

109TH CONGRESS  
1ST SESSION

# S. 424

To amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

FEBRUARY 17, 2005

Mr. BOND (for himself, Mr. KENNEDY, Mr. TALENT, Mr. JOHNSON, and Mr. ISAKSON) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to provide for arthritis research and public health, 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 “Arthritis Prevention,  
5       Control, and Cure Act of 2005”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

8               (1) Arthritis and other rheumatic diseases are  
9       among the most common conditions in the United  
10       States. There are more than 100 different forms of

1 arthritis, of which the 2 most common forms are os-  
2 teoarthritis and rheumatoid arthritis.

3 (2) Arthritis and other rheumatic diseases  
4 cause severe and chronic pain, swollen tissue, liga-  
5 ment and joint destruction, deformities, permanent  
6 disability, and death. Arthritis and other rheumatic  
7 diseases erode patients' quality of life and can di-  
8 minish their mental health, impose significant limi-  
9 tations on their daily activities, and disrupt the lives  
10 of their family members and caregivers.

11 (3) One out of every 3, or nearly 70,000,000,  
12 adults in the United States suffer from arthritis or  
13 chronic joint symptoms. The number of individuals  
14 in the United States with arthritis will grow as the  
15 number of older Americans continues to increase  
16 dramatically in the next few decades.

17 (4) Arthritis and other rheumatic diseases af-  
18 fect all types of people of the United States, not just  
19 older individuals. Arthritis and other rheumatic dis-  
20 eases disproportionately affect women in the United  
21 States, and nearly 3 of every 5 individuals with ar-  
22 thritis are younger than 65 years of age. Today,  
23 8,400,000 young adults ages 18 through 44 have ar-  
24 thritis and millions of others are at risk for devel-  
25 oping the disease.

1           (5) Arthritis and other rheumatic diseases are  
2 the leading cause of disability among adults in the  
3 United States. More than 8,000,000 people in the  
4 United States are disabled by arthritis and other  
5 rheumatic diseases. By 2020, arthritis will limit the  
6 daily activities of nearly 12,000,000 individuals.

7           (6) Nearly 60 percent of people of the United  
8 States with arthritis are of working age. In general,  
9 people with arthritis have a low rate of participation  
10 in the workforce. Arthritis is exceeded only by heart  
11 disease as a cause of work disability.

12           (7) Nearly 300,000 children in the United  
13 States, or 3 children out of every 1,000, have some  
14 form of arthritis or other rheumatic disease. It is the  
15 sense of Congress that the substantial morbidity as-  
16 sociated with pediatric arthritis warrants a greater  
17 Federal investment in research to identify new and  
18 more effective treatments for these diseases.

19           (8) Arthritis results in 750,000 hospitalizations,  
20 44,000,000 outpatient visits, and 4,000,000 days of  
21 hospital care every year, according to the Centers  
22 for Disease Control and Prevention.

23           (9) The Centers for Disease Control and Pre-  
24 vention estimate that the annual cost of medical care  
25 for arthritis is \$51,000,000, and the estimated an-

1 nual total cost of arthritis to the United States, in-  
2 cluding lost productivity, exceeds \$86,000,000.

3 (10) In 1975, the National Arthritis Act of  
4 1974 (Public Law 93–640) was enacted to promote  
5 basic and clinical arthritis research, establish Multi-  
6 purpose Arthritis Centers, and expand clinical  
7 knowledge in the field of arthritis. The Act was suc-  
8 cessfully implemented, and continued funding of ar-  
9 thritis-related research has led to important ad-  
10 vances in arthritis control, treatment, and preven-  
11 tion.

12 (11) Early diagnosis, treatment, and appro-  
13 priate management of arthritis can control symp-  
14 toms and improve quality of life. Weight control and  
15 exercise can demonstrably lower health risks from  
16 arthritis, as can other forms of patient education,  
17 training, and self-management. The genetics of ar-  
18 thritis are being actively investigated. New, innova-  
19 tive, and increasingly effective drug therapies, joint  
20 replacements, and other therapeutic options are  
21 being developed.

