19 tional Arthritis Action Plan that consists of—

20           “(1) the Federal arthritis prevention and con-  
21           trol activities, as described in section 315A;

22               “(2) the State arthritis control and prevention  
23               programs, as described in section 315B;

24                   “(3) the comprehensive arthritis action grant  
25                   program, as described in section 315C; and

1               “(4) a national arthritis education and outreach  
2               program, as described in section 315D.

3   **SEC. 315A. FEDERAL ARTHRITIS PREVENTION AND CON-**  
4               **TROL ACTIVITIES.**

5               “(a) IN GENERAL.—The Secretary, acting through  
6               the Director of the Centers for Disease Control and Pre-  
7               vention, shall, directly, or through a grant to an eligible  
8               entity, conduct, support, and promote the coordination of  
9               research, investigations, demonstrations, training, and  
10               studies relating to the control, prevention, and surveillance  
11               of arthritis and other rheumatic diseases.

12               “(b) DUTIES OF SECRETARY.—The activities of the  
13               Secretary under subsection (a) shall include—

14               “(1) the collection, publication, and analysis of  
15               data on the prevalence and incidence of arthritis and  
16               other rheumatic diseases;

17               “(2) the development of uniform data sets for  
18               public health surveillance and clinical quality im-  
19               provement activities;

20               “(3) the identification of evidence-based and  
21               cost-effective best practices for the prevention, diag-  
22               nosis, management, and care of arthritis and other  
23               rheumatic diseases;

24               “(4) research, including research on behavioral  
25               interventions to prevent arthritis and on other evi-

1       dence-based best practices relating to arthritis pre-  
2       vention, diagnosis, management, and care; and

3               “(5) demonstration projects, including commu-  
4       nity-based and patient self-management programs of  
5       arthritis control, prevention, and care, and similar  
6       collaborations with academic institutions, hospitals,  
7       health insurers, researchers, health professionals,  
8       and nonprofit organizations.

9       “(c) TRAINING AND TECHNICAL ASSISTANCE.—With  
10      respect to the planning, development, and operation of any  
11      activity carried out under subsection (a), the Secretary  
12      may provide training, technical assistance, supplies, equip-  
13      ment, or services, and may assign any officer or employee  
14      of the Department of Health and Human Services to a  
15      State or local health agency, or to any public or nonprofit  
16      entity designated by a State health agency, in lieu of pro-  
17      viding grant funds under this section.

18       “(d) ARTHRITIS PREVENTION RESEARCH AT THE  
19      CENTERS FOR DISEASE CONTROL AND PREVENTION  
20      CENTERS.—The Secretary shall provide additional grant  
21      support for research projects at the Centers for Prevention  
22      Research by the Centers for Disease Control and Preven-  
23      tion to encourage the expansion of research portfolios at  
24      the Centers for Prevention Research to include arthritis-

1 specific research activities related to the prevention and  
2 management of arthritis.

3       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
4 are authorized to be appropriated to carry out this section  
5 such sums as may be necessary for each of fiscal years  
6 2008 through 2012.

7 **“SEC. 315B. STATE ARTHRITIS CONTROL AND PREVENTION  
8 PROGRAMS.**

9       “(a) IN GENERAL.—The Secretary shall award  
10 grants to eligible entities to provide support for com-  
11 prehensive arthritis control and prevention programs and  
12 to enable such entities to provide public health surveil-  
13 lance, prevention, and control activities related to arthritis  
14 and other rheumatic diseases.

15       “(b) ELIGIBILITY.—To be eligible to receive a grant  
16 under this section, an entity shall be a State or Indian  
17 tribe.

18       “(c) APPLICATION.—To be eligible to receive a grant  
19 under this section, an entity shall submit to the Secretary  
20 an application at such time, in such manner, and con-  
21 taining such agreements, assurances, and information as  
22 the Secretary may require, including a comprehensive ar-  
23 thritis control and prevention plan that—

24       “(1) is developed with the advice of stake-  
25 holders from the public, private, and nonprofit sec-

1       tors that have expertise relating to arthritis control,  
2       prevention, and treatment that increase the quality  
3       of life and decrease the level of disability;

4           “(2) is intended to reduce the morbidity of ar-  
5       thritis, with priority on preventing and controlling  
6       arthritis in at-risk populations and reducing dispari-  
7       ties in arthritis prevention, diagnosis, management,  
8       and quality of care in underserved populations;

9           “(3) describes the arthritis-related services and  
10       activities to be undertaken or supported by the enti-  
11       ty; and

12           “(4) is developed in a manner that is consistent  
13       with the National Arthritis Action Plan or a subse-  
14       quent strategic plan designated by the Secretary.

