

111TH CONGRESS
1ST SESSION

S. 984

To amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 6, 2009

Mrs. BOXER (for herself, Mr. BOND, and Mr. KENNEDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Arthritis Prevention,
5 Control, and Cure Act of 2009”.

1 **SEC. 2. ENHANCING THE PUBLIC HEALTH ACTIVITIES RE-**
 2 **LATED TO ARTHRITIS OF THE CENTERS FOR**
 3 **DISEASE CONTROL AND PREVENTION**
 4 **THROUGH THE NATIONAL ARTHRITIS ACTION**
 5 **PLAN.**

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

9 **“SEC. 315. IMPLEMENTATION OF THE NATIONAL ARTHRITIS**
 10 **ACTION PLAN.**

11 “The Secretary shall develop and implement a Na-
 12 tional Arthritis Action Plan that consists of—

13 “(1) the Federal arthritis prevention and con-
 14 trol activities, as described in section 315A;

15 “(2) the State arthritis control and prevention
 16 programs, as described in section 315B;

17 “(3) the comprehensive arthritis action grant
 18 program, as described in section 315C; and

19 “(4) a national arthritis education and outreach
 20 program, as described in section 315D.

21 **“SEC. 315A. FEDERAL ARTHRITIS PREVENTION AND CON-**
 22 **TROL ACTIVITIES.**

23 “(a) IN GENERAL.—The Secretary, acting through
 24 the Director of the Centers for Disease Control and Pre-
 25 vention, shall, directly, or through a grant to an eligible
 26 entity, conduct, support, and promote the coordination of

1 research, investigations, demonstrations, training, and
2 studies relating to the control, prevention, and surveillance
3 of arthritis and other rheumatic diseases.

4 “(b) DUTIES OF SECRETARY.—The activities of the
5 Secretary under subsection (a) shall include—

6 “(1) the collection, publication, and analysis of
7 data on the prevalence and incidence of arthritis and
8 other rheumatic diseases;

9 “(2) the development of uniform data sets for
10 public health surveillance and clinical quality im-
11 provement activities;

12 “(3) the identification of evidence-based and
13 cost-effective best practices for the prevention, diag-
14 nosis, management, and care of arthritis and other
15 rheumatic diseases;

16 “(4) research, including research on behavioral
17 interventions to prevent arthritis and on other evi-
18 dence-based best practices relating to arthritis pre-
19 vention, diagnosis, management, and care; and

20 “(5) demonstration projects, including commu-
21 nity-based and patient self-management programs of
22 arthritis control, prevention, and care, and similar
23 collaborations with academic institutions, hospitals,
24 health insurers, researchers, health professionals,
25 and nonprofit organizations.

1 “(c) TRAINING AND TECHNICAL ASSISTANCE.—With
2 respect to the planning, development, and operation of any
3 activity carried out under subsection (a), the Secretary
4 may provide training, technical assistance, supplies, equip-
5 ment, or services, and may assign any officer or employee
6 of the Department of Health and Human Services to a
7 State or local health agency, or to any public or nonprofit
8 entity designated by a State health agency, in lieu of pro-
9 viding grant funds under this section.

10 “(d) ARTHRITIS PREVENTION RESEARCH AT THE
11 CENTERS FOR DISEASE CONTROL AND PREVENTION
12 CENTERS.—The Secretary shall provide additional grant
13 support for research projects at the Centers for Prevention
14 Research by the Centers for Disease Control and Preven-
15 tion to encourage the expansion of research portfolios at
16 the Centers for Prevention Research to include arthritis-
17 specific research activities related to the prevention and
18 management of arthritis.

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this sec-
21 tion—

22 “(1) \$8,000,000 for fiscal year 2010;

23 “(2) \$10,000,000 for fiscal year 2011;

24 “(3) \$12,000,000 for fiscal year 2012;

25 “(4) \$14,000,000 for fiscal year 2013; and

1 “(5) \$16,000,000 for fiscal year 2014.