22 (12) While research has identified many effec-  
23 tive interventions against arthritis, such interven-  
24 tions are broadly underutilized. That underutiliza-  
25 tion leads to unnecessary loss of life, health, and

1 quality of life, as well as avoidable or unnecessarily  
2 high health care costs. Arthritis self-management  
3 can reduce both patient pain and health care costs,  
4 with some self-management programs reducing ar-  
5 thritis pain by 20 percent and physician visits by 40  
6 percent. Yet less than 1 percent of the 49,000,000  
7 people in the United States with arthritis participate  
8 in such programs, and self-management courses are  
9 not offered in all areas of the United States.

10 (13) Rheumatologists are internists or pediatric  
11 sub-specialists that are uniquely qualified by an ad-  
12 ditional 2 to 4 years of training and experience in  
13 the diagnosis and treatment of rheumatic conditions.  
14 Typically, rheumatologists act as consultants, but  
15 also often act as managers, relying on the help of  
16 many skilled professionals, including nurses, physical  
17 and occupational therapists, psychologists, and social  
18 workers. Many rheumatologists conduct research to  
19 determine the cause and effective treatment of dis-  
20 abling and sometimes fatal rheumatic diseases.

21 (14) Recognizing that the Nation requires a  
22 public health approach to arthritis, the Department  
23 of Health and Human Services established impor-  
24 tant national goals related to arthritis in its Healthy  
25 People 2010 initiative. Moreover, various Federal

1 and non-Federal stakeholders have worked coopera-  
 2 tively to develop a comprehensive National Arthritis  
 3 Action Plan: A Public Health Strategy.

4 (15) Greater efforts and commitments are need-  
 5 ed from Congress, the States, providers, and pa-  
 6 tients to achieve the goals of Healthy People 2010,  
 7 implement a national public health strategy con-  
 8 sistent with the National Arthritis Action Plan, and  
 9 lessen the burden of arthritis on citizens of the  
 10 United States.

11 **SEC. 3. ENHANCING THE PUBLIC HEALTH ACTIVITIES RE-**  
 12 **LATED TO ARTHRITIS OF THE CENTERS FOR**  
 13 **DISEASE CONTROL AND PREVENTION**  
 14 **THROUGH THE NATIONAL ARTHRITIS ACTION**  
 15 **PLAN.**

16 Part B of title III of the Public Health Service Act  
 17 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
 18 tion 314 the following:

19 **“SEC. 315. IMPLEMENTATION OF THE NATIONAL ARTHRITIS**  
 20 **ACTION PLAN.**

21 “The Secretary shall develop and implement a Na-  
 22 tional Arthritis Action Plan that consists of—

23 “(1) the Federal arthritis prevention and con-  
 24 trol activities, as described in section 315A;

1           “(2) the State arthritis control and prevention  
2 programs, as described in section 315B;

3           “(3) the comprehensive arthritis action grant  
4 program, as described in section 315C; and

5           “(4) a national arthritis education and outreach  
6 program, as described in section 315D.

7 **“SEC. 315A. FEDERAL ARTHRITIS PREVENTION AND CON-**  
8 **TROL ACTIVITIES.**

9           “(a) IN GENERAL.—The Secretary, acting through  
10 the Director of the Centers for Disease Control and Pre-  
11 vention, shall, directly, or through a grant to an eligible  
12 entity, conduct, support, and promote the coordination of  
13 research, investigations, demonstrations, training, and  
14 studies relating to the control, prevention, and surveillance  
15 of arthritis and other rheumatic diseases.

16           “(b) DUTIES OF SECRETARY.—The activities of the  
17 Secretary under subsection (a) shall include—

18           “(1) the collection, publication, and analysis of  
19 data on the prevalence and incidence of arthritis and  
20 other rheumatic diseases;

21           “(2) the development of uniform data sets for  
22 public health surveillance and clinical quality im-  
23 provement activities;

24           “(3) the identification of evidence-based and  
25 cost-effective best practices for the prevention, diag-

1       nosis, management, and care of arthritis and other  
2       rheumatic diseases;

3             “(4) research, including research on behavioral  
4       interventions to prevent arthritis and on other evi-  
5       dence-based best practices relating to arthritis pre-  
6       vention, diagnosis, management, and care; and

7             “(5) demonstration projects, including commu-  
8       nity-based and patient self-management programs of  
9       arthritis control, prevention, and care, and similar  
10      collaborations with academic institutions, hospitals,  
11      health insurers, researchers, health professionals,  
12      and nonprofit organizations.