15       “(d) USE OF FUNDS.—An eligible entity shall use  
16       amounts received under a grant awarded under subsection  
17       (a) to conduct, in a manner consistent with the com-  
18       prehensive arthritis control and prevention plan submitted  
19       by the entity in the application under subsection (c)—

20           “(1) public health surveillance and epidemiolog-  
21       ical activities relating to the prevalence of arthritis  
22       and assessment of disparities in arthritis prevention,  
23       diagnosis, management, and care;

24           “(2) public information and education pro-  
25       grams; and

1           “(3) education, training, and clinical skills im-  
2        provement activities for health professionals, includ-  
3        ing allied health personnel.

4           “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
5        are authorized to be appropriated to carry out this section  
6        such sums as may be necessary for each of fiscal years  
7        2008 through 2012.

8        **“SEC. 315C. COMPREHENSIVE ARTHRITIS ACTION GRANTS.**

9           “(a) IN GENERAL.—The Secretary shall award  
10        grants on a competitive basis to eligible entities to enable  
11        such eligible entities to assist in the implementation of a  
12        national strategy for arthritis control and prevention.

13           “(b) ELIGIBILITY.—To be eligible to receive a grant  
14        under this section, an entity shall be a national public or  
15        private nonprofit entity.

16           “(c) APPLICATION.—To be eligible to receive a grant  
17        under this section, an entity shall submit to the Secretary  
18        an application at such time, in such manner, and con-  
19        taining such agreements, assurances, and information as  
20        the Secretary may require, including a description of how  
21        funds received under a grant awarded under this section  
22        will—

23           “(1) supplement or fulfill unmet needs identi-  
24        fied in the comprehensive arthritis control and pre-  
25        vention plan of a State or Indian tribe;

1           “(2) otherwise help achieve the goals of the Na-  
2        tional Arthritis Action Plan or a subsequent stra-  
3        tegic plan designated by the Secretary.

4           “(d) PRIORITY.—In awarding grants under this sec-  
5        tion, the Secretary shall give priority to eligible entities  
6        submitting applications proposing to carry out programs  
7        for controlling and preventing arthritis in at-risk popu-  
8        lations or reducing disparities in underserved populations.

9           “(e) USE OF FUNDS.—An eligible entity shall use  
10      amounts received under a grant awarded under subsection  
11      (a) for 1 or more of the following purposes:

12           “(1) To expand the availability of physical ac-  
13        tivity programs designed specifically for people with  
14        arthritis.

15           “(2) To provide awareness education to pa-  
16        tients, family members, and health care providers, to  
17        help such individuals recognize the signs and symp-  
18        toms of arthritis, and to address the control and  
19        prevention of arthritis.

20           “(3) To decrease long-term consequences of ar-  
21        thritis by making information available to individ-  
22        uals with regard to the self-management of arthritis.

23           “(4) To provide information on nutrition edu-  
24        cation programs with regard to preventing or miti-  
25        gating the impact of arthritis.

1        “(f) EVALUATION.—An eligible entity that receives a  
2 grant under this section shall submit to the Secretary an  
3 evaluation of the operations and activities carried out  
4 under such grant that includes an analysis of increased  
5 utilization and benefit of public health programs relevant  
6 to the activities described in the appropriate provisions of  
7 subsection (e).

8        “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
9 are authorized to be appropriated to carry out this section  
10 such sums as may be necessary for each of fiscal years  
11 2008 through 2012.

12 **“SEC. 315D. NATIONAL ARTHRITIS EDUCATION AND OUT-  
13 REACH.**

14        “(a) IN GENERAL.—The Secretary shall coordinate  
15 a national education and outreach program to support, de-  
16 velop, and implement education initiatives and outreach  
17 strategies appropriate for arthritis and other rheumatic  
18 diseases.

