

110TH CONGRESS
1ST SESSION

S. 2175

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

IN THE SENATE OF THE UNITED STATES

OCTOBER 17, 2007

Mrs. CLINTON introduced the following bill; which was read twice and referred
to the Committee on Health, Education, Labor, and Pensions

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 since 1985. According to the
9 Centers for Disease Control and Prevention, in
10 2005, more than 30,000,000 Americans had been di-

1 diagnosed with asthma, including an estimated
2 9,200,000 children. Asthma rates are highest among
3 Puerto Rican populations, who are 95 percent more
4 likely to have been diagnosed with asthma than
5 white populations. By 2020, asthma is expected to
6 strike 1 in 14 Americans and 1 in 5 families.

7 (2) According to the Centers for Disease Con-
8 trol and Prevention, in 2004, more than 3,000
9 Americans died from asthma. Mortality from asthma
10 is higher among African-Americans and women.

11 (3) The Centers for Disease Control and Pre-
12 vention reports that asthma accounts for nearly
13 500,000 hospitalizations each year, and approxi-
14 mately 1,800,000 asthma-related visits to hospital
15 emergency departments occur each year. Studies
16 have shown the emergency department visit rate for
17 blacks seeking asthma treatment was 350 percent
18 higher than that of the rates for whites, while the
19 hospitalization rate for blacks with asthma was 240
20 percent higher than that for whites with asthma.

21 (4) According to the National Heart Lung and
22 Blood Institute at the National Institutes of Health,
23 the annual cost of asthma to the United States is
24 approximately \$16,100,000,000.

1 (5) The Department of Education states that
2 asthma is the most commonly cited reason for school
3 absences. According to the Centers for Disease Con-
4 trol and Prevention, almost 13,000,000 school and
5 10,000,000 work days are missed annually as a re-
6 sult of asthma.

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

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

22 (8) The alarming rise in the prevalence of asth-
23 ma, its adverse effects on school attendance and pro-
24 ductivity, its costs for hospitalizations and emer-
25 gency room visits, argue for a more vigorous Federal

1 leadership role, including increasing awareness of
 2 asthma as a chronic illness, its symptoms, the role
 3 of both indoor and outdoor environmental factors
 4 that exacerbate the disease, and other factors that
 5 affect its exacerbations and severity. The goals of
 6 the government and its partners in the nonprofit
 7 and private sectors should include reducing the num-
 8 ber and severity of asthma attacks, its financial bur-
 9 den, and the health disparities associated with asth-
 10 ma.

11 **SEC. 3. FAMILY ASTHMA CLINICAL AND ENVIRONMENTAL**
 12 **HEALTH RESEARCH GRANTS.**

13 Part P of title III of the Public Health Service Act
 14 (42 U.S.C. 280g et seq.) is amended by adding at the end
 15 the following:

16 **“SEC. 399R. FAMILY ASTHMA CLINICAL AND ENVIRON-**
 17 **MENTAL HEALTH RESEARCH GRANT PRO-**
 18 **GRAM.**

19 “(a) PURPOSE.—The purpose of this section is to
 20 provide authority to award grants to eligible entities serv-
 21 ing a medically underserved population (as defined in sec-
 22 tion 330(b)(3)) to carry out pilot projects to prevent and
 23 control asthma symptoms and to reduce asthma attacks
 24 and improve patient self-management for individuals and

1 in families containing individuals with asthma through ac-
2 tivities which may include—

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

8 “(2) utilizing electronic medical records, tele-
9 health, and other novel electronic communications to
10 prevent acute asthma attacks;

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

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

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

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

22 “(b) AUTHORITY TO MAKE GRANTS.—

23 “(1) IN GENERAL.—The Secretary, acting
24 through the Director of the National Institutes of
25 Health, shall award grants to eligible entities to

1 carry out pilot projects consistent with the activities
2 described in subsection (a).

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

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

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

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

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

- 1 “(1) a hospital, including children’s hospitals;
2 “(2) a community health center;
3 “(3) a medical school;
4 “(4) a nonprofit institution; or
5 “(5) another entity, as designated by the Sec-
6 retary.

