111TH CONGRESS
1ST SESSION

S. 1760

To amend the Public Health Service Act with regard to research on asthma, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 7, 2009

Mr. LAUTENBERG (for himself and Mrs. GILLIBRAND) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To amend the Public Health Service Act with regard to research on asthma, and for other purposes.

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 ''Family Asthma Act''.

SEC. 2. FINDINGS.

The Congress makes the following findings:

(1) The number of people with asthma more than doubled between 1980 and 1995. According to the Centers for Disease Control and Prevention, in 2007 more than 34,000,000 Americans had been di-

agnosed with asthma, including an estimated 9,600,000 children. Asthma rates are highest among Puerto Rican populations. Rates were 140 percent greater among Puerto Rican children compared to non-Hispanic White children. Asthma strikes 1 in 13 Americans.

(2) According to the Centers for Disease Control and Prevention, in 2005 more than 3,800 Americans died from asthma. The rate of mortality from asthma is higher among African-Americans and women.

(3) The Centers for Disease Control and Prevention report that asthma accounted for more than 440,000 hospitalizations and more than 1,600,000 visits to hospital emergency departments in 2006. The rate for asthma-related emergency room visits is 500 percent greater and hospitalization rates are 300 percent higher for Blacks compared to Whites.

(4) According to the National Heart, Lung, and Blood Institute of the National Institutes of Health, the annual cost of asthma to the United States is approximately $19,700,000,000.

(5) According to the Centers for Disease Control and Prevention, almost 13,000,000 school days

and 10,000,000 work days are missed annually as a result of asthma.

(6) Asthma episodes can be triggered by both outdoor air pollution and indoor air pollution, including pollutants such as cigarette smoke and combustion by-products. Asthma episodes can also be triggered by indoor allergens such as animal dander and outdoor allergens such as pollen and molds.

(7) Public health interventions and medical care in accordance with existing guidelines have been proven effective in the treatment and management of asthma. Better asthma management could reduce the numbers of emergency department visits and hospitalizations due to asthma. Studies published in medical journals have shown that better asthma management results in improved asthma outcomes at a lower cost.

(8) In 2005, the Centers for Disease Control and Prevention cited ''the urgent need'' for enhanced public health surveillance data regarding asthma, noting that the current system has led to a ''patchwork of health effect measures''. National data are needed to allow comparisons at smaller geographic levels, such as counties, and to better understand the groups at risk.

(9) The alarming rise in the prevalence of asthma, its adverse effect on school attendance and productivity, and its cost for hospitalizations and emergency room visits, argue for a more vigorous Federal leadership role, including increasing awareness of asthma as a chronic illness, its symptoms, the role of both indoor and outdoor environmental factors that exacerbate the disease, and other factors that affect its exacerbations and severity. The goals of the Government and its partners in the nonprofit and private sectors should include reducing the number and severity of asthma attacks, asthma's financial burden, and the health disparities associated with asthma.

SEC. 3. FAMILY ASTHMA CLINICAL AND ENVIRONMENTAL HEALTH RESEARCH GRANTS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended—

(1) by redesignating the second and third sections 399R (added by Public Laws 110–373 and 110–374, respectively) as sections 399S and 399T; and

(2) by adding at the end the following:

"SEC. 399U. FAMILY ASTHMA CLINICAL AND ENVIRONMENTAL HEALTH RESEARCH GRANT PROGRAM.

''(a) PURPOSE.—The purpose of this section is to authorize the National Institutes of Health to award grants to carry out pilot projects to prevent and control asthma symptoms and to reduce asthma attacks and improve patient self-management for individuals and in families containing individuals with asthma including—

''(1) utilizing electronic health records, telehealth, and other novel electronic communications to prevent acute asthma attacks, and to improve asthma surveillance activities as described under section 317I(c); and

''(2) expanding the understanding of environmental and other factors that cause and contribute to the burden of asthma.

''(b) GRANTS.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the National Institutes of Health, shall award grants to eligible entities to carry out pilot projects consistent with the activities described in subsection (a).

''(2) AWARDING OF GRANTS.—In awarding the grants under paragraph (1), the Secretary shall—

''(A) give priority to entities that serve disproportionately impacted populations; and

''(B) give consideration to an adequate national understanding of asthma prevalence, so as to gain better information about asthma at the national level.

''(3) COORDINATION OF AGENCIES.—The National Heart, Lung, and Blood Institute (which shall be the lead agency for purposes of activities carried out under this section), in coordination with the National Institute of Environmental Health Sciences, the National Institute of Allergy and Infectious Diseases, and the National Institute of Child Health and Human Development, shall administer grants to be utilized by entities performing research of the type described in subsection (a). Such institutes shall coordinate in writing a request for applications, reviewing applications, and providing administrative oversight for the program carried out under this section.

