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106TH CONGRESS
1ST SESSION

H. R. 2840

To amend title V of the Social Security Act to provide for the establishment and operation of asthma treatment services for children, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 13, 1999

Mr. UPTON (for himself and Mr. WAXMAN) introduced the following bill; which was referred to the Committee on Commerce

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A BILL

To amend title V of the Social Security Act to provide for the establishment and operation of asthma treatment services for children, 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 ''Children's Asthma Relief Act of 1999''.

SEC. 2. FINDINGS.

(a) FINDINGS.—Congress makes the following findings:

(1) Asthma is one of the Nation's most common and costly diseases. It affects an estimated 14,000,000 to 15,000,000 individuals in the United States, including almost 5,000,000 children.

(2) Asthma is often a chronic illness that is treatable with ambulatory care, but over 43 percent of its economic impact comes from use of emergency rooms, hospitalization, and death.

(3) In 1995, there were more than 1,800,000 emergency room visits made for asthma-related attacks and among these, the rate for emergency room visits was 48.8 per 10,000 visits among whites and 228.9 per 10,000 visits among blacks.

(4) Hospitalization rates were highest for individuals 4 years old and younger, and were 10.9 per 10,000 visits for whites and 35.5 per 10,000 visits for blacks.

(5) From 1979 to 1992, the hospitalization rates among children due to asthma increased 74 percent.

(6) It is estimated that more than 7 percent of children now have asthma.

(7) Although asthma can occur at any age, about 80 percent of the children who will develop asthma do so before starting school.

(8) From 1980 to 1994, the most substantial prevalence rate increase for asthma occurred among children aged 0–4 years (160 percent) and persons aged 5–14 years (74 percent).

(9) Asthma is the most common chronic illness in childhood, afflicting nearly 5,000,000 children under age 18, and costing an estimated $1,900,000,000 to treat those children. The death rate for children age 19 and younger increased by 78 percent between 1980 and 1993.

(10) Children aged 0 to 5 years who are exposed to maternal smoking are 201 times more likely to develop asthma compared with those free from exposure.

(11) Morbidity and mortality related to childhood asthma are disproportionately high in urban areas.

(12) Minority children living in urban areas are especially vulnerable to asthma. In 1988, national prevalence rates were 26 percent higher for black children than for white children.

(13) Certain pests known to create public health problems occur and proliferate at higher rates in urban areas. These pests may spread infectious

disease and contribute to the worsening of chronic respiratory illnesses, including asthma.

(14) Research supported by the National Institutes of Health demonstrated that the combination of cockroach allergen, house dust mites, molds, tobacco smoke, and feathers are important causes of asthma-related illness and hospitalization among children in inner-city areas of the United States.

(15) Cities outside the United States have developed and implemented effective systems of cockroach management.

(16) Integrated pest management is a cost-effective approach to pest control that emphasizes prevention and uses a range of techniques, including property maintenance and cleaning, and pesticides as a means of last resort.

(17) Reducing exposure to cockroach allergen, as part of an integrated approach to asthma management, may be a cost-effective way of reducing the social and economic costs of the disease.

(18) No current Federal funding exists specifically to assist cities in developing and implementing integrated strategies to reduce cockroach infestation.

(19) Asthma is the most common cause of school absenteeism due to chronic illness with

10,100,000 days missed from school per year in the United States.

(20) According to a 1995 National Institute of Health workshop report, missed school days accounted for an estimated cost of lost productivity for parents of children with asthma of almost $1,000,000,000 per year.

(21) According to data from the 1988 National Health Interview Survey (NHIS), which surveyed children for their health experiences over a 12-month period, 25 percent of those children reported experiencing a great deal of pain or discomfort due to asthma either often or all the time during the previous 12 months.

(22) Managing asthma requires a long-term, multifaceted approach, including patient education, behavior changes, avoidance of asthma triggers, pharmacologic therapy, and frequent medical follow-up.

(23) Enhancing the available prevention, educational, research, and treatment resources with respect to asthma in the United States will allow our Nation to address more effectively the problems associated with this increasing threat to the health and well-being of our citizens.

SEC. 3. CHILDREN'S ASTHMA RELIEF.

Title V of the Social Security Act (42 U.S.C. 701 et seq.) is amended by adding at the end the following:

"SEC. 511. ASTHMA TREATMENT GRANTS PROGRAM.

''(a) PURPOSES.—The purposes of this section are as follows:

''(1) To provide access to quality medical care for children who live in areas that have a high prevalence of asthma and who lack access to medical care.

''(2) To provide on-site education to parents, children, health care providers, and medical teams to recognize the signs and symptoms of asthma, and to train them in the use of medications to prevent and treat asthma.