19        “(b) INITIATIVES AND STRATEGIES.—Initiatives and  
20 strategies implemented under the program described in  
21 paragraph (1) may include public awareness campaigns,  
22 public service announcements, and community partnership  
23 workshops, as well as programs targeted at businesses and  
24 employers, managed care organizations, and health care  
25 providers.

1       “(c) PRIORITY.—In carrying out subsection (a), the  
2   Secretary—

3           “(1) may emphasize prevention, early diagnosis,  
4   and appropriate management of arthritis, and op-  
5   portunities for effective patient self-management;  
6   and

7           “(2) shall give priority to reaching high-risk or  
8   underserved populations.

9       “(d) COLLABORATION.—In carrying out this section,  
10 the Secretary shall consult and collaborate with stake-  
11 holders from the public, private, and nonprofit sectors  
12 with expertise relating to arthritis control, prevention, and  
13 treatment.

14       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
15 are authorized to be appropriated to carry out this section  
16 such sums as may be necessary for each of fiscal years  
17 2008 through 2012.”.

18 **SEC. 4. EXPANSION AND COORDINATION OF ACTIVITIES OF**  
19                   **THE NATIONAL INSTITUTES OF HEALTH WITH**  
20                   **RESPECT TO RESEARCH ON ARTHRITIS.**

21       Title IV of the Public Health Service Act (42 U.S.C.  
22 281 et seq.) is amended by inserting after section 439 the  
23 following:

## 1 "SEC. 439A. ARTHRITIS AND RHEUMATIC DISEASES INTER-

2 **AGENCY COORDINATING COMMITTEE.**

## 3 "(a) IN GENERAL.—

4 "(1) ESTABLISHMENT.—The Secretary shall es-  
5 tablish an Arthritis and Rheumatic Diseases Inter-  
6 agency Coordinating Committee (referred to in this  
7 section as the 'Coordinating Committee').

8 "(2) DUTIES.—The coordinating committee es-  
9 tablished under paragraph (1) shall—

10 "(A) provide for the improved coordination  
11 of the research activities of all the national re-  
12 search institutes relating to arthritis and rheu-  
13 matic diseases; and

14 "(B) provide for full and regular commu-  
15 nication and exchange of information necessary  
16 to maintain adequate coordination across all  
17 Federal health programs and activities related  
18 to arthritis and rheumatic diseases.

19 "(b) ARTHRITIS AND RHEUMATIC DISEASES INTER-  
20 AGENCY COORDINATING COMMITTEE.—

21 "(1) COMPOSITION.—The Coordinating Com-  
22 mittee shall consist of members, appointed by the  
23 Secretary, of which—

24 "(A)  $\frac{2}{3}$  of such members shall represent  
25 governmental agencies, including—

1                     “(i) the directors of each of the na-  
2                     tional research institutes and divisions in-  
3                     volved in research regarding arthritis and  
4                     rheumatic diseases (or the directors' re-  
5                     spective designees); and

6                     “(ii) representatives of other Federal  
7                     departments and agencies (as determined  
8                     appropriate by the Secretary) whose pro-  
9                     grams involve health functions or respon-  
10                    sibilities relevant to arthritis and rheu-  
11                    matic diseases, including the Centers for  
12                    Disease Control and Prevention, the  
13                    Health Resources and Services Administra-  
14                    tion, and the Food and Drug Administra-  
15                    tion; and

16                    “(B)  $\frac{1}{3}$  of such members shall be public  
17                    members, including a broad cross section of  
18                    persons affected by arthritis, researchers, clini-  
19                    cians, and representatives of voluntary health  
20                    agencies, who—

21                     “(i) shall serve for a term of 3 years;  
22                     and

23                     “(ii) may serve for an unlimited num-  
24                     ber of terms if reappointed.

25                    “(2) CHAIRPERSON.—

1                     “(A) APPOINTMENT.—The Chairperson of  
2                     the Coordinating Committee (referred to in this  
3                     subsection as the ‘Chairperson’) shall be ap-  
4                     pointed by and be directly responsible to the  
5                     Secretary.