13       “(c) TRAINING AND TECHNICAL ASSISTANCE.—With  
14      respect to the planning, development, and operation of any  
15      activity carried out under subsection (a), the Secretary  
16      may provide training, technical assistance, supplies, equip-  
17      ment, or services, and may assign any officer or employee  
18      of the Department of Health and Human Services to a  
19      State or local health agency, or to any public or nonprofit  
20      entity designated by a State health agency, in lieu of pro-  
21      viding grant funds under this section.

22       “(d) ARTHRITIS PREVENTION RESEARCH AT THE  
23      CENTERS FOR DISEASE CONTROL AND PREVENTION  
24      CENTERS.—The Secretary shall provide additional grant  
25      support for research projects at the Centers for Prevention

1 Research by the Centers for Disease Control and Preven-  
2 tion to encourage the expansion of research portfolios at  
3 the Centers for Prevention Research to include arthritis-  
4 specific research activities related to the prevention and  
5 management of arthritis.

6 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
7 are authorized to be appropriated to carry out this section  
8 such sums as may be necessary for each of fiscal years  
9 2006 through 2010.

10 **“SEC. 315B. STATE ARTHRITIS CONTROL AND PREVENTION**  
11 **PROGRAMS.**

12 “(a) IN GENERAL.—The Secretary shall award  
13 grants to eligible entities to provide support for com-  
14 prehensive arthritis control and prevention programs and  
15 to enable such entities to provide public health surveil-  
16 lance, prevention, and control activities related to arthritis  
17 and other rheumatic diseases.

18 “(b) ELIGIBILITY.—To be eligible to receive a grant  
19 under this section, an entity shall be a State or Indian  
20 tribe.

21 “(c) APPLICATION.—To be eligible to receive a grant  
22 under this section, an entity shall submit to the Secretary  
23 an application at such time, in such manner, and con-  
24 taining such agreements, assurances, and information as

1 the Secretary may require, including a comprehensive ar-  
2 thritis control and prevention plan that—

3 “(1) is developed with the advice of stake-  
4 holders from the public, private, and nonprofit sec-  
5 tors that have expertise relating to arthritis control,  
6 prevention, and treatment that increase the quality  
7 of life and decrease the level of disability;

8 “(2) is intended to reduce the morbidity of ar-  
9 thritis, with priority on preventing and controlling  
10 arthritis in at-risk populations and reducing dispari-  
11 ties in arthritis prevention, diagnosis, management,  
12 and quality of care in underserved populations;

13 “(3) describes the arthritis-related services and  
14 activities to be undertaken or supported by the enti-  
15 ty; and

16 “(4) is developed in a manner that is consistent  
17 with the National Arthritis Action Plan or a subse-  
18 quent strategic plan designated by the Secretary.

19 “(d) USE OF FUNDS.—An eligible entity shall use  
20 amounts received under a grant awarded under subsection  
21 (a) to conduct, in a manner consistent with the com-  
22 prehensive arthritis control and prevention plan submitted  
23 by the entity in the application under subsection (c)—

24 “(1) public health surveillance and epidemiolog-  
25 ical activities relating to the prevalence of arthritis

1 and assessment of disparities in arthritis prevention,  
2 diagnosis, management, and care;

3 “(2) public information and education pro-  
4 grams; and

5 “(3) education, training, and clinical skills im-  
6 provement activities for health professionals, includ-  
7 ing allied health personnel.

8 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
9 are authorized to be appropriated to carry out this section  
10 such sums as may be necessary for each of fiscal years  
11 2006 through 2010.

