I

104TH CONGRESS
2D SESSION

H. R. 3178

To promote greater equity in the delivery of health care services to American women through expanded research on women's health issues and through improved access to health care services, including preventive health services.

IN THE HOUSE OF REPRESENTATIVES

MARCH 27, 1996

Ms. SLAUGHTER (for herself, Mrs. MORELLA, Mrs. LOWEY, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. BROWN of Florida, Mrs. CLAYTON, Miss COLLINS of Michigan, Mrs. COLLINS of Illinois, Ms. DELAURO, Ms. ESHOO, Ms. FURSE, Ms. HARMAN, Ms. JACKSON-LEE of Texas, Mrs. JOHNSON of Connecticut, Mrs. KELLY, Mrs. KENNELLY, Ms. LOFGREN, Ms. MCKINNEY, Mrs. MALONEY, Mrs. MEEK of Florida, Mrs. MEYERS of Kansas, Mrs. MINK of Hawaii, Ms. NORTON, Ms. PELOSI, Ms. RIVERS, Mrs. ROUKEMA, Ms. ROYBAL-ALLARD, Mrs. SCHROEDER, Mrs. THURMAN, Ms. VELÁZQUEZ, Ms. WATERS, and Ms. WOOLSEY) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Agriculture, International Relations, Veterans' Affairs, Economic and Educational Opportunities, National Security, and Banking and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To promote greater equity in the delivery of health care services to American women through expanded research on women's health issues and through improved access to health care services, including preventive health services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Women's Health Equity Act of 1996''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

TITLE I

Subtitle A—Breast Cancer Research Extension Act of 1996

SEC. 1101. SHORT TITLE.

This subtitle may be cited as the ''Breast Cancer Research Extension Act of 1996''.

SEC. 1102. EXTENSION OF PROGRAM OF RESEARCH ON BREAST CANCER.

Section 417B(b)(1) of the Public Health Service Act (42 U.S.C. 286a–8(b)(1)) is amended to read as follows:

''(1) BREAST CANCER.—For the purpose of carrying out section 417(c), there are authorized to be appropriated $575,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 through 2001. Such authorizations of appropriations are in addition to the authorizations of appropriations established in subsection (a) with respect to such purpose.''.

Subtitle B—HHS Women Scientists Employment Opportunity Act

SEC. 1151. SHORT TITLE.

This subtitle may be cited as the ''HHS Women Scientist Employment Opportunity Act''.

SEC. 1152. WOMEN'S SCIENTIFIC EMPLOYMENT.

The Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end the following title:

''TITLE XXVII—WOMEN'S SCIENTIFIC EMPLOYMENT WITH DEPARTMENT OF HEALTH AND HUMAN SERVICES

''SEC. 2701. WOMEN'S SCIENTIFIC EMPLOYMENT.

''(a) IN GENERAL.—

''(1) IN GENERAL.—For each agency specified in paragraph (2), the Secretary, in collaboration with the head of the agency, shall—

''(A) establish policies for the agency on matters relating to the employment by the agency of women as scientists, and periodically review and as appropriate revise such policies; and

''(B) monitor the extent of compliance with such policies and take appropriate action in cases in which the Secretary determines that the policies have been violated.

''(2) SPECIFIED AGENCIES.—The agencies referred to in paragraph (1) are the National Institutes of Health, the Centers for Disease Control and Prevention, the Food and Drug Administration, and such other agencies or offices of the Department of Health and Human Services as the Secretary determines to be appropriate.

''(b) CERTAIN FUNCTIONS.—

''(1) IN GENERAL.—In carrying out subsection (a) with respect to a specified agency, the Secretary shall provide for the following:

''(A) Determining the concerns of women scientists employed at the agency.

"(B) Developing a policy defining the standard tenure process for employment at the agency.

"(C) Determining the reason for departure from the agency by interviewing women and men scientists as they leave.

"(D) Distributing yearly to all employees of the agency of the policy of the agency on flexible family leave.

"(E) Monitoring the number of women, including minority women, included on the committees, panels, and other working groups (and in meetings) of the agency.

"(F) Making efforts to recruit minority women, based on the small numbers of tenured minority women scientists.

"(G) Developing additional goals related to women and minority women scientists at the agency.

"(2) AGENCY-SPECIFIC PROVISIONS.—With respect to the National Institutes of Health, in carrying out subsection (a), the Secretary shall (in addition to activities under paragraph (1)) provide for the implementation of the recommendations of the

group known as the Task Force on the Status of NIH Intramural Women Scientists.

