

109TH CONGRESS
1ST SESSION

H. R. 583

To amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 2, 2005

Mr. PICKERING (for himself, Ms. ESHOO, Mr. BOSWELL, Mr. KUCINICH, Mr. HOLDEN, Mr. BUTTERFIELD, Mrs. CAPPAS, Mr. McNULTY, Mrs. CHRISTENSEN, Mr. MATHESON, Ms. SCHAKOWSKY, Mr. WAXMAN, Mr. HALL, Mr. GRAVES, Mr. NORWOOD, Mr. HINCHEY, Mr. DAVIS of Alabama, Mr. OWENS, Mr. SCHIFF, Mr. MOORE of Kansas, Mr. ROGERS of Alabama, Mr. ENGEL, Ms. ZOE LOFGREN of California, Mr. KILDEE, and Mr. UPTON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for arthritis research and public health, 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 “Arthritis Prevention,
5 Control, and Cure Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Arthritis and other rheumatic diseases are
2 among the most common conditions in the United
3 States. There are more than 100 different forms of
4 arthritis, of which the 2 most common forms are os-
5 teoarthritis and rheumatoid arthritis.

6 (2) Arthritis and other rheumatic diseases
7 cause severe and chronic pain, swollen tissue, liga-
8 ment and joint destruction, deformities, permanent
9 disability, and death. Arthritis and other rheumatic
10 diseases erode patients' quality of life and can di-
11 minish their mental health, impose significant limi-
12 tations on their daily activities, and disrupt the lives
13 of their family members and caregivers.

14 (3) One out of every 3, or nearly 70,000,000,
15 adults in the United States suffer from arthritis or
16 chronic joint symptoms. The number of individuals
17 in the United States with arthritis will grow as the
18 number of older Americans continues to increase
19 dramatically in the next few decades.

20 (4) Arthritis and other rheumatic diseases af-
21 fect all types of people of the United States, not just
22 older individuals. Arthritis and other rheumatic dis-
23 eases disproportionately affect women in the United
24 States, and nearly 3 of every 5 individuals with ar-
25 thritis are younger than 65 years of age. Today,

1 8,400,000 young adults ages 18 through 44 have ar-
2 thritis and millions of others are at risk for devel-
3 oping the disease.

4 (5) Arthritis and other rheumatic diseases are
5 the leading cause of disability among adults in the
6 United States. More than 8,000,000 people in the
7 United States are disabled by arthritis and other
8 rheumatic diseases. By 2020, arthritis will limit the
9 daily activities of nearly 12,000,000 individuals.

10 (6) Nearly 60 percent of people of the United
11 States with arthritis are of working age. In general,
12 people with arthritis have a low rate of participation
13 in the workforce. Arthritis is exceeded only by heart
14 disease as a cause of work disability.

15 (7) Nearly 300,000 children in the United
16 States, or 3 children out of every 1,000, have some
17 form of arthritis or other rheumatic disease. It is the
18 sense of Congress that the substantial morbidity as-
19 sociated with pediatric arthritis warrants a greater
20 Federal investment in research to identify new and
21 more effective treatments for these diseases.

22 (8) Arthritis results in 750,000 hospitalizations,
23 44,000,000 outpatient visits, and 4,000,000 days of
24 hospital care every year, according to the Centers
25 for Disease Control and Prevention.

1 (9) The Centers for Disease Control and Pre-
2 vention estimate that the annual cost of medical care
3 for arthritis is \$51,000,000, and the estimated an-
4 nual total cost of arthritis to the United States, in-
5 cluding lost productivity, exceeds \$86,000,000.

6 (10) In 1975, the National Arthritis Act of
7 1974 (Public Law 93–640) was enacted to promote
8 basic and clinical arthritis research, establish Multi-
9 purpose Arthritis Centers, and expand clinical
10 knowledge in the field of arthritis. The Act was suc-
11 cessfully implemented, and continued funding of ar-
12 thritis-related research has led to important ad-
13 vances in arthritis control, treatment, and preven-
14 tion.