6                     “(B) DUTIES.—The Chairperson shall—

7                         “(i) serve as the principal advisor to  
8                     the Secretary, the Assistant Secretary for  
9                     Health, and the Director of NIH on mat-  
10                    ters relating to arthritis and rheumatic dis-  
11                    eases; and

12                         “(ii) provide advice to the Director of  
13                     the Centers for Disease Control and Pre-  
14                     vention, the Commissioner of Food and  
15                     Drugs, and the heads of other relevant  
16                     Federal agencies, on matters relating to  
17                     arthritis and rheumatic diseases.

18                     “(3) ADMINISTRATIVE SUPPORT; MEETINGS.—

19                         “(A) ADMINISTRATIVE SUPPORT.—The  
20                     Secretary shall provide necessary and appro-  
21                     priate administrative support to the Coordin-  
22                     ating Committee.

23                         “(B) MEETINGS.—The Coordinating Com-  
24                     mittee shall meet on a regular basis as deter-

3        "(c) ARTHRITIS AND RHEUMATIC DISEASES SUM-  
4 MIT.—

5                     “(1) IN GENERAL.—Not later than 1 year after  
6                     the date of enactment of the Arthritis Prevention,  
7                     Control, and Cure Act of 2007, the Coordinating  
8                     Committee shall convene a summit of researchers,  
9                     public health professionals, representatives of vol-  
10                    untary health agencies, representatives of academic  
11                    institutions, and Federal and State policymakers, to  
12                    provide a detailed overview of current research ac-  
13                    tivities at the National Institutes of Health, as well  
14                    as to discuss and solicit input related to potential  
15                    areas of collaboration between the National Insti-  
16                    tutes of Health and other Federal health agencies,  
17                    including the Centers for Disease Control and Pre-  
18                    vention, the Agency for Healthcare Research and  
19                    Quality, and the Health Resources and Services Ad-  
20                    ministration, related to research, prevention, and  
21                    treatment of arthritis and rheumatic diseases.

22       “(2) SUMMIT DETAILS.—The summit developed  
23       under paragraph (1) shall focus on—

24                             “(A) a broad range of research activities  
25                             relating to biomedical, epidemiological, psycho-

1 social, and rehabilitative issues, including studies of the impact of the diseases described in  
2 paragraph (1) in rural and underserved communities;

5 “(B) clinical research for the development  
6 and evaluation of new treatments, including  
7 new biological agents;

8 “(C) translational research on evidence-based and cost-effective best practices in the  
9 treatment, prevention, and management of the  
10 disease;

12 “(D) information and education programs  
13 for health care professionals and the public;

14 “(E) priorities among the programs and  
15 activities of the various Federal agencies regarding such diseases; and

17 “(F) challenges and opportunities for scientists, clinicians, patients, and voluntary organizations.

20 “(d) REPORT TO CONGRESS.—Not later than 180  
21 days after the convening of the Arthritis and Rheumatic  
22 Diseases Summit under subsection (c)(1), the Director of  
23 NIH shall prepare and submit a report to Congress that  
24 includes proceedings from the summit and a description  
25 of arthritis research, education, and other activities that

1 are conducted or supported through the national research  
2 institutes.

3        "(e) PUBLIC INFORMATION.—The Coordinating  
4 Committee shall make readily available to the public infor-  
5 mation about the research, education, and other activities  
6 relating to arthritis and other rheumatic diseases, con-  
7 ducted or supported by the National Institutes of Health.

8       “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
9 are authorized to be appropriated such sums as may be  
10 necessary for each of fiscal years 2008 through 2012 to  
11 carry out this section.”.

12 SEC. 5. EXPANSION, INTENSIFICATION, AND INNOVATION  
13 OF RESEARCH AND PUBLIC HEALTH ACTIVI-  
14 TIES RELATED TO JUVENILE ARTHRITIS.

15 (a) JUVENILE ARTHRITIS INITIATIVE THROUGH THE  
16 DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH.—  
17 Part A of title IV of the Public Health Service Act (42  
18 U.S.C. 281 et seq.) is amended by adding at the end the  
19 following:

20 "SEC. 404H. JUVENILE ARTHRITIS INITIATIVE THROUGH  
21 THE DIRECTOR OF THE NATIONAL INSTI-  
22 TUTES OF HEALTH.