''(c) ELIGIBILITY.—To be eligible to receive a grant under subsection (b), an entity shall be—

''(1) a hospital, including a children's hospital;

''(2) a community health center;

''(3) a medical school;

''(4) a nonprofit institution; or

''(5) another entity, as designated by the Secretary.

''(d) APPLICATION.—

''(1) IN GENERAL.—An eligible entity shall submit an application to the Director of the National Institutes of Health for a grant under this section at such time, in such manner, and accompanied by such information as such Director may require.

''(2) REQUIRED INFORMATION.—An application submitted under this subsection shall, as is applicable and practicable to the area and scope of the pilot project—

''(A) include information demonstrating the prevalence of chronic asthma among the population to be served by the applicant on at least a State-level basis and where practicable, in areas and localities within the State;

''(B) provide assurance that the applicant will establish consistent communication with patients, including using the Internet or telephone for the prompt transmission of patient information related to symptoms and conditions, such as peak flowmeter measurements;

"(C) provide assurance that enrollees will have baseline and ongoing medical data collected, including data related to pulmonary function and skin or in vitro testing for sensitization to allergies;

"(D) propose novel approaches to studying the gene-environment interaction of the patients and have the capacity to engage in such data collection, or partner with an institution with such a capacity;

"(E) contain assurances that the applicant will communicate in a manner designed to preserve patient confidentiality, with at least 1 of the asthma clinical centers of the National Institutes of Health; and

"(F) provide assurances that the applicant can effectively coordinate care between physicians, including asthma specialists, nurses, allied health professionals, community health workers, nonprofit organizations, and the other entities responsible for implementing the pilot project involved.

"(3) COLLABORATION WITH LOCAL INSTITUTIONS.—An eligible entity receiving a grant under this section is encouraged to—

''(A) collaborate with 1 or more Head Start programs to identify children and families with asthma within the geographic area of the applicant;

''(B) collaborate with local school districts to recruit children with physician-diagnosed asthma; and

''(C) partner with local, community-based nonprofit organizations to identify children and families with asthma within the geographic area of the entity.

''(e) USE OF FUNDS.—

''(1) IN GENERAL.—An eligible entity shall use amounts received under a grant under this section to carry out the purpose described in subsection (a), including—

''(A) conducting an assessment of the patients served to determine possible contributors to asthma exacerbations in the indoor and outdoor environments, including exposure to diesel and other particles, ozone and other gases, gaseous pollutants and allergens, mold, chemicals found in the home or workplace, and other indoor pollutants;

"(B) implementing interventions regarding indoor and outdoor environments to reduce the severity and persistence of asthma;

"(C) developing and maintaining questionnaires completed by the patients, or the parents or guardians of the patients, regarding their respective occupations and personal exposure history, in order to increase the understanding of factors that contribute to asthma prevalence; and

"(D) conducting other research as designated by the Director of the National Institutes of Health, particularly in areas that will advance knowledge of the factors that contribute to asthma.

"(2) RESEARCH OF SIGNIFICANT INTEREST.—An eligible entity receiving a grant under this section is encouraged to conduct research under this section on the interactions between environmental exposures and genetic susceptibilities that contribute to the development or exacerbation of asthma.

"(f) PROTECTION OF INFORMATION.—The Secretary shall ensure the implementation of protections of individual health privacy under this section consistent with the regulations promulgated under section 264(c) of the

Health Insurance Portability and Accountability Act of 1996.

''(g) REPORT.—The Secretary shall submit a report to the Congress on the success of and the next steps resulting from the pilot projects funded under this section not later than 5 years after the date of the enactment of this section.

''(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for each of fiscal years 2010 through 2014 to carry out this section.''.

SEC. 4. NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM OF THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE.

Part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by inserting after section 424C the following:

''SEC. 424D. EXPANSION OF THE NATIONAL ASTHMA EDUCATION AND PREVENTION PROGRAM.

''(a) DEVELOPMENT OF A NATIONAL ASTHMA ACTION PLAN.—

''(1) IN GENERAL.—In addition to any other authorization of appropriation available to the National Heart, Lung, and Blood Institute for the purpose of carrying out the National Asthma Education

and Prevention Program (referred to in this section as the 'program'), there is authorized to be appropriated to such Institute such sums as may be necessary for each of fiscal years 2010 through 2014 to develop a National Asthma Action Plan.

''(2) USE OF APPROPRIATIONS.—The amounts appropriated pursuant to paragraph (1) shall be used to fund the report by the program described under subsection (b).