2 **“SEC. 315B. STATE ARTHRITIS CONTROL AND PREVENTION**
3 **PROGRAMS.**

4 “(a) IN GENERAL.—The Secretary shall award
5 grants to eligible entities to provide support for com-
6 prehensive arthritis control and prevention programs and
7 to enable such entities to provide public health surveil-
8 lance, prevention, and control activities related to arthritis
9 and other rheumatic diseases.

10 “(b) ELIGIBILITY.—To be eligible to receive a grant
11 under this section, an entity shall be a State or Indian
12 tribe.

13 “(c) APPLICATION.—To be eligible to receive a grant
14 under this section, an entity shall submit to the Secretary
15 an application at such time, in such manner, and con-
16 taining such agreements, assurances, and information as
17 the Secretary may require, including a comprehensive ar-
18 thritis control and prevention plan that—

19 “(1) is developed with the advice of stake-
20 holders from the public, private, and nonprofit sec-
21 tors that have expertise relating to arthritis control,
22 prevention, and treatment that increase the quality
23 of life and decrease the level of disability;

24 “(2) is intended to reduce the morbidity of ar-
25 thritis, with priority on preventing and controlling

1 arthritis in at-risk populations and reducing dispari-
2 ties in arthritis prevention, diagnosis, management,
3 and quality of care in underserved populations;

4 “(3) describes the arthritis-related services and
5 activities to be undertaken or supported by the enti-
6 ty; and

7 “(4) is developed in a manner that is consistent
8 with the National Arthritis Action Plan or a subse-
9 quent strategic plan designated by the Secretary.

10 “(d) USE OF FUNDS.—An eligible entity shall use
11 amounts received under a grant awarded under subsection
12 (a) to conduct, in a manner consistent with the com-
13 prehensive arthritis control and prevention plan submitted
14 by the entity in the application under subsection (c)—

15 “(1) public health surveillance and epidemiolog-
16 ical activities relating to the prevalence of arthritis
17 and assessment of disparities in arthritis prevention,
18 diagnosis, management, and care;

19 “(2) public information and education pro-
20 grams; and

21 “(3) education, training, and clinical skills im-
22 provement activities for health professionals, includ-
23 ing allied health personnel.

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this sec-
3 tion—

4 “(1) \$12,000,000 for fiscal year 2010;

5 “(2) \$17,000,000 for fiscal year 2011;

6 “(3) \$22,000,000 for fiscal year 2012;

7 “(4) \$27,000,000 for fiscal year 2013; and

8 “(5) \$32,000,000 for fiscal year 2014.

9 **“SEC. 315C. COMPREHENSIVE ARTHRITIS ACTION GRANTS.**

10 “(a) IN GENERAL.—The Secretary shall award
11 grants on a competitive basis to eligible entities to enable
12 such eligible entities to assist in the implementation of a
13 national strategy for arthritis control and prevention.

14 “(b) ELIGIBILITY.—To be eligible to receive a grant
15 under this section, an entity shall be a national public or
16 private nonprofit entity.

17 “(c) APPLICATION.—To be eligible to receive a grant
18 under this section, an entity shall submit to the Secretary
19 an application at such time, in such manner, and con-
20 taining such agreements, assurances, and information as
21 the Secretary may require, including a description of how
22 funds received under a grant awarded under this section
23 will—

1 “(1) supplement or fulfill unmet needs identi-
2 fied in the comprehensive arthritis control and pre-
3 vention plan of a State or Indian tribe; and

4 “(2) otherwise help achieve the goals of the Na-
5 tional Arthritis Action Plan or a subsequent stra-
6 tegic plan designated by the Secretary.

7 “(d) PRIORITY.—In awarding grants under this sec-
8 tion, the Secretary shall give priority to eligible entities
9 submitting applications proposing to carry out programs
10 for controlling and preventing arthritis in at-risk popu-
11 lations or reducing disparities in underserved populations.

