

107TH CONGRESS
2D SESSION

H. R. 4824

To provide for various programs and activities to respond to the problem of asthma in urban areas.

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2002

Mr. TOWNS introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for various programs and activities to respond to the problem of asthma in urban areas.

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 “Urban Asthma Assist-
5 ance Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Asthma is a serious chronic condition af-
9 fecting an estimated 14,000,000 to 15,000,000 indi-

1 viduals in the United States, including almost
2 5,000,000 children.

3 (2) Asthma accounts for an estimated 3 million
4 lost workdays for adults and 10.1 million lost school
5 days in children annually. Asthma is one of the Na-
6 tion's most common and costly diseases. Over the
7 past 20 years mortality, morbidity and hospital dis-
8 charge rates attributed to asthma have substantially
9 increased. Between 1979 and 1998, the age-adjusted
10 mortality rate increased 56 per-cent while the preva-
11 lence rate increased by almost 22 percent in males
12 and 97 percent in females between 1982 and 1996.

13 (3) Asthma is a chronic illness that is treatable
14 with ambulatory and specialty care, but over 43 per-
15 cent of its economic impact comes from use of emer-
16 gency rooms, hospitalization, and death.

17 (4) Certain pests, such as cockroaches and ro-
18 dents, are known to create public health problems
19 and proliferate at higher rates in urban areas. These
20 pests may spread infectious disease and contribute
21 to the worsening of chronic respiratory illnesses, in-
22 cluding asthma.

23 (5) Research supported by the National Insti-
24 tutes of Health demonstrated that the cockroach, ro-
25 dent, house dust mite, and mold allergens, as well as

1 tobacco smoke and feathers, are important environ-
2 mental causes of asthma-related illness and hos-
3 pitalization among children in inner-city areas of the
4 United States.

5 (6) Morbidity and mortality related to childhood
6 asthma are disproportionately high in urban areas.

7 (7) In 1996 the prevalence rate in whites was
8 53.5 per 1,000 persons while the prevalence rate in
9 blacks was 69.6 per 1,000 persons. Both of these
10 rates represent significant differences from the rates
11 reported in 1982, when they were 34.6 and 39.2 for
12 whites and blacks, respectively.

13 (8) In 1995, there were more than 1,800,000
14 emergency room visits made for asthma-related at-
15 tacks and among these, the rate for emergency room
16 visits was 48.8 per 10,000 visits among whites and
17 228.9 per 10,000 visits among blacks. These statis-
18 tics confirm that our healthcare system encourages
19 emergency room and trauma care rather than pre-
20 vention.

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

1 (10) 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 (11) Asthma is the most common chronic ill-
6 ness in childhood, afflicting nearly 5,000,000 chil-
7 dren under age 18, and costing an estimated
8 \$1,900,000,000 to treat those children. The death
9 rate for children age 19 and younger increased by
10 78 percent between 1980 and 1993.

11 (12) From 1979 to 1992, the hospitalization
12 rates among children due to asthma increased 74
13 percent. It is estimated that more than 7 percent of
14 children now have asthma.

15 (13) Although asthma can occur at any age,
16 about 80 percent of the children who will develop
17 asthma do so before starting school.

18 (14) From 1980 to 1994, the most substantial
19 prevalence rate increase for asthma occurred among
20 children aged 0 to 4 years (160 percent) and per-
21 sons aged 5 to 14 years (74 percent).

22 (15) Children aged 0 to 5 years who are ex-
23 posed to maternal smoking are 201 times more like-
24 ly to develop asthma compared with those free from
25 exposure.

1 (16) According to data from the 1988 National
2 Health Interview Survey (NHIS), which surveyed
3 children for their health experiences over a 12-
4 month period, 25 percent of those children reported
5 experiencing a great deal of pain or discomfort due
6 to asthma either often or all the time during the
7 previous 12 months.