15 (11) Early diagnosis, treatment, and appro-
16 priate management of arthritis can control symp-
17 toms and improve quality of life. Weight control and
18 exercise can demonstrably lower health risks from
19 arthritis, as can other forms of patient education,
20 training, and self-management. The genetics of ar-
21 thritis are being actively investigated. New, innova-
22 tive, and increasingly effective drug therapies, joint
23 replacements, and other therapeutic options are
24 being developed.

1 (12) While research has identified many effective
2 interventions against arthritis, such interventions
3 are broadly underutilized. That underutilization
4 leads to unnecessary loss of life, health, and
5 quality of life, as well as avoidable or unnecessarily
6 high health care costs. Arthritis self-management
7 can reduce both patient pain and health care costs,
8 with some self-management programs reducing arthritis
9 pain by 20 percent and physician visits by 40
10 percent. Yet less than 1 percent of the 49,000,000
11 people in the United States with arthritis participate
12 in such programs, and self-management courses are
13 not offered in all areas of the United States.

14 (13) Rheumatologists are internists or pediatric
15 sub-specialists that are uniquely qualified by an additional
16 2 to 4 years of training and experience in the diagnosis
17 and treatment of rheumatic conditions. Typically, rheumatologists
18 act as consultants, but also often act as managers, relying on
19 the help of many skilled professionals, including nurses, physical
20 and occupational therapists, psychologists, and social
21 workers. Many rheumatologists conduct research to determine
22 the cause and effective treatment of disabling and sometimes
23 fatal rheumatic diseases.
24

1 (14) Recognizing that the Nation requires a
2 public health approach to arthritis, the Department
3 of Health and Human Services established impor-
4 tant national goals related to arthritis in its Healthy
5 People 2010 initiative. Moreover, various Federal
6 and non-Federal stakeholders have worked coopera-
7 tively to develop a comprehensive National Arthritis
8 Action Plan: A Public Health Strategy.

9 (15) Greater efforts and commitments are need-
10 ed from Congress, the States, providers, and pa-
11 tients to achieve the goals of Healthy People 2010,
12 implement a national public health strategy con-
13 sistent with the National Arthritis Action Plan, and
14 lessen the burden of arthritis on citizens of the
15 United States.

16 **SEC. 3. ENHANCING THE PUBLIC HEALTH ACTIVITIES RE-**
17 **LATED TO ARTHRITIS OF THE CENTERS FOR**
18 **DISEASE CONTROL AND PREVENTION**
19 **THROUGH THE NATIONAL ARTHRITIS ACTION**
20 **PLAN.**

21 Part B of title III of the Public Health Service Act
22 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
23 tion 314 the following:

1 **“SEC. 315. IMPLEMENTATION OF THE NATIONAL ARTHRITIS**
2 **ACTION PLAN.**

3 “The Secretary shall develop and implement a Na-
4 tional Arthritis Action Plan that consists of—

5 “(1) the Federal arthritis prevention and con-
6 trol activities, as described in section 315A;

7 “(2) the State arthritis control and prevention
8 programs, as described in section 315B;

9 “(3) the comprehensive arthritis action grant
10 program, as described in section 315C; and

11 “(4) a national arthritis education and outreach
12 program, as described in section 315D.

13 **“SEC. 315A. FEDERAL ARTHRITIS PREVENTION AND CON-**
14 **TROL ACTIVITIES.**

15 “(a) IN GENERAL.—The Secretary, acting through
16 the Director of the Centers for Disease Control and Pre-
17 vention, shall, directly, or through a grant to an eligible
18 entity, conduct, support, and promote the coordination of
19 research, investigations, demonstrations, training, and
20 studies relating to the control, prevention, and surveillance
21 of arthritis and other rheumatic diseases.

