

109TH CONGRESS
1ST SESSION

H. R. 4166

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

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 27, 2005

Mrs. MCCARTHY (for herself and Mr. SCHWARZ of Michigan) introduced the following bill; which was referred to the Committee on Energy and Commerce

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 makes the following findings:

7 (1) The number of people with asthma has
8 more than doubled from 1985 to 2005. According to
9 the Centers for Disease Control and Prevention, in
10 2002, more than 20,000,000 Americans had been di-

1 agnosed with asthma, and an estimated 6,000,000
2 children were suffering from asthma. By 2020, asth-
3 ma is expected to strike 1 in 14 Americans and 1
4 in 5 families.

5 (2) According to the Centers for Disease Con-
6 trol and Prevention, in 2002, more than 4,000
7 Americans died from asthma. The Asthma and Al-
8 lergy Foundation of America reports that in the
9 United States, 14 individuals die of asthma every
10 day. According to the Centers for Disease Control
11 and Prevention's National Center for Health Statis-
12 tics, mortality from asthma is higher among Afri-
13 can-Americans and women.

14 (3) According to the Centers for Disease Con-
15 trol and Prevention, asthma accounts for nearly
16 500,000 hospitalizations each year. More than
17 1,900,000 people are treated for asthma attacks in
18 hospital emergency departments each year.

19 (4) The Morbidity and Mortality Weekly Report
20 notes that from 1980 to 1999, the number of physi-
21 cian office visits increased from 5,900,000 to
22 10,800,000. There were higher rates of physician of-
23 fice visits for African-Americans, females, and chil-
24 dren.

1 (5) According to the National Heart Lung and
2 Blood Institute at the National Institutes of Health,
3 the annual cost of asthma to the United States is
4 approximately \$16,100,000,000.

5 (6) The Department of Education states that
6 asthma is the most commonly cited reason for school
7 absences. According to the Centers for Disease Con-
8 trol and Prevention, in 2002, more than 14,000,000
9 school days and 11,800,00 work days were missed as
10 a result of asthma.

11 (7) Asthma episodes can be triggered by both
12 outdoor air pollution and indoor air pollution, in-
13 cluding pollutants such as cigarette smoke and com-
14 bustion by-productions. Asthma episodes can also be
15 triggered by indoor allergens such as animal dander
16 and outdoor allergens such as pollen and molds.

17 (8) Public health interventions and medical care
18 in accordance with existing guidelines have been
19 proven effective in the treatment and management
20 of asthma. Better asthma management could reduce
21 the numbers of emergency department visits and
22 hospitalizations due to asthma. Studies published in
23 medical journals have shown that asthma care from
24 specialists results in improved asthma outcomes at a
25 lower cost.

1 (9) The alarming rise in the prevalence of asth-
2 ma, its adverse effects on school attendance and pro-
3 ductivity, its costs for hospitalizations and emer-
4 gency room visits, argue for a more vigorous Federal
5 leadership role, including increasing awareness of
6 asthma as a chronic illness, its symptoms, the role
7 of both indoor and outdoor environmental factors
8 that exacerbate the disease, and other factors that
9 affect its exacerbations and severity. The goals of
10 the government and its partners in the nonprofit
11 and private sectors should include reducing the num-
12 ber and severity of asthma attacks, its financial bur-
13 den, and the health disparities associated with asth-
14 ma.

15 **SEC. 3. FAMILY ASTHMA CLINICAL AND ENVIRONMENTAL**
16 **HEALTH RESEARCH GRANTS.**

17 Part P of title III of the Public Health Service Act
18 (42 U.S.C. 280g et seq.) is amended by adding at the end
19 the following:

20 **“SEC. 3990. FAMILY ASTHMA CLINICAL AND ENVIRON-**
21 **MENTAL HEALTH RESEARCH GRANT PRO-**
22 **GRAM.**

23 “(a) PURPOSES.—The purposes of this section are to
24 provide authority to award grants to eligible entities serv-
25 ing a medically underserved population (as defined in sec-

1 tion 330(b)(3)) for the conduct of pilot projects to prevent
2 and control asthma symptoms and to reduce asthma at-
3 tacks in families containing individuals with asthma
4 through activities which may include—

