

ARTHRITIS PREVENTION, CONTROL, AND CURE ACT OF
2010

SEPTEMBER 28, 2010.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. WAXMAN, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 1210]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1210) to amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

CONTENTS

	Page
Amendment	1
Purpose and Summary	4
Background and Need for Legislation	4
Committee Consideration	4
Committee Votes	5
Committee Oversight Findings and Recommendations	5
New Budget Authority, Entitlement Authority, and Tax Expenditures	5
Statement of General Performance Goals and Objectives	5
Constitutional Authority Statement	5
Earmarks and Tax and Tariff Benefits	5
Federal Advisory Committee Statement	5
Applicability of Law to the Legislative Branch	5
Federal Mandates Statement	6
Committee Cost Estimate	6
Congressional Budget Office Cost Estimate	6
Section-by-Section Analysis of the Legislation	7
Explanation of Amendment	8
Changes in Existing Law Made by the Bill, as Reported	8

AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

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

SEC. 2. ENHANCING PUBLIC HEALTH ACTIVITIES RELATED TO ARTHRITIS THROUGH THE NATIONAL ARTHRITIS ACTION PLAN.

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

“SEC. 315. NATIONAL ARTHRITIS ACTION PLAN.

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

“(b) **CONTROL, PREVENTION, AND SURVEILLANCE.**—

“(1) **IN GENERAL.**—Under the Plan, the Secretary may, directly or through competitive grants to eligible entities, conduct, support, and promote the coordination of research, investigations, demonstrations, training, and studies relating to the control, prevention, and surveillance of arthritis and other rheumatic diseases.

“(2) **TRAINING AND TECHNICAL ASSISTANCE.**—

“(A) **PROVISION.**—Upon the request of an applicant receiving a grant under paragraph (1), the Secretary may, subject to subparagraph (B), provide training, technical assistance, supplies, equipment, or services for the purpose of aiding the applicant in carrying out grant activities and, for such purpose, may detail to the applicant any officer or employee of the Department of Health and Human Services.

“(B) **CORRESPONDING REDUCTION IN PAYMENTS.**—With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the grant under paragraph (1) to the applicant involved by an amount equal to the costs of detailing personnel (including pay, allowances, and travel expenses) and the fair market value of any supplies, equipment, or services provided by the Secretary.

“(3) **ARTHRITIS PREVENTION RESEARCH AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.**—The Secretary may provide additional grant support under this subsection to encourage the expansion of research related to the prevention and management of arthritis at the Centers for Disease Control and Prevention.

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

“(c) **EDUCATION AND OUTREACH.**—

“(1) **IN GENERAL.**—Under the Plan, the Secretary may coordinate and carry out national education and outreach activities, directly or through the provision of grants to eligible entities, to support, develop, and implement education initiatives and outreach strategies appropriate for arthritis and other rheumatic diseases.

“(2) **INITIATIVES AND STRATEGIES.**—Initiatives and strategies implemented under paragraph (1) may include public awareness campaigns, public service announcements, and community partnership workshops, as well as programs targeted to businesses and employers, managed care organizations, and health care providers.

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

“(A) may emphasize prevention, early diagnosis, and appropriate management of arthritis, and opportunities for effective patient self-management; and

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

“(4) **COLLABORATION.**—In carrying out this subsection, the Secretary shall consult and collaborate with stakeholders from the public, private, and nonprofit sectors with expertise relating to arthritis control, prevention, and treatment.

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

“(d) **COMPREHENSIVE STATE GRANTS.**—

“(1) **IN GENERAL.**—Under the Plan, the Secretary may award grants to eligible entities to provide support for comprehensive arthritis control and prevention

programs and to enable such entities to provide public health surveillance, prevention, and control activities related to arthritis and other rheumatic diseases.