12 “(e) USE OF FUNDS.—An eligible entity shall use
13 amounts received under a grant awarded under subsection
14 (a) for 1 or more of the following purposes:

15 “(1) To expand the availability of physical ac-
16 tivity programs designed specifically for people with
17 arthritis.

18 “(2) To provide awareness education to pa-
19 tients, family members, and health care providers, to
20 help such individuals recognize the signs and symp-
21 toms of arthritis, and to address the control and
22 prevention of arthritis.

23 “(3) To decrease long-term consequences of ar-
24 thritis by making information available to individ-
25 uals with regard to the self-management of arthritis.

1 “(4) To provide information on nutrition edu-
2 cation programs with regard to preventing or miti-
3 gating the impact of arthritis.

4 “(f) EVALUATION.—An eligible entity that receives a
5 grant under this section shall submit to the Secretary an
6 evaluation of the operations and activities carried out
7 under such grant that includes an analysis of increased
8 utilization and benefit of public health programs relevant
9 to the activities described in the appropriate provisions of
10 subsection (e).

11 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated to carry out this sec-
13 tion—

14 “(1) \$2,000,000 for fiscal year 2010;

15 “(2) \$2,500,000 for fiscal year 2011;

16 “(3) \$3,000,000 for fiscal year 2012;

17 “(4) \$3,500,000 for fiscal year 2013; and

18 “(5) \$4,000,000 for fiscal year 2014.

19 **“SEC. 315D. NATIONAL ARTHRITIS EDUCATION AND OUT-**
20 **REACH.**

21 “(a) IN GENERAL.—The Secretary shall coordinate
22 a national education and outreach program to support, de-
23 velop, and implement education initiatives and outreach
24 strategies appropriate for arthritis and other rheumatic
25 diseases.

1 “(b) INITIATIVES AND STRATEGIES.—Initiatives and
2 strategies implemented under the program described in
3 paragraph (1) may include public awareness campaigns,
4 public service announcements, and community partnership
5 workshops, as well as programs targeted at businesses and
6 employers, managed care organizations, and health care
7 providers.

8 “(c) PRIORITY.—In carrying out subsection (a), the
9 Secretary—

10 “(1) may emphasize prevention, early diagnosis,
11 and appropriate management of arthritis, and op-
12 portunities for effective patient self-management;
13 and

14 “(2) shall give priority to reaching high-risk or
15 underserved populations.

16 “(d) COLLABORATION.—In carrying out this section,
17 the Secretary shall consult and collaborate with stake-
18 holders from the public, private, and nonprofit sectors
19 with expertise relating to arthritis control, prevention, and
20 treatment.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this sec-
23 tion—

24 “(1) \$10,000,000 for fiscal year 2010;

25 “(2) \$15,000,000 for fiscal year 2011;

1 “(3) \$20,000,000 for fiscal year 2012;
 2 “(4) \$20,000,000 for fiscal year 2013; and
 3 “(5) \$20,000,000 for fiscal year 2014.”.

4 **SEC. 3. EXPANSION AND COORDINATION OF ACTIVITIES OF**
 5 **THE NATIONAL INSTITUTES OF HEALTH WITH**
 6 **RESPECT TO RESEARCH ON ARTHRITIS.**

7 Title IV of the Public Health Service Act (42 U.S.C.
 8 281 et seq.) is amended by inserting after section 439 the
 9 following:

10 **“SEC. 439A. ARTHRITIS AND RHEUMATIC DISEASES INTER-**
 11 **AGENCY COORDINATING COMMITTEE.**

12 “(a) IN GENERAL.—

13 “(1) ESTABLISHMENT.—The Secretary shall es-
 14 tablish an Arthritis and Rheumatic Diseases Inter-
 15 agency Coordinating Committee (referred to in this
 16 section as the ‘Coordinating Committee’).

