

106TH CONGRESS
1ST SESSION

S. 805

To amend title V of the Social Security Act to provide for the establishment and operation of asthma treatment services for children, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 15, 1999

Mr. DURBIN (for himself, Mr. DEWINE, Mr. KENNEDY, and Mr. SCHUMER) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title V of the Social Security Act to provide for the establishment and operation of asthma treatment services for children, 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 “Children’s Asthma Re-
5 lief Act of 1999”.

6 **SEC. 2. FINDINGS.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) Asthma is one of the Nation's most common
2 and costly diseases. It affects an estimated
3 14,000,000 to 15,000,000 individuals in the United
4 States, including almost 5,000,000 children.

5 (2) Asthma is often a chronic illness that is
6 treatable with ambulatory care, but over 43 percent
7 of its economic impact comes from use of emergency
8 rooms, hospitalization, and death.

9 (3) In Illinois, the mortality rate for blacks
10 from asthma is the highest in the nation with 60.8
11 deaths per every 1,000,000 population. In Ohio, the
12 mortality rate for blacks from asthma is 32.2 per
13 1,000,000 population and the mortality rate for
14 whites from asthma is 11.7 per 1,000,000.

15 (4) In 1995, there were more than 1,800,000
16 emergency room visits made for asthma-related at-
17 tacks and among these, the rate for emergency room
18 visits was 48.8 per 10,000 visits among whites and
19 228.9 per 10,000 visits among blacks.

20 (5) Hospitalization rates were highest for indi-
21 viduals 4 years old and younger, and were 10.9 per
22 10,000 visits for whites and 35.5 per 10,000 visits
23 for blacks.

1 (6) From 1979 to 1992, the hospitalization
2 rates among children due to asthma increased 74
3 percent.

4 (7) It is estimated that more than 7 percent of
5 children now have asthma.

6 (8) Although asthma can occur at any age,
7 about 80 percent of the children who will develop
8 asthma do so before starting school.

9 (9) From 1980 to 1994, the most substantial
10 prevalence rate increase for asthma occurred among
11 children aged 0–4 years (160 percent) and persons
12 aged 5–14 years (74 percent).

13 (10) Asthma is the most common chronic ill-
14 ness in childhood, afflicting nearly 5,000,000 chil-
15 dren under age 18, and costing an estimated
16 \$1,900,000,000 to treat those children. The death
17 rate for children age 19 and younger increased by
18 78 percent between 1980 and 1993.

19 (11) Children aged 0 to 5 years who are ex-
20 posed to maternal smoking are 201 times more like-
21 ly to develop asthma compared with those free from
22 exposure.

23 (12) Morbidity and mortality related to child-
24 hood asthma are disproportionately high in urban
25 areas.

1 (13) Minority children living in urban areas are
2 especially vulnerable to asthma. In 1988, national
3 prevalence rates were 26 percent higher for black
4 children than for white children.

5 (14) Certain pests known to create public
6 health problems occur and proliferate at higher rates
7 in urban areas. These pests may spread infectious
8 disease and contribute to the worsening of chronic
9 respiratory illnesses, including asthma.

10 (15) Research supported by the National Insti-
11 tutes of Health demonstrated that the combination
12 of cockroach allergen, house dust mites, molds, to-
13 bacco smoke, and feathers are important causes of
14 asthma-related illness and hospitalization among
15 children in inner-city areas of the United States.

16 (16) Cities outside the United States have de-
17 veloped and implemented effective systems of cock-
18 roach management.

19 (17) Integrated pest management is a cost-ef-
20 fective approach to pest control that emphasizes pre-
21 vention and uses a range of techniques, including
22 property maintenance and cleaning, and pesticides
23 as a means of last resort.

24 (18) Reducing exposure to cockroach allergen,
25 as part of an integrated approach to asthma man-

1 agement, may be a cost-effective way of reducing the
2 social and economic costs of the disease.

3 (19) No current Federal funding exists specifi-
4 cally to assist cities in developing and implementing
5 integrated strategies to reduce cockroach infestation.

6 (20) Asthma is the most common cause of
7 school absenteeism due to chronic illness with
8 10,100,000 days missed from school per year in the
9 United States.

10 (21) According to a 1995 National Institute of
11 Health workshop report, missed school days ac-
12 counted for an estimated cost of lost productivity for
13 parents of children with asthma of almost
14 \$1,000,000,000 per year.

15 (22) According to data from the 1988 National
16 Health Interview Survey (NHIS), which surveyed
17 children for their health experiences over a 12-
18 month period, 25 percent of those children reported
19 experiencing a great deal of pain or discomfort due
20 to asthma either often or all the time during the
21 previous 12 months.

