

112TH CONGRESS  
1ST SESSION

# H. R. 2505

To expand the research, prevention, and awareness activities of the Centers for Disease Control and Prevention and the National Institutes of Health with respect to pulmonary fibrosis, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 12, 2011

Mr. PAULSEN (for himself, Ms. BALDWIN, and Mr. MARKEY) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To expand the research, prevention, and awareness activities of the Centers for Disease Control and Prevention and the National Institutes of Health with respect to pulmonary fibrosis, 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 “Pulmonary Fibrosis  
5 Research Enhancement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1           (1) Pulmonary fibrosis (in this section referred  
2 to as “PF”) is a relentlessly progressive, ultimately  
3 fatal disease that affects the lungs, gradually rob-  
4 bing a person of the ability to breathe.

5           (2) More than 200,000 individuals may be liv-  
6 ing with PF in the United States, 48,000 individuals  
7 in the United States are diagnosed with PF annu-  
8 ally, and as many as 40,000 die annually.

9           (3) Prevalence of PF has increased more than  
10 150 percent since 2001, and is expected to continue  
11 rising.

12           (4) The median survival rate for a person with  
13 PF is 2.8 years.

14           (5) The cause of PF is not well understood, and  
15 in most cases is unknown, though there is growing  
16 evidence that one cause of PF may be environmental  
17 or occupational exposure to pollutants.

18           (6) There is no Food and Drug Administration-  
19 approved treatment or cure for PF.

20           (7) Public awareness of PF remains low com-  
21 pared to rare diseases of lesser prevalence, despite  
22 PF’s increasing prevalence.

23           (8) There has been no federally funded national  
24 awareness or educational effort to improve under-  
25 standing of PF in the public or medical commu-

1 nities, though nonprofit patient education and re-  
2 search groups have begun to increase awareness.  
3 The first Federal legislation expressing Congress’s  
4 support for PF research, H. Con. Res. 182, was  
5 agreed to by both Houses of Congress in 2007.

6 **SEC. 3. PULMONARY FIBROSIS ADVISORY BOARD AND REG-**  
7 **ISTRY.**

8 Part B of title III of the Public Health Service Act  
9 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
10 tion 317T the following:

11 **“SEC. 317U. PULMONARY FIBROSIS ADVISORY BOARD AND**  
12 **REGISTRY.**

13 “(a) ADVISORY BOARD.—

14 “(1) ESTABLISHMENT.—Not later than 90 days  
15 after the date of the enactment of this section, the  
16 Secretary, acting through the Director of the Cen-  
17 ters for Disease Control and Prevention, shall estab-  
18 lish a board to be known as the National Pulmonary  
19 Fibrosis Advisory Board (in this section referred to  
20 as the ‘Advisory Board’). The Advisory Board shall  
21 be composed of at least one member, to be appointed  
22 by the Secretary, acting through the Director of the  
23 Centers for Disease Control and Prevention, rep-  
24 resenting each of the following:

25 “(A) The National Institutes of Health.

1           “(B) The National Institute of Environ-  
2           mental Health Sciences.

3           “(C) The Department of Veterans Affairs.

4           “(D) The Agency for Toxic Substances  
5           and Disease Registry.

6           “(E) The Centers for Disease Control and  
7           Prevention.

8           “(F) Patients with PF or their family  
9           members and other individuals with an interest  
10          in developing and maintaining the National PF  
11          Registry.

12          “(G) Patient advocates, including organi-  
13          zations representing such advocates.

14          “(H) Clinicians with expertise on PF and  
15          related diseases.

16          “(I) Epidemiologists with experience work-  
17          ing with data registries.

18          “(J) Geneticists or experts in genetics who  
19          have experience with the genetics of PF or  
20          other interstitial lung diseases.

21          “(2) DUTIES.—The Advisory Board shall—

22                  “(A) review information and make rec-  
23                  ommendations to the Secretary concerning—

24                          “(i) the development and maintenance  
25                          of the National PF Registry;

1                   “(ii) the type of information to be col-  
2                   lected and stored in the National PF Reg-  
3                   istry;

4                   “(iii) the manner in which such data  
5                   is to be collected;

6                   “(iv) the use and availability of such  
7                   data, including guidelines for such use; and

8                   “(v) the collection of information  
9                   about diseases and disorders that primarily  
10                  affect the lungs that are considered essen-  
11                  tial to furthering the study and cure of  
12                  PF; and

13                  “(B) consult with the Director of the Cen-  
14                  ters for Disease Control and Prevention regard-  
15                  ing preparation of the National Pulmonary Fi-  
16                  brosis Education and Awareness Plan under  
17                  section 4(a) of the Pulmonary Fibrosis Re-  
18                  search Enhancement Act.

19                  “(3) REPORT.—Not later than 1 year after the  
20                  date of enactment of this section, the Advisory  
21                  Board shall submit to the Secretary, the Committee  
22                  on Energy and Commerce of the House of Rep-  
23                  resentatives, and the Health, Education, Labor, and  
24                  Pensions Committee of the Senate a report on the  
25                  review conducted under paragraph (2), including the

1 recommendations of the Advisory Board resulting  
2 from such review.