12 **“SEC. 315C. COMPREHENSIVE ARTHRITIS ACTION GRANTS.**

13 “(a) IN GENERAL.—The Secretary shall award  
14 grants on a competitive basis to eligible entities to enable  
15 such eligible entities to assist in the implementation of a  
16 national strategy for arthritis control and prevention.

17 “(b) ELIGIBILITY.—To be eligible to receive a grant  
18 under this section, an entity shall be a national public or  
19 private nonprofit entity.

20 “(c) APPLICATION.—To be eligible to receive a grant  
21 under this section, an entity shall submit to the Secretary  
22 an application at such time, in such manner, and con-  
23 taining such agreements, assurances, and information as  
24 the Secretary may require, including a description of how

1 funds received under a grant awarded under this section  
2 will—

3 “(1) supplement or fulfill unmet needs identi-  
4 fied in the comprehensive arthritis control and pre-  
5 vention plan of a State or Indian tribe;

6 “(2) otherwise help achieve the goals of the Na-  
7 tional Arthritis Action Plan or a subsequent stra-  
8 tegic plan designated by the Secretary.

9 “(d) PRIORITY.—In awarding grants under this sec-  
10 tion, the Secretary shall give priority to eligible entities  
11 submitting applications proposing to carry out programs  
12 for controlling and preventing arthritis in at-risk popu-  
13 lations or reducing disparities in underserved populations.

14 “(e) USE OF FUNDS.—An eligible entity shall use  
15 amounts received under a grant awarded under subsection  
16 (a) for 1 or more of the following purposes:

17 “(1) To expand the availability of physical ac-  
18 tivity programs designed specifically for people with  
19 arthritis.

20 “(2) To provide awareness education to pa-  
21 tients, family members, and health care providers, to  
22 help such individuals recognize the signs and symp-  
23 toms of arthritis, and to address the control and  
24 prevention of arthritis.



1       “(b) INITIATIVES AND STRATEGIES.—Initiatives and  
2 strategies implemented under the program described in  
3 paragraph (1) may include public awareness campaigns,  
4 public service announcements, and community partnership  
5 workshops, as well as programs targeted at businesses and  
6 employers, managed care organizations, and health care  
7 providers.

8       “(c) PRIORITY.—In carrying out subsection (a), the  
9 Secretary—

10           “(1) may emphasize prevention, early diagnosis,  
11 and appropriate management of arthritis, and op-  
12 portunities for effective patient self-management;  
13 and

14           “(2) shall give priority to reaching high-risk or  
15 underserved populations.

16       “(d) COLLABORATION.—In carrying out this section,  
17 the Secretary shall consult and collaborate with stake-  
18 holders from the public, private, and nonprofit sectors  
19 with expertise relating to arthritis control, prevention, and  
20 treatment.

21       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
22 are authorized to be appropriated to carry out this section  
23 such sums as may be necessary for each of fiscal years  
24 2006 through 2010.”.

1 **SEC. 4. EXPANSION AND COORDINATION OF ACTIVITIES OF**  
2 **THE NATIONAL INSTITUTES OF HEALTH WITH**  
3 **RESPECT TO RESEARCH ON ARTHRITIS.**

4 Title IV of the Public Health Service Act (42 U.S.C.  
5 281 et seq.) is amended by inserting after section 439 the  
6 following:

7 **“SEC. 439A. ARTHRITIS AND RHEUMATIC DISEASES INTER-**  
8 **AGENCY COORDINATING COMMITTEE.**

9 “(a) IN GENERAL.—

10 “(1) ESTABLISHMENT.—The Secretary shall es-  
11 tablish an Arthritis and Rheumatic Diseases Inter-  
12 agency Coordinating Committee (referred to in this  
13 section as the ‘Coordinating Committee’).

14 “(2) DUTIES.—The coordinating committee es-  
15 tablished under paragraph (1) shall—

16 “(A) provide for the improved coordination  
17 of the research activities of all the national re-  
18 search institutes relating to arthritis and rheu-  
19 matic diseases; and

20 “(B) provide for full and regular commu-  
21 nication and exchange of information necessary  
22 to maintain adequate coordination across all  
23 Federal health programs and activities related  
24 to arthritis and rheumatic diseases.