23        "(a) EXPANSION AND INTENSIFICATION OF ACTIVI-  
24 TIES.—

1           “(1) IN GENERAL.—The Director of NIH, in  
2 coordination with the Director of the National Insti-  
3 tute of Arthritis and Musculoskeletal and Skin Dis-  
4 eases, and the directors of the other national re-  
5 search institutes, as appropriate, shall expand and  
6 intensify programs of the National Institutes of  
7 Health with respect to research and related activities  
8 concerning various forms of juvenile arthritis.

9           “(2) COORDINATION.—The directors referred to  
10 in paragraph (1) shall jointly coordinate the pro-  
11 grams referred to in such paragraph and consult  
12 with additional Federal officials, voluntary health as-  
13 sociations, medical professional societies, and private  
14 entities as appropriate.

15           “(b) PLANNING GRANTS AND CONTRACTS FOR INNO-  
16 VATIVE RESEARCH IN JUVENILE ARTHRITIS.—

17           “(1) IN GENERAL.—In carrying out subsection  
18 (a)(1) the Director of NIH shall award planning  
19 grants or contracts for the establishment of new re-  
20 search programs, or enhancement of existing re-  
21 search programs, that focus on juvenile arthritis.

22           “(2) RESEARCH.—

23           “(A) TYPES OF RESEARCH.—In carrying  
24 out this subsection, the Secretary shall encour-  
25 age research that focus on genetics, on the de-

1 development of biomarkers, and on pharma-  
2 cological and other therapies.

3 “(B) PRIORITY.—In awarding planning  
4 grants or contracts under paragraph (1), the  
5 Director of NIH may give priority to collabor-  
6 ative partnerships, which may include aca-  
7 demic health centers, private sector entities,  
8 and nonprofit organizations.

9 “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
10 are authorized to be appropriated such sums as may be  
11 necessary for each of fiscal years 2008 through 2012 to  
12 carry out this section. Such authorization shall be in addi-  
13 tion to any authorization of appropriations under any  
14 other provision of law to carry out juvenile arthritis activi-  
15 ties or other arthritis-related research.”.

16 (b) PUBLIC HEALTH AND SURVEILLANCE ACTIVI-  
17 TIES RELATED TO JUVENILE ARTHRITIS AT THE CEN-  
18 TERS FOR DISEASE CONTROL AND PREVENTION.—Part  
19 B of title III of the Public Health Service Act (42 U.S.C.  
20 243 et seq.) is amended by inserting after section 320A  
21 the following:

22 **“SEC. 320B. SURVEILLANCE AND RESEARCH REGARDING**  
23 **JUVENILE ARTHRITIS.**

24 “(a) IN GENERAL.—The Secretary, acting through  
25 the Director of the Centers for Disease Control and Pre-

1 vention, may award grants to and enter into cooperative  
2 agreements with public or nonprofit private entities for the  
3 collection, analysis, and reporting of data on juvenile ar-  
4 thritis.

5       “(b) TECHNICAL ASSISTANCE.—In awarding grants  
6 and entering into agreements under subsection (a), the  
7 Secretary may provide direct technical assistance in lieu  
8 of cash.

9       “(c) COORDINATION WITH NIH.—The Secretary  
10 shall ensure that epidemiological and other types of infor-  
11 mation obtained under subsection (a) is made available to  
12 the National Institutes of Health.

13       “(d) CREATION OF A NATIONAL JUVENILE ARTHRI-  
14 TIS PATIENT REGISTRY.—The Secretary, acting through  
15 the Director of the Centers for Disease Control and Pre-  
16 vention and in collaboration with a national voluntary  
17 health organization with experience serving the juvenile  
18 arthritis population as well as the full spectrum of arthri-  
19 tis-related conditions, shall support the development of a  
20 National Juvenile Arthritis Patient Registry to collect spe-  
21 cific data for follow-up studies regarding the prevalence  
22 and incidence of juvenile arthritis, as well as capturing  
23 information on evidence-based health outcomes related to  
24 specific therapies and interventions.

1       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated such sums as may be  
3 necessary to carry out this section.”.