5 “(1) researching and developing novel interven-
6 tions to reduce the burden of asthma, improve dis-
7 ease control, assist with the management of asthma
8 exacerbations by patients and their families, and
9 prevent asthma exacerbations;

10 “(2) utilizing the electronic medical record, tele-
11 health, and other novel electronic communications to
12 prevent acute asthma attacks;

13 “(3) facilitating communication of intervention
14 and prevention information to individuals with asth-
15 ma and their families and caregivers;

16 “(4) expanding the understanding of environ-
17 mental and other factors that cause and contribute
18 to the burden of asthma;

19 “(5) collecting and analyzing data in order to
20 determine the incidence, prevalence, and severity of
21 asthma and associated risk factors; and

22 “(6) expanding data collection of research into
23 the genetic susceptibility to asthma.

24 “(b) AUTHORITY TO MAKE GRANTS.—

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

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

8 “(A) give priority to entities that serve a
9 medically underserved population; and

10 “(B) give consideration to an adequate
11 rural-urban distribution, so as to gain better in-
12 formation about asthma at the national level.

13 “(3) COORDINATION OF AGENCIES.—The Na-
14 tional Institute of Environmental Health Sciences
15 (which shall be the lead agency for purposes of ac-
16 tivities carried out under this section), in coordina-
17 tion with the National Heart, Lung, and Blood In-
18 stitute, the National Institute of Allergy and Infec-
19 tious Diseases, and the National Institute of Child
20 Health and Human Development, shall administer
21 grants to be utilized by entities performing research
22 of the type described in subsection (a). Such Insti-
23 tutes shall coordinate in writing a Request for Appli-
24 cations, reviewing applications, and providing admin-

1 istrative oversight for the program carried out under
2 this section.

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

5 “(1) a hospital, including children’s hospitals;

6 “(2) a community health center;

7 “(3) a medical school;

8 “(4) a nonprofit institution; or

9 “(5) another entity, as designated by the Sec-
10 retary.

11 “(d) APPLICATION.—

12 “(1) IN GENERAL.—An eligible entity shall sub-
13 mit an application to the Director of the National
14 Institutes of Health for a grant under this section
15 at such time, in such manner, and accompanied by
16 such information as such Director may require.

17 “(2) REQUIRED INFORMATION.—An application
18 submitted under this subsection shall, to the extent
19 practicable—

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

1 “(B) provide assurance that the applicant
2 will establish consistent communication with pa-
3 tients using the Internet or telephone for the
4 prompt transmission of patient information re-
5 lated to symptoms and conditions, such as peak
6 flow meter measurements;

7 “(C) provide assurance that enrollees will
8 have baseline and ongoing medical data col-
9 lected, including data related to pulmonary
10 function and skin or in vitro testing for sen-
11 sitization to allergies;

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

17 “(E) contain assurances that the applicant
18 will communicate in a manner designed to pre-
19 serve patient confidentiality, with at least 1 of
20 the Asthma Clinical Centers of the National In-
21 stitutes of Health; and

22 “(F) provide assurances that the entity
23 can effectively coordinate care between physi-
24 cians, including asthma specialists, nurses, al-
25 lied health professionals, community health

1 workers, nonprofit organizations, and the other
2 entities responsible for implementing the pilot
3 project involved.

4 “(3) COLLABORATION WITH LOCAL INSTITU-
5 TIONS.—An eligible entity under this section is en-
6 couraged to—

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

11 “(B) collaborate with local school districts
12 to recruit children with physician-diagnosed
13 asthma; and

14 “(C) partner with local, community-based
15 nonprofit organizations to identify children and
16 families with asthma within the geographic area
17 of the applicant.

18 “(e) USE OF FUNDS.—

19 “(1) IN GENERAL.—An eligible entity shall use
20 amounts received under a grant under this section to
21 carry out the purposes described in subsection (a),
22 including—

23 “(A) conducting an assessment of the pa-
24 tients served to determine possible contributors
25 to asthma exacerbations in the indoor and out-

1 door environments, including exposure to diesel
2 and other particles, ozone and other gases, gas-
3 eous pollutants and allergens, mold, and other
4 indoor pollutants;

5 “(B) implementing interventions regarding
6 indoor and outdoor environments to reduce the
7 severity and persistence of asthma;

8 “(C) developing and maintaining question-
9 naires completed by the patients, or the parents
10 or guardians of the patients, regarding their re-
11 spective occupations and personal exposure his-
12 tory, in order to increase the understanding of
13 factors that contribute to asthma prevalence;
14 and

15 “(D) conducting other research as des-
16 ignated by the Director of the National Insti-
17 tutes of Health, particularly in areas that will
18 advance knowledge of the factors that con-
19 tribute to asthma.

