

103D CONGRESS  
1ST SESSION

# S. 1318

To amend the Public Health Service Act to extend the program of grants regarding the prevention and control of tuberculosis and sexually transmitted diseases, to revise and extend certain injury control programs, and to revise and extend the program of grants relating to preventive health measures with respect to breast and cervical cancer, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

JULY 29 (legislative day, JUNE 30), 1993

Mr. KENNEDY (for himself, Mrs. KASSEBAUM, Ms. MIKULSKI, Mr. HATCH, Mr. WELLSTONE, Mr. RIEGLE, Mr. DODD, and Mr. WOFFORD) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

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## A BILL

To amend the Public Health Service Act to extend the program of grants regarding the prevention and control of tuberculosis and sexually transmitted diseases, to revise and extend certain injury control programs, and to revise and extend the program of grants relating to preventive health measures with respect to breast and cervical cancer, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Early Detection and  
3 Preventive Health Act of 1993”.

4 **TITLE I—TUBERCULOSIS**

5 **SEC. 101. SHORT TITLE.**

6 This title may be cited as the “Tuberculosis Preven-  
7 tion and Control Amendments of 1993”.

8 **SEC. 102. FINDINGS.**

9 Congress finds that—

10 (1) between 10,000,000 and 15,000,000 people  
11 in the United States have been infected with tuber-  
12 culosis, nearly 26,000 new active cases are reported  
13 each year, and over 1,700 tuberculosis-related  
14 deaths occur each year;

15 (2) the number of reported cases of tuberculosis  
16 has risen from 22,201 in 1985 to 26,673 in 1992,  
17 representing 51,000 more cases than those that  
18 would have been expected since 1985;

19 (3) a recent national survey discovered that  
20 14.4 percent of all active tuberculosis cases were re-  
21 sistant to at least one drug;

22 (4) drug resistant tuberculosis strains can cost  
23 more than \$150,000 to treat, and even then, be-  
24 tween 40 and 60 percent of the patients receiving  
25 such treatment die;

1           (5) in 1992, tuberculosis cases were reported to  
2           the Centers for Disease Control and Prevention by  
3           all 50 States, and cases resistant to one or more tu-  
4           berculosis drugs were reported in at least 36 States,  
5           the District of Columbia and Puerto Rico;

6           (6) in 1992, 27 percent of the reported cases of  
7           tuberculosis occurred in foreign born persons;

8           (7) one third of the world's population harbors  
9           tuberculosis; and

10          (8) among infectious diseases tuberculosis is  
11          still the number one killer in the world with an esti-  
12          mated 8,000,000 new cases each year and 2,900,000  
13          deaths.

14   **SEC. 103. PROGRAMS OF CENTERS FOR DISEASE CONTROL**  
15                           **AND PREVENTION.**

16          (a) PROVISION OF SERVICES FOR PREVENTION, CON-  
17   TROL, AND ELIMINATION.—Section 317(j)(2) of the Pub-  
18   lic Health Service Act (42 U.S.C. 247b(j)(2)) is amended  
19   in the first sentence by striking “and” after “1991,” and  
20   all that follows through “1995” and inserting the follow-  
21   ing: “, \$104,000,000 for fiscal year 1994, and such sums  
22   as may be necessary for each of the fiscal years 1995  
23   through 1997”.

24          (b) STATE TUBERCULOSIS PLAN.—Section 317(j) of  
25   the Public Health Service Act (42 U.S.C. 247b(j)) is

1 amended by adding at the end thereof the following new  
2 paragraph:

3       “(3)(A) With respect to an application submitted by  
4 a State for a grant under this section for the prevention,  
5 control and elimination of tuberculosis, such application  
6 shall contain a State plan that demonstrates that amounts  
7 received under the grant will be expended in a manner  
8 that ensures that tuberculosis services will be provided to  
9 those at the highest risk of contracting tuberculosis, or  
10 in those areas with the highest rates of tuberculosis infec-  
11 tion.

12       “(B) Such plans shall demonstrate that the applicant  
13 will work closely with and provide support to entities re-  
14 ceiving funds under sections 329, 330, 340, 340A, or titles  
15 V or XIX, and to correctional facilities, and nongovern-  
16 mental organizations such as community-based organiza-  
17 tions.

18       “(C) Such plans shall demonstrate that grant funds  
19 will be used for directly observed therapy or other effective  
20 interventions with respect to populations with the highest  
21 rates of active infection with tuberculosis.”.

22       (c) RESEARCH, DEMONSTRATION PROJECTS, EDU-  
23 CATION, AND TRAINING.—

1           (1) IN GENERAL.—Section 317(k)(2) of the  
2       Public Health Service Act (42 U.S.C. 247b(k)(2)) is  
3       amended—

4           (A) by redesignating subparagraphs (A)  
5       through (D) as clauses (i) through (iv), respec-  
6       tively;

7           (B) by inserting “(A)” after the paragraph  
8       designation; and

9           (C) by adding at the end thereof the fol-  
10      lowing new subparagraphs:

11      “(B) In support of grants referred to in subpara-  
12     graph (A), the Secretary may conduct or support applied  
13     research and training regarding the surveillance, diag-  
14     nostic methodologies, prevention, control, and treatment  
15     of tuberculosis, including intramural projects and extra-  
16     mural projects.