22 “(b) DUTIES OF SECRETARY.—The activities of the
23 Secretary under subsection (a) shall include—

24 “(1) the collection, publication, and analysis of
25 data on the prevalence and incidence of arthritis and
26 other rheumatic diseases;

1 “(2) the development of uniform data sets for
2 public health surveillance and clinical quality im-
3 provement activities;

4 “(3) the identification of evidence-based and
5 cost-effective best practices for the prevention, diag-
6 nosis, management, and care of arthritis and other
7 rheumatic diseases;

8 “(4) research, including research on behavioral
9 interventions to prevent arthritis and on other evi-
10 dence-based best practices relating to arthritis pre-
11 vention, diagnosis, management, and care; and

12 “(5) demonstration projects, including commu-
13 nity-based and patient self-management programs of
14 arthritis control, prevention, and care, and similar
15 collaborations with academic institutions, hospitals,
16 health insurers, researchers, health professionals,
17 and nonprofit organizations.

18 “(c) TRAINING AND TECHNICAL ASSISTANCE.—With
19 respect to the planning, development, and operation of any
20 activity carried out under subsection (a), the Secretary
21 may provide training, technical assistance, supplies, equip-
22 ment, or services, and may assign any officer or employee
23 of the Department of Health and Human Services to a
24 State or local health agency, or to any public or nonprofit

1 entity designated by a State health agency, in lieu of pro-
2 viding grant funds under this section.

3 “(d) ARTHRITIS PREVENTION RESEARCH AT THE
4 CENTERS FOR DISEASE CONTROL AND PREVENTION
5 CENTERS.—The Secretary shall provide additional grant
6 support for research projects at the Centers for Prevention
7 Research by the Centers for Disease Control and Preven-
8 tion to encourage the expansion of research portfolios at
9 the Centers for Prevention Research to include arthritis-
10 specific research activities related to the prevention and
11 management of arthritis.

12 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to carry out this section
14 such sums as may be necessary for each of fiscal years
15 2006 through 2010.

16 **“SEC. 315B. STATE ARTHRITIS CONTROL AND PREVENTION**
17 **PROGRAMS.**

18 “(a) IN GENERAL.—The Secretary shall award
19 grants to eligible entities to provide support for com-
20 prehensive arthritis control and prevention programs and
21 to enable such entities to provide public health surveil-
22 lance, prevention, and control activities related to arthritis
23 and other rheumatic diseases.

1 “(b) ELIGIBILITY.—To be eligible to receive a grant
2 under this section, an entity shall be a State or Indian
3 tribe.

4 “(c) APPLICATION.—To be eligible to receive a grant
5 under this section, an entity shall submit to the Secretary
6 an application at such time, in such manner, and con-
7 taining such agreements, assurances, and information as
8 the Secretary may require, including a comprehensive ar-
9 thritis control and prevention plan that—

10 “(1) is developed with the advice of stake-
11 holders from the public, private, and nonprofit sec-
12 tors that have expertise relating to arthritis control,
13 prevention, and treatment that increase the quality
14 of life and decrease the level of disability;

15 “(2) is intended to reduce the morbidity of ar-
16 thritis, with priority on preventing and controlling
17 arthritis in at-risk populations and reducing dispari-
18 ties in arthritis prevention, diagnosis, management,
19 and quality of care in underserved populations;

20 “(3) describes the arthritis-related services and
21 activities to be undertaken or supported by the enti-
22 ty; and

23 “(4) is developed in a manner that is consistent
24 with the National Arthritis Action Plan or a subse-
25 quent strategic plan designated by the Secretary.

1 “(d) USE OF FUNDS.—An eligible entity shall use
2 amounts received under a grant awarded under subsection
3 (a) to conduct, in a manner consistent with the com-
4 prehensive arthritis control and prevention plan submitted
5 by the entity in the application under subsection (c)—

6 “(1) public health surveillance and epidemiolog-
7 ical activities relating to the prevalence of arthritis
8 and assessment of disparities in arthritis prevention,
9 diagnosis, management, and care;

10 “(2) public information and education pro-
11 grams; and

12 “(3) education, training, and clinical skills im-
13 provement activities for health professionals, includ-
14 ing allied health personnel.