17 “(2) DUTIES.—The coordinating committee es-
 18 tablished under paragraph (1) shall—

19 “(A) provide for the improved coordination
 20 of the research activities of all the national re-
 21 search institutes relating to arthritis and rheu-
 22 matic diseases; and

23 “(B) provide for full and regular commu-
 24 nication and exchange of information necessary
 25 to maintain adequate coordination across all

1 Federal health programs and activities related
2 to arthritis and rheumatic diseases.

3 “(b) ARTHRITIS AND RHEUMATIC DISEASES INTER-
4 AGENCY COORDINATING COMMITTEE.—

5 “(1) COMPOSITION.—The Coordinating Com-
6 mittee shall consist of members, appointed by the
7 Secretary, of which—

8 “(A) $\frac{2}{3}$ of such members shall represent
9 governmental agencies, including—

10 “(i) the directors of each of the na-
11 tional research institutes and divisions in-
12 volved in research regarding arthritis and
13 rheumatic diseases (or the directors’ re-
14 spective designees); and

15 “(ii) representatives of other Federal
16 departments and agencies (as determined
17 appropriate by the Secretary) whose pro-
18 grams involve health functions or respon-
19 sibilities relevant to arthritis and rheu-
20 matic diseases, including the Centers for
21 Disease Control and Prevention, the
22 Health Resources and Services Administra-
23 tion, and the Food and Drug Administra-
24 tion; and

1 “(B) $\frac{1}{3}$ of such members shall be public
2 members, including a broad cross section of
3 persons affected by arthritis, researchers, clini-
4 cians, and representatives of voluntary health
5 agencies, who—

6 “(i) shall serve for a term of 3 years;

7 and

8 “(ii) may serve for an unlimited num-
9 ber of terms if reappointed.

10 “(2) CHAIRPERSON.—

11 “(A) APPOINTMENT.—The Chairperson of
12 the Coordinating Committee (referred to in this
13 subsection as the ‘Chairperson’) shall be ap-
14 pointed by and be directly responsible to the
15 Secretary.

16 “(B) DUTIES.—The Chairperson shall—

17 “(i) serve as the principal advisor to
18 the Secretary, the Assistant Secretary for
19 Health, and the Director of NIH on mat-
20 ters relating to arthritis and rheumatic dis-
21 eases; and

22 “(ii) provide advice to the Director of
23 the Centers for Disease Control and Pre-
24 vention, the Commissioner of Food and
25 Drugs, and the heads of other relevant

1 Federal agencies, on matters relating to
2 arthritis and rheumatic diseases.

3 “(3) ADMINISTRATIVE SUPPORT; MEETINGS.—

4 “(A) ADMINISTRATIVE SUPPORT.—The
5 Secretary shall provide necessary and appro-
6 priate administrative support to the Coordin-
7 ating Committee.

8 “(B) MEETINGS.—The Coordinating Com-
9 mittee shall meet on a regular basis as deter-
10 mined by the Secretary, in consultation with the
11 Chairperson.

12 “(c) ARTHRITIS AND RHEUMATIC DISEASES SUM-
13 MIT.—

14 “(1) IN GENERAL.—Not later than 1 year after
15 the date of enactment of the Arthritis Prevention,
16 Control, and Cure Act of 2009, the Coordinating
17 Committee shall convene a summit of researchers,
18 public health professionals, representatives of vol-
19 untary health agencies, representatives of academic
20 institutions, and Federal and State policymakers, to
21 provide a detailed overview of current research ac-
22 tivities at the National Institutes of Health, as well
23 as to discuss and solicit input related to potential
24 areas of collaboration between the National Insti-
25 tutes of Health and other Federal health agencies,

1 including the Centers for Disease Control and Pre-
2 vention, the Agency for Healthcare Research and
3 Quality, and the Health Resources and Services Ad-
4 ministration, related to research, prevention, and
5 treatment of arthritis and rheumatic diseases.