“(2) APPLICATION.—The Secretary may only award a grant under this subsection to an eligible entity that submits to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a comprehensive arthritis control and prevention plan that—

“(A) is developed with the advice of stakeholders from the public, private, and nonprofit sectors that have expertise relating to arthritis control, prevention, and treatment that increase the quality of life and decrease the level of disability;

“(B) is intended to reduce the morbidity of arthritis, with priority on preventing and controlling arthritis in at-risk populations and reducing disparities in arthritis prevention, diagnosis, management, and quality of care in underserved populations;

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

“(D) demonstrates the relationship the entity has with the community and local entities and how the entity plans to involve such community and local entities in carrying out the activities described in paragraph (1).

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

“(A) public health surveillance and epidemiological activities relating to the prevalence of arthritis and assessment of disparities in arthritis prevention, diagnosis, management, and care;

“(B) public information and education programs; and

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

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

“(e) GENERAL APPLICATION.—The Secretary may only award a grant under subsection (b) or (c) to an entity that submits to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a description of how funds received under a grant awarded under such subsection will supplement or fulfill unmet needs identified in a comprehensive arthritis control and prevention plan of the entity.

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

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

“(2) STATE.—The term ‘State’ means any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

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

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

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

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

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

SEC. 3. ACTIVITIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WITH RESPECT TO JUVENILE ARTHRITIS AND RELATED CONDITIONS.

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

“SEC. 409K. JUVENILE ARTHRITIS AND RELATED CONDITIONS.

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

“(b) COORDINATION.—The Director of NIH may coordinate the programs referred to in subsection (a) and consult with additional Federal officials, voluntary health associations, medical professional societies, and private entities, as appropriate.”

SEC. 4. INVESTMENT IN TOMORROW’S PEDIATRIC RHEUMATOLOGISTS.

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

“SEC. 749A-1. PEDIATRIC RHEUMATOLOGISTS.

“In order to ensure an adequate future supply of pediatric rheumatologists, the Secretary, in consultation with the Administrator of the Health Resources and Services Administration, may award institutional training grants to institutions to support pediatric rheumatology training.”

PURPOSE AND SUMMARY

H.R. 1210, the “Arthritis Prevention, Control, and Cure Act”, was introduced on February 26, 2009, by Representative Anna G. Eshoo (D-CA), and referred to the Committee on Energy and Commerce.

The goal of H.R. 1210 is to provide for arthritis public health efforts, enhance juvenile arthritis research, and increase the number of pediatric rheumatology professionals.

BACKGROUND AND NEED FOR LEGISLATION

Arthritis encompasses more than 100 diseases and conditions that affect joints, the surrounding tissues, and other connective tissues. Arthritis affects nearly one of every six Americans and it is the leading cause of disability in this nation.¹

The arthritis program at the Centers for Disease Control and Prevention (CDC) supports programs to implement the 1999 National Arthritis Action Plan, but these activities are not specifically authorized.

A 2007 report by the Health Resources and Services Administration (HRSA) concluded that there is a shortage of pediatric rheumatologists and that a 75% increase in such physicians is needed.² Under the Patient Protections and Affordable Care Act (Public Law 111-148), HRSA is authorized to create loan repayment programs for pediatric subspecialists, which includes pediatric rheumatologists, but is unclear whether any authority currently exists under which HRSA could provide institutional training grants for pediatric rheumatologists.

COMMITTEE CONSIDERATION

H.R. 1210, the “Arthritis Prevention, Control, and Cure Act”, was introduced by Ms. Eshoo of California on February 26, 2009, and referred to the Committee on Energy and Commerce. The bill was subsequently referred to the Subcommittee on Health on March 2, 2009. On September 15, 2010, the Subcommittee held a legislative hearing on the bill. There was no Subcommittee markup held on the legislation.

On September 23, 2010, the Committee on Energy and Commerce met in open markup session and discharged H.R. 1210 from the Subcommittee on Health in order to consider the bill in full Committee. Ms. Eshoo of California offered an amendment in the nature of a substitute (manager’s amendment) to H.R. 1210, which was adopted by a voice vote. Subsequently the Committee ordered H.R. 1210 favorably reported to the House, amended, by a voice vote.

¹ Arthritis Foundation, Association of State and Territorial Health Officials, and the Centers for Disease Control and Prevention, *National Arthritis Action Plan: A Public Health Strategy* (1999).