22 (23) Managing asthma requires a long-term,
23 multifaceted approach, including patient education,
24 behavior changes, avoidance of asthma triggers,

1 pharmacologic therapy, and frequent medical follow-
2 up.

3 (24) Enhancing the available prevention, edu-
4 cational, research, and treatment resources with re-
5 spect to asthma in the United States will allow our
6 Nation to address more effectively the problems as-
7 sociated with this increasing threat to the health and
8 well-being of our citizens.

9 **SEC. 3. CHILDREN'S ASTHMA RELIEF.**

10 Title V of the Social Security Act (42 U.S.C. 701
11 et seq.) is amended by adding at the end the following:

12 **"SEC. 511. ASTHMA TREATMENT GRANTS PROGRAM.**

13 "(a) PURPOSES.—The purposes of this section are as
14 follows:

15 "(1) To provide access to quality medical care
16 for children who live in areas that have a high prev-
17 alence of asthma and who lack access to medical
18 care.

19 "(2) To provide on-site education to parents,
20 children, health care providers, and medical teams to
21 recognize the signs and symptoms of asthma, and to
22 train them in the use of medications to prevent and
23 treat asthma.

24 "(3) To decrease preventable trips to the emer-
25 gency room by making medication available to indi-

1 viduals who have not previously had access to treat-
2 ment or education in the prevention of asthma.

3 “(4) To provide other services, such as smoking
4 cessation programs, home modification, and other
5 direct and support services that ameliorate condi-
6 tions that exacerbate or induce asthma.

7 “(b) AUTHORITY TO MAKE GRANTS.—

8 “(1) IN GENERAL.—In addition to any other
9 payments made under this title, the Secretary shall
10 award grants to eligible entities to carry out the pur-
11 poses of this section, including grants that are de-
12 signed to develop and expand projects to—

13 “(A) provide comprehensive asthma serv-
14 ices to children, including access to care and
15 treatment for asthma in a community-based
16 setting;

17 “(B) fully equip mobile health care clinics
18 that provide preventive asthma care including
19 diagnosis, physical examinations, pharma-
20 cological therapy, skin testing, peak flow meter
21 testing, and other asthma-related health care
22 services;

23 “(C) conduct study validated asthma man-
24 agement education programs for patients with
25 asthma and their families, including patient

1 education regarding asthma management, fam-
2 ily education on asthma management, and the
3 distribution of materials, including displays and
4 videos, to reinforce concepts presented by med-
5 ical teams; and

6 “(D) identify eligible children for the med-
7 icaid program under title XIX, the State Chil-
8 dren’s Health Insurance Program under title
9 XXI, or other children’s health programs.

10 “(2) AWARD OF GRANTS.—

11 “(A) APPLICATION.—

12 “(i) IN GENERAL.—An eligible entity
13 shall submit an application to the Sec-
14 retary for a grant under this section in
15 such form and manner as the Secretary
16 may require.

17 “(ii) REQUIRED INFORMATION.—An
18 application submitted under this subpara-
19 graph shall include a plan for the use of
20 funds awarded under the grant and such
21 other information as the Secretary may re-
22 quire.

23 “(B) REQUIREMENT.—In awarding grants
24 under this section, the Secretary shall give pref-
25 erence to eligible entities that demonstrate that

1 the activities to be carried out under this sec-
2 tion shall be in localities within areas of known
3 high prevalence of childhood asthma or high
4 asthma-related mortality (relative to the aver-
5 age asthma incidence rates and associated mor-
6 tality rates in the United States). Acceptable
7 data sets to demonstrate a high prevalence of
8 childhood asthma or high asthma-related mor-
9 tality may include data from Federal, State, or
10 local vital statistics, title XIX or XXI claims
11 data, other public health statistics or surveys,
12 or other data that the Secretary, in consultation
13 with the Director of the Centers for Disease
14 Control and Prevention, deems appropriate.

15 “(3) DEFINITION OF ELIGIBLE ENTITY.—In
16 this section, the term ‘eligible entity’ means a State
17 agency or other entity receiving funds under this
18 title, a local community, a nonprofit children’s hos-
19 pital or foundation, or a nonprofit community-based
20 organization.