6 “(2) SUMMIT DETAILS.—The summit developed
7 under paragraph (1) shall focus on—

8 “(A) a broad range of research activities
9 relating to biomedical, epidemiological, psycho-
10 social, and rehabilitative issues, including stud-
11 ies of the impact of the diseases described in
12 paragraph (1) in rural and underserved commu-
13 nities;

14 “(B) clinical research for the development
15 and evaluation of new treatments, including
16 new biological agents;

17 “(C) translational research on evidence-
18 based and cost-effective best practices in the
19 treatment, prevention, and management of the
20 disease;

21 “(D) information and education programs
22 for health care professionals and the public;

23 “(E) priorities among the programs and
24 activities of the various Federal agencies re-
25 garding such diseases; and

1 “(F) challenges and opportunities for sci-
2 entists, clinicians, patients, and voluntary orga-
3 nizations.

4 “(d) REPORT TO CONGRESS.—Not later than 180
5 days after the convening of the Arthritis and Rheumatic
6 Diseases Summit under subsection (c)(1), the Director of
7 NIH shall prepare and submit a report to Congress that
8 includes proceedings from the summit and a description
9 of arthritis research, education, and other activities that
10 are conducted or supported through the national research
11 institutes.

12 “(e) PUBLIC INFORMATION.—The Coordinating
13 Committee shall make readily available to the public infor-
14 mation about the research, education, and other activities
15 relating to arthritis and other rheumatic diseases, con-
16 ducted or supported by the National Institutes of Health.

17 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section
19 \$1,000,000 for each of fiscal years 2010 through 2014.”.

20 **SEC. 4. EXPANSION, INTENSIFICATION, AND INNOVATION**
21 **OF RESEARCH AND PUBLIC HEALTH ACTIVI-**
22 **TIES RELATED TO JUVENILE ARTHRITIS.**

23 (a) JUVENILE ARTHRITIS INITIATIVE THROUGH THE
24 DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH.—
25 Part A of title IV of the Public Health Service Act (42

1 U.S.C. 281 et seq.) is amended by adding at the end the
2 following:

3 **“SEC. 404L. JUVENILE ARTHRITIS INITIATIVE THROUGH**
4 **THE DIRECTOR OF THE NATIONAL INSTI-**
5 **TUTES OF HEALTH.**

6 “(a) EXPANSION AND INTENSIFICATION OF ACTIVI-
7 TIES.—

8 “(1) IN GENERAL.—The Director of NIH, in
9 coordination with the Director of the National Insti-
10 tute of Arthritis and Musculoskeletal and Skin Dis-
11 eases, and the directors of the other national re-
12 search institutes, as appropriate, shall expand and
13 intensify programs of the National Institutes of
14 Health with respect to research and related activities
15 concerning various forms of juvenile arthritis.

16 “(2) COORDINATION.—The directors referred to
17 in paragraph (1) shall jointly coordinate the pro-
18 grams referred to in such paragraph and consult
19 with additional Federal officials, voluntary health as-
20 sociations, medical professional societies, and private
21 entities as appropriate.

22 “(b) PLANNING GRANTS AND CONTRACTS FOR INNO-
23 VATIVE RESEARCH IN JUVENILE ARTHRITIS.—

24 “(1) IN GENERAL.—In carrying out subsection
25 (a)(1) the Director of NIH shall award planning

1 grants or contracts for the establishment of new re-
2 search programs, or enhancement of existing re-
3 search programs, that focus on juvenile arthritis.

4 “(2) RESEARCH.—

5 “(A) TYPES OF RESEARCH.—In carrying
6 out this subsection, the Secretary shall encour-
7 age research that focus on genetics, on the de-
8 velopment of biomarkers, and on pharma-
9 cological and other therapies.

10 “(B) PRIORITY.—In awarding planning
11 grants or contracts under paragraph (1), the
12 Director of NIH may give priority to collabo-
13 rative partnerships, which may include aca-
14 demic health centers, private sector entities,
15 and nonprofit organizations.

