

107TH CONGRESS  
2D SESSION

# H. R. 5633

To ensure that children at highest risk for asthma are identified and treated.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 10, 2002

Mr. SIMMONS (for himself, Mrs. THURMAN, Mr. SMITH of New Jersey, Mr. CUMMINGS, Mr. BLAGOJEVICH, and Mr. HOBSON) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To ensure that children at highest risk for asthma are identified and treated.

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; FINDINGS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Federal Asthma Assessment and State Tracking Act of  
6 2002” (FAAST Act).

7 (b) FINDINGS.—Congress finds the following:

1           (1) ASTHMA SUMMARY.—Asthma is a serious  
2 chronic condition affecting many Americans. Asthma  
3 accounts for an estimated 3 million lost workdays  
4 for adults and 10.1 million lost school days in chil-  
5 dren annually. Over the past 20 years mortality,  
6 morbidity, and hospital discharge rates attributed to  
7 asthma have substantially increased. Between 1979  
8 and 1998, the age-adjusted mortality rate increased  
9 56 percent while the prevalence rate increased by al-  
10 most 22 percent in males and 97 percent in females  
11 between 1982 and 1996.

12           (2) RACE-SPECIFIC PREVALENCE.—In 1996,  
13 the prevalence rate of asthma in whites was 53.5 per  
14 1,000 persons while the prevalence rate in blacks  
15 was 69.6 per 1,000 persons. Both of these rates rep-  
16 resent significant differences from the rates reported  
17 in 1982, when they were 34.6 and 39.2 for whites  
18 and blacks, respectively.

19           (3) ECONOMIC COSTS OF ASTHMA.—Asthma en-  
20 tails an annual economic cost to the Nation in direct  
21 health care costs of \$8.1 billion; indirect costs (lost  
22 productivity) add another \$4.6 billion for a total of  
23 \$12.7 billion. Inpatient hospital services represented  
24 the largest single direct medical expenditure, over  
25 \$3.5 billion. The value of reduced productivity due

1 to loss of school days represented the largest single  
2 indirect cost at \$1.5 billion.

3 **SEC. 2. ASTHMA SCREENING FOR EARLY HEAD START AND**  
4 **HEAD START PROGRAMS.**

5 (a) EARLY HEAD START PROGRAMS.—Section 645A  
6 of the Head Start Act (42 U.S.C. 9840a) is amended by  
7 adding at the end the following:

8 “(h) ASTHMA SCREENING.—

9 “(1) IN GENERAL.—An entity that receives as-  
10 sistance under this section may carry out a program  
11 under which the entity—

12 “(A) determines whether a child eligible to  
13 participate in the program described in sub-  
14 section (a) has each received an asthma screen-  
15 ing test using a test that is appropriate for age  
16 and risk factors on the enrollment of the child  
17 in the program; and

18 “(B) in the case of a child who has not re-  
19 ceived such an asthma screening test, ensures  
20 that the enrolled child receives such a test ei-  
21 ther by referral or by performing the test  
22 (under contract or otherwise).

23 “(2) REIMBURSEMENT.—

24 “(A) IN GENERAL.—On the request of an  
25 entity that performs or arranges for the per-

1 formance of an asthma screening test under  
2 paragraph (1) on a child who is eligible for or  
3 receiving medical assistance under a State plan  
4 under title XIX of the Social Security Act (42  
5 U.S.C. 1396 et seq.), the Secretary of Health  
6 and Human Services, notwithstanding any  
7 other provision of, or limitation under, title  
8 XIX of the Social Security Act, shall reimburse  
9 the entity, from funds that are made available  
10 under that title, for 100 percent of the cost of  
11 the test and data reporting.

12 “(B) COSTS.—The costs of a test con-  
13 ducted under this subsection—

14 “(i) shall include reimbursement for  
15 testing devices and associated supplies ap-  
16 proved for sale by the Food and Drug Ad-  
17 ministration and used in compliance with  
18 section 353 of the Public Health Service  
19 Act (42 U.S.C. 263a); and

20 “(ii) shall include reimbursement for  
21 administering the tests and related serv-  
22 ices, as determined appropriate by the  
23 State agency.

24 “(3) HEAD START.—This subsection shall apply  
25 to Head Start programs that include coverage, di-

1 rectly or indirectly, for infants and toddlers under  
2 the age of 3 years.”.