''(3) To decrease preventable trips to the emergency room by making medication available to individuals who have not previously had access to treatment or education in the prevention of asthma.

''(4) To provide other services, such as smoking cessation programs, home modification, and other direct and support services that ameliorate conditions that exacerbate or induce asthma.

''(b) AUTHORITY TO MAKE GRANTS.—

''(1) IN GENERAL.—In addition to any other payments made under this title, the Secretary shall

award grants to eligible entities to carry out the purposes of this section, including grants that are designed to develop and expand projects to—

"(A) provide comprehensive asthma services to children, including access to care and treatment for asthma in a community-based setting;

"(B) fully equip mobile health care clinics that provide preventive asthma care including diagnosis, physical examinations, pharmacological therapy, skin testing, peak flow meter testing, and other asthma-related health care services;

"(C) conduct study validated asthma management education programs for patients with asthma and their families, including patient education regarding asthma management, family education on asthma management, and the distribution of materials, including displays and videos, to reinforce concepts presented by medical teams; and

"(D) identify eligible children for the medicaid program under title XIX, the State Children's Health Insurance Program under title XXI, or other children's health programs.

''(2) AWARD OF GRANTS.—

''(A) APPLICATION.—

''(i) IN GENERAL.—An eligible entity shall submit an application to the Secretary for a grant under this section in such form and manner as the Secretary may require.

''(ii) REQUIRED INFORMATION.—An application submitted under this subparagraph shall include a plan for the use of funds awarded under the grant and such other information as the Secretary may require.

''(B) REQUIREMENT.—In awarding grants under this section, the Secretary shall give preference to eligible entities that demonstrate that the activities to be carried out under this section shall be in localities within areas of known high prevalence of childhood asthma or high asthma-related mortality (relative to the average asthma incidence rates and associated mortality rates in the United States). Acceptable data sets to demonstrate a high prevalence of childhood asthma or high asthma-related mortality may include data from Federal, State, or

local vital statistics, title XIX or XXI claims data, other public health statistics or surveys, or other data that the Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, deems appropriate.

''(3) DEFINITION OF ELIGIBLE ENTITY.—In this section, the term 'eligible entity' means a State agency or other entity receiving funds under this title, a local community, a nonprofit children's hospital or foundation, or a nonprofit community-based organization.

''(c) COORDINATION WITH OTHER CHILDREN'S PROGRAMS.—An eligible entity shall identify in the plan submitted as part of an application for a grant under this section how the entity will coordinate operations and activities under the grant with—

''(1) other programs operated in the State that serve children with asthma, including any such programs operated under this title, title XIX, and title XXI; and

''(2) one or more of the following—

''(A) the child welfare and foster care and adoption assistance programs under parts B and E of title IV;

''(B) the head start program established under the Head Start Act (42 U.S.C. 9831 et seq.);

''(C) the program of assistance under the special supplemental nutrition program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786);

''(D) local public and private elementary or secondary schools; or

''(E) public housing agencies, as defined in section 3 of the United States Housing Act of 1937 (42 U.S.C. 1437a).

''(d) EVALUATION.—An eligible entity that receives a grant under this section shall submit to the Secretary an evaluation of the operations and activities carried out under the grant that includes—

''(1) a description of the health status outcomes of children assisted under the grant;

''(2) an assessment of the utilization of asthma-related health care services as a result of activities carried out under the grant;

''(3) the collection, analysis, and reporting of asthma data according to guidelines prescribed by

the Director of the Centers for Disease Control and Prevention; and

''(4) such other information as the Secretary may require.

''(e) APPLICATION OF OTHER PROVISIONS OF TITLE.—

''(1) IN GENERAL.—Except as provided in paragraph (2), the other provisions of this title shall not apply to a grant made under this section.

''(2) EXCEPTIONS.—The following provisions of this title shall apply to a grant made under this section to the same extent and in the same manner as such provisions apply to allotments made under section 502(c):

''(A) Section 504(b)(4) (relating to expenditures of funds as a condition of receipt of Federal funds).

''(B) Section 504(b)(6) (relating to prohibition on payments to excluded individuals and entities).

''(C) Section 506 (relating to reports and audits, but only to the extent determined by the Secretary to be appropriate for grants made under this section).

''(D) Section 508 (relating to non-discrimination).

''(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $50,000,000 for each of the fiscal years 2000 through 2004.''.

SEC. 4. INCORPORATION OF ASTHMA PREVENTION TREATMENT AND SERVICES INTO STATE CHILDREN'S HEALTH INSURANCE PROGRAMS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall, in accordance with subsection (b), carry out a program to encourage States to implement plans to carry out activities to assist children with respect to asthma in accordance with guidelines of the National Asthma Education and Prevention Program (NAEPP) and the National Heart, Lung and Blood Institute.