4 **SEC. 6. INVESTMENT IN TOMORROW'S PEDIATRIC**  
5                   **RHEUMATOLOGISTS.**

6       (a) IN GENERAL.—Part Q of title III of the Public  
7 Health Service Act (42 U.S.C. 280h et seq.) is amended  
8 by adding at the end the following:

9 **“SEC. 399Z-1. INVESTMENT IN TOMORROW'S PEDIATRIC**  
10                   **RHEUMATOLOGISTS.**

11       “(a) ENHANCED SUPPORT.—In order to ensure an  
12 adequate future supply of pediatric rheumatologists, the  
13 Secretary, in consultation with the Administrator of the  
14 Health Resources and Services Administration, shall sup-  
15 port activities that provide for—

16               “(1) an increase in the number and size of in-  
17 stitutional training grants awarded to institutions to  
18 support pediatric rheumatology training; and

19               “(2) an expansion of public-private partnerships  
20 to encourage academic institutions, private sector  
21 entities, and health agencies to promote educational  
22 training and fellowship opportunities for pediatric  
23 rheumatologists.

1       “(b) AUTHORIZATION.—There are authorized to be  
2 appropriated such sums as may be necessary for each of  
3 fiscal years 2008 through 2012 to carry out this section.”.

4 (b) PEDIATRIC LOAN REPAYMENT PROGRAM.—Part  
5 Q of title III of the Public Health Service Act (42 U.S.C.  
6 280h et seq.), as amended by subsection (a), is further  
7 amended by adding at the end the following:

10        "(a) IN GENERAL.—The Secretary, in consultation  
11 with the Administrator of the Health Resources and Serv-  
12 ices Administration, may establish a pediatric  
13 rheumatology loan repayment program.

14        "(b) PROGRAM ADMINISTRATION.—Through the pro-  
15 gram established under subsection (a), the Secretary  
16 shall—

17               “(1) enter into contracts with qualified health  
18               professionals who are pediatric rheumatologists  
19               under which—

20                             “(A) such professionals agree to provide  
21                             health care in an area with a shortage of pedi-  
22                             atric rheumatologists; and

23                           “(B) the Federal Government agrees to  
24                           repay, for each year of such service, not more

1 than \$25,000 of the principal and interest of  
2 the educational loans of such professionals; and  
3 “(2) in addition to making payments under  
4 paragraph (1) on behalf of an individual, make pay-  
5 ments to the individual for the purpose of providing  
6 reimbursement for tax liability resulting from the  
7 payments made under paragraph (1), in an amount  
8 equal to 39 percent of the total amount of the pay-  
9 ments made for the taxable year involved.

10                   “(c) FUNDING.—

11                 “(1) IN GENERAL.—For the purpose of car-  
12                 rying out this section, the Secretary may reserve,  
13                 from amounts appropriated for the Health Re-  
14                 sources and Services Administration for the fiscal  
15                 year involved, such amounts as the Secretary deter-  
16                 mines to be appropriate.

17       “(2) AVAILABILITY OF FUNDS.—Amounts made  
18       available to carry out this section shall remain avail-  
19       able until the expiration of the second fiscal year be-  
20       ginning after the fiscal year for which such amounts  
21       were made available.”.

## 22 SEC. 7. CAREER DEVELOPMENT AWARDS IN PEDIATRIC 23 RHEUMATOLOGY.

24        Part G of title IV of the Public Health Service Act  
25 (42 U.S.C. 288 et seq.) is amended—

1 (1) by redesignating section 487F (as added by  
2 Public Law 106-310) as section 487G;

5 "SEC. 487H. CAREER DEVELOPMENT AWARDS IN PEDI-  
6 ATRIC RHEUMATOLOGY.

7       “(a) IN GENERAL.—The Secretary, in consultation  
8 with the Director of NIH, may establish a program to in-  
9 crease the number of career development awards for  
10 health professionals who intend to build careers in clinical  
11 and translational research relating to pediatric  
12 rheumatology.

13        "(b) AUTHORIZATION OF APPROPRIATIONS.—There  
14 are appropriated such sums as may be necessary to carry  
15 out this section.".

## 16 SEC. 8. GENERAL ACCOUNTING OFFICE STUDY OF ARTHRI- 17 TIS AND THE WORKPLACE.

18 (a) STUDY AND REPORT.—Not later than 3 years  
19 after the date of enactment of this Act, the Comptroller  
20 General of the United States shall conduct a study on the  
21 economic impact of arthritis in the workplace, and submit  
22 a report to the appropriate committees of Congress con-  
23 taining the results of the study.

1        (b) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated such sums as may be  
3 necessary to carry out this section.

○