

117TH CONGRESS  
2D SESSION

# H. R. 7055

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

---

## IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 2022

Mrs. DINGELL (for herself, Mr. UPTON, Mr. FITZPATRICK, and Ms. BLUNT  
ROCHESTER) introduced the following bill; which was referred to the  
Committee on Energy and Commerce

---

## 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 “Elijah E. Cummings  
5 Family Asthma Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) According to the Centers for Disease Con-  
9 trol and Prevention, in 2017 more than 25,100,000

1 people in the United States had been diagnosed with  
2 asthma, including an estimated 6,200,000 children.

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

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

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

23 (5) The Centers for Disease Control and Pre-  
24 vention report that asthma accounted for approxi-

1       mately 180,000 hospitalizations and 1,800,000 visits  
2       to hospital emergency departments in 2016.

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

8           (7) According to the Centers for Disease Con-  
9       trol and Prevention, 5,200,000 school days and  
10      8,500,000 work days are missed annually as a result  
11      of asthma.

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

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

1 ter asthma management results in improved asthma  
2 outcomes at a lower cost.

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

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

23 (12) The high health and financial burden  
24 caused by asthma underscores the importance of ad-  
25 herence to the National Asthma Education and Pre-

1       vention Guidelines of the National Heart, Lung, and  
2       Blood Institute. Increasing adherence to guidelines-  
3       based care and resulting patient management prac-  
4       tices will enhance the quality of life for patients with  
5       asthma and decrease asthma-related morbidity and  
6       mortality.

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

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

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

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

21                       “(1) deterring the harmful consequences of un-  
22                       controlled asthma; and

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

1       “(b) DEVELOPMENT OF STATE STRATEGIC PLANS  
2 FOR ASTHMA CONTROL.—The Secretary, acting through  
3 the Director of the Centers for Disease Control and Pre-  
4 vention, shall collaborate with State and local health de-  
5 partments to develop State strategic plans for asthma con-  
6 trol incorporating public health responses to reduce the  
7 burden of asthma, particularly regarding disproportion-  
8 ately affected populations.

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

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

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

21                       “(B) surveillance of health care facilities;  
22 and

23                       “(C) collection of data not containing indi-  
24 vidually identifiable information from electronic

1 health records or other electronic communica-  
2 tions;

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

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

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

23 “(e) COLLABORATION.—

24 “(1) IN GENERAL.—The Centers for Disease  
25 Control and Prevention may collaborate with na-

1 tional, State, and local nonprofit organizations to  
2 provide information and education about asthma,  
3 and to strengthen such collaborations when possible.

4 “(2) SPECIFIC ACTIVITIES.—The Division of  
5 Population Health may expand its activities with  
6 non-Federal partners, especially State-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 2023  
10 through 2027.

11 “(g) REPORTS TO CONGRESS.—

12 “(1) IN GENERAL.—Not later than 3 years  
13 after the date of enactment of the Elijah E. Cum-  
14 mings Family Asthma Act, and once 2 years there-  
15 after, the Secretary shall, in consultation with pa-  
16 tient groups, nonprofit organizations, medical soci-  
17 eties, and other relevant governmental and non-  
18 governmental entities, submit to Congress a report  
19 that—

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

22 “(i) the activities of the Federal Gov-  
23 ernment, including an assessment of the  
24 progress of the Federal Government and



1 States, with respect to achieving the goals  
2 of the Healthy People 2030 initiative; and

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

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

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

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

22 “(iii) the identification of steps that  
23 may be taken to reduce the—

24 “(I) morbidity, mortality, and  
25 overall prevalence of asthma;

1                   “(II) financial burden of asthma  
2                   on society;

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

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

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

17                  “(v) recommendations for future re-  
18                  search and interventions.

19                  “(2) SUBSEQUENT REPORTS.—

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

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

4                   “(i) evaluate the analyses and rec-  
5                   ommendations made in previous reports;  
6                   and

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

○