(b) RELATION TO CHILDREN'S HEALTH INSURANCE PROGRAM.—

(1) IN GENERAL.—Subject to paragraph (2), if a State child health plan under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.) provides for activities described in subsection (a) to an extent satisfactory to the Secretary, the Secretary shall, with amounts appropriated under subsection

(c), make a grant to the State involved to assist the State in carrying out such activities.

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

(3) REQUIREMENT OF MATCHING FUNDS.—

(A) IN GENERAL.—With respect to the costs of the activities to be carried out by a State pursuant to paragraph (1), the Secretary may make a grant under such paragraph only if the State agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 15 percent of the costs.

(B) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in subparagraph (A) may be in cash or in kind, fairly evaluated, including equipment or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Govern-

ment, may not be included in determining the amount of such non-Federal contributions.

(4) TECHNICAL ASSISTANCE.—With respect to State child health plans under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, in consultation with the heads of other Federal agencies involved in asthma treatment and prevention, shall make available to the States technical assistance in developing the provision of such plans that will provide for activities pursuant to paragraph (1).

(c) FUNDING.—For the purpose of carrying out this section, there is authorized to be appropriated $5,000,000 for each of the fiscal years 2000 through 2004.

SEC. 5. PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT; SYSTEMS FOR REDUCING ASTHMA AND ASTHMA-RELATED ILLNESSES THROUGH URBAN COCKROACH MANAGEMENT.

Section 1904(a)(1) of the Public Health Service Act (42 U.S.C. 300w–3(a)(1)) is amended—

(1) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively;

(2) by adding a period at the end of subparagraph (G) (as so redesignated);

(3) by inserting after subparagraph (D), the following:

''(E) The establishment, operation, and coordination of effective and cost-efficient systems to reduce the prevalence of asthma and asthma-related illnesses among urban populations, especially children, by reducing the level of exposure to cockroach allergen through the use of integrated pest management, as applied to cockroaches. Amounts expended for such systems may include the costs of structural rehabilitation of housing, public schools, and other public facilities to reduce cockroach infestation, the costs of building maintenance, and the costs of programs to promote community participation in the carrying out at such sites integrated pest management, as applied to cockroaches. For purposes of this subparagraph, the term 'integrated pest management' means an approach to the management of pests in public facilities that minimizes or avoids the use of pesticide chemicals through a combination of appropriate practices regarding the maintenance, cleaning, and monitoring of such sites.'';

(4) in subparagraph (F) (as so redesignated), by striking ''subparagraphs (A) through (D)'' and inserting ''subparagraphs (A) through (E)''; and

(5) in subparagraph (G) (as so redesignated), by striking ''subparagraphs (A) through (E)'' and inserting ''subparagraphs (A) through (F)''.

SEC. 6. COORDINATION OF FEDERAL ACTIVITIES TO ADDRESS ASTHMA-RELATED HEALTH CARE NEEDS.

(a) IN GENERAL.—The Director of the National Heart, Lung, and Blood Institute shall, through the National Asthma Education Prevention Program Coordinating Committee—

(1) identify all Federal programs that carry out asthma-related activities;

(2) develop, in consultation with appropriate Federal agencies and professional and voluntary health organizations, a Federal plan for responding to asthma; and

(3) not later than 12 months after the date of enactment of this Act, submit recommendations to Congress on ways to strengthen and improve the coordination of asthma-related activities of the Federal Government.

(b) REPRESENTATION OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.—A representative of the Department of Housing and Urban Development shall be included on the National Asthma Education Prevention Program Coordinating Committee for the purpose of performing the tasks described in subsection (a).

(c) AUTHORIZATION OF APPROPRIATIONS.—Out of any funds otherwise appropriated for the National Institutes of Health, $5,000,000 shall be made available to the National Asthma Education Prevention Program for the period of fiscal years 2000 through 2004 for the purpose of carrying out this section. Funds made available under this subsection shall be in addition to any other funds appropriated to the National Asthma Education Prevention Program for any fiscal year during such period.

SEC. 7. COMPILATION OF DATA BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention, in consultation with the National Asthma Education Prevention Program Coordinating Committee, shall—

(1) conduct local asthma surveillance activities to collect data on the prevalence and severity of asthma and the quality of asthma management, including—

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

(B) health care facility specific surveillance to collect asthma data on the prevalence and severity of asthma, and on the quality of asthma care; and

(2) compile and annually publish data on—

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

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

(b) COLLABORATIVE EFFORTS.—The activities described in subsection (a)(1) may be conducted in collaboration with eligible entities awarded a grant under section 511 of the Social Security Act (as added by section 3).

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