

116TH CONGRESS  
1ST SESSION

# H. R. 4622

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

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 8, 2019

Mr. CUMMINGS (for himself, Mr. ENGEL, Mr. UPTON, and Mr. KING of New York) 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 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 finds the following:

7 (1) According to the Centers for Disease Con-  
8 trol and Prevention, in 2017 more than 25,100,000  
9 people in the United States had been diagnosed with  
10 asthma, including an estimated 6,200,000 children.

1           (2) According to the Centers for Disease Con-  
2           trol and Prevention, asthma usually affects racial  
3           and ethnic minorities, including African Americans,  
4           American Indians, Alaska Natives, Puerto Ricans,  
5           and people of multiple races more than non-Hispanic  
6           Whites. In 2017, Puerto Ricans and African Ameri-  
7           cans had the highest lifetime prevalence of asthma  
8           at 20.6 and 15.2 percent, respectively.

9           (3) According to the Centers for Disease Con-  
10          trol and Prevention, among children, males have  
11          higher rates of asthma than females, and in adults  
12          women have higher rates of asthma than men. Indi-  
13          viduals living below the poverty threshold also had  
14          significantly higher rates of asthma in 2017 than in-  
15          dividuals living above the poverty threshold.

16          (4) According to the Centers for Disease Con-  
17          trol and Prevention, in 2017 more than 3,500 people  
18          in the United States died from asthma. The rate of  
19          mortality from asthma is higher among African  
20          Americans and women.

21          (5) The Centers for Disease Control and Pre-  
22          vention report that asthma accounted for approxi-  
23          mately 180,000 hospitalizations and 1,800,000 visits  
24          to hospital emergency departments in 2016.

1           (6) According to the Centers for Disease Con-  
2           trol and Prevention, the annual cost of asthma to  
3           the United States is approximately  
4           \$81,900,000,000, including \$3,000,000,000 in indi-  
5           rect costs from missed days of school and work.

6           (7) According to the Centers for Disease Con-  
7           trol and Prevention, 5,200,000 school days and  
8           8,500,000 work days are missed annually as a result  
9           of asthma.

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

16          (9) Public health interventions and medical care  
17          in accordance with existing guidelines have been  
18          proven effective in the treatment and management  
19          of asthma. Better asthma management could reduce  
20          the numbers of emergency department visits and  
21          hospitalizations due to asthma. Studies published in  
22          medical journals, including the Journal of Asthma  
23          and The Journal of Pediatrics, have shown that bet-  
24          ter asthma management results in improved asthma  
25          outcomes at a lower cost.

1           (10) In 2016, the Centers for Disease Control  
2           and Prevention reported that less than half of people  
3           with asthma reported receiving self-management  
4           training for their asthma. More education about  
5           triggers, proper treatment, and asthma management  
6           methods is needed.

7           (11) The alarming rise in the prevalence of  
8           asthma, its adverse effect on school attendance and  
9           productivity, and its cost for hospitalizations and  
10          emergency room visits, highlight the importance of  
11          public health interventions, including increasing  
12          awareness of asthma as a chronic illness, its symp-  
13          toms, the role of both indoor and outdoor environ-  
14          mental factors that exacerbate the disease, and other  
15          factors that affect its exacerbations and severity.  
16          The goals of the Federal Government and its part-  
17          ners in the nonprofit and private sectors should in-  
18          clude reducing the number and severity of asthma  
19          attacks, asthma’s financial burden, and the health  
20          disparities associated with asthma.

21          (12) The high health and financial burden  
22          caused by asthma underscores the importance of ad-  
23          herence to the National Asthma Education and Pre-  
24          vention Guidelines of the National Heart, Lung, and  
25          Blood Institute. Increasing adherence to guidelines-

1 based care and resulting patient management prac-  
2 tices will enhance the quality of life for patients with  
3 asthma and decrease asthma-related morbidity and  
4 mortality.

5 **SEC. 3. ASTHMA-RELATED ACTIVITIES OF THE CENTERS**  
6 **FOR DISEASE CONTROL AND PREVENTION.**

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

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

11 “(a) PROGRAM FOR PROVIDING INFORMATION AND  
12 EDUCATION TO THE PUBLIC.—The Secretary, acting  
13 through the Director of the Centers for Disease Control  
14 and Prevention and the National Center for Environ-  
15 mental Health, shall collaborate with State and local  
16 health departments to conduct activities, including the  
17 provision of information and education to the public re-  
18 garding asthma including—

19 “(1) deterring the harmful consequences of un-  
20 controlled asthma; and

21 “(2) disseminating health education and infor-  
22 mation regarding prevention of asthma episodes and  
23 strategies for managing asthma.

24 “(b) DEVELOPMENT OF STATE STRATEGIC PLANS  
25 FOR ASTHMA CONTROL.—The Secretary, acting through

1 the Director of the Centers for Disease Control and Pre-  
2 vention, shall collaborate with State and local health de-  
3 partments to develop State strategic plans for asthma con-  
4 trol incorporating public health responses to reduce the  
5 burden of asthma, particularly regarding disproportion-  
6 ately affected populations.