25 “(b) ARTHRITIS AND RHEUMATIC DISEASES INTER-  
26 AGENCY COORDINATING COMMITTEE.—

1           “(1) COMPOSITION.—The Coordinating Com-  
2           mittee shall consist of members, appointed by the  
3           Secretary, of which—

4                   “(A)  $\frac{2}{3}$  of such members shall represent  
5           governmental agencies, including—

6                           “(i) the directors of each of the na-  
7                           tional research institutes and divisions in-  
8                           volved in research regarding arthritis and  
9                           rheumatic diseases (or the directors’ re-  
10                          spective designees); and

11                          “(ii) representatives of other Federal  
12                          departments and agencies (as determined  
13                          appropriate by the Secretary) whose pro-  
14                          grams involve health functions or respon-  
15                          sibilities relevant to arthritis and rheu-  
16                          matic diseases, including the Centers for  
17                          Disease Control and Prevention, the  
18                          Health Resources and Services Administra-  
19                          tion, and the Food and Drug Administra-  
20                          tion; and

21                          “(B)  $\frac{1}{3}$  of such members shall be public  
22           members, including a broad cross section of  
23           persons affected by arthritis, researchers, clini-  
24           cians, and representatives of voluntary health  
25           agencies, who—

1 “(i) shall serve for a term of 3 years;

2 and

3 “(ii) may serve for an unlimited num-

4 ber of terms if reappointed.

5 “(2) CHAIRPERSON.—

6 “(A) APPOINTMENT.—The Chairperson of  
7 the Coordinating Committee (referred to in this  
8 subsection as the ‘Chairperson’) shall be ap-  
9 pointed by and be directly responsible to the  
10 Secretary.

11 “(B) DUTIES.—The Chairperson shall—

12 “(i) serve as the principal advisor to  
13 the Secretary, the Assistant Secretary for  
14 Health, and the Director of NIH on mat-  
15 ters relating to arthritis and rheumatic dis-  
16 eases; and

17 “(ii) provide advice to the Director of  
18 the Centers for Disease Control and Pre-  
19 vention, the Commissioner of Food and  
20 Drugs, and the heads of other relevant  
21 Federal agencies, on matters relating to  
22 arthritis and rheumatic diseases.

23 “(3) ADMINISTRATIVE SUPPORT; MEETINGS.—

24 “(A) ADMINISTRATIVE SUPPORT.—The  
25 Secretary shall provide necessary and appro-

1           appropriate administrative support to the Coordinating Committee.

2           “(B) MEETINGS.—The Coordinating Committee shall meet on a regular basis as determined by the Secretary, in consultation with the Chairperson.

3           “(c) ARTHRITIS AND RHEUMATIC DISEASES SUMMIT.—

4           “(1) IN GENERAL.—Not later than 1 year after the date of enactment of the Arthritis Prevention, Control, and Cure Act of 2005, the Coordinating Committee shall convene a summit of researchers, public health professionals, representatives of voluntary health agencies, representatives of academic institutions, and Federal and State policymakers, to provide a detailed overview of current research activities at the National Institutes of Health, as well as to discuss and solicit input related to potential areas of collaboration between the National Institutes of Health and other Federal health agencies, including the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration, related to research, prevention, and treatment of arthritis and rheumatic diseases.

1           “(2) SUMMIT DETAILS.—The summit developed  
2 under paragraph (1) shall focus on—

3           “(A) a broad range of research activities  
4 relating to biomedical, epidemiological, psycho-  
5 social, and rehabilitative issues, including stud-  
6 ies of the impact of the diseases described in  
7 paragraph (1) in rural and underserved commu-  
8 nities;

9           “(B) clinical research for the development  
10 and evaluation of new treatments, including  
11 new biological agents;

12           “(C) translational research on evidence-  
13 based and cost-effective best practices in the  
14 treatment, prevention, and management of the  
15 disease;

16           “(D) information and education programs  
17 for health care professionals and the public;

18           “(E) priorities among the programs and  
19 activities of the various Federal agencies re-  
20 garding such diseases; and

21           “(F) challenges and opportunities for sci-  
22 entists, clinicians, patients, and voluntary orga-  
23 nizations.

