

116TH CONGRESS
1ST SESSION

H. R. 4548

To authorize the Director of the Centers for Disease Control and Prevention to award grants to eligible counties for the use of mobile clinics and distance learning and telemedicine to diagnose and treat children with asthma in rural areas and medically underserved communities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 27, 2019

Mr. VARGAS (for himself, Mr. ENGEL, and Mr. COX of California) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To authorize the Director of the Centers for Disease Control and Prevention to award grants to eligible counties for the use of mobile clinics and distance learning and telemedicine to diagnose and treat children with asthma in rural areas and medically underserved communities, 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 “Asthma Care and Pre-
5 vention in Rural Communities Act of 2019”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Asthma has a high morbidity and can even
4 lead to death if not properly managed.

5 (2) Nationally, over 25 million people suffer
6 from asthma according to the most recent statistics
7 from the Centers for Disease Control and Preven-
8 tion.

9 (3) Nationally, of those who suffer from asth-
10 ma, 43.6 percent of adults report one or more asth-
11 ma attacks annually, and of all children who suffer
12 from asthma, 51.6 percent report one or more asth-
13 ma attacks annually.

14 (4) Nationally the prevalence of asthma among
15 children is 8.4 percent.

16 (5) When asthma is controlled, it can lead to
17 fewer school and work days missed, hospitalizations,
18 and emergency room visits.

19 (6) While asthma is often believed to be a
20 greater problem for urban centers, the burden of
21 asthma on rural communities in the United States
22 is understudied.

23 (7) Some research suggests that certain rural
24 areas face the same risk factors as cities.

25 (8) Research shows that rural communities may
26 have a harder time accessing care for asthma, due

1 to lack of transportation to and the distance of resi-
2 dents from health care services.

3 (9) Mobile asthma clinics have been proven to
4 help medically underserved communities manage this
5 disease while providing cost-saving measures.

6 **SEC. 3. ADDRESSING THE BURDEN OF ASTHMA IN RURAL**
7 **AREAS AND MEDICALLY UNDERSERVED COM-**
8 **MUNITIES.**

9 (a) GRANTS FOR MOBILE CLINICS AND DISTANCE
10 LEARNING AND TELEMEDICINE.—

11 (1) AUTHORIZATION.—The Director of the Cen-
12 ters for Disease Control and Prevention may award
13 grants to eligible counties for the use of mobile clin-
14 ics and distance learning and telemedicine—

15 (A) to diagnose and treat children with
16 asthma in rural areas, and medically under-
17 served communities, in eligible counties; and

18 (B) to educate individuals in such areas
19 and communities about asthma.

20 (2) SUBGRANTS.—An eligible county receiving a
21 grant under paragraph (1) may use the grant funds
22 to award subgrants to schools, hospitals, or other
23 local organizations to administer mobile clinics and
24 distance learning and telemedicine in the county for
25 the purposes listed in paragraph (1).

1 (3) DEFINITIONS.—In this subsection:

2 (A) The term “children” means individuals
3 under 18 years of age.

4 (B) The term “eligible counties” means
5 counties that each have a prevalence of asthma
6 of 12 percent or higher among children.

7 (C) The term “medically underserved com-
8 munity” has the meaning given such term in
9 section 799B of the Public Health Service Act
10 (42 U.S.C. 295p).

11 (4) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this subsection, there is authorized to be
13 appropriated \$5,000,000 for each of fiscal years
14 2020 through 2024.

15 (b) STUDY.—The Director of the Centers for Disease
16 Control and Prevention shall—

17 (1) conduct a study on—

18 (A) the burden of asthma in rural areas of
19 the United States;

20 (B) risk and protective factors for asthma
21 in such areas; and

22 (C) best practices for preventing and treat-
23 ing asthma in such areas;

24 (2) ensure that data used in such study is
25 disaggregated such that no racial or ethnic subgroup

1 is overlooked due to the absence of asthma in the
2 larger group to which that subgroup belongs; and
3 (3) not later than 1 year after the date of en-
4 actment of this Act, complete such study and submit
5 a report to the Congress on the results of such
6 study.

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