20 “(2) RESEARCH OF SIGNIFICANT INTEREST.—
21 An eligible entity is encouraged to conduct research
22 under this section on the interactions between envi-
23 ronmental exposures and genetic susceptibilities that
24 contribute to the development or exacerbation of
25 asthma.

1 “(f) PROTECTION OF INFORMATION.—The Secretary
2 shall ensure the protections of individual health privacy
3 under this section consistent with the regulations promul-
4 gated under section 264(c) of the Health Insurance Port-
5 ability and Accountability Act of 1996.

6 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated \$10,000,000 for each
8 of fiscal years 2006 through 2010 to carry out this sec-
9 tion.”.

10 **SEC. 4. NATIONAL ASTHMA EDUCATION AND PREVENTION**

11 **PROGRAM OF THE NATIONAL HEART, LUNG,**

12 **AND BLOOD INSTITUTE.**

13 Part C of title IV of the Public Health Service Act
14 (42 U.S.C. 285 et seq.) is amended by inserting after sec-
15 tion 424B the following:

16 **“SEC. 424C. EXPANSION OF THE NATIONAL ASTHMA EDU-**

17 **CATION AND PREVENTION PROGRAM.**

18 “(a) DEVELOPMENT OF A NATIONAL ASTHMA AC-
19 TION PLAN.—

20 “(1) IN GENERAL.—In addition to any other
21 authorization of appropriation available to the Na-
22 tional Heart, Lung, and Blood Institute for the pur-
23 pose of carrying out the National Asthma Education
24 and Prevention Program (referred to in this section
25 as the ‘Program’), there is authorized to be appro-

1 priated to such Institute \$1,000,000 for each of fis-
2 cal years 2006 through 2010 to develop a National
3 Asthma Action Plan.

4 “(2) USE OF APPROPRIATIONS.—The amount
5 appropriated under paragraph (1) shall be used to
6 fund the report by the Program described under
7 subsection (b).

8 “(b) REPORT TO CONGRESS.—

9 “(1) IN GENERAL.—Not later than 2 years
10 after the date of enactment of the Family Asthma
11 Act, the Program shall, in consultation with patient
12 groups, nonprofit organizations, medical societies,
13 and other relevant governmental and nongovern-
14 mental entities that participate in the Program, sub-
15 mit to Congress a report that—

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

18 “(i) the activities of the Federal Gov-
19 ernment, including an assessment of the
20 progress of the Federal Government and
21 States, with respect to achieving the goals
22 of the Healthy People 2010 initiative; and

23 “(ii) the activities of other entities
24 that participate in the Program, including

1 nonprofit organizations, patient advocacy
2 groups, and medical societies; and

3 “(B) makes recommendations for the fu-
4 ture direction of asthma activities, in consulta-
5 tion with researchers from the National Insti-
6 tutes of Health and other member bodies of the
7 National Asthma Education and Prevention
8 Program who are qualified to review and ana-
9 lyze data and evaluate interventions, includ-
10 ing—

11 “(i) how the Federal Government may
12 improve its response to asthma;

13 “(ii) how the Federal Government
14 may continue, expand, and improve its pri-
15 vate-public partnerships with respect to
16 asthma;

17 “(iii) steps that may be taken to re-
18 duce the—

19 “(I) morbidity, mortality, and
20 overall prevalence of asthma;

21 “(II) financial burden of asthma
22 on society;

23 “(III) burden of asthma on dis-
24 proportionately affected areas, par-
25 ticularly those in medically under-

1 served populations (as defined in sec-
2 tion 330(b)(3)); and

3 “(IV) burden of asthma as a
4 chronic disease;

5 “(iv) identify programs that have
6 achieved the steps described under clause
7 (iii), and steps that may be taken to ex-
8 pand such programs to benefit larger pop-
9 ulations; and

10 “(v) recommendations for future re-
11 search and interventions.