15 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 such sums as may be necessary for each of fiscal years
18 2006 through 2010.

19 **“SEC. 315C. COMPREHENSIVE ARTHRITIS ACTION GRANTS.**

20 “(a) IN GENERAL.—The Secretary shall award
21 grants on a competitive basis to eligible entities to enable
22 such eligible entities to assist in the implementation of a
23 national strategy for arthritis control and prevention.

1 “(b) ELIGIBILITY.—To be eligible to receive a grant
2 under this section, an entity shall be a national public or
3 private nonprofit entity.

4 “(c) APPLICATION.—To be eligible to receive a grant
5 under this section, an entity shall submit to the Secretary
6 an application at such time, in such manner, and con-
7 taining such agreements, assurances, and information as
8 the Secretary may require, including a description of how
9 funds received under a grant awarded under this section
10 will—

11 “(1) supplement or fulfill unmet needs identi-
12 fied in the comprehensive arthritis control and pre-
13 vention plan of a State or Indian tribe;

14 “(2) otherwise help achieve the goals of the Na-
15 tional Arthritis Action Plan or a subsequent stra-
16 tegic plan designated by the Secretary.

17 “(d) PRIORITY.—In awarding grants under this sec-
18 tion, the Secretary shall give priority to eligible entities
19 submitting applications proposing to carry out programs
20 for controlling and preventing arthritis in at-risk popu-
21 lations or reducing disparities in underserved populations.

22 “(e) USE OF FUNDS.—An eligible entity shall use
23 amounts received under a grant awarded under subsection
24 (a) for 1 or more of the following purposes:

1 “(1) To expand the availability of physical ac-
2 tivity programs designed specifically for people with
3 arthritis.

4 “(2) To provide awareness education to pa-
5 tients, family members, and health care providers, to
6 help such individuals recognize the signs and symp-
7 toms of arthritis, and to address the control and
8 prevention of arthritis.

9 “(3) To decrease long-term consequences of ar-
10 thritis by making information available to individ-
11 uals with regard to the self-management of arthritis.

12 “(4) To provide information on nutrition edu-
13 cation programs with regard to preventing or miti-
14 gating the impact of arthritis.

15 “(f) EVALUATION.—An eligible entity that receives a
16 grant under this section shall submit to the Secretary an
17 evaluation of the operations and activities carried out
18 under such grant that includes an analysis of increased
19 utilization and benefit of public health programs relevant
20 to the activities described in the appropriate provisions of
21 subsection (e).

22 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated to carry out this section
24 such sums as may be necessary for each of fiscal years
25 2006 through 2010.

1 **“SEC. 315D. NATIONAL ARTHRITIS EDUCATION AND OUT-**
2 **REACH.**

3 “(a) IN GENERAL.—The Secretary shall coordinate
4 a national education and outreach program to support, de-
5 velop, and implement education initiatives and outreach
6 strategies appropriate for arthritis and other rheumatic
7 diseases.

8 “(b) INITIATIVES AND STRATEGIES.—Initiatives and
9 strategies implemented under the program described in
10 paragraph (1) may include public awareness campaigns,
11 public service announcements, and community partnership
12 workshops, as well as programs targeted at businesses and
13 employers, managed care organizations, and health care
14 providers.

15 “(c) PRIORITY.—In carrying out subsection (a), the
16 Secretary—

17 “(1) may emphasize prevention, early diagnosis,
18 and appropriate management of arthritis, and op-
19 portunities for effective patient self-management;
20 and

21 “(2) shall give priority to reaching high-risk or
22 underserved populations.

23 “(d) COLLABORATION.—In carrying out this section,
24 the Secretary shall consult and collaborate with stake-
25 holders from the public, private, and nonprofit sectors

1 with expertise relating to arthritis control, prevention, and
2 treatment.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 such sums as may be necessary for each of fiscal years
6 2006 through 2010.”.