7 “(c) COMPILATION OF DATA.—The Secretary, acting  
8 through the Director of the Centers for Disease Control  
9 and Prevention, shall, in cooperation with State and local  
10 public health officials—

11 “(1) conduct asthma surveillance activities to  
12 collect data on the prevalence and severity of asth-  
13 ma, the effectiveness of public health asthma inter-  
14 ventions, and the quality of asthma management, in-  
15 cluding—

16 “(A) collection of data on or among people  
17 with asthma to monitor the impact on health  
18 and quality of life;

19 “(B) surveillance of health care facilities;  
20 and

21 “(C) collection of data not containing indi-  
22 vidually identifiable information from electronic  
23 health records or other electronic communica-  
24 tions;

1           “(2) compile and annually publish data regard-  
2           ing the prevalence of childhood asthma, the child  
3           mortality rate, and the number of hospital admis-  
4           sions and emergency department visits by children  
5           associated with asthma nationally and in each State  
6           by age, sex, race, and ethnicity, as well as lifetime  
7           and current prevalence; and

8           “(3) compile and annually publish data regard-  
9           ing the prevalence of adult asthma, the adult mor-  
10          tality rate, and the number of hospital admissions  
11          and emergency department visits by adults associ-  
12          ated with asthma nationally and in each State by  
13          age, sex, race, and ethnicity, as well as lifetime and  
14          current prevalence.

15          “(d) COORDINATION OF DATA COLLECTION.—The  
16          Director of the Centers for Disease Control and Preven-  
17          tion, in conjunction with State and local health depart-  
18          ments, shall coordinate data collection activities under  
19          subsection (c)(2) so as to maximize the comparability of  
20          results.

21          “(e) COLLABORATION.—

22                 “(1) IN GENERAL.—The Centers for Disease  
23                 Control and Prevention are encouraged to collabo-  
24                 rate with national, State, and local nonprofit organi-  
25                 zations to provide information and education about

1       asthma, and to strengthen such collaborations when  
2       possible.

3               “(2) SPECIFIC ACTIVITIES.—The Division of  
4       Population Health is encouraged to expand its ac-  
5       tivities with non-Federal partners, especially State-  
6       level entities.

7               “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
8       carry out this section, there are authorized to be appro-  
9       priated \$65,000,000 for the period of fiscal years 2021  
10       through 2025.

11              “(g) REPORTS TO CONGRESS.—

12                      “(1) IN GENERAL.—Not later than 3 years  
13       after the date of enactment of this Act, and once 2  
14       years thereafter, the Secretary shall, in consultation  
15       with patient groups, nonprofit organizations, medical  
16       societies, and other relevant governmental and non-  
17       governmental entities, submit to Congress a report  
18       that—

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

21                                      “(i) the activities of the Federal Gov-  
22       ernment, including an assessment of the  
23       progress of the Federal Government and  
24       States, with respect to achieving the goals  
25       of the Healthy People 2030 initiative; and



1           “(ii) the activities of other entities  
2           that participate in the program under this  
3           section, including nonprofit organizations,  
4           patient advocacy groups, and medical soci-  
5           eties; and

6           “(B) makes recommendations for the fu-  
7           ture direction of asthma activities, in consulta-  
8           tion with researchers from the National Insti-  
9           tutes of Health and other member bodies of the  
10          Asthma Disparities Subcommittee, including—

11           “(i) a description of how the Federal  
12          Government may improve its response to  
13          asthma, including identifying any barriers  
14          that may exist;

15           “(ii) a description of how the Federal  
16          Government may continue, expand, and  
17          improve its private-public partnerships  
18          with respect to asthma, including identi-  
19          fying any barriers that may exist;

20           “(iii) the identification of steps that  
21          may be taken to reduce the—

22           “(I) morbidity, mortality, and  
23          overall prevalence of asthma;

24           “(II) financial burden of asthma  
25          on society;

1           “(III) burden of asthma on dis-  
2           proportionately affected areas, par-  
3           ticularly those in medically under-  
4           served populations (as defined in sec-  
5           tion 330(b)(3)); and

6           “(IV) burden of asthma as a  
7           chronic disease that can be worsened  
8           by environmental exposures;

9           “(iv) the identification of programs  
10          and policies that have achieved the steps  
11          described under clause (iii), and steps that  
12          may be taken to expand such programs  
13          and policies to benefit larger populations;  
14          and

15          “(v) recommendations for future re-  
16          search and interventions.

17          “(2) SUBSEQUENT REPORTS.—

18                 “(A) CONGRESSIONAL REQUEST.—During  
19                 the 5-year period following the submission of  
20                 the second report under paragraph (1), the Sec-  
21                 retary shall submit updates and revisions of the  
22                 report upon the request of the Congress.

23                 “(B) FIVE-YEAR REEVALUATION.—At the  
24                 end of the 5-year period referred to in subpara-  
25                 graph (A), the Secretary shall—

1           “(i) evaluate the analyses and rec-  
2           ommendations made in previous reports;  
3           and

4           “(ii) determine whether an additional  
5           updated report is needed and if so submit  
6           such an additional updated report to the  
7           Congress, including appropriate recommen-  
8           dations.”.

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