''(c) INCLUSION OF WOMEN ON INTRAMURAL AND EXTRAMURAL CONFERENCES AND OTHER GROUPS.—

''(1) IN GENERAL.—The Secretary shall establish a policy at each specified agency of requiring inclusion of women scientists in greater numbers on or in conferences, workshops, meetings, international congresses, and other groups funded or sponsored by the agency. Such policy shall provide for the inclusion of not less than one woman scientist in each such group, except as provided in paragraph (2). This paragraph applies whether such groups are held for employees of the agency headquarters, for employees of field offices, or both.

''(2) EXCLUSION; WRITTEN EXPLANATION.—The policy established in paragraph (1) may provide that no woman scientist will be included in a group for purposes of such paragraph if the Secretary provides a waiver of the requirement. The Secretary may grant such a waiver only if—

''(A) the individual with the chief responsibility for the group involved submits to the Secretary a written request for the waiver and

the request provides an explanation of the reasons underlying the need for the waiver; and

"(B) the Secretary makes a determination that extraordinary circumstances justify providing the waiver.

"(d) STUDY ON PAY EQUITY.—

"(1) IN GENERAL.—For each specified agency, the Secretary shall provide for a study to identify any pay differences among men and women scientists employed by the agency, both tenured and untenured. The study shall include recommendations on measures to adjust any disparities or inequities, and shall identify a program to communicate information on salary ranges to all employees.

"(2) REPORT.—Not later than 240 days after the date of the enactment of the HHS Women Scientist Employment Opportunity Act of 1996, the Secretary shall complete the study required in paragraph (1) and submit to the Committee on Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings made as a result of the study.

''(e) DEFINITIONS.—For purposes of this section, the term 'specified agency' means an agency specified in subsection (a)(2).

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1997 through 1999.''.

Subtitle C—Women and AIDS Research Initiative Amendments of 1996

SEC. 1191. SHORT TITLE.

This subtitle may be cited as the ''Women and AIDS Research Initiative Amendments of 1996''.

SEC. 1192. ESTABLISHMENT OF GENERAL PROGRAM OF RESEARCH REGARDING WOMEN AND ACQUIRED IMMUNE DEFICIENCY SYNDROME.

Part B of title XXIII of the Public Health Service Act (42 U.S.C. 300cc–11 et seq.) is amended by adding at the end the following section:

''SEC. 2321. RESEARCH REGARDING WOMEN.

''(a) IN GENERAL.—With respect to cases of infection with the human immunodeficiency virus, the Secretary shall establish a program for the purpose of conducting biomedical and behavioral research on such cases in women, including research on the prevention of such

cases. The Secretary may conduct such research directly, and may make grants to public and nonprofit private entities for the conduct of the research.

''(b) CERTAIN FORMS OF RESEARCH.—In carrying out subsection (a), the Secretary shall provide for research on the following:

''(1) The manner in which the human immunodeficiency virus is transmitted to women, including the relationship between cases of infection with such virus and other cases of sexually transmitted diseases, including clinical trials which examine the question of how much human immunodeficiency virus infection can be prevented by finding and treating sexually transmitted diseases in women.

''(2) Measures for the prevention of exposure to and the transmission of such virus, including research on the following:

''(A) The prevention of any sexually transmitted disease that may facilitate the transmission of the virus.

''(B) Rapid, inexpensive, easy-to-use sexually transmitted disease diagnostic tests for women.

''(C) Inexpensive single dose therapy for treatable sexually transmitted diseases.

''(D) The development of methods of prevention for use by women.

''(E) The development and dissemination of prevention programs and materials whose purpose is to reduce the incidence of substance abuse among women.

''(3) The development and progression of symptoms resulting from infection with such virus, including research regarding gynecological infections as well as breast changes, hormonal changes, and menses and menopause changes, whose occurrence becomes probable as a result of the deterioration of the immune system.

''(4) The treatment of cases of such infection, including clinical research.

''(5) Behavioral research on the prevention of such cases and research on model educational programs for such prevention.

''(6) Research leading to an understanding of social, economic, and legal factors whose impact contributes to an increased risk of such infection.

''(7) Research leading to an understanding of social, economic, and legal factors whose impact contributes to—

"(A) low levels of participation by women in clinical trials; or

"(B) inadequate access to health care services, or inadequate utilization of such services.

