

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2638 Session of
2002

INTRODUCED BY STURLA, RUBLEY, BELFANTI, BROWNE, COY, CREIGHTON,
CRUZ, CURRY, DALEY, FEESE, GEIST, HARHAI, HENNESSEY, HORSEY,
JAMES, JOSEPHS, LAUGHLIN, MARKOSEK, MCGEEHAN, MELIO, PALLONE,
PISTELLA, ROBINSON, SATHER, SCHULER, SHANER, SOLOBAY,
E. Z. TAYLOR, THOMAS, TIGUE, WANSACZ, J. WILLIAMS,
WOJNAROSKI, G. WRIGHT, YOUNGBLOOD AND M. COHEN, MAY 7, 2002

REFERRED TO COMMITTEE ON HEALTH AND HUMAN SERVICES, MAY 7, 2002

AN ACT

1 Providing for the comprehensive tracking of information
2 concerning asthma.

3 The General Assembly of the Commonwealth of Pennsylvania
4 hereby enacts as follows:

5 Section 1. Short title.

6 This act shall be known and may be cited as the Statewide
7 Asthma Tracking System Act.

8 Section 2. Declaration of policy.

9 The General Assembly finds and declares as follows:

10 (1) Rates for asthma have steadily increased over the
11 past 20 years in all age groups.

12 (2) Children have been the hardest hit by this epidemic,
13 experiencing a two and one-half-fold increase.

14 (3) Although asthma affects people at all socioeconomic
15 levels, poor and minority populations tend to experience a
16 greater burden when measured by the chances of dying or being

1 hospitalized for the disease.

2 (4) The underlying factors that have promoted the
3 alarming surge in asthma prevalence are not fully understood.
4 Current evidence points to an interaction between genetic
5 susceptibility and environmental influences. Factors
6 suspected to encourage development of asthma include: indoor
7 allergens, including dust mite and cockroach; pollutants,
8 including environmental tobacco smoke and diesel exhaust
9 particles; sedentary lifestyle; diet; and housing and
10 community environmental conditions.

11 (5) Given the strong link between asthma and
12 environmental factors, health officials and medical experts
13 agree that monitoring asthma's prevalence, morbidity and
14 mortality is critical to fighting the spread of this disease.

15 Section 3. Definitions.

16 The following words and phrases when used in this act shall
17 have the meanings given to them in this section unless the
18 context clearly indicates otherwise:

19 "Department." The Department of Health of the Commonwealth.

20 "Statewide Asthma Tracking System." The system established
21 under section 4.

22 Section 4. Powers and duties of department.

23 (a) Statewide Asthma Tracking System.--The department shall
24 develop and maintain a comprehensive Statewide Asthma Tracking
25 System to monitor the investigation of factors contributing to
26 the difference in the rates of asthma among different
27 socioeconomic, racial and age groups in this Commonwealth and
28 for targeting resources to those areas that are shown to be the
29 most heavily impacted. The information collected shall be used
30 to:

- 1 (1) Track rates and patterns of mortality and morbidity.
- 2 (2) Target areas most appropriate for resource
- 3 allocation.
- 4 (3) Monitor access to health care services.
- 5 (4) Assess the impact of interventions.

6 (b) Consultations.--In order to develop the Statewide Asthma
7 Tracking System, the department shall consult with
8 representatives of the medical, nursing, pharmacy and allied
9 health professional communities, public health agencies and
10 other appropriate entities.

11 (c) Report.--The department shall submit to the Governor and
12 the General Assembly an annual report relating to the Statewide
13 Asthma Tracking System. The report shall include the following:

14 (1) The department's findings and recommendations on the
15 administration and operations of the monitoring system.

16 (2) Data relevant to the prevalence of asthma in
17 different socioeconomic, racial and age groups in this
18 Commonwealth in summary form, reported in accordance with the
19 confidentiality requirements under section 5 and the
20 department's opinion on the likely causes of this data.

21 (3) Recommendations for improving greater access to
22 health care services for groups with higher asthma
23 prevalence, morbidity present in hospitalizations and
24 emergency department visits and mortality.

25 Section 5. Confidentiality of information.

26 All information collected and analyzed under this act shall
27 remain anonymous and confidential insofar as the identity of the
28 patient is concerned and shall be used solely for the purposes
29 provided for in this act. All Federal and State laws relating to
30 the privacy of information shall apply to the data and

1 information that is collected under this system.

2 Section 6. Regulations.

3 The department shall promulgate regulations to carry out the
4 provisions of this act.

5 Section 7. Effective date.

6 This act shall take effect in 60 days.