

111TH CONGRESS
1ST SESSION

H. R. 2260

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 5, 2009

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 Labor, 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 approximately 22 million American
3 adults and 6.8 million children under the age of 18.

4 (2) Approximately one million hospital emer-
5 gency room visits are attributed to asthma annually.

6 (3) Asthma can be life-threatening if not prop-
7 erly managed. Most asthma-related deaths are pre-
8 ventable, yet such deaths continue to occur in the
9 United States.

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

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

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

1 of asthma through patient and professional edu-
2 cation.

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

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

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

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

1 for such purpose \$4,100,000 for each of the fiscal years
2 2010 through 2014. Amounts appropriated under the pre-
3 ceding sentence shall be expended to expand such Pro-
4 gram.

5 (b) COORDINATING COMMITTEE.—

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

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

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

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

21 (2) INCLUSION OF REPRESENTATIVE OF DE-
22 PARTMENT OF EDUCATION.—The Secretary of Edu-
23 cation or a designee of the Secretary shall be in-
24 cluded in the membership of the coordinating com-
25 mittee referred to in paragraph (1).

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

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

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

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

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

23 (1) conduct local asthma surveillance activities
24 to collect data on the prevalence and severity of
25 asthma and the quality of asthma management, in-
26 cluding—

1 (A) telephone surveys to collect sample
 2 household data on the local burden of asthma;
 3 and

4 (B) health care facility specific surveillance
 5 to collect asthma data on the prevalence and se-
 6 verity of asthma, and on the quality of asthma
 7 care; and

8 (2) compile and annually publish data on—

9 (A) the prevalence of children suffering
 10 from asthma in each State; and

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

13 (c) ADDITIONAL FUNDING.—In addition to any other
 14 authorization of appropriations that is available to the
 15 Centers for Disease Control and Prevention for the pur-
 16 pose of carrying out this section, there is authorized to
 17 be appropriated to such Centers for such purpose
 18 \$8,200,000 for each of the fiscal years 2010 through
 19 2014.

20 **SEC. 5. GRANTS FOR COMMUNITY OUTREACH REGARDING**
 21 **ASTHMA INFORMATION, EDUCATION, AND**
 22 **SERVICES.**

23 (a) IN GENERAL.—The Secretary of Health and
 24 Human Services (in this section referred to as the “Sec-
 25 retary”) may make grants to nonprofit private entities for

1 projects to carry out, in communities identified by entities
2 applying for the grants, outreach activities to provide for
3 residents of the communities the following:

4 (1) Information and education on asthma.

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

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

19 (c) EVALUATIONS.—A condition for a grant under
20 subsection (a) is that the applicant for the grant agree
21 to provide for the evaluation of the projects carried out
22 under such subsection by the applicant to determine the
23 extent to which the projects have been effective in carrying
24 out the activities referred to in such subsection.

1 (d) FUNDING.—For the purpose of carrying out this
 2 section, there is authorized to be appropriated \$4,100,000
 3 for each of the fiscal years 2010 through 2014.

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

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

14 (b) RELATION TO CHILDREN’S HEALTH INSURANCE
 15 PROGRAM.—

16 (1) IN GENERAL.—Subject to paragraph (2), if
 17 a State plan under title XXI of the Social Security
 18 Act provides for activities described in subsection (a)
 19 to an extent satisfactory to the Secretary, the Sec-
 20 retary shall, with amounts appropriated under sub-
 21 section (c), make a grant to the State involved to as-
 22 sist the State in carrying out such activities.

23 (2) REQUIREMENT OF MATCHING FUNDS.—

24 (A) IN GENERAL.—With respect to the
 25 costs of the activities to be carried out by a

1 State pursuant to paragraph (1), the Secretary
2 may make a grant under such paragraph only
3 if the State agrees to make available (directly
4 or through donations from public or private en-
5 tities) non-Federal contributions toward such
6 costs in an amount that is not less than 50 per-
7 cent of the costs (\$1 for each \$1 of Federal
8 funds provided in the grant).