7 **SEC. 4. EXPANSION AND COORDINATION OF ACTIVITIES OF**
8 **THE NATIONAL INSTITUTES OF HEALTH WITH**
9 **RESPECT TO RESEARCH ON ARTHRITIS.**

10 Title IV of the Public Health Service Act (42 U.S.C.
11 281 et seq.) is amended by inserting after section 439 the
12 following:

13 **“SEC. 439A. ARTHRITIS AND RHEUMATIC DISEASES INTER-**
14 **AGENCY COORDINATING COMMITTEE.**

15 “(a) IN GENERAL.—

16 “(1) ESTABLISHMENT.—The Secretary shall es-
17 tablish an Arthritis and Rheumatic Diseases Inter-
18 agency Coordinating Committee (referred to in this
19 section as the ‘Coordinating Committee’).

20 “(2) DUTIES.—The coordinating committee es-
21 tablished under paragraph (1) shall—

22 “(A) provide for the improved coordination
23 of the research activities of all the national re-
24 search institutes relating to arthritis and rheu-
25 matic diseases; and

1 “(B) provide for full and regular commu-
2 nication and exchange of information necessary
3 to maintain adequate coordination across all
4 Federal health programs and activities related
5 to arthritis and rheumatic diseases.

6 “(b) ARTHRITIS AND RHEUMATIC DISEASES INTER-
7 AGENCY COORDINATING COMMITTEE.—

8 “(1) COMPOSITION.—The Coordinating Com-
9 mittee shall consist of members, appointed by the
10 Secretary, of which—

11 “(A) $\frac{2}{3}$ of such members shall represent
12 governmental agencies, including—

13 “(i) the directors of each of the na-
14 tional research institutes and divisions in-
15 volved in research regarding arthritis and
16 rheumatic diseases (or the directors’ re-
17 spective designees); and

18 “(ii) representatives of other Federal
19 departments and agencies (as determined
20 appropriate by the Secretary) whose pro-
21 grams involve health functions or respon-
22 sibilities relevant to arthritis and rheu-
23 matic diseases, including the Centers for
24 Disease Control and Prevention, the
25 Health Resources and Services Administra-

1 tion, and the Food and Drug Administra-
2 tion; and

3 “(B) $\frac{1}{3}$ of such members shall be public
4 members, including a broad cross section of
5 persons affected by arthritis, researchers, clini-
6 cians, and representatives of voluntary health
7 agencies, who—

8 “(i) shall serve for a term of 3 years;
9 and

10 “(ii) may serve for an unlimited num-
11 ber of terms if reappointed.

12 “(2) CHAIRPERSON.—

13 “(A) APPOINTMENT.—The Chairperson of
14 the Coordinating Committee (referred to in this
15 subsection as the ‘Chairperson’) shall be ap-
16 pointed by and be directly responsible to the
17 Secretary.

18 “(B) DUTIES.—The Chairperson shall—

19 “(i) serve as the principal advisor to
20 the Secretary, the Assistant Secretary for
21 Health, and the Director of NIH on mat-
22 ters relating to arthritis and rheumatic dis-
23 eases; and

24 “(ii) provide advice to the Director of
25 the Centers for Disease Control and Pre-

1 vention, the Commissioner of Food and
2 Drugs, and the heads of other relevant
3 Federal agencies, on matters relating to
4 arthritis and rheumatic diseases.

5 “(3) ADMINISTRATIVE SUPPORT; MEETINGS.—

6 “(A) ADMINISTRATIVE SUPPORT.—The
7 Secretary shall provide necessary and appro-
8 priate administrative support to the Coordin-
9 ating Committee.

10 “(B) MEETINGS.—The Coordinating Com-
11 mittee shall meet on a regular basis as deter-
12 mined by the Secretary, in consultation with the
13 Chairperson.