8 (17) Asthma entails an annual economic cost to
9 our nation in direct health care costs of \$8.1 billion;
10 indirect costs (lost productivity) add another \$4.6
11 billion for a total of \$12.7 billion. Inpatient hospital
12 services represented the largest single direct medical
13 expenditure, over \$3.5 billion. The value of reduced
14 productivity due to loss of school days represented
15 the largest single indirect cost at \$1.5 billion.

16 (18) According to a 1995 National Institute of
17 Health workshop report, missed school days ac-
18 counted for an estimated cost of lost productivity for
19 parents of children with asthma of almost
20 \$1,000,000,000 per year.

21 (19) Managing asthma requires a long-term,
22 multifaceted approach, including patient education,
23 specialty care, life skills training, nutrition coun-
24 seling elimination or avoidance of asthma triggers,

1 pharmacologic therapy, and scheduled medical fol-
2 low-up.

3 (20) In recognition of the growing public health
4 crisis in asthma, in 1999, the Centers for Disease
5 Control and Prevention developed the National Asth-
6 ma Control Program within the National Center for
7 Environmental Health to determine the incidence,
8 prevalence, and circumstances of asthma cases.

9 (21) Enhancing the available prevention, edu-
10 cational, research, and treatment resources with re-
11 spect to asthma in the United States will allow our
12 Nation to address more effectively the problems as-
13 sociated with this increasing threat to the health and
14 well-being of our citizen.

15 **SEC. 3. CDC'S URBAN ASTHMA PREVENTION PROGRAMS.**

16 (a) IN GENERAL.—The Secretary of Health and
17 Human Services, acting through the Director of the Cen-
18 ters for Disease Control and Prevention, shall provide,
19 through the National Asthma Control Program within the
20 National Center for Environmental Health, additional
21 intervention program grants to address the incidence of
22 asthma in urban areas.

23 (b) AUTHORIZATION OF APPROPRIATIONS.—For the
24 purpose of carrying out subsection (a), there are author-
25 ized to be appropriated \$15,000,000 for fiscal year 2003,

1 and such sums as may be necessary for each of the fiscal
2 years 2004 through 2007.

3 **SEC. 4. MEDICAID MODEL TREATMENT CENTERS DEM-**
4 **ONSTRATION PROGRAM.**

5 Under the authority provided in section 1115 of the
6 Social Security Act (42 U.S.C. 1315), the Secretary of
7 Health and Human Services shall permit States under the
8 medicaid program under title XIX of the Social Security
9 Act to develop model asthma treatment centers dem-
10 onstration programs that—

11 (1) are based on the scientifically validated
12 asthma treatment models developed by the National
13 Cooperative Inner-City Asthma Study supported by
14 the National Institute of Allergy and Infectious Dis-
15 eases;

16 (2) include education, screening, and treatment
17 services for children with asthma;

18 (3) involve nonprofit organizations that can af-
19 fect patient beliefs, behavior, and outcomes;

20 (4) include specialty care and access to a full
21 range of available treatments to minimize unwanted
22 side effects; and

23 (5) improve health outcomes while lowering
24 overall health care expenditures.

1 **SEC. 5. CDC GUIDELINES REGARDING COORDINATION OF**
2 **DATA.**

3 For the purpose of facilitating the utility and com-
4 parability of asthma data collected by State and local
5 health departments, the Secretary of Health and Human
6 Services, acting through the Director of the Centers for
7 Disease Control and Prevention, shall develop and dis-
8 seminate to such departments guidelines on the collection
9 and reporting of such data.

10 **SEC. 6. INCREASING NUMBER OF CDC HEALTH PROFES-**
11 **SIONALS SERVING IN ASTHMA PROGRAMS.**

12 For the purpose of increasing the number of full-time
13 equivalent employees of the Centers for Disease Control
14 and Prevention who are health professionals and serve in
15 asthma programs of such Centers, there are authorized
16 to be appropriated \$4,000,000 for fiscal year 2003, and
17 such sums as may be necessary for each of the fiscal years
18 2004 through 2007.

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