17      “(C) For the purpose of carrying out subparagraph  
18     (A), there are authorized to be appropriated \$26,000,000  
19     for fiscal year 1994, and such sums as may be necessary  
20     for each of the fiscal years 1995 through 1997. The au-  
21     thorization of appropriations established in the preceding  
22     sentence is in addition to the authorization of appropria-  
23     tions established in subsection (j)(2) for carrying out this  
24     paragraph.”.

1           (2)       TECHNICAL       AMENDMENT.—Section  
 2       317(j)(2) of the Public Health Service Act (42  
 3       U.S.C. 247b(j)(2)) is amended by striking the last  
 4       sentence.

5   **SEC. 104. RESEARCH THROUGH NATIONAL INSTITUTE OF**  
 6                   **ALLERGY AND INFECTIOUS DISEASES.**

7       (a) CERTAIN DUTIES.—

8           (1) IN GENERAL.—Subpart 6 of part C of title  
 9       IV of the Public Health Service Act (42 U.S.C.  
 10       285f) is amended by inserting after section 446 the  
 11       following section:

12       “RESEARCH AND RESEARCH TRAINING REGARDING  
 13                   TUBERCULOSIS

14       “SEC. 447. In carrying out section 446, the Director  
 15       of the Institute shall conduct or support basic research  
 16       and research training regarding the cause, diagnosis, early  
 17       detection and treatment of tuberculosis.”.

18           (2) CONFORMING AMENDMENT.—Section 446  
 19       of the Public Health Service Act (42 U.S.C. 285f)  
 20       is amended by inserting after “Diseases” the follow-  
 21       ing: “(hereafter in this subpart referred to as the  
 22       ‘Institute’)”.

23       (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
 24       408(a) of the Public Health Service Act (42 U.S.C.  
 25       284c(a)) is amended by adding at the end the following  
 26       new paragraph:

1           “(3) For the purpose of carrying out section  
 2           447 (relating to research on tuberculosis through the  
 3           National Institute on Allergy and Infectious Dis-  
 4           eases), there are authorized to be appropriated  
 5           \$46,000,000 for fiscal year 1994, and such sums as  
 6           may be necessary for each of the fiscal years 1995  
 7           through 1997. The authorization of appropriations  
 8           established in the preceding sentence may not be  
 9           construed as terminating the availability for such  
 10          purpose of any other authorization of appropria-  
 11          tions.”.

12 **SEC. 105. RESEARCH THROUGH THE FOOD AND DRUG AD-**  
 13 **MINISTRATION.**

14          Chapter V of the Food, Drug and Cosmetic Act is  
 15          amended by inserting after section 512 (21 U.S.C. 360b)  
 16          the following new section:

17 **“SEC. 512A. TUBERCULOSIS DRUG AND DEVICE RESEARCH.**

18          “(a) **AUTHORITY.**—The Commissioner of Food and  
 19          Drugs shall implement a tuberculosis drug and device re-  
 20          search program under which the Commissioner shall—

21                 “(1) provide assistance to other Federal agen-  
 22                 cies for the development of tuberculosis protocols;

23                 “(2) review and evaluate medical devices de-  
 24                 signed for the diagnosis and control of airborne tu-  
 25                 berculosis; and

1 “(3) conduct research concerning drugs or de-  
 2 vices to be used in diagnosing, controlling and pre-  
 3 venting tuberculosis.

4 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
 5 are authorized to be appropriated to carry out this section,  
 6 \$5,000,000 for each fiscal year.”.

## 7 **TITLE II—SEXUALLY** 8 **TRANSMITTED DISEASES**

### 9 **SEC. 201. SHORT TITLE.**

10 This title may be cited as the “Sexually Transmitted  
 11 Diseases Amendments of 1993”.

### 12 **SEC. 202. EXTENSION OF PROGRAM OF GRANTS REGARD-** 13 **ING PREVENTION AND CONTROL OF SEXU-** 14 **ALLY TRANSMITTED DISEASES.**

15 (a) EXTENSION OF PROGRAM.—Section 318(d)(1) of  
 16 the Public Health Service Act (42 U.S.C. 247c(d)(1)) is  
 17 amended in the first sentence—

18 (1) by striking “(b) and (c)” and inserting “(b)  
 19 and (c) of this section and section 318B”; and

20 (2) by striking “there are authorized” and all  
 21 that follows and inserting the following: “there are  
 22 authorized to be appropriated \$132,000,000 for fis-  
 23 cal year 1994, and such sums as may be necessary  
 24 for each of the fiscal years 1995 through 1997.”.



1 (b) TECHNICAL CORRECTIONS.—Section 318 of the  
 2 Public Health Service Act (42 U.S.C. 247c) is amended—

3 (1) in subsection (b)(3), by striking “, and”  
 4 and inserting “; and”; and

5 (2) in subsection (d)(5)—

6 (A) in subparagraph (A), by striking  
 7 “form, or” and inserting “form; or”; and

8 (B) in subparagraph (B), by striking “pur-  
 9 poses,” and inserting “purposes;”.

