

119TH CONGRESS
1ST SESSION

H. R. 6052

To amend the Public Health Service Act with regard to research on asthma,
and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 17, 2025

Mrs. DINGELL (for herself, Mr. FITZPATRICK, Ms. CLARKE of New York, and
Mr. VALADAO) introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with regard to
research on asthma, 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 “Elijah E. Cummings
5 Family Asthma Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) According to the Centers for Disease Con-
9 trol and Prevention, in 2023, more than 27,800,000

1 people in the United States had asthma, including
2 an estimated 4,800,000 children.

3 (2) According to the Centers for Disease Con-
4 trol and Prevention, asthma is more common among
5 Black Americans, Native individuals (American Indi-
6 ans/Alaska Natives), Puerto Ricans, and people of
7 multiple races compared to non-Hispanic, White in-
8 dividuals.

9 (3) According to the Centers for Disease Con-
10 trol and Prevention, among children, males have
11 higher rates of asthma than females, and in adults,
12 women have higher rates of asthma than men. Indi-
13 viduals living below the poverty threshold also had
14 significantly higher rates of asthma in 2023 than in-
15 dividuals living above the poverty threshold.

16 (4) According to the Centers for Disease Con-
17 trol and Prevention, in 2023 more than 3,600 people
18 in the United States died from asthma. The rate of
19 mortality from asthma is higher among Black Amer-
20 icans and women.

21 (5) The Agency for Healthcare and Quality re-
22 ports that asthma accounted for approximately
23 131,000 hospitalizations and 1,100,000 visits to hos-
24 pital emergency departments in 2022.

1 (6) According to the Centers for Disease Con-
2 trol and Prevention, the annual cost of asthma to
3 the United States is approximately
4 \$81,900,000,000, including \$3,000,000,000 in indi-
5 rect costs from missed days of school and work.

6 (7) According to the Centers for Disease Con-
7 trol and Prevention, more than 7,900,000 school
8 days and 10,900,000 workdays are missed annually
9 as a result of asthma.

10 (8) Asthma episodes can be triggered by both
11 outdoor air pollution and indoor air pollution, in-
12 cluding pollutants such as cigarette smoke and com-
13 bustion by-products. Asthma episodes can also be
14 triggered by indoor allergens, such as animal dan-
15 der, mold, cockroaches, and rodents, and outdoor al-
16 lergens such as pollen.

17 (9) Public health interventions and medical care
18 in accordance with existing guidelines have been
19 proven effective in the treatment and management
20 of asthma. Better asthma management could reduce
21 the numbers of emergency department visits and
22 hospitalizations due to asthma. Studies published in
23 medical journals, including the Journal of Asthma
24 and The Journal of Pediatrics, have shown that bet-
25 ter asthma management results in improved asthma

1 outcomes at a lower cost. However, research pub-
2 lished in Preventing Chronic Disease has shown
3 gaps in consistent and comprehensive coverage of
4 guidelines-based asthma care across State Medicaid
5 programs.

6 (10) The high health and financial burden
7 caused by asthma underscores the importance of ad-
8 herence to the National Asthma Education and Pre-
9 vention Program Guidelines of the National Heart,
10 Lung, and Blood Institute. Increasing adherence to
11 guidelines-based care and resulting patient manage-
12 ment practices will enhance the quality of life for pa-
13 tients with asthma and decrease asthma-related
14 morbidity and mortality.

15 (11) In 2016, the Centers for Disease Control
16 and Prevention reported that less than half of people
17 with asthma reported receiving self-management
18 training for their asthma. More education about
19 triggers, proper treatment, and asthma management
20 methods is needed.

21 (12) 21 States do not receive funding through
22 the National Asthma Control Program of the Cen-
23 ters for Disease Control and Prevention. Without
24 this funding, State health departments have a lim-
25 ited capacity to improve the reach, quality, effective-

1 ness, and sustainability of asthma control services,
2 conduct comprehensive adult and pediatric surveil-
3 lance, and reduce asthma morbidity, mortality, and
4 disparities.