''(b) REPORT TO CONGRESS.—

''(1) IN GENERAL.—Not later than 2 years after the date of the enactment of the Family Asthma Act, the program shall, in consultation with patient groups, nonprofit organizations, medical societies, and other relevant governmental and nongovernmental entities that participate in the program, submit to the Congress a report that—

''(A) catalogs, with respect to asthma prevention, management, and surveillance—

''(i) the activities of the Federal Government, including an assessment of the progress of the Federal Government and States, with respect to achieving the goals of the Healthy People 2020 initiative; and

"(ii) the activities of other entities that participate in the program, including nonprofit organizations, patient advocacy groups, and medical societies; and

"(B) makes recommendations for the future direction of asthma activities, in consultation with researchers from the National Institutes of Health and other member bodies of the National Asthma Education and Prevention Program who are qualified to review and analyze data and evaluate interventions, including—

"(i) description of how the Federal Government may improve its response to asthma including identifying any barriers that may exist;

"(ii) description of how the Federal Government may continue, expand, and improve its private-public partnerships with respect to asthma including identifying any barriers that may exist;

"(iii) identification of steps that may be taken to reduce the—

"(I) morbidity, mortality, and overall prevalence of asthma;

"(II) financial burden of asthma on society;

"(III) burden of asthma on disproportionately affected areas, particularly those in medically underserved populations (as defined in section 330(b)(3)); and

"(IV) burden of asthma as a chronic disease;

"(iv) identification of programs and policies that have achieved the steps described under clause (iii), and steps that may be taken to expand such programs and policies to benefit larger populations; and

"(v) recommendations for future research and interventions.

"(2) UPDATES TO CONGRESS.—

"(A) CONGRESSIONAL REQUEST.—During the 5-year period following the submission of the report under paragraph (1), the program shall submit updates and revisions of the report upon the request of the Congress.

"(B) FIVE-YEAR REEVALUATION.—At the end of the 5-year period following the submis-

sion of the report under paragraph (1), the program shall evaluate its analyses and recommendations under such report and determine whether a new report to the Congress is necessary, and make appropriate recommendations to the Congress.''.

SEC. 5. ASTHMA–RELATED ACTIVITIES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

Section 317I of the Public Health Service Act (42 U.S.C. 247b–10) is amended to read as follows:

''SEC. 317I. ASTHMA-RELATED ACTIVITIES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

''(a) PROGRAM FOR PROVIDING INFORMATION AND EDUCATION TO THE PUBLIC.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall collaborate with State and local health departments to conduct activities, including the provision of information and education to the public regarding asthma including—

''(1) deterring the harmful consequences of uncontrolled asthma; and

''(2) disseminating health education and information regarding prevention of asthma episodes and strategies for managing asthma.

''(b) DEVELOPMENT OF STATE ASTHMA PLANS.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall collaborate with State and local health departments to develop State plans incorporating public health responses to reduce the burden of asthma, particularly regarding disproportionately affected populations.

''(c) COMPILATION OF DATA.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, in cooperation with State and local public health officials—

''(1) conduct asthma surveillance activities to collect data on the prevalence and severity of asthma, the effectiveness of public health asthma interventions, and the quality of asthma management, including—

''(A) collection of household data on the local burden of asthma;

''(B) surveillance of health care facilities; and

''(C) collection of data not containing individually identifiable information from electronic health records or other electronic communications;

''(2) compile and annually publish data regarding the prevalence and incidence of childhood asthma, the child mortality rate, and the number of hospital admissions and emergency department visits by children associated with asthma nationally and in each State and at the county level by age, sex, race, and ethnicity, as well as lifetime and current prevalence; and

''(3) compile and annually publish data regarding the prevalence and incidence of adult asthma, the adult mortality rate, and the number of hospital admissions and emergency department visits by adults associated with asthma nationally and in each State and at the county level by age, sex, race, ethnicity, industry, and occupation, as well as lifetime and current prevalence.

''(d) COORDINATION OF DATA COLLECTION.—The Director of the Centers for Disease Control and Prevention, in conjunction with State and local health departments, shall coordinate data collection activities under subsection (c)(2) so as to maximize comparability of results.

''(e) COLLABORATION.—

''(1) IN GENERAL.—The Centers for Disease Control and Prevention are encouraged to collabo-

rate with national, State, and local nonprofit organizations to provide information and education about asthma, and to strengthen such collaborations when possible.

''(2) SPECIFIC ACTIVITIES.—The Division of Adolescent and School Health is encouraged to expand its activities with non-Federal partners, especially State-level entities.

''(f) ADDITIONAL FUNDING.—In addition to any other authorization of appropriations that is available to the Centers for Disease Control and Prevention for the purpose of carrying out this section, there is authorized to be appropriated to such Centers such sums as may be necessary for each of fiscal years 2010 through 2014 for the purpose of carrying out this section.''.

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