10 **SEC. 203. EXTENSION OF PROGRAM REGARDING PREVENT-**  
 11 **ABLE CASES OF INFERTILITY ARISING AS RE-**  
 12 **SULT OF SEXUALLY TRANSMITTED DISEASES.**

13 (a) TECHNICAL CORRECTION.—Section 318A of the  
 14 Public Health Service Act (42 U.S.C. 247c–1), as added  
 15 by section 304 of Public Law 102–531 (106 Stat. 3490),  
 16 is amended in subsection (o)(2) by striking “subsection  
 17 (s)” and inserting “subsection (q)”.

18 (b) EXTENSION OF PROGRAM.—Section 318A of the  
 19 Public Health Service Act (42 U.S.C. 247c–1), as added  
 20 by section 304 of Public Law 102–531 (106 Stat. 3490),  
 21 is amended—

22 (1) in subsection (q), by striking “and 1995”  
 23 and inserting “through 1997”; and

24 (2) in subsection (r)(2), by striking “through  
 25 1995” and inserting “through 1998”.

1 **SEC. 204. SEXUALLY TRANSMITTED DISEASE ACCELER-**  
2 **ATED PREVENTION CAMPAIGNS.**

3 Part B of title III of the Public Health Service Act  
4 is amended by inserting after section 318A (42 U.S.C.  
5 247c-1) the following new section:

6 **“SEC. 318B. SEXUALLY TRANSMITTED DISEASE ACCELER-**  
7 **ATED PREVENTION CAMPAIGNS.**

8 “(a) GRANTS.—The Secretary is authorized to award  
9 grants to States and political subdivisions of States for  
10 the development, implementation, and evaluation of inno-  
11 vative, interdisciplinary approaches to the prevention and  
12 control of sexually transmitted diseases and their sequelae  
13 by—

14 “(1) expanding access to sexually transmitted  
15 disease services through collaborations with other  
16 public health programs and with nongovernmental  
17 partners;

18 “(2) implementing community-based behavioral  
19 interventions to prevent disease transmission; and

20 “(3) establishing collaborations between health  
21 departments and university-based experts to  
22 strengthen sexually transmitted diseases prevention  
23 programs.

24 “(b) APPLICATION.—To be eligible to receive a grant  
25 under subsection (a), a State or political subdivision of  
26 a State, shall prepare and submit to the Secretary an ap-

1 plication at such time, in such manner, and containing  
2 such information as the Secretary may require.

3 “(c) PRIORITY.—In awarding grants under sub-  
4 section (a), the Secretary shall give priority to applications  
5 that seek to conduct activities with grant funds that focus  
6 on the prevention of sexually transmitted diseases among  
7 women and other populations that are disproportionately  
8 affected by these diseases.”.

## 9 **TITLE III—INJURY CONTROL** 10 **AND VIOLENCE PREVENTION**

### 11 **SEC. 301. SHORT TITLE.**

12 This title may be cited as the “Injury Control and  
13 Violence Prevention Act of 1993”.

### 14 **SEC. 302. FINDINGS.**

15 Congress finds that—

16 (1) violence or the threat of violence has ad-  
17 verse effects on the health and safety of Americans  
18 of all ages, races, ethnicities and economic condi-  
19 tions;

20 (2) the majority of homicides and violent as-  
21 saults are committed by people who have relation-  
22 ships with their victims and are not committed by  
23 strangers;

24 (3) violence is being committed in private as  
25 well as public, in homes, schools, and neighborhoods;

1           (4) interventions by law enforcement and criminal justice systems have limited ability to prevent violence;

4           (5) family and interpersonal violence represent serious threats to the health and well-being of millions of women in the United States;

7           (6) violence against women has serious health consequences for its victims, including fatality, severe trauma, repeated physical injuries, and chronic stress-related disorder;

11          (7) violence against women has serious mental health consequences for its victims, including substance abuse, severe psychological trauma, and suicide;

15          (8) fewer than 5 percent of injured women are correctly diagnosed by medical personnel as being victims of domestic violence;

18          (9) hospitals and clinics do not have a uniform set of protocols for the identification and referral of victims of family and interpersonal violence, or for the training of health care professionals to perform such functions;

23          (10) a national surveillance system for monitoring the health effects of injury should be established

1 to determine the nature and extent of family and  
2 interpersonal violence in the United States; and

3 (11) the Surgeon General has identified domes-  
4 tic violence as a public health problem to which all  
5 health care providers must actively and vigorously  
6 respond.

7 **SEC. 303. FAMILY AND INTERPERSONAL VIOLENCE PRE-**  
8 **VENTION.**

9 Section 393 of the Public Health Service Act (42  
10 U.S.C. 280b-2) is amended to read as follows:

11 **“SEC. 393. PREVENTION OF FAMILY AND INTERPERSONAL**  
12 **VIOLENCE.**

13 “(a) RESEARCH AND TECHNICAL ASSISTANCE.—The  
14 Secretary, acting through the Director of the Centers for  
15 Disease Control and Prevention, may conduct research  
16 and provide technical assistance to appropriate public and  
17 nonprofit private entities and to academic institutions to  
18 assist such entities in performing research in, and con-  
19 ducting training and public health programs for, the pre-  
20 vention of injuries and deaths associated with family and  
21 interpersonal violence.