7 “(d) APPLICATION.—

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

13 “(2) REQUIRED INFORMATION.—An application
14 submitted under this subsection shall, as is applica-
15 ble and practicable to the area and scope of the pilot
16 project—

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

22 “(B) provide assurance that the applicant
23 will establish consistent communication with pa-
24 tients, including using the Internet or telephone
25 for the prompt transmission of patient informa-

1 tion related to symptoms and conditions, such
2 as peak flow meter measurements;

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

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

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

18 “(F) provide assurances that the entity
19 can effectively coordinate care between physi-
20 cians, including asthma specialists, nurses, al-
21 lied health professionals, community health
22 workers, nonprofit organizations, and the other
23 entities responsible for implementing the pilot
24 project involved.

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

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

8 “(B) collaborate with local school districts
9 to recruit children with physician-diagnosed
10 asthma; and

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

15 “(e) USE OF FUNDS.—

16 “(1) IN GENERAL.—An eligible entity shall use
17 amounts received under a grant under this section to
18 carry out the purpose described in subsection (a), in-
19 cluding—

20 “(A) conducting an assessment of the pa-
21 tients served to determine possible contributors
22 to asthma exacerbations in the indoor and out-
23 door environments, including exposure to diesel
24 and other particles, ozone and other gases, gas-

1 eous pollutants and allergens, mold, and other
2 indoor pollutants;

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

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

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

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

24 “(f) PROTECTION OF INFORMATION.—The Secretary
25 shall ensure the protections of individual health privacy

1 under this section consistent with the regulations promul-
 2 gated under section 264(c) of the Health Insurance Port-
 3 ability and Accountability Act of 1996.

4 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 5 are authorized to be appropriated \$10,000,000 for each
 6 of fiscal years 2008 through 2012 to carry out this sec-
 7 tion.”.

8 **SEC. 4. NATIONAL ASTHMA EDUCATION AND PREVENTION**
 9 **PROGRAM OF THE NATIONAL HEART, LUNG,**
 10 **AND BLOOD INSTITUTE.**

11 Part C of title IV of the Public Health Service Act
 12 (42 U.S.C. 285 et seq.) is amended by inserting after sec-
 13 tion 424B the following:

14 **“SEC. 424C. EXPANSION OF THE NATIONAL ASTHMA EDU-**
 15 **CATION AND PREVENTION PROGRAM.**

16 “(a) DEVELOPMENT OF A NATIONAL ASTHMA AC-
 17 TION PLAN.—

18 “(1) IN GENERAL.—In addition to any other
 19 authorization of appropriation available to the Na-
 20 tional Heart, Lung, and Blood Institute for the pur-
 21 pose of carrying out the National Asthma Education
 22 and Prevention Program (referred to in this section
 23 as the ‘Program’), there is authorized to be appro-
 24 priated to such Institute \$1,000,000 for each of fis-

1 cal years 2008 through 2012 to develop a National
2 Asthma Action Plan.

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

7 “(b) REPORT TO CONGRESS.—

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

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

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

22 “(ii) the activities of other entities
23 that participate in the Program, including
24 nonprofit organizations, patient advocacy
25 groups, and medical societies; and

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

9 “(i) how the Federal Government may
10 improve its response to asthma;

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

15 “(iii) steps that may be taken to re-
16 duce the—

17 “(I) morbidity, mortality, and
18 overall prevalence of asthma;

19 “(II) financial burden of asthma
20 on society;

21 “(III) burden of asthma on dis-
22 proportionately affected areas, par-
23 ticularly those in medically under-
24 served populations (as defined in sec-
25 tion 330(b)(3)); and

1 “(IV) burden of asthma as a
2 chronic disease;

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

8 “(v) recommendations for future re-
9 search and interventions.

10 “(2) UPDATES TO CONGRESS.—

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

16 “(B) FIVE-YEAR REEVALUATION.—At the
17 end of the 5-year period following the submis-
18 sion of the report under paragraph (1), the
19 Program shall evaluate its analyses and rec-
20 ommendations under such report and determine
21 whether a new report to Congress is necessary,
22 and make appropriate recommendations to Con-
23 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 \$10,000,000 for each

1 of fiscal years 2008 through 2012 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 2008 through 2012 to carry out this section.”.

○