"(c) CLINICAL RESEARCH.—

"(1) GYNECOLOGICAL EVALUATIONS.—In clinical trials regarding the human immunodeficiency virus in which women participate as subjects, the Secretary shall ensure—

"(A) that the designs of the trials include adequate evaluation of prospective subjects prior to enrollment, and adequate evaluation of subjects during the course of the trials, including evaluation of the reproductive tract, and appropriate follow-up services regarding such evaluations; and

"(B) the conduct of studies related to the propensity for cases of infection with such virus to cause abnormalities in the reproductive tract, or to alter the natural history of other reproductive-tract infections and diseases.

"(2) STANDARD TREATMENTS FOR GYNECOLOGICAL CONDITIONS.—The Secretary shall conduct or support clinical trials under subsection (a) to determine whether standard methods of treating gyne-

cological conditions are effective in the case of such conditions that arise as a result of infection with the human immunodeficiency virus.

''(3) EFFECTIVENESS OF CERTAIN TREATMENT PROTOCOLS.—With respect to cases of infection with the human immunodeficiency virus, the Secretary shall conduct or support clinical research under subsection (a) to determine the effectiveness, on such cases in women, of approved treatment protocols.

''(4) SUPPORT SERVICES.—

''(A) In conducting or supporting clinical trials regarding the human immunodeficiency virus in which women participate as subjects, the Secretary shall take into account factors that can facilitate such participation, including consideration of employment schedules and the provision of support services. The Secretary may provide such services accordingly, including transportation services, child care services, medical and mental health services, treatment for drug abuse, social services (including services addressing domestic violence), and other support services.

''(B) Services under subparagraph (A) shall include services designed to respond to the

particular needs of women with respect to participation in the clinical trials involved, including, as appropriate, training of the individuals who conduct the trials.

"(d) PREVENTION PROGRAMS.—

"(1) SEXUAL TRANSMISSION.—

"(A) With respect to preventing the sexual transmission of the human immunodeficiency virus and other sexually transmitted diseases, the Secretary shall conduct or support research under subsection (a) on topical microbicide and physical barrier methods of prevention that women can use without their sexual partner's cooperation or knowledge.

"(B) In carrying out subparagraph (A), the Secretary shall—

"(i) give priority to carrying out the topical microbicide research agenda of the National Institutes of Health, including agendas regarding basic research, product development, and clinical evaluation of new and existing products; and

"(ii) give special consideration to research on topical microbicides that are not spermicides and that otherwise are meth-

ods that do not pose a threat to the ability of women to conceive and bear healthy children.

''(2) EPIDEMIOLOGICAL RESEARCH.—The Secretary shall conduct or support epidemiological research under subsection (a) to determine the factors of risk regarding infection with the human immunodeficiency virus that are particular to women, including research regarding—

''(A) the use of spermicides and other contraceptive methods;

''(B) the use of vaginal products, including douches, tampons, and vaginal medications;

''(C) the relationship between such infection and other sexually transmitted diseases;

''(D) the relationship between such infection and various forms of substance abuse (including use of the form of cocaine commonly known as crack); and

''(E) the relationship between such infection and noncoital forms of sexual activity.

''(e) INTERAGENCY STUDY.—With respect to the study (known as the Women's Interagency HIV Study) that, as of March 1996, is being carried out by the Secretary through various agencies of the Public Health Serv-

ice for the purpose of monitoring the progression in women of infection with the human immunodeficiency virus, and determining whether such progression is different in women than in men, the following applies:

''(1) The Secretary shall ensure that not less than 2,500 women with such infection are included in the study, and that the demographic variability of the cohort is maintained.

''(2) The Secretary shall ensure that the study period is extended for a minimum of 5 years.

''(3) With respect to markers of human immunodeficiency virus disease progression and viral activity (including the cells commonly known as CD4 cells and including quantitative viral load measures), the Secretary shall ensure that the study adequately addresses the relationship between such markers and the development of serious illnesses in such women. For purposes of the preceding sentence, the study shall address gynecological conditions, and other conditions particular to women, that are not currently included in the list of conditions arising from such infection that, for surveillance purposes, is maintained by the Director of the Centers for Disease Control and Prevention.

''(f) DEFINITIONS.—For purposes of this section, the term 'human immunodeficiency virus' means the etiologic agent for acquired immune deficiency syndrome.