22 “(b) GRANTS.—The Secretary, acting through the  
23 Director of the Centers for Disease Control and Preven-  
24 tion, may award grants to States, political subdivisions of

1 States, and any other public and nonprofit private entity  
2 for—

3 “(1) the conduct of research into identifying ef-  
4 fective strategies to prevent interpersonal violence  
5 within the family and among acquaintances;

6 “(2) the development, implementation, and  
7 evaluation of demonstration projects for the preven-  
8 tion of interpersonal violence within families and  
9 among acquaintances;

10 “(3) the implementation of public information  
11 and education programs for prevention of family and  
12 interpersonal violence and to broaden public aware-  
13 ness of the public health consequences of family and  
14 interpersonal violence; and

15 “(4) the provision of education, training and  
16 clinical skills improvement programs for health care  
17 professionals to—

18 “(A) routinely interview and identify indi-  
19 viduals whose medical condition or statements  
20 indicate that the individuals are victims of do-  
21 mestic violence or sexual assault; and

22 “(B) refer the individuals to entities that  
23 provide services regarding such violence and as-  
24 sault, including referrals for counseling, hous-

1           ing, legal services, and services of community  
2           organizations.

3           “(c) INJURY SURVEILLANCE PROGRAM.—The Sec-  
4   retary, acting through the Director of the Centers for Dis-  
5   ease Control and Prevention, shall support the establish-  
6   ment of national systematic surveillance of injuries, in-  
7   cluding those caused by family and interpersonal violence.

8           “(d) DEFINITION.—As used in this section, the term  
9   ‘interpersonal violence within families and acquaintances’  
10   means any intentional violence, controlling, or coercive be-  
11   havior or pattern of behavior by an individual who is cur-  
12   rently or who was previously, in an intimate or acquaint-  
13   ance relationship with the victim. Such behavior may  
14   occur at any stage of the lifecycle and may encompass sin-  
15   gle acts or a syndrome of actual or threatened physical  
16   injury, sexual assault, rape, psychological abuse, or ne-  
17   glect. Such term includes behavior which currently may  
18   be described as ‘child neglect’, ‘child abuse’, ‘spousal  
19   abuse’, ‘domestic violence’, ‘woman battering’, ‘partner  
20   abuse’, ‘elder abuse’, and ‘date rape’.

21           “(e) APPLICATION.—To be eligible to receive assist-  
22   ance under subsection (a) or (b), an entity shall prepare  
23   and submit to the Secretary an application at such time,  
24   in such manner, and containing such information as the  
25   Secretary may require.”.

1 **SEC. 304. ADVISORY COMMITTEE; REPORTS.**

2 Part J of title III of the Public Health Service Act  
3 (as amended by Public Law 103–43) is amended by insert-  
4 ing after section 393 (42 U.S.C. 280b–2) the following  
5 new section:

6 **“SEC. 393A. GENERAL PROVISIONS.**

7 “(a) ADVISORY COMMITTEE.—The Secretary, acting  
8 through the Director of the Centers for Disease Control  
9 and Prevention, shall establish an advisory committee to  
10 advise the Secretary and such Director with respect to the  
11 prevention and control of injuries.

12 “(b) REPORT.—Not later than February 1 of 1994  
13 and of every second year thereafter, the Secretary, acting  
14 through the Director of the Centers for Disease Control  
15 and Prevention, shall submit to the Committee on Energy  
16 and Commerce of the House of Representatives, and to  
17 the Committee on Labor and Human Resources of the  
18 Senate, a report describing the activities carried out under  
19 this part during the preceding 2 fiscal years. Such report  
20 shall include a description of such activities that were car-  
21 ried out with respect to domestic violence and sexual as-  
22 sault and with respect to rural areas.”.

23 **SEC. 305. TECHNICAL CORRECTIONS.**

24 (a) TERMINOLOGY.—Part J of title III of the Public  
25 Health Service Act (42 U.S.C. 280b et seq.) (as amended  
26 by Public Law 103–43) is amended—



1 (1) in the heading for such part, by striking  
2 “INJURY CONTROL” and inserting “PREVENTION  
3 AND CONTROL OF INJURIES”; and

4 (2) in section 392—

5 (A) in the heading for such section, by in-  
6 serting “PREVENTION AND” before “CONTROL  
7 ACTIVITIES”;

8 (B) in subsection (a)(1), by inserting “and  
9 control” after “prevention”; and

10 (C) in subsection (b)(1), by striking “inju-  
11 ries and injury control” and inserting “the pre-  
12 vention and control of injuries”.

13 (b) PROVISIONS RELATING TO PUBLIC LAW 102-  
14 531.—Part J of title III of the Public Health Service Act  
15 (42 U.S.C. 280b et seq.) (as amended by Public Law 103-  
16 43 (106 Stat. 3482), is amended—

17 (1) in section 392(b)(2), by striking “to pro-  
18 mote injury control” and all that follows and insert-  
19 ing “to promote activities regarding the prevention  
20 and control of injuries; and”; and

21 (2) in section 391(b), by adding at the end the  
22 following sentence: “In carrying out the preceding  
23 sentence, the Secretary shall disseminate such infor-  
24 mation to the public, including through elementary  
25 and secondary schools.”.