² Health Resources and Services Administration, Report to Congress: *The Pediatric Rheumatology Workforce: A Study of the Supply and Demand for Pediatric Rheumatologists* (Feb. 2007).

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. A motion by Mr. Pallone ordering H.R. 1210 reported to the House, amended, was approved by a voice vote. There were no record votes taken during consideration of this bill.

COMMITTEE OVERSIGHT FINDINGS AND RECOMMENDATIONS

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the House are reflected in the descriptive portions of this report, including the finding that there is a shortage of pediatric rheumatologists and that an increase in such physicians is needed.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 1210 would result in no new budget authority, entitlement authority, or tax expenditures or revenues.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the performance goals and objectives of the Committee are reflected in the descriptive portions of this report, including the goal of providing for arthritis public health efforts, enhancing juvenile arthritis research, and increasing the number of pediatric rheumatology professionals.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the constitutional authority for H.R. 1210 is provided under article I, section 8, clauses 3 and 18 of the Constitution of the United States.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 1210 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

FEDERAL ADVISORY COMMITTEE STATEMENT

The Committee finds that the legislation does not establish or authorize the establishment of an advisory committee within the definition of 5 U.S.C. App., section 5(b) of the Federal Advisory Committee Act.

APPLICABILITY OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104-1 requires a description of the application of this bill to the legislative branch where the bill relates to terms and conditions of employment or access to public

services and accommodations. H.R. 1210 contains no such provisions.

FEDERAL MANDATES STATEMENT

Section 423 of the Congressional Budget and Impoundment Control Act of 1974 (as amended by section 101(a)(2) of the Unfunded Mandates Reform Act, Public Law 104–4) requires a statement on whether the provisions of the report include unfunded mandates. In compliance with this requirement the Committee adopts as its own the analysis of federal mandates prepared by the Director of the Congressional Budget Office regarding H.R. 1210.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the cost estimate of H.R. 1210 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

With respect to the requirements of clause 3(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the Congressional Budget Act of 1974, the Committee has received the following cost estimate for H.R. 1210 from the Director of Congressional Budget Office:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 27, 2010.

Hon. HENRY A. WAXMAN,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 1210, the Arthritis Prevention, Control, and Cure Act of 2010.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Mindy Cohen.

Sincerely,

DOUGLAS W. ELMENDORF,
Director.

Enclosure.

H.R. 1210—Arthritis Prevention, Control, and Cure Act of 2010

Summary: H.R. 1210 would authorize the Secretary of Health and Human Services to fund activities relating to the control, prevention, and surveillance of arthritis and other rheumatic diseases. Assuming appropriation of the specified amounts, CBO estimates that implementing H.R. 1210 would cost \$52 million over the 2011–2015 period. Enacting H.R. 1210 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 1210 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 1210 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2011	2012	2013	2014	2015	2011–2015
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Authorization Level	0	15	16	18	19	68
Estimated Outlays	0	5	13	16	18	52

Basis of estimate: H.R. 1210 would authorize the Secretary of Health and Human Services, in coordination with the Center for Disease Control and Prevention, to award grants to public or private nonprofit entities for research, training, and other activities relating to the control, prevention, and surveillance of arthritis and other rheumatic diseases. The bill also would authorize the Director of the National Institutes of Health to expand and intensify programs designed to improve the outcome and quality of life for children with arthritis. In addition, the bill would authorize the Health Resources and Services Administration to award training grants to institutions to support pediatric rheumatology training.

H.R. 1210 would authorize the appropriation of \$68 million for fiscal years 2012 through 2015 and an additional \$21 million for fiscal year 2016. Based on historical spending patterns for similar activities, and assuming appropriation of the specified amounts, CBO estimates that implementing H.R. 1210 would cost \$52 million over the 2011–2015 period and an additional \$37 million after 2015.

Pay-As-You-Go considerations: None.

Intergovernmental and private-sector impact: H.R. 1210 contains no intergovernmental or private-sector mandates as defined in UMRA. Grant activities authorized in the bill would benefit state, local, and tribal governments.

