

111TH CONGRESS  
1ST SESSION

# H. R. 1210

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

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 26, 2009

Ms. ESHOO (for herself, Mr. UPTON, Ms. SCHAKOWSKY, Mr. VAN HOLLEN, Ms. BORDALLO, Mr. LANGEVIN, Mr. KLEIN of Florida, Mr. McDERMOTT, Mr. WU, Mr. BURTON of Indiana, Mr. KING of New York, Ms. BALDWIN, Mr. SARBANES, Mr. BISHOP of Georgia, Mr. YARMUTH, Mr. KENNEDY, Mr. RUSH, Mrs. CAPPS, Ms. HARMAN, Mr. MORAN of Virginia, Mr. MURPHY of Connecticut, Mr. BISHOP of New York, Mr. SENSENBRENNER, Mr. MURTHA, Mr. BERMAN, Mr. FRELINGHUYSEN, Mr. ISRAEL, Mr. MATHESON, Mr. SESSIONS, Mrs. EMERSON, Mr. PASCARELL, Ms. NORTON, Ms. MATSUI, Mr. TERRY, Mr. MCHUGH, Mr. GENE GREEN of Texas, Mr. HOLT, Ms. CASTOR of Florida, Mr. RAHALL, Mr. BOUCHER, Mr. NEAL of Massachusetts, Mr. FRANK of Massachusetts, Ms. DELAURO, Mr. SESTAK, Mr. MOORE of Kansas, Mrs. SCHMIDT, Ms. BERKLEY, and Mr. MORAN of Kansas) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Arthritis Prevention,  
3 Control, and Cure Act of 2009”.

4 **SEC. 2. ENHANCING THE PUBLIC HEALTH ACTIVITIES RE-**  
5 **LATED TO ARTHRITIS OF THE CENTERS FOR**  
6 **DISEASE CONTROL AND PREVENTION**  
7 **THROUGH THE NATIONAL ARTHRITIS ACTION**  
8 **PLAN.**

9 Part B of title III of the Public Health Service Act  
10 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
11 tion 314 the following:

12 **“SEC. 315. IMPLEMENTATION OF THE NATIONAL ARTHRITIS**  
13 **ACTION PROGRAM.**

14 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary  
15 may develop and implement a National Arthritis Action  
16 Program (in this section referred to as the ‘Program’) con-  
17 sistent with this section.

18 “(b) CONTROL, PREVENTION, AND SURVEIL-  
19 LANCE.—

20 “(1) IN GENERAL.—Under the Program, the  
21 Secretary, acting through the Director of the Cen-  
22 ters for Disease Control and Prevention, may, di-  
23 rectly or through competitive grants to eligible enti-  
24 ties, conduct, support, and promote the coordination  
25 of research, investigations, demonstrations, training,  
26 and studies relating to the control, prevention, and

1 surveillance of arthritis and other rheumatic dis-  
2 eases.

3 “(2) TRAINING AND TECHNICAL ASSISTANCE.—

4 With respect to the planning, development, and op-  
5 eration of any activity carried out under paragraph  
6 (1), the Secretary may provide training, technical  
7 assistance, supplies, equipment, or services, and may  
8 assign any officer or employee of the Department of  
9 Health and Human Services to a State or local  
10 health agency, or to any public or nonprofit entity  
11 designated by a State health agency, in lieu of pro-  
12 viding grant funds under this subsection.

13 “(3) ARTHRITIS PREVENTION RESEARCH AT

14 THE CENTERS FOR DISEASE CONTROL AND PREVEN-

15 TION CENTERS.—The Secretary may provide addi-

16 tional grant support under this subsection to encour-

17 age the expansion of research related to the preven-

18 tion and management of arthritis at the Centers for

19 Disease Control and Prevention.

20 “(4) ELIGIBLE ENTITY.—For purposes of this

21 subsection, the term ‘eligible entity’ means a na-

22 tional public or private nonprofit entity that dem-

23 onstrates to the satisfaction of the Secretary, in the

24 application described in subsection (e), the ability of

1 the entity to carry out the activities described in  
2 paragraph (1).