1 **SEC. 306. AUTHORIZATION OF APPROPRIATIONS.**

2 Section 394 of the Public Health Service Act (42  
3 U.S.C. 280b-3) is amended—

4 (1) by striking “391 and 392” and inserting  
5 “391, 392, and 393”; and

6 (2) by striking “\$10,000,000” and all that fol-  
7 lows through the period and inserting  
8 “\$60,000,000” for fiscal year 1994, and such sums  
9 as may be necessary for each of the fiscal years  
10 1995 through 1998.”.

11 **TITLE IV—BREAST AND CER-**  
12 **VICAL CANCER AMENDMENTS**

13 **SEC. 401. SHORT TITLE.**

14 This title may be cited as the “Breast and Cervical  
15 Cancer Amendments of 1993”.

16 **SEC. 402. REVISIONS IN PROGRAM OF STATE GRANTS RE-**  
17 **GARDING BREAST AND CERVICAL CANCER.**

18 (a) LIMITED AUTHORITY REGARDING FOR-PROFIT  
19 ENTITIES.—

20 (1) IN GENERAL.—Section 1501(b) of the Pub-  
21 lic Health Service Act (42 U.S.C. 300k(b)) is  
22 amended—

23 (A) by striking “STATES.—A State” and  
24 all that follows through “may expend” and in-  
25 serting the following: “STATES.—

1           “(1) IN GENERAL.—A State receiving a grant  
2           under subsection (a) may, subject to paragraphs (2)  
3           and (3), expend”; and

4                       (B) by adding at the end the following  
5           paragraphs:

6           “(2) LIMITED AUTHORITY REGARDING OTHER  
7           ENTITIES.—In addition to the authority established  
8           in paragraph (1) for a State with respect to grants  
9           and contracts, the State may provide for screenings  
10          under subsection (a)(1) through entering into con-  
11          tracts with private entities.

12          “(3) PAYMENTS FOR SCREENINGS.—The  
13          amount paid by a State to an entity under this sub-  
14          section for a screening procedure under subsection  
15          (a)(1) may not exceed the amount that would be  
16          paid under part B of title XVIII of the Social Secu-  
17          rity Act if payment were made under such part for  
18          furnishing the procedure to a woman enrolled under  
19          such part.”.

20          (2) CONFORMING AMENDMENT.—Section  
21          1505(3) of the Public Health Service Act (42 U.S.C.  
22          300n–1(3)) is amended by inserting before the semi-  
23          colon the following: “(and additionally, in the case of  
24          services and activities under section 1501(a)(1), with  
25          any similar services or activities of private entities)”.

1 (b) SPECIAL CONSIDERATION FOR GRANTS.—Section  
2 1501 of the Public Health Service Act (42 U.S.C. 300k)  
3 is amended by adding at the end thereof the following new  
4 subsection:

5 “(c) SPECIAL CONSIDERATION.—In making grants  
6 under subsection (a) after the date of enactment of this  
7 subsection, the Secretary shall give special consideration  
8 to projects that have been peer reviewed and approved and  
9 that involve areas that—

10 “(1) have high cervical or breast cancer mortal-  
11 ity rates; or

12 “(2) have a high incidence of cervical or breast  
13 cancer.”.

14 (c) EXEMPTION FROM MATCHING REQUIREMENTS.—  
15 Section 1502(b)(1) of the Public Health Service Act (42  
16 U.S.C. 300l(b)(1)) is amended to read as follows:

17 “(1) TYPES OF CONTRIBUTIONS.—

18 “(A) GENERAL RULE.—Non-Federal con-  
19 tributions required in subsection (a) may be in  
20 cash or in kind, fairly evaluated, including  
21 equipment or services (and excluding indirect or  
22 overhead costs). Amounts provided by the Fed-  
23 eral Government, or services assisted or sub-  
24 sidized to any significant extent by the Federal  
25 Government, may not be included in determin-

1 ing the amount of such non-Federal contribu-  
2 tions.

3 “(B) DONATED TREATMENT SERVICES.—  
4 In meeting the non-Federal contribution re-  
5 quirement of this section, the State involved—

6 “(i) may, with respect to a grant  
7 awarded for a program under paragraph  
8 (1) or (2) of section 1501(a), use the value  
9 of any donated outreach services associated  
10 with the delivery of breast and cervical  
11 cancer screenings conducted under the pro-  
12 gram, and the value of any additional do-  
13 nated breast or cervical cancer diagnostic  
14 or treatment services provided subsequent  
15 to the screening conducted under the pro-  
16 gram; and

17 “(ii) may not, with respect to a grant  
18 awarded for a program under paragraph  
19 (3), (4), (5) or (6) of section 1501(a), in-  
20 clude the value of any donated breast or  
21 cervical cancer outreach, diagnosis, or  
22 treatment services.”.