24           “(d) REPORT TO CONGRESS.—Not later than 180  
25 days after the convening of the Arthritis and Rheumatic

1 Diseases Summit under subsection (c)(1), the Director of  
2 NIH shall prepare and submit a report to Congress that  
3 includes proceedings from the summit and a description  
4 of arthritis research, education, and other activities that  
5 are conducted or supported through the national research  
6 institutes.

7 “(e) PUBLIC INFORMATION.—The Coordinating  
8 Committee shall make readily available to the public infor-  
9 mation about the research, education, and other activities  
10 relating to arthritis and other rheumatic diseases, con-  
11 ducted or supported by the National Institutes of Health.

12 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
13 are authorized to be appropriated such sums as may be  
14 necessary for each of fiscal years 2006 through 2010 to  
15 carry out this section.”.

16 **SEC. 5. EXPANSION, INTENSIFICATION, AND INNOVATION**  
17 **OF RESEARCH AND PUBLIC HEALTH ACTIVI-**  
18 **TIES RELATED TO JUVENILE ARTHRITIS.**

19 (a) JUVENILE ARTHRITIS INITIATIVE THROUGH THE  
20 DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH.—  
21 Part A of title IV of the Public Health Service Act (42  
22 U.S.C. 281 et seq.) is amended by adding at the end the  
23 following:

1 **“SEC. 404H. JUVENILE ARTHRITIS INITIATIVE THROUGH**  
2 **THE DIRECTOR OF THE NATIONAL INSTI-**  
3 **TUTES OF HEALTH.**

4 “(a) **EXPANSION AND INTENSIFICATION OF ACTIVI-**  
5 **TIES.—**

6 “(1) **IN GENERAL.—**The Director of NIH, in  
7 coordination with the Director of the National Insti-  
8 tute of Arthritis and Musculoskeletal and Skin Dis-  
9 eases, and the directors of the other national re-  
10 search institutes, as appropriate, shall expand and  
11 intensify programs of the National Institutes of  
12 Health with respect to research and related activities  
13 concerning various forms of juvenile arthritis.

14 “(2) **COORDINATION.—**The directors referred to  
15 in paragraph (1) shall jointly coordinate the pro-  
16 grams referred to in such paragraph and consult  
17 with additional Federal officials, voluntary health as-  
18 sociations, medical professional societies, and private  
19 entities as appropriate.

20 “(b) **PLANNING GRANTS AND CONTRACTS FOR INNO-**  
21 **VATIVE RESEARCH IN JUVENILE ARTHRITIS.—**

22 “(1) **IN GENERAL.—**In carrying out subsection  
23 (a)(1) the Director of NIH shall award planning  
24 grants or contracts for the establishment of new re-  
25 search programs, or enhancement of existing re-  
26 search programs, that focus on juvenile arthritis.

1           “(2) RESEARCH.—

2                   “(A) TYPES OF RESEARCH.—In carrying  
3           out this subsection, the Secretary shall encour-  
4           age research that focus on genetics, on the de-  
5           velopment of biomarkers, and on pharma-  
6           cological and other therapies.

7                   “(B) PRIORITY.—In awarding planning  
8           grants or contracts under paragraph (1), the  
9           Director of NIH may give priority to collabo-  
10          rative partnerships, which may include aca-  
11          demic health centers, private sector entities,  
12          and nonprofit organizations.

13          “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
14          are authorized to be appropriated such sums as may be  
15          necessary for each of fiscal years 2006 through 2010 to  
16          carry out this section. Such authorization shall be in addi-  
17          tion to any authorization of appropriations under any  
18          other provision of law to carry out juvenile arthritis activi-  
19          ties or other arthritis-related research.”.