3 “(c) EDUCATION AND OUTREACH.—

4 “(1) IN GENERAL.—Under the Program, the  
5 Secretary may coordinate and carry out national  
6 education and outreach activities, directly or through  
7 the provision of grants to eligible entities, to sup-  
8 port, develop, and implement education initiatives  
9 and outreach strategies appropriate for arthritis and  
10 other rheumatic diseases.

11 “(2) INITIATIVES AND STRATEGIES.—Initiatives  
12 and strategies implemented under paragraph (1)  
13 may include public awareness campaigns, public  
14 service announcements, and community partnership  
15 workshops, as well as programs targeted at busi-  
16 nesses and employers, managed care organizations,  
17 and health care providers.

18 “(3) PRIORITY.—In carrying out paragraph (1),  
19 the Secretary—

20 “(A) may emphasize prevention, early di-  
21 agnosis, and appropriate management of arthri-  
22 tis, and opportunities for effective patient self-  
23 management; and

24 “(B) may give priority to reaching high-  
25 risk or underserved populations.

1           “(4) COLLABORATION.—In carrying out this  
2 subsection, the Secretary shall consult and collabo-  
3 rate with stake-holders from the public, private, and  
4 nonprofit sectors with expertise relating to arthritis  
5 control, prevention, and treatment.

6           “(5) ELIGIBLE ENTITY.—For purposes of this  
7 subsection, the term ‘eligible entity’ means a na-  
8 tional public or private nonprofit entity that dem-  
9 onstrates to the satisfaction of the Secretary, in the  
10 application described in subsection (e), the ability of  
11 the entity to carry out the activities described in  
12 paragraph (1).

13           “(d) COMPREHENSIVE STATE GRANTS.—

14           “(1) IN GENERAL.—Under the Program, the  
15 Secretary may award grants to eligible entities to  
16 provide support for comprehensive arthritis control  
17 and prevention programs and to enable such entities  
18 to provide public health surveillance, prevention, and  
19 control activities related to arthritis and other rheu-  
20 matic diseases.

21           “(2) ELIGIBILITY.—To be eligible to receive a  
22 grant under this subsection, an entity shall be a  
23 State or Indian tribe.

24           “(3) APPLICATION.—To be eligible to receive a  
25 grant under this subsection, an entity shall submit

1 to the Secretary an application at such time, in such  
2 manner, and containing such agreements, assur-  
3 ances, and information as the Secretary may re-  
4 quire, including a comprehensive arthritis control  
5 and prevention plan that—

6 “(A) is developed with the advice of stake-  
7 holders from the public, private, and nonprofit  
8 sectors that have expertise relating to arthritis  
9 control, prevention, and treatment that increase  
10 the quality of life and decrease the level of dis-  
11 ability;

12 “(B) is intended to reduce the morbidity of  
13 arthritis, with priority on preventing and con-  
14 trolling arthritis in at-risk populations and re-  
15 ducing disparities in arthritis prevention, diag-  
16 nosis, management, and quality of care in un-  
17 derserved populations;

18 “(C) describes the arthritis-related services  
19 and activities to be undertaken or supported by  
20 the entity; and

21 “(D) demonstrates the relationship the en-  
22 tity has with the community and local entities  
23 and how the entity plans to involve such com-  
24 munity and local entities in carrying out the ac-  
25 tivities described in paragraph (1).

1           “(4) USE OF FUNDS.—An eligible entity may  
2           use amounts received under a grant awarded under  
3           this subsection to conduct, in a manner consistent  
4           with the comprehensive arthritis control and preven-  
5           tion plan submitted by the entity in the application  
6           under paragraph (3)—

7                   “(A) public health surveillance and epide-  
8                   miological activities relating to the prevalence of  
9                   arthritis and assessment of disparities in arthri-  
10                  tis prevention, diagnosis, management, and  
11                  care;

12                   “(B) public information and education pro-  
13                  grams; and

14                   “(C) education, training, and clinical skills  
15                  improvement activities for health professionals,  
16                  including allied health personnel.