''(g) AUTHORIZATIONS OF APPROPRIATIONS.—

''(1) CLINICAL RESEARCH.—In addition to any other authorizations of appropriations that are available for the following purposes:

''(A) For the purpose of carrying out subsection (c)(1), there are authorized to be appropriated $20,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 through 1999.

''(B) For the purpose of carrying out subsection (c)(2), there are authorized to be appropriated $10,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 through 1999.

''(C) For the purpose of carrying out subsection (c)(3), there are authorized to be appropriated $10,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 through 1999.

''(D) For the purpose of carrying out subsection (c)(4), there are authorized to be appropriated $15,000,000 for fiscal year 1997, and

such sums as may be necessary for each of the fiscal years 1998 and 1999.

''(2) PREVENTION PROGRAMS.—In addition to any other authorizations of appropriations that are available for the following purposes:

''(A) For the purpose of carrying out subsection (d)(1), there are authorized to be appropriated $10,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 through 1999.

''(B) For the purpose of carrying out subsection (d)(2), there are authorized to be appropriated $10,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 through 1999.

''(3) INTERAGENCY STUDY.—In addition to any other authorizations of appropriations that are available for the purpose of carrying out subsection (e), there are authorized to be appropriated for such purpose $6,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 through 1999.''.

Subtitle D—Women's Cardiovascular Diseases Research and Prevention Act

SEC. 1201. SHORT TITLE.

This subtitle may be cited as the ''Women's Cardiovascular Diseases Research and Prevention Act''.

SEC. 1202. FINDINGS.

The Congress finds as follows with respect to women in the United States:

(1) Heart attack, stroke, and other cardiovascular diseases are the leading causes of death in women.

(2) Heart attacks and strokes are leading causes of disability in women.

(3) Cardiovascular diseases claim the lives of more women each year than does cancer. Each year more than 479,000 females die of cardiovascular diseases, while approximately 246,000 females die of cancer. Heart attack kills more than 5 times as many females as breast cancer. Stroke kills twice as many females as breast cancer.

(4) One in 5 females has some form of cardiovascular disease. Of females under age 65, each year more than 20,000 die of heart attacks. In the case of African-American women, from ages 35 to 74 the

death rate from heart attacks is approximately twice that of white women and 3 times that of women of other races.

(5) Each year since 1984, cardiovascular diseases have claimed the lives of more females than males. In 1992, of the number of individuals who died of such diseases, 52 percent were females and 48 percent were males.

(6) The clinical course of cardiovascular diseases is different in women than in men, and current diagnostic capabilities are less accurate in women than in men. Once a woman develops a cardiovascular disease, she is more likely than a man to have continuing health problems, and she is more likely to die.

(7) Of women who have had a heart attack, approximately 44 percent die within 1 year of the attack. Of men who have had such an attack, 27 percent die within 1 year. At older ages, women who have had a heart attack are twice as likely as men to die from the attack within a few weeks. Women are more likely than men to have a stroke during the first 6 years following a heart attack. More than 60 percent of women who suffer a stroke die within 8 years. Long-term survivorship of stroke is better in

women than in men. Of individuals who die from a stroke, each year approximately 61 percent are females. In 1992, 87,124 females died from strokes. Women have unrecognized heart attacks more frequently than men. Of women who died suddenly from heart attack, 63 percent had no previous evidence of disease.

(8) More than half of the annual health care costs that are related to cardiovascular diseases are attributable to the occurrence of the diseases in women, each year costing this nation hundreds of billions of dollars in health care costs and lost productivity.

SEC. 1203. EXPANSION AND INTENSIFICATION OF ACTIVITIES REGARDING HEART ATTACK, STROKE AND OTHER CARDIOVASCULAR DISEASES IN WOMEN.

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

''HEART ATTACK, STROKE, AND OTHER CARDIOVASCULAR DISEASES IN WOMEN

''SEC. 424A. (a) IN GENERAL.—The Director of the Institute shall expand, intensify, and coordinate research and related activities of the Institute with respect to heart

attack, stroke, and other cardiovascular diseases in women.

''(b) COORDINATION WITH OTHER INSTITUTES.—The Director of the Institute shall coordinate activities under subsection (a) with similar activities conducted by the other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to heart attack, stroke, and other cardiovascular diseases in women.

''(c) CERTAIN PROGRAMS.—In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the causes of, and to develop methods for preventing, cardiovascular diseases in women. Activities under such subsection shall include conducting and supporting the following:

''(1) Research to determine the reasons underlying the prevalence of heart attack, stroke, and other cardiovascular diseases in women, including African-American women and other women who are members of racial or ethnic minority groups.