14 “(c) ARTHRITIS AND RHEUMATIC DISEASES SUM-
15 MIT.—

16 “(1) IN GENERAL.—Not later than 1 year after
17 the date of enactment of the Arthritis Prevention,
18 Control, and Cure Act of 2005, the Coordinating
19 Committee shall convene a summit of researchers,
20 public health professionals, representatives of vol-
21 untary health agencies, representatives of academic
22 institutions, and Federal and State policymakers, to
23 provide a detailed overview of current research ac-
24 tivities at the National Institutes of Health, as well
25 as to discuss and solicit input related to potential

1 areas of collaboration between the National Insti-
2 tutes of Health and other Federal health agencies,
3 including the Centers for Disease Control and Pre-
4 vention, the Agency for Healthcare Research and
5 Quality, and the Health Resources and Services Ad-
6 ministration, related to research, prevention, and
7 treatment of arthritis and rheumatic diseases.

8 “(2) SUMMIT DETAILS.—The summit developed
9 under paragraph (1) shall focus on—

10 “(A) a broad range of research activities
11 relating to biomedical, epidemiological, psycho-
12 social, and rehabilitative issues, including stud-
13 ies of the impact of the diseases described in
14 paragraph (1) in rural and underserved commu-
15 nities;

16 “(B) clinical research for the development
17 and evaluation of new treatments, including
18 new biological agents;

19 “(C) translational research on evidence-
20 based and cost-effective best practices in the
21 treatment, prevention, and management of the
22 disease;

23 “(D) information and education programs
24 for health care professionals and the public;

1 “(E) priorities among the programs and
2 activities of the various Federal agencies re-
3 garding such diseases; and

4 “(F) challenges and opportunities for sci-
5 entists, clinicians, patients, and voluntary orga-
6 nizations.

7 “(d) REPORT TO CONGRESS.—Not later than 180
8 days after the convening of the Arthritis and Rheumatic
9 Diseases Summit under subsection (c)(1), the Director of
10 NIH shall prepare and submit a report to Congress that
11 includes proceedings from the summit and a description
12 of arthritis research, education, and other activities that
13 are conducted or supported through the national research
14 institutes.

15 “(e) PUBLIC INFORMATION.—The Coordinating
16 Committee shall make readily available to the public infor-
17 mation about the research, education, and other activities
18 relating to arthritis and other rheumatic diseases, con-
19 ducted or supported by the National Institutes of Health.

20 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated such sums as may be
22 necessary for each of fiscal years 2006 through 2010 to
23 carry out this section.”.

1 **SEC. 5. EXPANSION, INTENSIFICATION, AND INNOVATION**
2 **OF RESEARCH AND PUBLIC HEALTH ACTIVI-**
3 **TIES RELATED TO JUVENILE ARTHRITIS.**

4 (a) JUVENILE ARTHRITIS INITIATIVE THROUGH THE
5 DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH.—
6 Part A of title IV of the Public Health Service Act (42
7 U.S.C. 281 et seq.) is amended by adding at the end the
8 following:

9 **“SEC. 404H. JUVENILE ARTHRITIS INITIATIVE THROUGH**
10 **THE DIRECTOR OF THE NATIONAL INSTI-**
11 **TUTES OF HEALTH.**

12 “(a) EXPANSION AND INTENSIFICATION OF ACTIVI-
13 TIES.—

14 “(1) IN GENERAL.—The Director of NIH, in
15 coordination with the Director of the National Insti-
16 tute of Arthritis and Musculoskeletal and Skin Dis-
17 eases, and the directors of the other national re-
18 search institutes, as appropriate, shall expand and
19 intensify programs of the National Institutes of
20 Health with respect to research and related activities
21 concerning various forms of juvenile arthritis.

22 “(2) COORDINATION.—The directors referred to
23 in paragraph (1) shall jointly coordinate the pro-
24 grams referred to in such paragraph and consult
25 with additional Federal officials, voluntary health as-

1 sociations, medical professional societies, and private
2 entities as appropriate.