17           “(e) GENERAL APPLICATION.—To be eligible to re-  
18           ceive a grant under this section, except under subsection  
19           (d), an entity shall submit to the Secretary an application  
20           at such time, in such manner, and containing such agree-  
21           ments, assurances, and information as the Secretary may  
22           require, including a description of how funds received  
23           under a grant awarded under this section will supplement  
24           or fulfill unmet needs identified in a comprehensive arthri-  
25           tis control and prevention plan of the entity.

1 “(f) DEFINITIONS.—For purposes of this section:

2 “(1) INDIAN TRIBE.—The term ‘Indian tribe’  
3 has the meaning given such term in section 4(e) of  
4 the Indian Self-Determination and Education Assist-  
5 ance Act (25 U.S.C. 450b(e)).

6 “(2) STATE.—The term ‘State’ means any  
7 State of the United States, the District of Columbia,  
8 the Commonwealth of Puerto Rico, the Virgin Is-  
9 lands, American Samoa, Guam, and the Northern  
10 Mariana Islands.

11 “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
12 are authorized to be appropriated to carry out this sec-  
13 tion—

14 “(1) for fiscal year 2010, \$32,000,000;

15 “(2) for fiscal year 2011, \$34,000,000;

16 “(3) for fiscal year 2012, \$36,000,000;

17 “(4) for fiscal year 2013, \$38,000,000; and

18 “(5) for fiscal year 2014, \$40,000,000.”.

19 **SEC. 3. ACTIVITIES OF THE DEPARTMENT OF HEALTH AND**  
20 **HUMAN SERVICES WITH RESPECT TO JUVE-**  
21 **NILE ARTHRITIS AND RELATED CONDITIONS.**

22 (a) IN GENERAL.—The Secretary of Health and  
23 Human Services, in coordination with the Director of the  
24 National Institutes of Health, may expand and intensify  
25 programs of the National Institutes of Health with respect



1 to research and related activities concerning various forms  
2 of juvenile arthritis and related conditions.

3 (b) COORDINATION.—The Director of the National  
4 Institutes of Health may coordinate the programs referred  
5 to in subsection (a) and consult with additional Federal  
6 officials, voluntary health associations, medical profes-  
7 sional societies, and private entities as appropriate.

8 **SEC. 4. PUBLIC HEALTH AND SURVEILLANCE ACTIVITIES**  
9 **RELATED TO JUVENILE ARTHRITIS AT THE**  
10 **CENTERS FOR DISEASE CONTROL AND PRE-**  
11 **VENTION.**

12 Part B of title III of the Public Health Service Act  
13 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
14 tion 320A the following:

15 **“SEC. 320B. SURVEILLANCE AND RESEARCH REGARDING**  
16 **JUVENILE ARTHRITIS.**

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

23 “(b) TECHNICAL ASSISTANCE.—In awarding grants  
24 and entering into agreements under subsection (a), the

1 Secretary may provide direct technical assistance in lieu  
2 of cash.

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

7 “(d) CREATION OF A NATIONAL JUVENILE ARTHRI-  
8 TIS POPULATION-BASED DATABASE.—The Secretary, act-  
9 ing through the Director of the Centers for Disease Con-  
10 trol and Prevention and in collaboration with a national  
11 voluntary health organization with experience serving the  
12 juvenile arthritis population as well as the full spectrum  
13 of arthritis-related conditions, may support the develop-  
14 ment of a national juvenile arthritis population-based  
15 database to collect specific data for follow-up studies re-  
16 garding the prevalence and incidence of juvenile arthritis,  
17 as well as capturing information on evidence-based health  
18 outcomes related to specific therapies and interventions.

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—For the  
20 purpose of carrying out this section, there is authorized  
21 to be appropriated \$25,000,000 for each of fiscal years  
22 2010 through 2014.”

