



Family Asthma Act, S. 2175 Questions and Answers

What exactly is asthma?

Asthma is a chronic condition involving the respiratory system in which the airway occasionally constricts, becomes inflamed, and is lined with excessive amounts of mucus, often in response to one or more triggers. These episodes may be triggered by such things as exposure to an environmental stimulant (or allergen) such as secondhand tobacco smoke, cold air, warm air, perfume, moist air, exercise or exertion, or emotional stress. In children, the most common triggers are viral illnesses such as those that cause the common cold. This airway narrowing causes symptoms such as wheezing, shortness of breath, chest tightness, and coughing.

What problem is the Family Asthma Act addressing?

The incidence of asthma in the United States is on the rise, and the impact on quality of life and productivity is substantial. There is a need for additional resources to develop improved programs for the management of asthma in medically underserved areas, to improve awareness and education, to better track and measure the incidence of asthma and to develop and refine a national action plan on asthma.

Is the incidence of asthma on the rise?

Yes. Asthma rates more than doubled from 1985 to 2005 – the condition has been diagnosed in more than 32 million Americans, including 9 million children. It is pervasive in African American and other minority communities. By 2020, asthma is expected to strike 1 in 14 Americans. Millions of school and workdays are lost annually due to the burden of asthma -- in 2004, the cost of asthma to the United States economy was in excess of \$16 billion dollars.

What is behind the rise in asthma?

A number of different theories have been advanced to help explain the rise in reported asthma cases but there is no definitive explanation for this phenomenon.

What happens when asthma is not properly managed?

In 2004, more than 3,000 persons in the United States died of asthma. Individuals with asthma may experience episodes that require them to seek emergency services or even require hospitalization. The Centers for Disease Control and Prevention reports that asthma accounts for nearly 500,000 hospitalizations and approximately 1,800,000 asthma-related hospital emergency department visits every year. Many asthma fatalities and expensive medical encounters could be avoided through broader adoption of asthma management techniques.

What does the Family Asthma Act do?

The bill would encourage a coordinated and expanded federal response to the problem of asthma by funding research pilots and demonstrations on asthma management; additional surveillance and education and expansion of the National Asthma Plan.

- *Establishes Family Asthma Clinical and Environmental Health Research Grants.* The National Institutes of Health (through the National Institute of the Environmental Health Sciences (NIEHS)) would provide awards to certain entities (health care providers and/or non-profit organizations) to carry out pilot projects in medically underserved areas (primarily inner city and rural areas that have been identified as lacking adequate health care providers and infrastructure). The primary objective of these projects would be to develop projects to prevent and control asthma symptoms and to reduce asthma attacks and improve patient self-management. (Authorizes \$10 million per year for this activity).
- *Expands the National Asthma Education and Prevention Program* that is currently administered by the NHLBI by authorizing funding to fund a report to Congress that will catalog currently learning on asthma treatment and management and make recommendations to Congress for further steps. (Authorizes \$1 million per year for this activity).
- *Enhances preventive education and surveillance* by directing the Centers for Disease Control to collaborate with state and local public health authorities to provide greater public education regarding asthma and asthma management and to conduct enhanced surveillance activities to better measure both the prevalence of asthma and the dissemination and effectiveness of management approaches. (Authorizes \$10 million per year for this activity).
- Authorizes a fellowship training program within the Public Health Service to provide individual and institutional training grants for the education and training of health care providers on the role of environmental factors in the development and prevention of asthma and recurrent asthma attacks as well as methods to reduce such factors. (Authorizes \$2 million per year for this activity).

What is the status of this legislation? How can Senators be supportive?

It has been referred to the Health Education Labor and Pensions (HELP) Committee for consideration. Senators are requested to support the bill by adding their name as a cosponsor of the legislation.

What is the budgetary impact of this legislation?

S. 2175 would authorize funding for a number of asthma related activities (as outlined above). It does not amend any entitlement programs and the authorizations would need to be funded by the appropriations committee if the bill were enacted. The total level of newly-authorized spending in this bill is \$23 million per year.