''(2) Basic research concerning the etiology and causes of cardiovascular diseases in women.

''(3) Epidemiological studies to address the frequency and natural history of such diseases and the differences among men and women, and among racial and ethnic groups, with respect to such diseases.

''(4) The development of safe, efficient, and cost-effective diagnostic approaches to evaluating women with suspected ischemic heart disease.

''(5) Clinical research for the development and evaluation of new treatments for women, including rehabilitation.

''(6) Studies to gain a better understanding of methods of preventing cardiovascular diseases in women, including applications of effective methods for the control of blood pressure, lipids, and obesity.

''(7) Information and education programs for patients and health care providers on risk factors associated with heart attack, stroke, and other cardiovascular diseases in women, and on the importance of the prevention or control of such risk factors and timely referral with appropriate diagnosis and treatment. Such programs shall include information and education on health-related behaviors that can improve such important risk factors as smoking, obesity, high blood cholesterol, and lack of exercise.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $140,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriation that is available for such purpose.''.

Subtitle E—Osteoporosis and Related Bone Diseases Research Act of 1996

SEC. 1251. SHORT TITLE.

This subtitle may be cited as the ''Osteoporosis and Related Bone Diseases Research Act of 1996''.

SEC. 1252. FINDINGS.

The Congress finds that—

(1) osteoporosis, or porous bone, is a condition characterized by an excessive loss of bone tissue and an increased susceptibility to fractures of the hip, spine, and wrist;

(2) osteoporosis is a threat to an estimated 25,000,000 Americans, 80 percent of whom are women, many of whose cases go undiagnosed because the condition develops without symptoms until a strain, bump, or fall causes a fracture;

(3) between 3 and 4 million Americans have Paget's disease, osteogenesis imperfecta, hyperparathyroidism, and other related metabolic bone diseases;

(4) osteoporosis is responsible for 1,500,000 bone fractures annually, including more than 250,000 hip fractures, 500,000 vertebral fractures, 200,000 fractures of the wrist, and the remaining fractures at other limb sites;

(5) 1 of every 2 women and 1 of every 8 men over age 50 will develop fractures associated with osteoporosis;

(6) direct medical costs of osteoporosis are estimated to be $10,000,000,000 annually for the United States, not including the costs of family care and lost work for caregivers;

(7) direct medical costs of osteoporosis are expected to increase precipitously because the proportion of the population comprised of older persons is expanding and each generation of older persons tends to have a higher incidence of osteoporosis than preceding generations;

(8) technology now exists, and new technology is developing, that will permit early diagnosis and

prevention of osteoporosis as well as management of the condition once it has developed;

(9) funding for research on osteoporosis and related bone diseases is severely constrained at key research institutes, including the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute on Aging, the National Institute of Diabetes and Digestive and Kidney Diseases, the National Institute of Dental Research, and the National Institute of Child Health and Human Development;

(10) further research is needed to improve medical knowledge concerning—

(A) cellular mechanisms related to the processes of bone resorption and bone formation, and the effect of different agents on bone remodeling;

(B) risk factors for osteoporosis, including newly discovered risk factors, risk factors related to groups not ordinarily studied (such as men and minorities), risk factors related to genes that help to control skeletal metabolism, and risk factors relating to the relationship of aging processes to the development of osteoporosis;

(C) bone mass measurement technology, including more widespread and cost-effective techniques for making more precise measurements and for interpreting measurements;

(D) calcium (including bioavailability, intake requirements, and the role of calcium in building heavier and denser skeletons), and vitamin D and its role as an essential vitamin in adults;

(E) prevention and treatment, including the efficacy of current therapies, alternative drug therapies for prevention and treatment, and the role of exercise; and

(F) rehabilitation; and

(11) further educational efforts are needed to increase public and professional knowledge of the causes of, methods for avoiding, and treatment of osteoporosis.

SEC. 1253. OSTEOPOROSIS RESEARCH.

Subpart 4 of part C of title IV of the Public Health Service Act (42 U.S.C. 285d et seq.) is amended by adding at the end the following new section:

"SEC. 442A. RESEARCH ON OSTEOPOROSIS AND RELATED DISEASES.