23 **SEC. 5. INVESTMENT IN TOMORROW'S PEDIATRIC**  
24 **RHEUMATOLOGISTS.**

25 (a) ENHANCED SUPPORT.—

1           (1) IN GENERAL.—In order to ensure an ade-  
2       quate future supply of pediatric rheumatologists, the  
3       Secretary of Health and Human Services, in con-  
4       sultation with the Administrator of the Health Re-  
5       sources and Services Administration, shall support  
6       activities that provide for—

7           (A) an increase in the number and size of  
8       institutional training grants awarded to institu-  
9       tions to support pediatric rheumatology train-  
10      ing; and

11          (B) an expansion of public-private partner-  
12      ships to encourage academic institutions, pri-  
13      vate sector entities, and health agencies to pro-  
14      mote educational training and fellowship oppor-  
15      tunities for pediatric rheumatologists.

16          (2) AUTHORIZATION OF APPROPRIATIONS.—  
17      There are authorized to be appropriated to carry out  
18      this subsection \$3,750,000 for each of the fiscal  
19      years 2010 through 2014.

20      (b) PEDIATRIC LOAN REPAYMENT PROGRAM.—

21          (1) IN GENERAL.—The Secretary of Health and  
22      Human Services, in consultation with the Adminis-  
23      trator of the Health Resources and Services Admin-  
24      istration, shall establish and, subject to the deter-

1 mination under paragraph (3), carry out a pediatric  
2 rheumatology loan repayment program.

3 (2) PROGRAM ADMINISTRATION.—Through the  
4 program established under this subsection, the Sec-  
5 retary shall—

6 (A) enter into contracts with qualified  
7 health professionals who are pediatric  
8 rheumatologists under which—

9 (i) such professionals agree to provide  
10 health care in an area with a shortage of  
11 pediatric rheumatologists and that has the  
12 capacity to support pediatric rheumatology,  
13 as determined by the Secretary of Health  
14 and Human Services; and

15 (ii) the Federal Government agrees to  
16 repay, for each year of such service, not  
17 more than \$25,000 of the principal and in-  
18 terest of the educational loans of such pro-  
19 fessionals; and

20 (B) in addition to making payments under  
21 paragraph (1) on behalf of an individual, make  
22 payments to the individual for the purpose of  
23 providing reimbursement for tax liability result-  
24 ing from the payments made under paragraph  
25 (1), in an amount equal to 39 percent of the

1 total amount of the payments made for the tax-  
2 able year involved.

3 (3) DETERMINATION OF SHORTAGE AREAS.—

4 For purposes of this subsection, an area shall be de-  
5 termined to be an area with a shortage of pediatric  
6 rheumatologists based on the ratio of the number of  
7 children who reside in such area who are in need of  
8 services of a pediatric rheumatologist to the number  
9 of pediatric rheumatologists who furnish services  
10 within 100 miles of the area.

11 (4) PERIODIC ASSESSMENTS.—

12 (A) IN GENERAL.—The Secretary of  
13 Health and Human Services shall periodically  
14 assess—

15 (i) the extent to which the loan repay-  
16 ment program under this section is needed;  
17 and

18 (ii) the extent to which the program is  
19 effective in increasing the number of pedi-  
20 atric rheumatologists nationally and the  
21 number of pediatric rheumatologists in  
22 areas with a shortage of pediatric  
23 rheumatologists.

24 In the case that the Secretary determines, pur-  
25 suant to an assessment under this subpara-

1 graph, that there is no longer a need for the  
2 loan repayment program, such program shall be  
3 terminated as of a date specified by the Sec-  
4 retary.

5 (B) ANNUAL REPORTS.—The Secretary of  
6 Health and Human Services shall annually re-  
7 port to Congress on the periodic assessments  
8 conducted under subparagraph (A).

9 (5) FUNDING.—

10 (A) IN GENERAL.—For the purpose of car-  
11 rying out this subsection, the Secretary of  
12 Health and Human Services may reserve, from  
13 amounts appropriated for the Health Resources  
14 and Services Administration for the fiscal year  
15 involved, such amounts as the Secretary deter-  
16 mines to be appropriate.

17 (B) AVAILABILITY OF FUNDS.—Amounts  
18 made available to carry out this section shall re-  
19 main available until the expiration of the second  
20 fiscal year beginning after the fiscal year for  
21 which such amounts were made available.

○