Estimate prepared by: Federal Costs: Mindy Cohen; Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum; Impact on the Private Sector: Sarah Axen.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that this Act may be cited as the “Arthritis Prevention, Control, and Cure Act of 2010”.

Section 2. Enhancing public health activities related to arthritis through the National Arthritis Action Plan

Section 2 authorizes the Secretary of Health and Human Services (Secretary) to develop and implement a National Arthritis Action Plan, at a level of \$14.6 million in FY2012, rising to \$21.4 million in FY2016. Such Plan would support arthritis control, prevention, surveillance, research, education, and outreach activities, through grants and direct support to public or private non-profit entities and states.

Section 3. Activities of the Department of Health and Human Services with respect to juvenile arthritis and related conditions

Section 3 authorizes the Secretary to expand and intensify programs of the National Institutes of Health (NIH) with respect to research and related activities concerning various forms of juvenile arthritis and related conditions.

Section 4. Investment in tomorrow's pediatric rheumatologists

Section 4 authorizes the Secretary to provide grants to training institutions in order to support pediatric rheumatology training.

EXPLANATION OF AMENDMENT

During full Committee consideration of H.R. 1210, Ms. Eshoo of California offered an amendment in the nature of a substitute (manager's amendment), which was adopted by a voice vote. The substance of the substitute amendment is reflected in the section-by-section analysis contained in this report.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italic and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART B—FEDERAL-STATE COOPERATION

* * * * *

SEC. 315. NATIONAL ARTHRITIS ACTION PLAN.

(a) *ESTABLISHMENT OF PLAN.*—*The Secretary may develop and implement a National Arthritis Action Plan (in this section referred to as the "Plan") consistent with this section.*

(b) *CONTROL, PREVENTION, AND SURVEILLANCE.*—

(1) *IN GENERAL.*—*Under the Plan, the Secretary may, directly or through competitive grants to eligible entities, conduct, support, and promote the coordination of research, investigations, demonstrations, training, and studies relating to the control, prevention, and surveillance of arthritis and other rheumatic diseases.*

(2) *TRAINING AND TECHNICAL ASSISTANCE.*—

(A) *PROVISION.*—*Upon the request of an applicant receiving a grant under paragraph (1), the Secretary may, subject to subparagraph (B), provide training, technical assistance, supplies, equipment, or services for the purpose of aiding the applicant in carrying out grant activities and, for such*

purpose, may detail to the applicant any officer or employee of the Department of Health and Human Services.

(B) *CORRESPONDING REDUCTION IN PAYMENTS.*—With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the grant under paragraph (1) to the applicant involved by an amount equal to the costs of detailing personnel (including pay, allowances, and travel expenses) and the fair market value of any supplies, equipment, or services provided by the Secretary.

(3) *ARTHRITIS PREVENTION RESEARCH AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.*—The Secretary may provide additional grant support under this subsection to encourage the expansion of research related to the prevention and management of arthritis at the Centers for Disease Control and Prevention.

(4) *ELIGIBLE ENTITY.*—For purposes of this subsection, the term “eligible entity” means a public or private nonprofit entity that demonstrates to the satisfaction of the Secretary, in the application described in subsection (e), the ability of the entity to carry out the activities described in paragraph (1).

(c) *EDUCATION AND OUTREACH.*—

(1) *IN GENERAL.*—Under the Plan, the Secretary may coordinate and carry out national education and outreach activities, directly or through the provision of grants to eligible entities, to support, develop, and implement education initiatives and outreach strategies appropriate for arthritis and other rheumatic diseases.

(2) *INITIATIVES AND STRATEGIES.*—Initiatives and strategies implemented under paragraph (1) may include public awareness campaigns, public service announcements, and community partnership workshops, as well as programs targeted to businesses and employers, managed care organizations, and health care providers.

(3) *PRIORITY.*—In carrying out paragraph (1), the Secretary—

(A) may emphasize prevention, early diagnosis, and appropriate management of arthritis, and opportunities for effective patient self-management; and

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

(4) *COLLABORATION.*—In carrying out this subsection, the Secretary shall consult and collaborate with stakeholders from the public, private, and nonprofit sectors with expertise relating to arthritis control, prevention, and treatment.