5 (13) For every \$1 spent by the National Asth-
6 ma Control Program of the Centers for Disease
7 Control and Prevention, there is a \$71 return on in-
8 vestment from reduced healthcare and economic
9 costs related to asthma.

10 (14) The alarming rise in the prevalence of
11 asthma, its adverse effect on school attendance and
12 productivity, and its cost for hospitalizations and
13 emergency room visits highlight the importance of
14 public health interventions, including increasing
15 awareness of asthma as a chronic illness, its symp-
16 toms, the role of both indoor and outdoor environ-
17 mental factors that exacerbate the disease, and other
18 factors that affect its exacerbations and severity.
19 The goals of the Federal Government and its part-
20 ners in the nonprofit and private sectors should in-
21 clude reducing the number and severity of asthma
22 attacks, asthma's financial burden, and the health
23 disparities associated with asthma.

1 **SEC. 3. ASTHMA-RELATED ACTIVITIES OF THE CENTERS**
2 **FOR DISEASE CONTROL AND PREVENTION.**

3 Section 317I of the Public Health Service Act (42
4 U.S.C. 247b–10) is amended to read as follows:

5 **“SEC. 317I. ASTHMA-RELATED ACTIVITIES OF THE CENTERS**
6 **FOR DISEASE CONTROL AND PREVENTION.**

7 “(a) PROGRAM FOR PROVIDING INFORMATION AND
8 EDUCATION TO THE PUBLIC.—The Secretary, acting
9 through the Director of the Centers for Disease Control
10 and Prevention and the Director of the National Center
11 for Environmental Health, shall collaborate with State
12 and local health departments to conduct activities regard-
13 ing asthma, including the provision of information and
14 education to the public regarding asthma, including—

15 “(1) deterring the harmful consequences of un-
16 controlled asthma; and

17 “(2) disseminating health education and infor-
18 mation regarding prevention of asthma episodes and
19 strategies for managing asthma.

20 “(b) DEVELOPMENT OF STATE STRATEGIC PLANS
21 FOR ASTHMA CONTROL.—Not later than 1 year after the
22 date of enactment of the Elijah E. Cummings Family
23 Asthma Act, the Secretary, acting through the Director
24 of the Centers for Disease Control and Prevention, shall
25 collaborate with State and local health departments to de-
26 velop State strategic plans for asthma control incor-

1 porating public health responses to reduce the burden of
2 asthma, particularly regarding disproportionately affected
3 populations.

4 “(c) COMPILATION OF DATA.—

5 “(1) IN GENERAL.—The Secretary, acting
6 through the Director of the Centers for Disease
7 Control and Prevention, in collaboration with State
8 and local health departments, shall—

9 “(A) conduct asthma surveillance activities
10 to collect data on the prevalence and severity of
11 asthma, the effectiveness of public health asthma
12 interventions, and the quality of asthma
13 management, including—

14 “(i) collection of data on or among
15 people with asthma to monitor the impact
16 on health and quality of life;

17 “(ii) surveillance of health care facilities; and
18

19 “(iii) collection of data from electronic
20 health records or other electronic communications;
21

22 “(B) compile and annually publish data regarding—
23

24 “(i) the prevalence of childhood asthma;
25

1 “(ii) the child mortality rate of asth-
2 ma;

3 “(iii) the number of hospital admis-
4 sions and emergency department visits by
5 children associated with asthma nationally,
6 disaggregated by State, age, sex, race, and
7 ethnicity;

8 “(iv) the prevalence of adult asthma;

9 “(v) the adult mortality rate of asth-
10 ma; and

11 “(vi) the number of hospital admis-
12 sions and emergency department visits by
13 adults associated with asthma nationally,
14 disaggregated by State, age, sex, race, and
15 ethnicity; and

16 “(C) modernize asthma surveillance sys-
17 tems to—

18 “(i) enable real-time exchange of data
19 from healthcare, schools, and public health
20 entities; and

21 “(ii) support timely publication of na-
22 tional and State trend reports,
23 disaggregated by age, sex, race, ethnicity,
24 payer, and geography.