23 (d) QUALITY ASSURANCE REGARDING SCREENING  
24 PROCEDURES.—

1           (1) IN GENERAL.—Section 1503 of the Public  
2       Health Service Act (42 U.S.C. 300m) is amended—

3                   (A) in subsection (a)—

4                           (i) in paragraph (1), to read as fol-  
5                               lows:

6                   “(1) to ensure that, after a limited period of  
7       time and thereafter throughout the period during  
8       which amounts are received pursuant to the grant,  
9       except for the period of the first year when a 50 per-  
10      cent minimum shall apply, not less than 60 percent  
11      of the grant is expended to provide each of the serv-  
12      ices or activities described in paragraphs (1) and (2)  
13      of section 1501(a), including making available  
14      screening procedures for both breast and cervical  
15      cancers;”;

16                           (ii) in paragraph (4), to read as fol-  
17                               lows:

18                   “(4) to ensure that not more than 40 percent  
19      of the grant is expended to provide the services or  
20      activities described in paragraphs (3) through (6) of  
21      section 1501(a), except in the case of the first year  
22      during which the maximum expended for these pur-  
23      poses shall not exceed 50 percent of the grant.”;

24                   (B) by striking subsections (c) through (e)

25                   and inserting the following:

1       “(c) QUALITY ASSURANCE REGARDING SCREENING  
 2 PROCEDURES.—The Secretary may not make a grant  
 3 under section 1501 unless the State involved agrees that  
 4 the State will, in accordance with applicable law, assure  
 5 the quality of screening procedures conducted pursuant to  
 6 such section.”.

7           (2) TRANSITION RULE REGARDING  
 8 MAMMOGRAPHIES.—With respect to the screening  
 9 procedure for breast cancer known as a mammog-  
 10 raphy, the requirements in effect on the day before  
 11 the date of the enactment of this Act under section  
 12 1503(c) of the Public Health Service Act remain in  
 13 effect (for an individual or facility conducting such  
 14 procedures pursuant to a grant to a State under sec-  
 15 tion 1501 of such Act) until there is in effect for the  
 16 facility a certificate (or provisional certificate) issued  
 17 under section 354 of such Act.

18       (e) STATEWIDE PROVISION OF SERVICES.—Section  
 19 1504(c) of the Public Health Service Act (42 U.S.C.  
 20 300n(c)) is amended by adding at the end the following  
 21 paragraph:

22           “(3) GRANTS TO TRIBES AND TRIBAL ORGANI-  
 23 ZATIONS.—

24                   “(A) The Secretary, acting through the Di-  
 25 rector of the Centers for Disease Control and

1 Prevention, may make grants to tribes and trib-  
2 al organizations (as such terms are used in  
3 paragraph (1)) for the purpose of carrying out  
4 programs described in section 1501(a). This  
5 title applies to such a grant (in relation to the  
6 jurisdiction of the tribe or organization) to the  
7 same extent and in the same manner as such  
8 title applies to a grant to a State under section  
9 1501 (in relation to the jurisdiction of the  
10 State).

11 “(B) If a tribe or tribal organization is re-  
12 ceiving a grant under subparagraph (A) and the  
13 State in which the tribe or organization is lo-  
14 cated is receiving a grant under section 1501,  
15 the requirement established in paragraph (1)  
16 for the State regarding the tribe or organiza-  
17 tion is deemed to have been waived under para-  
18 graph (2).”.

19 (f) EVALUATIONS AND REPORTS.—Section 1508 of  
20 the Public Health Service Act (42 U.S.C. 300n-4) is  
21 amended—

22 (1) in subsection (a), by adding at the end the  
23 following sentence: “Such evaluations shall include  
24 evaluations of the extent to which States carrying



1 out such programs are in compliance with section  
2 1501(a)(2) and with section 1504(c).”; and

3 (2) in subsection (b), by inserting before the pe-  
4 riod the following: “, including recommendations re-  
5 garding compliance by the States with section  
6 1501(a)(2) and with section 1504(c)”.

7 (g) TECHNICAL CORRECTIONS.—Title XV of the  
8 Public Health Service Act (42 U.S.C. 300k et seq.) is  
9 amended—

10 (1) in section 1501(a), in the matter preceding  
11 paragraph (1), by striking “Control,” and inserting  
12 “Control and Prevention,”; and

13 (2) in section 1505—

14 (A) in paragraph (3), by striking  
15 “nonprivate” and inserting “nonprofit private”;  
16 and

17 (B) in paragraph (4), by inserting “will”  
18 before “be used”.

19 **SEC. 403. ESTABLISHMENT OF DEMONSTRATION PROGRAM**  
20 **OF GRANTS FOR ADDITIONAL PREVENTIVE**  
21 **HEALTH SERVICES FOR WOMEN.**

22 (a) IN GENERAL.—Title XV of the Public Health  
23 Service Act (42 U.S.C. 300k et seq.) is amended—

24 (1) by redesignating section 1509 as section  
25 1510; and

1           (2) by inserting after section 1508 the following  
2       section:

3       **“SEC. 1509. SUPPLEMENTAL GRANTS FOR ADDITIONAL**  
4               **PREVENTIVE HEALTH SERVICES.**

5       “(a) DEMONSTRATION PROJECTS.—In the case of  
6 States receiving grants under section 1501, the Secretary,  
7 acting through the Director of the Centers for Disease  
8 Control and Prevention, may make grants to not more  
9 than 3 such States to carry out demonstration projects  
10 for the purpose of—

11           “(1) providing preventive health services in ad-  
12 dition to the services authorized in such section, in-  
13 cluding screenings regarding blood pressure and cho-  
14 lesterol, and including health education;

15           “(2) providing appropriate referrals for medical  
16 treatment of women receiving services pursuant to  
17 paragraph (1) and ensuring, to the extent prac-  
18 ticable, the provision of appropriate follow-up serv-  
19 ices; and

20           “(3) evaluating activities conducted under para-  
21 graphs (1) and (2) through appropriate surveillance  
22 or program-monitoring activities.