3 “(b) PLANNING GRANTS AND CONTRACTS FOR INNO-
4 VATIVE RESEARCH IN JUVENILE ARTHRITIS.—

5 “(1) IN GENERAL.—In carrying out subsection
6 (a)(1) the Director of NIH shall award planning
7 grants or contracts for the establishment of new re-
8 search programs, or enhancement of existing re-
9 search programs, that focus on juvenile arthritis.

10 “(2) RESEARCH.—

11 “(A) TYPES OF RESEARCH.—In carrying
12 out this subsection, the Secretary shall encour-
13 age research that focus on genetics, on the de-
14 velopment of biomarkers, and on pharma-
15 cological and other therapies.

16 “(B) PRIORITY.—In awarding planning
17 grants or contracts under paragraph (1), the
18 Director of NIH may give priority to collabo-
19 rative partnerships, which may include aca-
20 demic health centers, private sector entities,
21 and nonprofit organizations.

22 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated such sums as may be
24 necessary for each of fiscal years 2006 through 2010 to
25 carry out this section. Such authorization shall be in addi-

1 tion to any authorization of appropriations under any
2 other provision of law to carry out juvenile arthritis activi-
3 ties or other arthritis-related research.”.

4 (b) PUBLIC HEALTH AND SURVEILLANCE ACTIVI-
5 TIES RELATED TO JUVENILE ARTHRITIS AT THE CEN-
6 TERS FOR DISEASE CONTROL AND PREVENTION.—Part
7 B of title III of the Public Health Service Act (42 U.S.C.
8 243 et seq.) is amended by inserting after section 320A
9 the following:

10 **“SEC. 320B. SURVEILLANCE AND RESEARCH REGARDING**
11 **JUVENILE ARTHRITIS.**

12 “(a) IN GENERAL.—The Secretary, acting through
13 the Director of the Centers for Disease Control and Pre-
14 vention, may award grants to and enter into cooperative
15 agreements with public or nonprofit private entities for the
16 collection, analysis, and reporting of data on juvenile ar-
17 thritis.

18 “(b) TECHNICAL ASSISTANCE.—In awarding grants
19 and entering into agreements under subsection (a), the
20 Secretary may provide direct technical assistance in lieu
21 of cash.

22 “(c) COORDINATION WITH NIH.—The Secretary
23 shall ensure that epidemiological and other types of infor-
24 mation obtained under subsection (a) is made available to
25 the National Institutes of Health.

1 “(d) CREATION OF A NATIONAL JUVENILE ARTHRI-
2 TIS PATIENT REGISTRY.—The Secretary, acting through
3 the Director of the Centers for Disease Control and Pre-
4 vention and in collaboration with a national voluntary
5 health organization with experience serving the juvenile
6 arthritis population as well as the full spectrum of arthri-
7 tis-related conditions, shall support the development of a
8 National Juvenile Arthritis Patient Registry to collect spe-
9 cific data for follow-up studies regarding the prevalence
10 and incidence of juvenile arthritis, as well as capturing
11 information on evidence-based health outcomes related to
12 specific therapies and interventions.

13 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated such sums as may be
15 necessary to carry out this section.”.

16 **SEC. 6. INVESTMENT IN TOMORROW’S PEDIATRIC**
17 **RHEUMATOLOGISTS.**

18 (a) IN GENERAL.—Part Q of title III of the Public
19 Health Service Act (42 U.S.C. 280h et seq.) is amended
20 by adding at the end the following:

21 **“SEC. 399AA. INVESTMENT IN TOMORROW’S PEDIATRIC**
22 **RHEUMATOLOGISTS.**

23 “(a) ENHANCED SUPPORT.—In order to ensure an
24 adequate future supply of pediatric rheumatologists, the
25 Secretary, in consultation with the Administrator of the

1 Health Resources and Services Administration, shall sup-
2 port activities that provide for—

3 “(1) an increase in the number and size of in-
4 stitutional training grants awarded to institutions to
5 support pediatric rheumatology training; and

6 “(2) an expansion of public-private partnerships
7 to encourage academic institutions, private sector
8 entities, and health agencies to promote educational
9 training and fellowship opportunities for pediatric
10 rheumatologists.

