

111<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 1210

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IN THE SENATE OF THE UNITED STATES

NOVEMBER 15, 2010

Received; read twice and referred to the Committee on Health, Education,  
Labor, and Pensions

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## AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Arthritis Prevention,  
3 Control, and Cure Act of 2010”.

4 **SEC. 2. ENHANCING PUBLIC HEALTH ACTIVITIES RELATED**  
5 **TO ARTHRITIS THROUGH THE NATIONAL AR-**  
6 **THRITIS ACTION PLAN.**

7 Part B of title III of the Public Health Service Act  
8 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
9 tion 314 the following:

10 **“SEC. 315. NATIONAL ARTHRITIS ACTION PLAN.**

11 “(a) ESTABLISHMENT OF PLAN.—The Secretary  
12 may develop and implement a National Arthritis Action  
13 Plan (in this section referred to as the ‘Plan’) consistent  
14 with this section.

15 “(b) CONTROL, PREVENTION, AND SURVEIL-  
16 LANCE.—

17 “(1) IN GENERAL.—Under the Plan, the Sec-  
18 retary may, directly or through competitive grants to  
19 eligible entities, conduct, support, and promote the  
20 coordination of research, investigations, demonstra-  
21 tions, training, and studies relating to the control,  
22 prevention, and surveillance of arthritis and other  
23 rheumatic diseases.

24 “(2) TRAINING AND TECHNICAL ASSISTANCE.—

25 “(A) PROVISION.—Upon the request of an  
26 applicant receiving a grant under paragraph

1 (1), the Secretary may, subject to subparagraph  
2 (B), provide training, technical assistance, sup-  
3 plies, equipment, or services for the purpose of  
4 aiding the applicant in carrying out grant ac-  
5 tivities and, for such purpose, may detail to the  
6 applicant any officer or employee of the Depart-  
7 ment of Health and Human Services.

8 “(B) CORRESPONDING REDUCTION IN PAY-  
9 MENTS.—With respect to a request described in  
10 subparagraph (A), the Secretary shall reduce  
11 the amount of payments under the grant under  
12 paragraph (1) to the applicant involved by an  
13 amount equal to the costs of detailing personnel  
14 (including pay, allowances, and travel expenses)  
15 and the fair market value of any supplies,  
16 equipment, or services provided by the Sec-  
17 retary.

18 “(3) ARTHRITIS PREVENTION RESEARCH AT  
19 THE CENTERS FOR DISEASE CONTROL AND PREVEN-  
20 TION.—The Secretary may provide additional grant  
21 support under this subsection to encourage the ex-  
22 pansion of research related to the prevention and  
23 management of arthritis at the Centers for Disease  
24 Control and Prevention.

1           “(4) ELIGIBLE ENTITY.—For purposes of this  
2 subsection, the term ‘eligible entity’ means a public  
3 or private nonprofit entity that demonstrates to the  
4 satisfaction of the Secretary, in the application de-  
5 scribed in subsection (e), the ability of the entity to  
6 carry out the activities described in paragraph (1).

7           “(c) EDUCATION AND OUTREACH.—

8           “(1) IN GENERAL.—Under the Plan, the Sec-  
9 retary may coordinate and carry out national edu-  
10 cation and outreach activities, directly or through  
11 the provision of grants to eligible entities, to sup-  
12 port, develop, and implement education initiatives  
13 and outreach strategies appropriate for arthritis and  
14 other rheumatic diseases.

15           “(2) INITIATIVES AND STRATEGIES.—Initiatives  
16 and strategies implemented under paragraph (1)  
17 may include public awareness campaigns, public  
18 service announcements, and community partnership  
19 workshops, as well as programs targeted to busi-  
20 nesses and employers, managed care organizations,  
21 and health care providers.

22           “(3) PRIORITY.—In carrying out paragraph (1),  
23 the Secretary—

24           “(A) may emphasize prevention, early di-  
25 agnosis, and appropriate management of arthri-

1           tis, and opportunities for effective patient self-  
2           management; and

3                   “(B) may give priority to reaching high-  
4           risk or underserved populations.

5                   “(4) COLLABORATION.—In carrying out this  
6           subsection, the Secretary shall consult and collabo-  
7           rate with stakeholders from the public, private, and  
8           nonprofit sectors with expertise relating to arthritis  
9           control, prevention, and treatment.

10                   “(5) ELIGIBLE ENTITY.—For purposes of this  
11           subsection, the term ‘eligible entity’ means a public  
12           or private nonprofit entity that demonstrates to the  
13           satisfaction of the Secretary, in the application de-  
14           scribed in subsection (e), the ability of the entity to  
15           carry out the activities described in paragraph (1).

16                   “(d) COMPREHENSIVE STATE GRANTS.—

17                   “(1) IN GENERAL.—Under the Plan, the Sec-  
18           retary may award grants to eligible entities to pro-  
19           vide support for comprehensive arthritis control and  
20           prevention programs and to enable such entities to  
21           provide public health surveillance, prevention, and  
22           control activities related to arthritis and other rheu-  
23           matic diseases.