23       “(b) STATUS AS PARTICIPANT IN PROGRAM REGARD-  
24 ING BREAST AND CERVICAL CANCER.—The Secretary  
25 may not make a grant under subsection (a) unless the

1 State involved agrees that services under the grant will  
2 be provided only through entities that are screening  
3 women for breast or cervical cancer pursuant to a grant  
4 under section 1501.

5 “(c) APPLICABILITY OF PROVISIONS OF GENERAL  
6 PROGRAM.—This title applies to a grant under subsection  
7 (a) to the same extent and in the same manner as such  
8 title applies to a grant under section 1501.

9 “(d) FUNDING.—

10 “(1) IN GENERAL.—Subject to paragraph (2),  
11 for the purpose of carrying out this section, there  
12 are authorized to be appropriated \$3,000,000 for  
13 fiscal year 1994, and such sums as may be nec-  
14 essary for each of the fiscal years 1995 through  
15 1998.

16 “(2) LIMITATION REGARDING FUNDING WITH  
17 RESPECT TO BREAST AND CERVICAL CANCER.—The  
18 authorization of appropriations established in para-  
19 graph (1) is not effective for a fiscal year unless the  
20 amount appropriated under section 1510(a) for the  
21 fiscal year equals or exceeds \$100,000,000.”.

22 (b) CONFORMING AMENDMENT.—Section 1510(a) of  
23 the Public Health Service Act, as redesignated by sub-  
24 section (a)(1) of this section, is amended in the heading

1 for the section by striking “**FUNDING.**” and inserting  
 2 “**FUNDING FOR GENERAL PROGRAM.**”.

3 **SEC. 404. FUNDING FOR GENERAL PROGRAM.**

4 Section 1510(a) of the Public Health Service Act (as  
 5 amended by section 403(a)(2)) is amended—

6 (1) by striking “and” after “1991,”; and

7 (2) by inserting before the period the following:

8 “, \$200,000,000 for fiscal year 1994, and such sums  
 9 as may be necessary for each of the fiscal years  
 10 1995 through 1997”.

11 **TITLE V—MISCELLANEOUS**  
 12 **PROVISIONS**

13 **SEC. 501. EVALUATIONS.**

14 Section 2711 of the Public Health Service Act (42  
 15 U.S.C. 300aaa–10) is amended to read as follows:

16 “EVALUATION OF PROGRAMS

17 “SEC. 2711. (a) IN GENERAL.—Such portion as the  
 18 Secretary shall determine, but not less than .2 percent nor  
 19 more than 1 percent, of any amounts appropriated for pro-  
 20 grams authorized under this Act for any fiscal year begin-  
 21 ning after September 20, 1993, shall be made available  
 22 for the evaluation (directly, or by grants of contracts) of  
 23 the implementation and effectiveness of such programs.

24 “(b) REPORT ON EVALUATIONS.—

25 “(1) IN GENERAL.—To provide information for  
 26 legislative deliberations concerning Federal health

1 programs, the Secretary shall, not later than Janu-  
2 ary 1 of each year, prepare and submit to the Com-  
3 mittee on Labor and Human Resources of the Sen-  
4 ate and the Committee on Energy and Commerce of  
5 the House of Representatives a report that identifies  
6 and synthesizes the findings of the evaluations con-  
7 ducted under subsection (a) by program area. Such  
8 report shall also include the plans of the Secretary  
9 for the subsequent year's evaluations, including pro-  
10 grams and issue areas.

11 “(2) FIVE YEAR REVIEW.—A report submitted  
12 under paragraph (1) shall contain a description of  
13 the findings of the Secretary with respect to evalua-  
14 tions conducted under subsection (a) or other provi-  
15 sions of law, during the 5-year period prior to the  
16 year for which the report is being submitted. Such  
17 description shall provide the Committees referred to  
18 in paragraph (1) with information concerning pro-  
19 gram changes that the Secretary intends to imple-  
20 ment in response to such findings in order to im-  
21 prove the health of the American people and their  
22 receipt of needed and effective public health serv-  
23 ices.”.

1 **SEC. 502. FEDERAL BENEFITS FOR OVERSEAS ASSIGNEES.**

2 Section 307 of the Public Health Service Act (42  
3 U.S.C. 242l) is amended by adding at the end thereof the  
4 following new subsection:

5 “(c) The Secretary may provide to personnel ap-  
6 pointed or assigned by the Secretary to serve abroad, al-  
7 lowances and benefits similar to those provided under  
8 chapter 9 of title I of the Foreign Service Act of 1990  
9 (22 U.S.C. 4081 et seq.). Leaves of absence for personnel  
10 under this subsection shall be on the same basis as that  
11 provided under subchapter I of chapter 63 of title 5,  
12 United States Code to individuals serving in the Foreign  
13 Service.”.