16 “(c) AUTHORIZATION OF APPROPRIATIONS.—

17 “(1) IN GENERAL.—There are authorized to be
18 appropriated to carry out this section—

19 “(A) \$12,000,000 for fiscal year 2010;

20 “(B) \$14,000,000 for fiscal year 2011;

21 “(C) \$16,000,000 for fiscal year 2012;

22 “(D) \$18,000,000 for fiscal year 2013;

23 and

24 “(E) \$20,000,000 for fiscal year 2014.

1 “(2) SUPPLEMENT NOT SUPPLANT.—Such au-
2 thorization shall be in addition to any authorization
3 of appropriations under any other provision of law to
4 carry out juvenile arthritis activities or other arthri-
5 tis-related research.”.

6 (b) PUBLIC HEALTH AND SURVEILLANCE ACTIVI-
7 TIES RELATED TO JUVENILE ARTHRITIS AT THE CEN-
8 TERS FOR DISEASE CONTROL AND PREVENTION.—Part
9 B of title III of the Public Health Service Act (42 U.S.C.
10 243 et seq.) is amended by inserting after section 320A
11 the following:

12 “**SEC. 320B. SURVEILLANCE AND RESEARCH REGARDING**
13 **JUVENILE ARTHRITIS.**”

14 “(a) IN GENERAL.—The Secretary, acting through
15 the Director of the Centers for Disease Control and Pre-
16 vention, may award grants to and enter into cooperative
17 agreements with public or nonprofit private entities for the
18 collection, analysis, and reporting of data on juvenile ar-
19 thritis.

20 “(b) TECHNICAL ASSISTANCE.—In awarding grants
21 and entering into agreements under subsection (a), the
22 Secretary may provide direct technical assistance in lieu
23 of cash.

24 “(c) COORDINATION WITH NIH.—The Secretary
25 shall ensure that epidemiological and other types of infor-

1 mation obtained under subsection (a) is made available to
2 the National Institutes of Health.

3 “(d) **CREATION OF A NATIONAL JUVENILE ARTHRI-**
4 **TIS PATIENT REGISTRY.**—The Secretary, acting through
5 the Director of the Centers for Disease Control and Pre-
6 vention and in collaboration with a national voluntary
7 health organization with experience serving the juvenile
8 arthritis population as well as the full spectrum of arthri-
9 tis-related conditions, shall support the development of a
10 National Juvenile Arthritis Patient Registry to collect spe-
11 cific data for follow-up studies regarding the prevalence
12 and incidence of juvenile arthritis, as well as capturing
13 information on evidence-based health outcomes related to
14 specific therapies and interventions.

15 “(e) **AUTHORIZATION OF APPROPRIATIONS.**—There
16 are authorized to be appropriated to carry out this section
17 \$40,000,000 for each of fiscal years 2010 through 2014.”.

18 **SEC. 5. INVESTMENT IN TOMORROW’S PEDIATRIC**
19 **RHEUMATOLOGISTS.**

20 (a) **IN GENERAL.**—Part Q of title III of the Public
21 Health Service Act (42 U.S.C. 280h et seq.) is amended
22 by adding at the end the following:

1 **“SEC. 399Z-1. INVESTMENT IN TOMORROW’S PEDIATRIC**
 2 **RHEUMATOLOGISTS.**

3 “(a) ENHANCED SUPPORT.—In order to ensure an
 4 adequate future supply of pediatric rheumatologists, the
 5 Secretary, in consultation with the Administrator of the
 6 Health Resources and Services Administration, shall sup-
 7 port activities that provide for—

8 “(1) an increase in the number and size of in-
 9 stitutional training grants awarded to institutions to
 10 support pediatric rheumatology training; and

11 “(2) an expansion of public-private partnerships
 12 to encourage academic institutions, private sector
 13 entities, and health agencies to promote educational
 14 training and fellowship opportunities for pediatric
 15 rheumatologists.