24                   “(2) APPLICATION.—The Secretary may only  
25           award a grant under this subsection to an eligible

1 entity that submits to the Secretary an application  
2 at such time, in such manner, and containing such  
3 agreements, assurances, and information as the Sec-  
4 retary may require, including a comprehensive ar-  
5 thritis control and prevention plan that—

6 “(A) is developed with the advice of stake-  
7 holders from the public, private, and nonprofit  
8 sectors that have expertise relating to arthritis  
9 control, prevention, and treatment that increase  
10 the quality of life and decrease the level of dis-  
11 ability;

12 “(B) is intended to reduce the morbidity of  
13 arthritis, with priority on preventing and con-  
14 trolling arthritis in at-risk populations and re-  
15 ducing disparities in arthritis prevention, diag-  
16 nosis, management, and quality of care in un-  
17 derserved populations;

18 “(C) describes the arthritis-related services  
19 and activities to be undertaken or supported by  
20 the entity; and

21 “(D) demonstrates the relationship the en-  
22 tity has with the community and local entities  
23 and how the entity plans to involve such com-  
24 munity and local entities in carrying out the ac-  
25 tivities described in paragraph (1).

1           “(3) USE OF FUNDS.—An eligible entity may  
2           use amounts received under a grant awarded under  
3           this subsection to conduct, in a manner consistent  
4           with the comprehensive arthritis control and preven-  
5           tion plan submitted by the entity in the application  
6           under paragraph (2)—

7                   “(A) public health surveillance and epide-  
8                   miological activities relating to the prevalence of  
9                   arthritis and assessment of disparities in arthri-  
10                  tis prevention, diagnosis, management, and  
11                  care;

12                   “(B) public information and education pro-  
13                  grams; and

14                   “(C) education, training, and clinical skills  
15                  improvement activities for health professionals,  
16                  including allied health personnel.

17           “(4) ELIGIBLE ENTITY.—For purposes of this  
18           subsection, the term ‘eligible entity’ means a State  
19           or an Indian tribe.

20           “(e) GENERAL APPLICATION.—The Secretary may  
21           only award a grant under subsection (b) or (c) to an entity  
22           that submits to the Secretary an application at such time,  
23           in such manner, and containing such agreements, assur-  
24           ances, and information as the Secretary may require, in-  
25           cluding a description of how funds received under a grant

1 awarded under such subsection will supplement or fulfill  
2 unmet needs identified in a comprehensive arthritis con-  
3 trol and prevention plan of the entity.

4 “(f) DEFINITIONS.—For purposes of this section:

5 “(1) INDIAN TRIBE.—The term ‘Indian tribe’  
6 has the meaning given such term in section 4(e) of  
7 the Indian Self-Determination and Education Assist-  
8 ance Act.

9 “(2) STATE.—The term ‘State’ means any of  
10 the 50 States, the District of Columbia, the Com-  
11 monwealth of Puerto Rico, the Virgin Islands, Amer-  
12 ican Samoa, Guam, and the Northern Mariana Is-  
13 lands.

14 “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
15 are authorized to be appropriated to carry out this sec-  
16 tion—

17 “(1) for fiscal year 2012, \$14,600,000;

18 “(2) for fiscal year 2013, \$16,000,000;

19 “(3) for fiscal year 2014, \$17,700,000;

20 “(4) for fiscal year 2015, \$19,400,000; and

21 “(5) for fiscal year 2016, \$21,400,000.”.



1 **SEC. 3. ACTIVITIES OF THE DEPARTMENT OF HEALTH AND**  
2 **HUMAN SERVICES WITH RESPECT TO JUVE-**  
3 **NILE ARTHRITIS AND RELATED CONDITIONS.**

4 Part B of title IV of the Public Health Service Act  
5 (42 U.S.C. 284 et seq.) is amended by adding at the end  
6 the following:

7 **“SEC. 409K. JUVENILE ARTHRITIS AND RELATED CONDI-**  
8 **TIONS.**

9 “(a) IN GENERAL.—The Secretary, in coordination  
10 with the Director of NIH, may expand and intensify pro-  
11 grams of the National Institutes of Health with respect  
12 to research and related activities designed to improve the  
13 outcomes and quality of life for children with arthritis and  
14 other rheumatic diseases.

15 “(b) COORDINATION.—The Director of NIH may co-  
16 ordinate the programs referred to in subsection (a) and  
17 consult with additional Federal officials, voluntary health  
18 associations, medical professional societies, and private en-  
19 tities, as appropriate.”.

20 **SEC. 4. INVESTMENT IN TOMORROW’S PEDIATRIC**  
21 **RHEUMATOLOGISTS.**

22 Subpart I of part C of title VII of the Public Health  
23 Service Act (42 U.S.C. 293k et seq.) is amended by adding  
24 at the end the following:

1 **“SEC. 749A-1. PEDIATRIC RHEUMATOLOGISTS.**

2        “In order to ensure an adequate future supply of pe-  
3 diatric rheumatologists, the Secretary, in consultation  
4 with the Administrator of the Health Resources and Serv-  
5 ices Administration, may award institutional training  
6 grants to institutions to support pediatric rheumatology  
7 training.”.

      Passed the House of Representatives September 30  
(legislative day September 29), 2010.

Attest:                   LORRAINE C. MILLER,  
*Clerk.*