3 (b) HEAD START PROGRAMS.—Section 642(b) of the  
4 Head Start Act (42 U.S.C. 9837(b)) is amended—

5 (1) in paragraph (10), by striking “and” at the  
6 end;

7 (2) in paragraph (11), by striking the period at  
8 the end and inserting “; and”; and

9 (3) by adding at the end the following:

10 “(12) with respect to an agency that elects to  
11 carry out a program under section 645A(h), comply  
12 with the requirements of such section in the case of  
13 each child eligible to participate in the Head Start  
14 program to be carried out by the agency.”.

15 **SEC. 3. ASTHMA SCREENING AND TREATMENT FOR CHIL-**  
16 **DREN ENROLLED IN PUBLIC SCHOOLS.**

17 Part B of title III of the Public Health Service Act  
18 (42 U.S.C. 243 et seq.) is amended by adding at the end  
19 the following:

20 **“SEC. 320B. ASTHMA SCREENING AND TREATMENT FOR**  
21 **CHILDREN ENROLLED IN PUBLIC SCHOOLS.**

22 “(a) GRANTS.—The Secretary shall award grants to  
23 eligible local educational agencies to enable such agencies  
24 to carry out asthma health screening and case manage-  
25 ment programs determined appropriate by the Secretary

1 in accordance with the program elements described in sub-  
2 section (d).

3 “(b) ELIGIBILITY.—To be eligible to receive a grant  
4 under subsection (a), a local educational agency shall pre-  
5 pare and submit to the Secretary an application at such  
6 time, in such manner, and containing such information as  
7 the Secretary may require.

8 “(c) PREFERENCE.—In awarding grants under this  
9 section, the Secretary shall give preference to local edu-  
10 cational agencies serving schools that are located in areas  
11 with a high incidence of childhood asthma or a high death  
12 rate associated with childhood asthma.

13 “(d) PROGRAM ELEMENTS.—Under an asthma pro-  
14 gram operated under a grant under this section, a local  
15 educational agency shall—

16 “(1) determine whether a child enrolled in a  
17 school in which the program is in effect has received  
18 an asthma screening test using a test that is appro-  
19 priate for age and risk factors on the enrollment of  
20 the child in the school;

21 “(2) in the case of a child who has not received  
22 an asthma screening test, ensure that the child re-  
23 ceives such a test either by referral or by performing  
24 the test (under contract or otherwise); and

1           “(3) in the case of a child determined to have  
2 asthma, provide treatment or refer the child for  
3 treatment (including case management) and edu-  
4 cation in the management of asthma.

5           “(e) REIMBURSEMENT.—

6           “(1) CHILDREN ENROLLED IN OR ELIGIBLE  
7 FOR MEDICAID.—

8           “(A) IN GENERAL.—With respect to a  
9 child who is eligible for or receiving medical as-  
10 sistance under a State plan under title XIX of  
11 the Social Security Act (42 U.S.C. 1396 et  
12 seq.) and who receives, or is provided, a test,  
13 treatment, or education, under a program es-  
14 tablished under subsection (a), the Secretary,  
15 notwithstanding any other provision of, or limi-  
16 tation under, such title XIX, including the pay-  
17 ment limitation commonly known as the ‘free  
18 care rule’, shall reimburse the local educational  
19 agency administering such program from funds  
20 that are made available under such title XIX  
21 for 100 percent of the cost of the performance,  
22 arrangement, or provision and data reporting.

23           “(B) COSTS.—The costs of a test con-  
24 ducted under this section shall include reim-  
25 bursement for—

1           “(i) testing devices and associated  
2           supplies approved for sale by the Food and  
3           Drug Administration and used in compli-  
4           ance with section 353; and

5           “(ii) administering the tests and re-  
6           lated services, as determined appropriate  
7           by the State agency responsible for the ad-  
8           ministration of title XIX of the Social Se-  
9           curity Act (42 U.S.C. 1396 et seq.).

10           “(2) CHILDREN ENROLLED IN OR ELIGIBLE  
11           FOR SCHIP.—

12           “(A) IN GENERAL.—With respect to a  
13           child who is eligible for or receiving child health  
14           assistance under a State plan under title XXI  
15           of the Social Security Act (42 U.S.C. 1397aa et  
16           seq.) and who receives, or is provided, a test,  
17           treatment, or education under a program estab-  
18           lished under subsection (a), the Secretary, not-  
19           withstanding any other provision of, or limita-  
20           tion under, such title XXI, or any other provi-  
21           sion of law (including the payment limitation  
22           under title XIX commonly known as the ‘free  
23           care rule’ to the extent, if any, such limitation  
24           applies to the State children’s health insurance  
25           program established under title XXI of that

1 Act), shall reimburse the local educational agen-  
2 cy administering such program from funds that  
3 are made available under such title XXI for  
4 100 percent of the cost of the performance, ar-  
5 rangement, or provision and data reporting.