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

19 (3) CRITERIA REGARDING ELIGIBILITY FOR
20 GRANT.—The Secretary shall publish in the Federal
21 Register criteria describing the circumstances in
22 which the Secretary will consider a State plan to be
23 satisfactory for purposes of paragraph (1).

24 (4) TECHNICAL ASSISTANCE.—With respect to
25 State plans under title XXI of the Social Security

1 Act, the Secretary, acting through the Director of
2 the Centers for Disease Control and Prevention,
3 shall make available to the States technical assist-
4 ance in developing the provisions of such plans that
5 will provide for activities pursuant to paragraph (1).

6 (c) FUNDING.—For the purpose of carrying out this
7 section, there is authorized to be appropriated \$4,100,000
8 for each of the fiscal years 2010 through 2014.

9 **SEC. 7. ACTION PLANS OF LOCAL EDUCATIONAL AGENCIES**

10 **REGARDING ASTHMA.**

11 (a) IN GENERAL.—

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

22 (2) ELIGIBLE SCHOOLS.—The elementary and
23 secondary schools referred to in paragraph (1) are
24 such schools that are located in communities with a

1 significant number of low-income or underserved in-
2 dividuals (as defined by the Secretary).

3 (b) DEVELOPMENT OF PROGRAMS.—Programs under
4 subsection (a) shall include grants under which local edu-
5 cation agencies and State public health officials collabo-
6 rate to develop programs to improve the management of
7 asthma in school settings.

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

14 (d) CERTAIN ACTIVITIES.—Activities that may be
15 carried out in programs under subsection (a) include the
16 following:

17 (1) Identifying and working directly with local
18 hospitals, community clinics, advocacy organizations,
19 parent-teacher associations, and asthma coalitions.

20 (2) Identifying asthmatic children and training
21 them and their families in asthma self-management.

22 (3) Purchasing asthma equipment.

23 (4) Hiring school nurses.

1 (5) Training teachers, nurses, coaches, and
2 other school personnel in asthma-symptom recogni-
3 tion and emergency responses.

4 (6) Simplifying procedures to improve students'
5 safe access to their asthma medications.

6 (7) Such other asthma-related activities as the
7 Secretary determines to be appropriate.

8 (e) DEFINITIONS.—For purposes of this section, the
9 terms “elementary school”, “local educational agency”,
10 and “secondary school” have the meanings given such
11 terms in section 9101 of the Elementary and Secondary
12 Education Act of 1965 (20 U.S.C. 7801).

13 (f) FUNDING.—For the purpose of carrying out this
14 section, there is authorized to be appropriated \$4,100,000
15 for each of the fiscal years 2010 through 2014.

16 **SEC. 8. SENSE OF CONGRESS REGARDING HOSPITALS AND**
17 **MANAGED CARE PLANS.**

18 It is the sense of the Congress that—

19 (1) hospitals should be encouraged to offer
20 asthma-related education and training to asthma pa-
21 tients and their families upon discharge from the
22 hospital of such patients;

23 (2) hospitals should, with respect to information
24 on asthma, establish telephone services for patients

1 and communicate with providers of primary health
2 services; and

3 (3) managed care organizations should—

4 (A) be encouraged to disseminate to health
5 care providers asthma clinical practice guide-
6 lines developed or endorsed by the Public
7 Health Service;

8 (B) collect and maintain asthma data; and

9 (C) offer asthma-related education and
10 training to asthma patients and their families.

11 **SEC. 9. SENSE OF CONGRESS REGARDING IMPLEMENTA-**
12 **TION OF ACT.**

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

15 (1) promote the guidelines and other rec-
16 ommendations of the Public Health Service on asth-
17 ma diagnosis and management; and

18 (2) be designed in consultation with national
19 and local organizations representing the medical,
20 educational, and environmental communities, as well
21 as advocates that represent those affected by asth-
22 ma.

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