

113TH CONGRESS
2D SESSION

S. 2804

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

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 15, 2014

Mrs. GILLIBRAND (for herself and Mr. BOOKER) introduced the following bill;
which was read twice and referred to the Committee on Health, Edu-
cation, 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 finds the following:

7 (1) The number of people ever diagnosed with
8 asthma increased by 50 percent between 1998 and
9 2012. According to the Centers for Disease Control
10 and Prevention, in 2012 more than 25,500,000

1 Americans had been diagnosed with asthma, includ-
2 ing an estimated 6,800,000 children.

3 (2) According to the Centers for Disease Con-
4 trol and Prevention, in 2010 more than 3,400 Amer-
5 icans died from asthma. The rate of mortality from
6 asthma is higher among African-Americans and
7 women.

8 (3) The Centers for Disease Control and Pre-
9 vention report that asthma accounted for approxi-
10 mately 480,000 hospitalizations and 2,100,000 visits
11 to hospital emergency departments in 2009.

12 (4) According to the Centers for Disease Con-
13 trol and Prevention, the annual cost of asthma to
14 the United States is approximately
15 \$56,000,000,000, including \$5,900,000,000 in indi-
16 rect costs from lost productivity.

17 (5) According to the Centers for Disease Con-
18 trol and Prevention, 10,500,000 school days and
19 14,200,000 work days are missed annually as a re-
20 sult of asthma.

21 (6) Asthma episodes can be triggered by both
22 outdoor air pollution and indoor air pollution, in-
23 cluding pollutants such as cigarette smoke and com-
24 bustion by-products. Asthma episodes can also be

1 triggered by indoor allergens such as animal dander
2 and outdoor allergens such as pollen and molds.

3 (7) Public health interventions and medical care
4 in accordance with existing guidelines have been
5 proven effective in the treatment and management
6 of asthma. Better asthma management could reduce
7 the numbers of emergency department visits and
8 hospitalizations due to asthma. Studies published in
9 medical journals have shown that better asthma
10 management results in improved asthma outcomes
11 at a lower cost.

12 (8) In 2011, the Centers for Disease Control
13 and Prevention reported that less than half of people
14 with asthma had been taught how to avoid asthma
15 triggers. More education about triggers, proper
16 treatment, and asthma management methods is
17 needed.

18 (9) The alarming rise in the prevalence of asth-
19 ma, its adverse effect on school attendance and pro-
20 ductivity, and its cost for hospitalizations and emer-
21 gency room visits, highlight the importance of public
22 health interventions, including increasing awareness
23 of asthma as a chronic illness, its symptoms, the role
24 of both indoor and outdoor environmental factors
25 that exacerbate the disease, and other factors that

1 affect its exacerbations and severity. The goals of
2 the Federal Government and its partners in the non-
3 profit and private sectors should include reducing
4 the number and severity of asthma attacks, asthma’s
5 financial burden, and the health disparities associ-
6 ated with asthma.

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, shall collaborate with State and local
17 health departments to conduct activities, including the
18 provision of information and education to the public re-
19 garding asthma including—

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

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

1 “(b) DEVELOPMENT OF STATE ASTHMA PLANS.—

2 The Secretary, acting through the Director of the Centers
3 for Disease Control and Prevention, shall collaborate with
4 State and local health departments to develop State plans
5 incorporating public health responses to reduce the burden
6 of asthma, particularly regarding disproportionately af-
7 fected populations.

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

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

17 “(A) collection of household data on the
18 local burden of asthma;

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 and incidence of childhood asth-
3 ma, the child mortality rate, and the number of hos-
4 pital admissions and emergency department visits by
5 children associated with asthma nationally and in
6 each State and at the county level by age, sex, race,
7 and ethnicity, as well as lifetime and current preva-
8 lence; and

9 “(3) compile and annually publish data regard-
10 ing the prevalence and incidence of adult asthma,
11 the adult mortality rate, and the number of hospital
12 admissions and emergency department visits by
13 adults associated with asthma nationally and in each
14 State and at the county level by age, sex, race, eth-
15 nicity, industry, and occupation, as well as lifetime
16 and 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 are encouraged to collabo-

1 rate with national, State, and local nonprofit organi-
2 zations to provide information and education about
3 asthma, and to strengthen such collaborations when
4 possible.

5 “(2) SPECIFIC ACTIVITIES.—The Division of
6 Adolescent and School Health is encouraged to ex-
7 pand its activities with non-Federal partners, espe-
8 cially State-level entities.

9 “(f) ADDITIONAL FUNDING.—In addition to any
10 other authorization of appropriations that is available to
11 the Centers for Disease Control and Prevention for the
12 purpose of carrying out this section, there is authorized
13 to be appropriated to such Centers such sums as may be
14 necessary for each of fiscal years 2015 through 2019 for
15 the purpose of carrying out this section.

16 “(g) REPORT TO CONGRESS.—

17 “(1) IN GENERAL.—Not later than 2 years
18 after the date of the enactment of this Act, the Sec-
19 retary shall, in consultation with patient groups,
20 nonprofit organizations, medical societies, and other
21 relevant governmental and nongovernmental entities,
22 submit to Congress a report that—

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

1 “(i) the activities of the Federal Gov-
2 ernment, including an assessment of the
3 progress of the Federal Government and
4 States, with respect to achieving the goals
5 of the Healthy People 2020 initiative; and

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

11 “(B) makes recommendations for the fu-
12 ture direction of asthma activities, in consulta-
13 tion with researchers from the National Insti-
14 tutes of Health and other member bodies of the
15 National Asthma Education and Prevention
16 Program who are qualified to review and ana-
17 lyze data and evaluate interventions, includ-
18 ing—

19 “(i) description of how the Federal
20 Government may improve its response to
21 asthma including identifying any barriers
22 that may exist;

23 “(ii) description of how the Federal
24 Government may continue, expand, and
25 improve its private-public partnerships

1 with respect to asthma including identi-
2 fying any barriers that may exist;

3 “(iii) the identification of steps that
4 may be taken to reduce the—

5 “(I) morbidity, mortality, and
6 overall prevalence of asthma;

7 “(II) financial burden of asthma
8 on society;

9 “(III) burden of asthma on dis-
10 proportionately affected areas, par-
11 ticularly those in medically under-
12 served populations (as defined in sec-
13 tion 330(b)(3)); and

14 “(IV) burden of asthma as a
15 chronic disease;

16 “(iv) the identification of programs
17 and policies that have achieved the steps
18 described under clause (iii), and steps that
19 may be taken to expand such programs
20 and policies to benefit larger populations;
21 and

22 “(v) recommendations for future re-
23 search and interventions.

24 “(2) UPDATES TO CONGRESS.—

1 “(A) CONGRESSIONAL REQUEST.—During
2 the 5-year period following the submission of
3 the report under paragraph (1), the Secretary
4 shall submit updates and revisions of the report
5 upon the request of the Congress.

6 “(B) FIVE-YEAR REEVALUATION.—At the
7 end of the 5-year period following the submis-
8 sion of the report under paragraph (1), the Sec-
9 retary shall evaluate the analyses and rec-
10 ommendations made under such report and de-
11 termine whether a new report to the Congress
12 is necessary, and make appropriate rec-
13 ommendations to the Congress.”.

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