16 “(b) AUTHORIZATION.—There are authorized to be
 17 appropriated to carry out this section \$4,000,000 for each
 18 of fiscal years 2010 through 2014.”.

19 (b) PEDIATRIC LOAN REPAYMENT PROGRAM.—Part
 20 Q of title III of the Public Health Service Act (42 U.S.C.
 21 280h et seq.), as amended by subsection (a), is further
 22 amended by adding at the end the following:

23 **“SEC. 399Z-2. PEDIATRIC RHEUMATOLOGY LOAN REPAY-**
 24 **MENT PROGRAM.**

25 “(a) IN GENERAL.—The Secretary, in consultation
 26 with the Administrator of the Health Resources and Serv-

1 ices Administration, may establish a pediatric rheumatolo-
2 gy loan repayment program.

3 “(b) PROGRAM ADMINISTRATION.—Through the pro-
4 gram established under subsection (a), the Secretary
5 shall—

6 “(1) enter into contracts with qualified health
7 professionals who are pediatric rheumatologists
8 under which—

9 “(A) such professionals agree to provide
10 health care in an area with a shortage of pedi-
11 atric rheumatologists; and

12 “(B) the Federal Government agrees to
13 repay, for each year of such service, not more
14 than \$25,000 of the principal and interest of
15 the educational loans of such professionals; and

16 “(2) in addition to making payments under
17 paragraph (1) on behalf of an individual, make pay-
18 ments to the individual for the purpose of providing
19 reimbursement for tax liability resulting from the
20 payments made under paragraph (1), in an amount
21 equal to 39 percent of the total amount of the pay-
22 ments made for the taxable year involved.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this sec-
25 tion—

- 1 “(1) \$3,500,000 for fiscal year 2010;
 2 “(2) \$4,000,000 for fiscal year 2011;
 3 “(3) \$4,500,000 for fiscal year 2012;
 4 “(4) \$5,000,000 for fiscal year 2013; and
 5 “(5) \$5,500,000 for fiscal year 2014.”.

6 **SEC. 6. CAREER DEVELOPMENT AWARDS IN PEDIATRIC**
 7 **RHEUMATOLOGY.**

8 Part G of title IV of the Public Health Service Act
 9 (42 U.S.C. 288 et seq.) is amended—

10 (1) by redesignating section 487F (as added by
 11 Public Law 106–310) as section 487G;

12 (2) by inserting after section 487G (as so re-
 13 designated) the following:

14 **“SEC. 487H. CAREER DEVELOPMENT AWARDS IN PEDI-**
 15 **ATRIC RHEUMATOLOGY.**

16 “(a) IN GENERAL.—The Secretary, in consultation
 17 with the Director of NIH, may establish a program to in-
 18 crease the number of career development awards for
 19 health professionals who intend to build careers in clinical
 20 and translational research relating to pediatric rheumatol-
 21 ogy.

22 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
 23 are authorized to be appropriated to carry out this sec-
 24 tion—

25 “(1) \$900,000 for fiscal year 2010;

- 1 “(2) \$1,400,000 for fiscal year 2011;
2 “(3) \$1,900,000 for fiscal year 2012;
3 “(4) \$2,400,000 for fiscal year 2013; and
4 “(5) \$2,900,000 for fiscal year 2014.”.

5 **SEC. 7. GENERAL ACCOUNTING OFFICE STUDY OF ARTHRI-**
6 **TIS AND THE WORKPLACE.**

7 (a) **STUDY AND REPORT.**—Not later than 3 years
8 after the date of enactment of this Act, the Comptroller
9 General of the United States shall conduct a study on the
10 economic impact of arthritis in the workplace, and submit
11 a report to the appropriate committees of Congress con-
12 taining the results of the study.

13 (b) **AUTHORIZATION OF APPROPRIATIONS.**—There
14 are authorized to be appropriated such sums as may be
15 necessary to carry out this section.

○