14 **SEC. 503. LOAN REPAYMENT PROGRAM.**

15 Part J of title III of the Public Health Service Act  
16 (as amended by section 2008 of Public Law 103–43) is  
17 amended by inserting after section 393 the following new  
18 section:

19 **“SEC. 393A. LOAN REPAYMENT PROGRAM.**

20 “(a) IN GENERAL.—

21 “(1) AUTHORITY.—Subject to paragraph (2),  
22 the Secretary may carry out a program of entering  
23 into contracts with appropriately qualified health  
24 professionals under which such health professionals  
25 agree to conduct prevention activities, as employees  
26 of the Centers for Disease Control and Prevention

1 and the Agency for Toxic Substances and Disease  
2 Registry, in consideration of the Federal Govern-  
3 ment agreeing to repay, for each year of such serv-  
4 ice, not more than \$20,000 of the principal and in-  
5 terest of the educational loans of such health profes-  
6 sionals.

7 “(2) LIMITATION.—The Secretary may not  
8 enter into an agreement with a health professional  
9 pursuant to paragraph (1) unless such profes-  
10 sional—

11 “(A) has a substantial amount of edu-  
12 cational loans relative to income; and

13 “(B) agrees to serve as an employee of the  
14 Centers for Disease Control and Prevention or  
15 the Agency for Toxic Substances and Disease  
16 Registry for purposes of paragraph (1) for a pe-  
17 riod of not less than 3 years.

18 “(b) APPLICABILITY OF CERTAIN PROVISIONS.—  
19 With respect to the National Health Service Corps Loan  
20 Repayment Program established in subpart III of part D  
21 of title III of this Act, the provisions of such subpart shall,  
22 except as inconsistent with subsection (a), apply to the  
23 program established in this section in the same manner  
24 and to the same extent as such provisions apply to the

1 National Health Service Corps Loan Repayment Pro-  
2 gram.”.

3 **SEC. 504. ESTABLISHMENT OF REQUIREMENT OF BIENNIAL**  
4 **REPORT ON NUTRITION AND HEALTH.**

5 Title XVII of the Public Health Service Act (42  
6 U.S.C. 300u et seq.), as amended by section 302 of Public  
7 Law 102-531 (106 Stat. 3483), is amended by adding at  
8 the end the following section:

9 “BIENNIAL REPORT REGARDING NUTRITION AND HEALTH

10 “SEC. 1709. (a) BIENNIAL REPORT.—The Secretary  
11 shall require the Surgeon General of the Public Health  
12 Service to prepare biennial reports on the relationship be-  
13 tween nutrition and health. Such reports may, with re-  
14 spect to such relationship, include any recommendations  
15 of the Secretary and the Surgeon General regarding the  
16 public health.

17 “(b) SUBMISSION TO CONGRESS.—The Secretary  
18 shall ensure that, not later than February 1 of 1995 and  
19 of every second year thereafter, a report under subsection  
20 (a) is submitted to the Committee on Energy and Com-  
21 merce of the House of Representatives and the Committee  
22 on Labor and Human Resources of the Senate.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the  
24 purpose of carrying out this section, there are authorized  
25 to be appropriated such sums as may be necessary for  
26 each of the fiscal years 1994 through 1997.”.



1 **SEC. 505. ALIGNMENT OF CURRENT CENTERS FOR DISEASE**  
2 **CONTROL AND PREVENTION REAUTHORIZA-**  
3 **TION SCHEDULE.**

4 (a) PROSTATE CANCER PREVENTION.—Section  
5 317D(l)(1) of such Act (42 U.S.C. 247b-5(l)(1)) is  
6 amended by striking “through 1996” and inserting  
7 “through 1997”.

8 (b) CANCER REGISTRIES.—Section 399L(a) of such  
9 Act (42 U.S.C. 280e-4(a)) (as amended by section  
10 2003(1) of Public Law 103-43) is amended by striking  
11 “through 1996” and inserting “through 1997”.

12 (c) HEALTH PROMOTION AND DISEASE PREVENTION  
13 RESEARCH AND DEMONSTRATION CENTERS.—Section  
14 1706(e) of such Act (42 U.S.C. 300u-5(e)) is amended  
15 by striking “through 1996” and inserting “through  
16 1997”.

17 (d) SENSE OF CONGRESS.—It is the sense of Con-  
18 gress that, beginning on the date of enactment of this Act  
19 and continuing through fiscal year 1997, all Acts regard-  
20 ing the authorization or reauthorization of Centers for  
21 Disease Control and Prevention programs should be au-  
22 thorized only through fiscal year 1997. Beginning in fiscal  
23 year 1997, Congress should reauthorize the Centers for  
24 Disease Control and Prevention and its programs in one  
25 comprehensive Act. After fiscal year 1997, reauthorization

1 of such Centers and its programs should occur on a regu-  
 2 lar cyclical basis.

○

S 1318 IS——2

S 1318 IS——3