3 “(b) ESTABLISHMENT OF REGISTRY.—

4 “(1) IN GENERAL.—Not later than 1 year after  
5 the receipt of the report required by subsection  
6 (a)(3), the Secretary, acting through the Director of  
7 the Centers for Disease Control and Prevention and  
8 in consultation with patients, patient advocates, and  
9 others with expertise in research and care of pul-  
10 monary fibrosis (referred to in this section as ‘PF’),  
11 shall—

12 “(A) develop a system to collect data on  
13 PF and other interstitial lung diseases that are  
14 related to PF, including information with re-  
15 spect to the incidence and prevalence of the dis-  
16 ease in the United States; and

17 “(B) establish a national registry (in this  
18 section referred to as the ‘National PF Reg-  
19 istry’) that—

20 “(i) is used for the collection and stor-  
21 age of data described in subparagraph (A);  
22 and

23 “(ii) includes a population-based reg-  
24 istry of cases in the United States of PF

1           and other interstitial lung diseases that are  
2           related to PF.

3           “(2) PURPOSE.—The purpose of the National  
4           PF Registry shall be to gather available data con-  
5           cerning—

6                   “(A) PF, including the incidence and prev-  
7                   alence of PF in the United States;

8                   “(B) environmental and occupational fac-  
9                   tors that may be associated with the disease;

10                   “(C) age, race or ethnicity, gender, and  
11                   family history of individuals who are diagnosed  
12                   with the disease;

13                   “(D) pathogenesis of PF; and

14                   “(E) other matters as determined appro-  
15                   priate by the Secretary.

16           “(c) COORDINATION WITH STATE, LOCAL, AND FED-  
17           ERAL REGISTRIES.—

18                   “(1) IN GENERAL.—In establishing the Na-  
19                   tional PF Registry under subsection (b), the Sec-  
20                   retary shall—

21                   “(A) identify, build upon, expand, and co-  
22                   ordinate among existing data and surveillance  
23                   systems, surveys, registries, and other Federal  
24                   public health and environmental infrastructure  
25                   wherever possible, including—

1 “(i) existing systems in place at uni-  
2 versities, medical centers, and government  
3 agencies;

4 “(ii) State-based PF registries, Na-  
5 tional Institutes of Health registries, and  
6 Department of Veterans Affairs registries,  
7 as available; and

8 “(iii) any other relevant databases  
9 that collect or maintain information on in-  
10 terstitial lung diseases; and

11 “(B) provide for research access to PF  
12 data in accordance with applicable statutes and  
13 regulations, including those protecting personal  
14 privacy.

15 “(2) COORDINATION WITH NIH AND DEPART-  
16 MENT OF VETERANS AFFAIRS.—Consistent with ap-  
17 plicable privacy statutes and regulations, the Sec-  
18 retary shall ensure that epidemiological and other  
19 types of information obtained under subsection (b) is  
20 made available to the National Institutes of Health  
21 and the Department of Veterans Affairs.”.

22 **SEC. 4. NATIONAL PULMONARY FIBROSIS EDUCATION AND**  
23 **AWARENESS PLAN.**

24 (a) IN GENERAL.—

1           (1) PREPARATION OF PLAN.—The Director of  
2           the Centers for Disease Control and Prevention, in  
3           consultation with the National Pulmonary Fibrosis  
4           Advisory Board established under section 317U of  
5           the Public Health Service Act, as added by section  
6           3 of this Act, shall prepare a comprehensive plan (in  
7           this section referred to as the “National Pulmonary  
8           Fibrosis Education and Awareness Plan”).

9           (2) REPORT TO CONGRESS.—Not later than one  
10          year after the date of the enactment of this Act, and  
11          at the same time as the report is submitted under  
12          section 317U(a)(3) of the Public Health Service Act,  
13          the Director of the Centers for Disease Control and  
14          Prevention shall submit the National Pulmonary Fi-  
15          brosis Education and Awareness Plan to the Com-  
16          mittee on Energy and Commerce and the Committee  
17          on Appropriations of the House of Representatives  
18          and to the Committee on Health, Education, Labor,  
19          and Pensions and the Committee on Appropriations  
20          of the Senate.

21          (b) CONTENT.—The National Pulmonary Fibrosis  
22          Education and Awareness Plan shall—

23                (1) focus on strategies to increase public edu-  
24                cation and awareness of pulmonary fibrosis;

1           (2) accelerate patient education strategies, with  
2           respect to pulmonary fibrosis, nationwide;

3           (3) address the need for new physician edu-  
4           cation strategies to improve diagnosis and treatment  
5           standards with respect to pulmonary fibrosis;

6           (4) assess and monitor the costs of pulmonary  
7           fibrosis and its burden on patients and families; and

8           (5) develop such strategies in partnership with  
9           patients, patient advocates, and others with exper-  
10          tise in research and care of pulmonary fibrosis.

11 **SEC. 5. PULMONARY FIBROSIS RESEARCH EXPANSION.**

12          Subpart 2 of part C of title IV of the Public Health  
13          Service Act (42 U.S.C. 285b et seq.) is amended by insert-  
14          ing after section 424C the following:

15 **“SEC. 424D. PULMONARY FIBROSIS RESEARCH EXPANSION.**

16          “The Director of the Institute is encouraged to ex-  
17          pand, intensify, and coordinate the activities of the Insti-  
18          tute with respect to research on pulmonary fibrosis, as ap-  
19          propriate.”.

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