

114TH CONGRESS
1ST SESSION

S. 1064

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

IN THE SENATE OF THE UNITED STATES

APRIL 23, 2015

Mrs. GILLIBRAND 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 with regard to
research on asthma, 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 “Family Asthma Act”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) The number of people ever diagnosed with
8 asthma increased by 50 percent between 1998 and
9 2012. According to the Centers for Disease Control
10 and Prevention, in 2012 more than 25,500,000

1 Americans had been diagnosed with asthma, includ-
2 ing an estimated 6,800,000 children.

3 (2) According to the Centers for Disease Con-
4 trol and Prevention, in 2010 more than 3,400 Amer-
5 icans died from asthma. The rate of mortality from
6 asthma is higher among African Americans and
7 women.

8 (3) The Centers for Disease Control and Pre-
9 vention report that asthma accounted for approxi-
10 mately 480,000 hospitalizations and 2,100,000 visits
11 to hospital emergency departments in 2009.

12 (4) According to the Centers for Disease Con-
13 trol and Prevention, the annual cost of asthma to
14 the United States is approximately
15 \$56,000,000,000, including \$5,900,000,000 in indi-
16 rect costs from lost productivity.

17 (5) According to the Centers for Disease Con-
18 trol and Prevention, 10,500,000 school days and
19 14,200,000 work days are missed annually as a re-
20 sult of asthma.

21 (6) Asthma episodes can be triggered by both
22 outdoor air pollution and indoor air pollution, in-
23 cluding pollutants such as cigarette smoke and com-
24 bustion by-products. Asthma episodes can also be

1 triggered by indoor allergens such as animal dander
2 and outdoor allergens such as pollen and molds.

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

12 (8) In 2011, the Centers for Disease Control
13 and Prevention reported that less than half of people
14 with asthma had been taught how to avoid asthma
15 triggers. More education about triggers, proper
16 treatment, and asthma management methods is
17 needed.

18 (9) The alarming rise in the prevalence of asth-
19 ma, its adverse effect on school attendance and pro-
20 ductivity, and its cost for hospitalizations and emer-
21 gency room visits, highlight the importance of public
22 health interventions, including increasing awareness
23 of asthma as a chronic illness, its symptoms, the role
24 of both indoor and outdoor environmental factors
25 that exacerbate the disease, and other factors that

1 affect its exacerbations and severity. The goals of
2 the Federal Government and its partners in the non-
3 profit and private sectors should include reducing
4 the number and severity of asthma attacks, asthma’s
5 financial burden, and the health disparities associ-
6 ated with asthma.

7 (10) The high health and financial burden
8 caused by asthma underscores the importance of ad-
9 herence to the National Asthma Education and Pre-
10 vention Guidelines of the National Heart, Lung, and
11 Blood Institute. Increasing adherence to guidelines-
12 based care and resulting patient management prac-
13 tices will enhance the quality of life for patients with
14 asthma and decrease asthma-related morbidity and
15 mortality.

16 **SEC. 3. ASTHMA-RELATED ACTIVITIES OF THE CENTERS**
17 **FOR DISEASE CONTROL AND PREVENTION.**

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

20 **“SEC. 317I. ASTHMA-RELATED ACTIVITIES OF THE CENTERS**
21 **FOR DISEASE CONTROL AND PREVENTION.**

22 “(a) PROGRAM FOR PROVIDING INFORMATION AND
23 EDUCATION TO THE PUBLIC.—The Secretary, acting
24 through the Director of the Centers for Disease Control
25 and Prevention, shall collaborate with State and local

1 health departments to conduct activities, including the
2 provision of information and education to the public re-
3 garding asthma including—

4 “(1) deterring the harmful consequences of un-
5 controlled asthma; and

6 “(2) disseminating health education and infor-
7 mation regarding prevention of asthma episodes and
8 strategies for managing asthma.

9 “(b) DEVELOPMENT OF STATE ASTHMA PLANS.—

10 The Secretary, acting through the Director of the Centers
11 for Disease Control and Prevention, shall collaborate with
12 State and local health departments to develop State plans
13 incorporating public health responses to reduce the burden
14 of asthma, particularly regarding disproportionately af-
15 fected populations.