21 “(c) COORDINATION WITH OTHER CHILDREN’S PRO-
22 GRAMS.—An eligible entity shall identify in the plan sub-
23 mitted as part of an application for a grant under this
24 section how the entity will coordinate operations and ac-
25 tivities under the grant with—

1 “(1) other programs operated in the State that
2 serve children with asthma, including any such pro-
3 grams operated under this title, title XIX, and title
4 XXI; and

5 “(2) one or more of the following—

6 “(A) the child welfare and foster care and
7 adoption assistance programs under parts B
8 and E of title IV;

9 “(B) the head start program established
10 under the Head Start Act (42 U.S.C. 9831 et
11 seq.);

12 “(C) the program of assistance under the
13 special supplemental nutrition program for
14 women, infants and children (WIC) under sec-
15 tion 17 of the Child Nutrition Act of 1966 (42
16 U.S.C. 1786);

17 “(D) local public and private elementary or
18 secondary schools; or

19 “(E) public housing agencies, as defined in
20 section 3 of the United States Housing Act of
21 1937 (42 U.S.C. 1437a).

22 “(d) EVALUATION.—An eligible entity that receives
23 a grant under this section shall submit to the Secretary
24 an evaluation of the operations and activities carried out
25 under the grant that includes—

1 “(1) a description of the health status outcomes
2 of children assisted under the grant;

3 “(2) an assessment of the utilization of asthma-
4 related health care services as a result of activities
5 carried out under the grant;

6 “(3) the collection, analysis, and reporting of
7 asthma data according to guidelines prescribed by
8 the Director of the Centers for Disease Control and
9 Prevention; and

10 “(4) such other information as the Secretary
11 may require.

12 “(e) APPLICATION OF OTHER PROVISIONS OF
13 TITLE.—

14 “(1) IN GENERAL.—Except as provided in para-
15 graph (2), the other provisions of this title shall not
16 apply to a grant made under this section.

17 “(2) EXCEPTIONS.—The following provisions of
18 this title shall apply to a grant made under this sec-
19 tion to the same extent and in the same manner as
20 such provisions apply to allotments made under sec-
21 tion 502(e):

22 “(A) Section 504(b)(4) (relating to ex-
23 penditures of funds as a condition of receipt of
24 Federal funds).

1 (1) IN GENERAL.—Subject to paragraph (2), if
2 a State child health plan under title XXI of the So-
3 cial Security Act (42 U.S.C. 1397aa et seq.) pro-
4 vides for activities described in subsection (a) to an
5 extent satisfactory to the Secretary, the Secretary
6 shall, with amounts appropriated under subsection
7 (c), make a grant to the State involved to assist the
8 State in carrying out such activities.

9 (2) CRITERIA REGARDING ELIGIBILITY FOR
10 GRANT.—The Secretary shall publish in the Federal
11 Register criteria describing the circumstances in
12 which the Secretary will consider a State plan to be
13 satisfactory for purposes of paragraph (1).

14 (3) REQUIREMENT OF MATCHING FUNDS.—

15 (A) IN GENERAL.—With respect to the
16 costs of the activities to be carried out by a
17 State pursuant to paragraph (1), the Secretary
18 may make a grant under such paragraph only
19 if the State agrees to make available (directly
20 or through donations from public or private en-
21 tities) non-Federal contributions toward such
22 costs in an amount that is not less than 15 per-
23 cent of the costs.

24 (B) DETERMINATION OF AMOUNT CON-
25 TRIBUTED.—Non-Federal contributions re-

1 required in subparagraph (A) may be in cash or
2 in kind, fairly evaluated, including equipment or
3 services. Amounts provided by the Federal Gov-
4 ernment, or services assisted or subsidized to
5 any significant extent by the Federal Govern-
6 ment, may not be included in determining the
7 amount of such non-Federal contributions.

8 (4) TECHNICAL ASSISTANCE.—With respect to
9 State child health plans under title XXI of the So-
10 cial Security Act (42 U.S.C. 1397aa et seq.), the
11 Secretary, acting through the Director of the Cen-
12 ters for Disease Control and Prevention, in consulta-
13 tion with the heads of other Federal agencies in-
14 volved in asthma treatment and prevention, shall
15 make available to the States technical assistance in
16 developing the provision of such plans that will pro-
17 vide for activities pursuant to paragraph (1).

18 (c) FUNDING.—For the purpose of carrying out this
19 section, there is authorized to be appropriated \$5,000,000
20 for each of the fiscal years 2000 through 2004.