1 “(2) DATA PRIVACY.—None of the data col-
2 lected, compiled, or published under paragraph (1)
3 may contain individually identifiable information.

4 “(3) ENSURING COMPARABILITY.—The Sec-
5 retary, acting through the Director of the Centers
6 for Disease Control and Prevention, in collaboration
7 with State and local health departments, shall en-
8 sure that the data described in paragraph (1) are
9 collected and compiled using a consistent method-
10 ology so as to maximize the comparability of results.

11 “(d) COLLABORATION WITH NONPROFITS.—The Di-
12 rector of the Centers for Disease Control and Prevention
13 may collaborate with national, State, and local nonprofit
14 organizations to provide information and education about
15 asthma.

16 “(e) REPORTS TO CONGRESS.—

17 “(1) IN GENERAL.—Not later than 3 years
18 after the date of enactment of the Elijah E. Cum-
19 mings Family Asthma Act, and 2 years thereafter,
20 the Secretary shall, in collaboration with patient
21 groups, nonprofit organizations, medical societies,
22 and other relevant governmental and nongovern-
23 mental entities, submit to Congress a report that—

24 “(A) catalogs, with respect to asthma pre-
25 vention, management, and surveillance—

1 “(i) the activities of the Federal Gov-
2 ernment, including an assessment of the
3 progress of the Federal Government and
4 States, with respect to achieving the goals
5 of the Healthy People 2030 initiative; and

6 “(ii) the activities of other entities
7 that participate in the program under this
8 section, including nonprofit organizations,
9 patient advocacy groups, and medical soci-
10 eties; and

11 “(B) makes recommendations for the fu-
12 ture direction of asthma-related activities, in
13 consultation with researchers from the National
14 Institutes of Health, including—

15 “(i) a description of how the Federal
16 Government may improve its response to
17 asthma, including identifying any barriers
18 that may exist;

19 “(ii) a description of how the Federal
20 Government may continue, expand, and
21 improve its private-public partnerships
22 with respect to asthma, including identi-
23 fying any barriers that may exist;

24 “(iii) the identification of steps that
25 may be taken to reduce the—

1 “(I) morbidity, mortality, and
2 overall prevalence of asthma;

3 “(II) financial burden of asthma
4 on society;

5 “(III) burden of asthma on dis-
6 proportionately affected areas, par-
7 ticularly those in medically under-
8 served populations (as defined in sec-
9 tion 330(b)(3)); and

10 “(IV) burden of asthma as a
11 chronic disease that can be worsened
12 by environmental exposures;

13 “(iv) the identification of programs
14 and policies that have achieved the steps
15 described in clause (iii);

16 “(v) the identification of steps that
17 may be taken to expand such programs
18 and policies to benefit larger populations;
19 and

20 “(vi) recommendations for future re-
21 search and interventions.

22 “(2) COORDINATION FOR RECOMMENDA-
23 TIONS.—In making recommendations under para-
24 graph (1)(B), the Secretary shall coordinate with—

1 “(A) the Secretary of Health and Human
2 Services, including the Director of the Centers
3 for Disease Control and Prevention and the Ad-
4 ministrator of the Centers for Medicare & Med-
5 icaid Services;

6 “(B) the Administrator of the Environ-
7 mental Protection Agency;

8 “(C) the Secretary of Housing and Urban
9 Development;

10 “(D) the Secretary of Education;

11 “(E) the Secretary of Veterans Affairs;
12 and

13 “(F) the Secretary of Defense.

14 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
15 carry out this section, there is authorized to be appro-
16 priated \$70,000,000 for the period of fiscal years 2025
17 through 2029.”.

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