(5) *ELIGIBLE ENTITY.*—For purposes of this subsection, the term “eligible entity” means a public or private nonprofit entity that demonstrates to the satisfaction of the Secretary, in the application described in subsection (e), the ability of the entity to carry out the activities described in paragraph (1).

(d) *COMPREHENSIVE STATE GRANTS.*—

(1) *IN GENERAL.*—Under the Plan, the Secretary may award grants to eligible entities to provide support for comprehensive arthritis control and prevention programs and to enable such entities to provide public health surveillance, prevention, and

control activities related to arthritis and other rheumatic diseases.

(2) *APPLICATION.*—The Secretary may only award a grant under this subsection to an eligible entity that submits to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a comprehensive arthritis control and prevention plan that—

(A) is developed with the advice of stakeholders from the public, private, and nonprofit sectors that have expertise relating to arthritis control, prevention, and treatment that increase the quality of life and decrease the level of disability;

(B) is intended to reduce the morbidity of arthritis, with priority on preventing and controlling arthritis in at-risk populations and reducing disparities in arthritis prevention, diagnosis, management, and quality of care in underserved populations;

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

(D) demonstrates the relationship the entity has with the community and local entities and how the entity plans to involve such community and local entities in carrying out the activities described in paragraph (1).

(3) *USE OF FUNDS.*—An eligible entity may use amounts received under a grant awarded under this subsection to conduct, in a manner consistent with the comprehensive arthritis control and prevention plan submitted by the entity in the application under paragraph (2)—

(A) public health surveillance and epidemiological activities relating to the prevalence of arthritis and assessment of disparities in arthritis prevention, diagnosis, management, and care;

(B) public information and education programs; and

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

(4) *ELIGIBLE ENTITY.*—For purposes of this subsection, the term “eligible entity” means a State or an Indian tribe.

(e) *GENERAL APPLICATION.*—The Secretary may only award a grant under subsection (b) or (c) to an entity that submits to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a description of how funds received under a grant awarded under such subsection will supplement or fulfill unmet needs identified in a comprehensive arthritis control and prevention plan of the entity.

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

(1) *INDIAN TRIBE.*—The term “Indian tribe” has the meaning given such term in section 4(e) of the Indian Self-Determination and Education Assistance Act.

(2) *STATE.*—The term “State” means any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

(g) *AUTHORIZATION OF APPROPRIATIONS.*—*There are authorized to be appropriated to carry out this section—*

- (1) *for fiscal year 2012, \$14,600,000;*
- (2) *for fiscal year 2013, \$16,000,000;*
- (3) *for fiscal year 2014, \$17,700,000;*
- (4) *for fiscal year 2015, \$19,400,000; and*
- (5) *for fiscal year 2016, \$21,400,000.*

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TITLE IV—NATIONAL RESEARCH INSTITUTES

* * * * *

PART B—GENERAL PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

* * * * *

SEC. 409K. JUVENILE ARTHRITIS AND RELATED CONDITIONS.

(a) *IN GENERAL.*—*The Secretary, in coordination with the Director of NIH, may expand and intensify programs of the National Institutes of Health with respect to research and related activities designed to improve the outcomes and quality of life for children with arthritis and other rheumatic diseases.*

(b) *COORDINATION.*—*The Director of NIH may coordinate the programs referred to in subsection (a) and consult with additional Federal officials, voluntary health associations, medical professional societies, and private entities, as appropriate.*

* * * * *

TITLE VII—HEALTH PROFESSIONS EDUCATION

* * * * *

PART C—TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PHYSICIAN ASSISTANTS, GENERAL DENTISTRY, AND PEDIATRIC DENTISTRY

Subpart I—Medical Training Generally

* * * * *

SEC. 749A-1. PEDIATRIC RHEUMATOLOGISTS.

In order to ensure an adequate future supply of pediatric rheumatologists, the Secretary, in consultation with the Administrator of the Health Resources and Services Administration, may

award institutional training grants to institutions to support pediatric rheumatology training.

* * * * *