12 “(2) UPDATES TO CONGRESS.—

13 “(A) CONGRESSIONAL REQUEST.—During
14 the 5-year period following the submission of
15 the report under paragraph (1), the Program
16 shall submit updates and revisions of the report
17 upon the request of Congress.

18 “(B) FIVE-YEAR REEVALUATION.—At the
19 end of the 5-year period following the submis-
20 sion of the report under paragraph (1), the
21 Program shall evaluate its analyses and rec-
22 ommendations under such report and determine
23 whether a new report to Congress is necessary,
24 and make appropriate recommendations to Con-
25 gress.”.

1 **SEC. 5. ASTHMA-RELATED ACTIVITIES OF THE CENTERS**
2 **FOR DISEASE CONTROL AND PREVENTION.**

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

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

7 “(a) PROGRAM FOR PROVIDING INFORMATION AND
8 EDUCATION TO THE PUBLIC.—The Secretary, acting
9 through the Director of the Centers for Disease Control
10 and Prevention, shall collaborate with State and local
11 health departments to conduct activities, including the
12 provision of information and education to the public re-
13 garding asthma including—

14 “(1) deterring the harmful consequences of un-
15 controlled asthma; and

16 “(2) disseminating health education and infor-
17 mation regarding prevention of asthma episodes and
18 strategies for managing asthma.

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

23 “(1) conduct asthma surveillance activities to
24 collect data on the prevalence and severity of asth-
25 ma, the effectiveness of public health asthma inter-

1 ventions, and the quality of asthma management, in-
2 cluding—

3 “(A) collection of sample household data
4 on the local burden of asthma; and

5 “(B) surveillance of sample health care fa-
6 cilities; and

7 “(2) compile and annually publish data regard-
8 ing—

9 “(A) the prevalence and incidence of chil-
10 dren suffering with asthma in each State and,
11 to the extent practicable, at the county level;

12 “(B) the childhood mortality rate associ-
13 ated with asthma nationally and in each State
14 and, to the extent practicable, at the county
15 level;

16 “(C) the number of hospital admissions
17 and emergency department visits by children
18 associated with asthma nationally and in each
19 State and, to the extent practicable, at the
20 county level; and

21 “(D) the prevalence and incidence of adult
22 asthma, the adult mortality rate, and the num-
23 ber of hospital admissions and emergency de-
24 partment visits by adults associated with asth-

1 ma nationally and in each State and, to the ex-
2 tent practicable, at the county level.

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

9 “(d) COLLABORATION.—

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

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

20 “(e) ADDITIONAL FUNDING.—In addition to any
21 other authorization of appropriations that is available to
22 the Centers for Disease Control and Prevention for the
23 purpose of carrying out this section, there is authorized
24 to be appropriated to such Centers \$5,000,000 for each

1 of fiscal years 2006 through 2010 for the purpose of car-
2 rying out this section.”.

3 **SEC. 6. FELLOWSHIP TRAINING TO IMPROVE ASTHMA**
4 **CARE.**

5 Part C of title IV of the Public Health Service Act
6 (42 U.S.C. 285 et seq.) is amended by inserting after sec-
7 tion 463B the following:

8 **“SEC. 463C. FELLOWSHIP TRAINING TO IMPROVE ASTHMA**
9 **CARE.**

10 “(a) FELLOWSHIP TRAINING PROGRAM.—

11 “(1) IN GENERAL.—The Director of the Insti-
12 tute shall establish individual and institutional train-
13 ing grants for education and training of healthcare
14 providers, including asthma specialists, researchers,
15 and educators on the role of environmental factors
16 in the development and prevention of asthma and re-
17 current asthma attacks, as well as methods to re-
18 duce such factors, including knowledge of treatment
19 as recommended by the National Asthma Education
20 and Prevention Program guidelines.

21 “(2) NAME OF TRAINING GRANTS.—The train-
22 ing grants awarded under paragraph (1) shall be
23 named in honor of Dr. Irving J. Selikoff for his
24 leadership in inaugurating the environmental medi-
25 cine movement.

1 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated \$2,000,000 for each of
3 fiscal years 2006 through 2010 to carry out this section.”.

○