20          (b) PUBLIC HEALTH AND SURVEILLANCE ACTIVI-  
21          TIES RELATED TO JUVENILE ARTHRITIS AT THE CEN-  
22          TERS FOR DISEASE CONTROL AND PREVENTION.—Part  
23          B of title III of the Public Health Service Act (42 U.S.C.  
24          243 et seq.) is amended by inserting after section 320A  
25          the following:

1 **“SEC. 320B. SURVEILLANCE AND RESEARCH REGARDING**  
2 **JUVENILE ARTHRITIS.**

3 “(a) **IN GENERAL.**—The Secretary, acting through  
4 the Director of the Centers for Disease Control and Pre-  
5 vention, may award grants to and enter into cooperative  
6 agreements with public or nonprofit private entities for the  
7 collection, analysis, and reporting of data on juvenile ar-  
8 thritis.

9 “(b) **TECHNICAL ASSISTANCE.**—In awarding grants  
10 and entering into agreements under subsection (a), the  
11 Secretary may provide direct technical assistance in lieu  
12 of cash.

13 “(c) **COORDINATION WITH NIH.**—The Secretary  
14 shall ensure that epidemiological and other types of infor-  
15 mation obtained under subsection (a) is made available to  
16 the National Institutes of Health.

17 “(d) **CREATION OF A NATIONAL JUVENILE ARTHRI-**  
18 **TIS PATIENT REGISTRY.**—The Secretary, acting through  
19 the Director of the Centers for Disease Control and Pre-  
20 vention and in collaboration with a national voluntary  
21 health organization with experience serving the juvenile  
22 arthritis population as well as the full spectrum of arthri-  
23 tis-related conditions, shall support the development of a  
24 National Juvenile Arthritis Patient Registry to collect spe-  
25 cific data for follow-up studies regarding the prevalence  
26 and incidence of juvenile arthritis, as well as capturing

1 information on evidence-based health outcomes related to  
 2 specific therapies and interventions.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
 4 are authorized to be appropriated such sums as may be  
 5 necessary to carry out this section.”.

6 **SEC. 6. INVESTMENT IN TOMORROW’S PEDIATRIC**  
 7 **RHEUMATOLOGISTS.**

8 (a) IN GENERAL.—Part Q of title III of the Public  
 9 Health Service Act (42 U.S.C. 280h et seq.) is amended  
 10 by adding at the end the following:

11 **“SEC. 399AA. INVESTMENT IN TOMORROW’S PEDIATRIC**  
 12 **RHEUMATOLOGISTS.**

13 “(a) ENHANCED SUPPORT.—In order to ensure an  
 14 adequate future supply of pediatric rheumatologists, the  
 15 Secretary, in consultation with the Administrator of the  
 16 Health Resources and Services Administration, shall sup-  
 17 port activities that provide for—

18 “(1) an increase in the number and size of in-  
 19 stitutional training grants awarded to institutions to  
 20 support pediatric rheumatology training; and

21 “(2) an expansion of public-private partnerships  
 22 to encourage academic institutions, private sector  
 23 entities, and health agencies to promote educational  
 24 training and fellowship opportunities for pediatric  
 25 rheumatologists.





1 (1) by redesignating section 487F (as added by  
2 Public Law 106–310) as section 487G;

3 (2) by inserting after section 487G (as so re-  
4 designated) the following:

5 **“SEC. 487H. CAREER DEVELOPMENT AWARDS IN PEDI-**  
6 **ATRIC RHEUMATOLOGY.**

7 “(a) IN GENERAL.—The Secretary, in consultation  
8 with the Director of NIH, may establish a program to in-  
9 crease the number of career development awards for  
10 health professionals who intend to build careers in clinical  
11 and translational research relating to pediatric  
12 rheumatology.

13 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
14 are appropriated such sums as may be necessary to carry  
15 out this section.”.

16 **SEC. 8. GENERAL ACCOUNTING OFFICE STUDY OF ARTHRI-**  
17 **TIS AND THE WORKPLACE.**

18 (a) STUDY AND REPORT.—Not later than 3 years  
19 after the date of enactment of this Act, the Comptroller  
20 General of the United States shall conduct a study on the  
21 economic impact of arthritis in the workplace, and submit  
22 a report to the appropriate committees of Congress con-  
23 taining the results of the study.

1       (b) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated such sums as may be  
3 necessary to carry out this section.

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