11 “(b) AUTHORIZATION.—There are authorized to be
12 appropriated such sums as may be necessary for each of
13 fiscal years 2006 through 2010 to carry out this section.”.

14 (b) PEDIATRIC LOAN REPAYMENT PROGRAM.—Part
15 Q of title III of the Public Health Service Act (42 U.S.C.
16 280h et seq.), as amended by subsection (a), is further
17 amended by adding at the end the following:

18 **“SEC. 399BB. PEDIATRIC RHEUMATOLOGY LOAN REPAY-**
19 **MENT PROGRAM.**

20 “(a) IN GENERAL.—The Secretary, in consultation
21 with the Administrator of the Health Resources and Serv-
22 ices Administration, may establish a pediatric
23 rheumatology loan repayment program.

1 “(b) PROGRAM ADMINISTRATION.—Through the pro-
2 gram established under subsection (a), the Secretary
3 shall—

4 “(1) enter into contracts with qualified health
5 professionals who are pediatric rheumatologists
6 under which—

7 “(A) such professionals agree to provide
8 health care in an area with a shortage of pedi-
9 atric rheumatologists; and

10 “(B) the Federal Government agrees to
11 repay, for each year of such service, not more
12 than \$25,000 of the principal and interest of
13 the educational loans of such professionals; and

14 “(2) in addition to making payments under
15 paragraph (1) on behalf of an individual, make pay-
16 ments to the individual for the purpose of providing
17 reimbursement for tax liability resulting from the
18 payments made under paragraph (1), in an amount
19 equal to 39 percent of the total amount of the pay-
20 ments made for the taxable year involved.

21 “(c) FUNDING.—

22 “(1) IN GENERAL.—For the purpose of car-
23 rying out this section, the Secretary may reserve,
24 from amounts appropriated for the Health Re-
25 sources and Services Administration for the fiscal

1 year involved, such amounts as the Secretary deter-
2 mines to be appropriate.

3 “(2) AVAILABILITY OF FUNDS.—Amounts made
4 available to carry out this section shall remain avail-
5 able until the expiration of the second fiscal year be-
6 ginning after the fiscal year for which such amounts
7 were made available.”.

8 **SEC. 7. CAREER DEVELOPMENT AWARDS IN PEDIATRIC**
9 **RHEUMATOLOGY.**

10 Part G of title IV of the Public Health Service Act
11 (42 U.S.C. 288 et seq.) is amended—

12 (1) by redesignating section 487F (as added by
13 Public Law 106–310) as section 487G;

14 (2) by inserting after section 487G (as so re-
15 designated) the following:

16 **“SEC. 487H. CAREER DEVELOPMENT AWARDS IN PEDI-**
17 **ATRIC RHEUMATOLOGY.**

18 “(a) IN GENERAL.—The Secretary, in consultation
19 with the Director of NIH, may establish a program to in-
20 crease the number of career development awards for
21 health professionals who intend to build careers in clinical
22 and translational research relating to pediatric
23 rheumatology.

1 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
2 are appropriated such sums as may be necessary to carry
3 out this section.”.

4 **SEC. 8. GENERAL ACCOUNTING OFFICE STUDY OF ARTHRI-**
5 **TIS AND THE WORKPLACE.**

6 (a) STUDY AND REPORT.—Not later than 3 years
7 after the date of enactment of this Act, the Comptroller
8 General of the United States shall conduct a study on the
9 economic impact of arthritis in the workplace, and submit
10 a report to the appropriate committees of Congress con-
11 taining the results of the study.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated such sums as may be
14 necessary to carry out this section.

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