1 **SEC. 5. PREVENTIVE HEALTH AND HEALTH SERVICES**
2 **BLOCK GRANT; SYSTEMS FOR REDUCING**
3 **ASTHMA AND ASTHMA-RELATED ILLNESSES**
4 **THROUGH URBAN COCKROACH MANAGE-**
5 **MENT.**

6 Section 1904(a)(1) of the Public Health Service Act
7 (42 U.S.C. 300w-3(a)(1)) is amended—

8 (1) by redesignating subparagraphs (E) and
9 (F) as subparagraphs (F) and (G), respectively;

10 (2) by adding a period at the end of subpara-
11 graph (G) (as so redesignated);

12 (3) by inserting after subparagraph (D), the
13 following:

14 “(E) The establishment, operation, and coordi-
15 nation of effective and cost-efficient systems to re-
16 duce the prevalence of asthma and asthma-related
17 illnesses among urban populations, especially chil-
18 dren, by reducing the level of exposure to cockroach
19 allergen through the use of integrated pest manage-
20 ment, as applied to cockroaches. Amounts expended
21 for such systems may include the costs of structural
22 rehabilitation of housing, public schools, and other
23 public facilities to reduce cockroach infestation, the
24 costs of building maintenance, and the costs of pro-
25 grams to promote community participation in the
26 carrying out at such sites integrated pest manage-

1 ment, as applied to cockroaches. For purposes of
2 this subparagraph, the term ‘integrated pest man-
3 agement’ means an approach to the management of
4 pests in public facilities that minimizes or avoids the
5 use of pesticide chemicals through a combination of
6 appropriate practices regarding the maintenance,
7 cleaning, and monitoring of such sites.”;

8 (4) in subparagraph (F) (as so redesignated),
9 by striking “subparagraphs (A) through (D)” and
10 inserting “subparagraphs (A) through (E)”; and

11 (5) in subparagraph (G) (as so redesignated),
12 by striking “subparagraphs (A) through (E)” and
13 inserting “subparagraphs (A) through (F)”.

14 **SEC. 6. COORDINATION OF FEDERAL ACTIVITIES TO AD-**
15 **DRESS ASTHMA-RELATED HEALTH CARE**
16 **NEEDS.**

17 (a) IN GENERAL.—The Director of the National
18 Heart, Lung, and Blood Institute shall, through the Na-
19 tional Asthma Education Prevention Program Coordi-
20 nating Committee—

21 (1) identify all Federal programs that carry out
22 asthma-related activities;

23 (2) develop, in consultation with appropriate
24 Federal agencies and professional and voluntary

1 health organizations, a Federal plan for responding
2 to asthma; and

3 (3) not later than 12 months after the date of
4 enactment of this Act, submit recommendations to
5 Congress on ways to strengthen and improve the co-
6 ordination of asthma-related activities of the Federal
7 Government.

8 (b) REPRESENTATION OF THE DEPARTMENT OF
9 HOUSING AND URBAN DEVELOPMENT.—A representative
10 of the Department of Housing and Urban Development
11 shall be included on the National Asthma Education Pre-
12 vention Program Coordinating Committee for the purpose
13 of performing the tasks described in subsection (a).

14 (c) AUTHORIZATION OF APPROPRIATIONS.—Out of
15 any funds otherwise appropriated for the National Insti-
16 tutes of Health, \$5,000,000 shall be made available to the
17 National Asthma Education Prevention Program for the
18 period of fiscal years 2000 through 2004 for the purpose
19 of carrying out this section. Funds made available under
20 this subsection shall be in addition to any other funds ap-
21 propriated to the National Asthma Education Prevention
22 Program for any fiscal year during such period.

1 **SEC. 7. COMPILATION OF DATA BY THE CENTERS FOR DIS-**
2 **EASE CONTROL AND PREVENTION.**

3 (a) IN GENERAL.—The Director of the Centers for
4 Disease Control and Prevention, in consultation with the
5 National Asthma Education Prevention Program Coordi-
6 nating Committee, shall—

7 (1) conduct local asthma surveillance activities
8 to collect data on the prevalence and severity of
9 asthma and the quality of asthma management,
10 including—

11 (A) telephone surveys to collect sample
12 household data on the local burden of asthma;
13 and

14 (B) health care facility specific surveillance
15 to collect asthma data on the prevalence and se-
16 verity of asthma, and on the quality of asthma
17 care; and

18 (2) compile and annually publish data on—

19 (A) the prevalence of children suffering
20 from asthma in each State; and

21 (B) the childhood mortality rate associated
22 with asthma nationally and in each State.

23 (b) COLLABORATIVE EFFORTS.—The activities de-
24 scribed in subsection (a)(1) may be conducted in collabo-

1 ration with eligible entities awarded a grant under section
2 511 of the Social Security Act (as added by section 3).

○