6 “(B) COSTS.—The costs shall include the  
7 costs described in paragraph (1)(B).

8 “(f) DEFINITIONS.—In this section, the terms ‘local  
9 educational agency’, ‘elementary school’, and ‘secondary  
10 school’ have the meanings given such terms in section  
11 9101 of the Elementary and Secondary Education Act of  
12 1965 (20 U.S.C. 7801).

13 “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
14 is authorized to be appropriated to carry out this section  
15 with respect to a child, and any data reporting with re-  
16 spect to the child, who is not eligible for coverage under  
17 title XIX or XXI of the Social Security Act, or is not oth-  
18 erwise covered under a health insurance plan,  
19 \$15,000,000 for each of fiscal years 2003 through 2008.

20 “(h) EVALUATIONS.—Not later than 4 years after the  
21 date of enactment of this section, the Secretary shall pre-  
22 pare and submit to the appropriate committees of Con-  
23 gress a report containing data related to whether grants  
24 provided under this section have ensured that children at  
25 the highest risk for asthma are identified and treated.”.

1 **SEC. 4. PAYMENTS FOR SCREENING AND TREATMENT PRO-**  
2 **VIDED TO CHILDREN ELIGIBLE UNDER MED-**  
3 **ICAID OR SCHIP.**

4 (a) **MEDICAID.**—Section 1903(c) of the Social Secu-  
5 rity Act (42 U.S.C. 1396b(c)) is amended—

6 (1) by inserting “(1)” after “(c)”; and

7 (2) by adding at the end the following:

8 “(2) Nothing in this title or any other provision of  
9 law, including the payment limitation commonly known as  
10 the ‘free care rule’, shall be construed as prohibiting or  
11 restricting, or authorizing the Secretary to prohibit or re-  
12 strict, payment under subsection (a) for medical assist-  
13 ance for covered services furnished to a child who is eligi-  
14 ble for or receiving medical assistance under the State  
15 plan and who receives an asthma screening test, or is pro-  
16 vided treatment or education in disease management relat-  
17 ing to asthma, through a public elementary or secondary  
18 school, whether directly or indirectly, and regardless of  
19 whether the school participates in a program established  
20 under subsection (a) or (b) of section 1120B of the Ele-  
21 mentary and Secondary Education Act of 1965.”.

22 (b) **SCHIP.**—Section 2105 of the Social Security Act  
23 (42 U.S.C. 1397ee) is amended by adding at the end the  
24 following:

25 “(g) **REQUIRED PAYMENT FOR CERTAIN SCHOOL-**  
26 **BASED SERVICES.**—Nothing in this title or any other pro-

1 vision of law (including the payment limitation under title  
2 XIX commonly known as the ‘free care rule’ to the extent,  
3 if any, such limitation applies to the program established  
4 under this title) shall be construed as prohibiting or re-  
5 stricting, or authorizing the Secretary to prohibit or re-  
6 strict, payment under subsection (a) for child health as-  
7 sistance for covered services furnished to a child who is  
8 eligible for or receiving such assistance under the State  
9 child health plan and who receives an asthma screening  
10 test that is available to children receiving assistance under  
11 the State plan, or is provided treatment or education in  
12 disease management relating to asthma through a public  
13 elementary or secondary school, whether directly or indi-  
14 rectly, and regardless of whether the school participates  
15 in a program established under subsection (a) or (b) of  
16 section 1120B of the Elementary and Secondary Edu-  
17 cation Act of 1965.”.

18 **SEC. 5. MODEL ASTHMA TREATMENTS CENTERS DEM-**  
19 **ONSTRATION PROGRAM.**

20 (a) IN GENERAL.—The Secretary of Health and  
21 Human Services (in this section referred to as the “Sec-  
22 retary”) shall develop, in conjunction with State medicaid  
23 programs under title XIX of the Social Security Act, a  
24 demonstration program for model asthma treatment cen-  
25 ters. In developing the program, the Secretary shall base

1 the centers on the scientifically validated asthma treat-  
2 ment models developed by the Inner City Asthma Program  
3 sponsored by the National Institutes of Health. Such Pro-  
4 gram has successfully provided education, screening, and  
5 treatment services to children with asthma while improv-  
6 ing health outcomes and lowering overall health care ex-  
7 penditures.

8 (b) LOCATION.—In developing the demonstration  
9 program under this section, the Secretary shall give pri-  
10 ority to communities where the prevalence of uncontrolled  
11 asthma is high.

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