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

20 “(1) conduct asthma surveillance activities to
21 collect data on the prevalence and severity of asth-
22 ma, the effectiveness of public health asthma inter-
23 ventions, and the quality of asthma management, in-
24 cluding—

1 “(A) collection of household data on the
2 local burden of asthma;

3 “(B) surveillance of health care facilities;
4 and

5 “(C) collection of data not containing indi-
6 vidually identifiable information from electronic
7 health records or other electronic communica-
8 tions;

9 “(2) compile and annually publish data regard-
10 ing the prevalence and incidence of childhood asth-
11 ma, the child mortality rate, and the number of hos-
12 pital admissions and emergency department visits by
13 children associated with asthma nationally and in
14 each State and at the county level by age, sex, race,
15 and ethnicity, as well as lifetime and current preva-
16 lence; and

17 “(3) compile and annually publish data regard-
18 ing the prevalence and incidence of adult asthma,
19 the adult mortality rate, and the number of hospital
20 admissions and emergency department visits by
21 adults associated with asthma nationally and in each
22 State and at the county level by age, sex, race, eth-
23 nicity, industry, and occupation, as well as lifetime
24 and current prevalence.

1 “(d) COORDINATION OF DATA COLLECTION.—The
2 Director of the Centers for Disease Control and Preven-
3 tion, in conjunction with State and local health depart-
4 ments, shall coordinate data collection activities under
5 subsection (c)(2) so as to maximize the comparability of
6 results.

7 “(e) COLLABORATION.—

8 “(1) IN GENERAL.—The Centers for Disease
9 Control and Prevention are encouraged to collabo-
10 rate with national, State, and local nonprofit organi-
11 zations to provide information and education about
12 asthma, and to strengthen such collaborations when
13 possible.

14 “(2) SPECIFIC ACTIVITIES.—The Division of
15 Adolescent and School Health is encouraged to ex-
16 pand its activities with non-Federal partners, espe-
17 cially State-level entities.

18 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
19 carry out this section, there are authorized to be appro-
20 priated \$65,000,000 for the period of fiscal years 2016
21 through 2020.

22 “(g) REPORT TO CONGRESS.—

23 “(1) IN GENERAL.—Not later than 2 years
24 after the date of enactment of this Act, the Sec-
25 retary shall, in consultation with patient groups,

1 nonprofit organizations, medical societies, and other
2 relevant governmental and nongovernmental entities,
3 submit to Congress a report that—

4 “(A) catalogs, with respect to asthma pre-
5 vention, management, and surveillance—

6 “(i) the activities of the Federal Gov-
7 ernment, including an assessment of the
8 progress of the Federal Government and
9 States, with respect to achieving the goals
10 of the Healthy People 2020 initiative; and

11 “(ii) the activities of other entities
12 that participate in the program under this
13 section, including nonprofit organizations,
14 patient advocacy groups, and medical soci-
15 eties; and

16 “(B) makes recommendations for the fu-
17 ture direction of asthma activities, in consulta-
18 tion with researchers from the National Insti-
19 tutes of Health and other member bodies of the
20 National Asthma Education and Prevention
21 Program who are qualified to review and ana-
22 lyze data and evaluate interventions, includ-
23 ing—

24 “(i) a description of how the Federal
25 Government may improve its response to

1 asthma, including identifying any barriers
2 that may exist;

3 “(ii) a description of how the Federal
4 Government may continue, expand, and
5 improve its private-public partnerships
6 with respect to asthma, including identi-
7 fying any barriers that may exist;

8 “(iii) the identification of steps that
9 may be taken to reduce the—

10 “(I) morbidity, mortality, and
11 overall prevalence of asthma;

12 “(II) financial burden of asthma
13 on society;

14 “(III) burden of asthma on dis-
15 proportionately affected areas, par-
16 ticularly those in medically under-
17 served populations (as defined in sec-
18 tion 330(b)(3)); and

19 “(IV) burden of asthma as a
20 chronic disease;

21 “(iv) the identification of programs
22 and policies that have achieved the steps
23 described under clause (iii), and steps that
24 may be taken to expand such programs

1 and policies to benefit larger populations;

2 and

3 “(v) recommendations for future re-
4 search and interventions.

5 “(2) UPDATES TO CONGRESS.—

6 “(A) CONGRESSIONAL REQUEST.—During
7 the 5-year period following the submission of
8 the report under paragraph (1), the Secretary
9 shall submit updates and revisions of the report
10 upon the request of the Congress.

11 “(B) FIVE-YEAR REEVALUATION.—At the
12 end of the 5-year period following the submis-
13 sion of the report under paragraph (1), the Sec-
14 retary shall evaluate the analyses and rec-
15 ommendations made under such report and de-
16 termine whether a new report to the Congress
17 is necessary, and make appropriate rec-
18 ommendations to the Congress.”.

○