"(a) EXPANSION OF RESEARCH.—The Director of the Institute, the Director of the National Institute on Aging, the Director of the National Institute of Diabetes and Digestive and Kidney Diseases, the Director of the National Institute of Dental Research, and the Director of the National Institute of Child Health and Human Development shall expand and intensify research on osteoporosis and related bone diseases. The research shall be in addition to research that is authorized under any other provision of law.

"(b) MECHANISMS FOR EXPANSION OF RESEARCH.—Each of the Directors specified in subsection (a) shall, in carrying out such subsection, provide for one or more of the following:

"(1) Investigator-initiated research.

"(2) Funding for investigators beginning their research careers.

"(3) Mentorship research grants.

"(4) Specialized centers.

"(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $30,000,000 for the National Institute of Arthritis and Musculoskeletal and Skin Diseases, $6,500,000 for the National Institute on Aging, $6,500,000 for the National

Institute of Diabetes and Digestive and Kidney Diseases, $4,000,000 for the National Institute of Dental Research, and $3,000,000 for the National Institute of Child Health and Human Development for each of the fiscal years 1997 through 1999, and such sums as may be necessary for subsequent fiscal years. These funds are in addition to amounts authorized to be appropriated for biomedical research relating to osteoporosis and related bone diseases under any other provision of law.

''(d) RELATED BONE DISEASES DEFINED.—As used in this section, the term 'related bone diseases' includes—

''(1) Paget's disease, a bone disease characterized by enlargement and loss of density with bowing and deformity of the bones;

''(2) osteogenesis imperfecta, a familial disease marked by extreme brittleness of the long bones;

''(3) hyperparathyroidism, a condition characterized by the presence of excess parathormone in the body resulting in disturbance of calcium metabolism with loss of calcium from bone and renal damage;

''(4) hypoparathyroidism, a condition characterized by the absence of parathormone resulting in disturbances of calcium metabolism;

''(5) renal bone disease, a disease characterized by metabolic disturbances from dialysis, renal transplants, or other renal disturbances;

''(6) primary or postmenopausal osteoporosis and secondary osteoporosis, such as that induced by corticosteroids; and

''(7) other general diseases of bone and mineral metabolism including abnormalities of vitamin D.''.

Subtitle F—Lupus Research Amendments of 1996

SEC. 1291. SHORT TITLE.

This subtitle may be cited as the ''Lupus Research Amendments of 1996''.

SEC. 1292. FINDINGS.

The Congress finds that—

(1) lupus is a serious, complex, inflammatory, autoimmune disease of particular concern to women;

(2) lupus affects women 9 times more often than men;

(3) there are 3 main types of lupus: systemic lupus, a serious form of the disease that affects many parts of the body; discoid lupus, a form of the disease that affects mainly the skin; and drug-induced lupus caused by certain medications;

(4) lupus can be fatal if not detected and treated early;

(5) the disease can simultaneously affect various areas of the body, such as the skin, joints, kidneys, and brain, and can be difficult to diagnose because the symptoms of lupus are similar to those of many other diseases;

(6) lupus disproportionately affects African-American women, as the prevalence of the disease among such women is 3 times the prevalence among white women, and an estimated 1 in 250 African-American women between the ages of 15 and 65 develops the disease;

(7) it has been estimated that over 500,000 Americans have been diagnosed with the disease, and that many more have undiagnosed cases;

(8) current treatments for the disease can be effective, but may lead to damaging side effects; and

(9) many victims of the disease suffer debilitating pain and fatigue, making it difficult to maintain employment and lead normal lives.

SEC. 1293. EXPANSION AND INTENSIFICATION OF ACTIVITIES REGARDING LUPUS.

Subpart 4 of part C of title IV of the Public Health Service Act (42 U.S.C. 285d et seq.) is amended by inserting after section 441 the following section:

''LUPUS

''SEC. 441A. (a) IN GENERAL.—The Director of the Institute shall expand and intensify research and related activities of the Institute with respect to lupus.

''(b) COORDINATION WITH OTHER INSTITUTES.—The Director of the Institute shall coordinate the activities of the Director under subsection (a) with similar activities conducted by the other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to lupus.

''(c) PROGRAMS FOR LUPUS.—In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the causes of, and to find a cure for, lupus. Activities under such subsection shall include conducting and supporting the following:

''(1) Research to determine the reasons underlying the elevated prevalence of lupus in women, including African-American women.

''(2) Basic research concerning the etiology and causes of the disease.

''(3) Epidemiological studies to address the frequency and natural history of the disease and the differences among the sexes and among racial and ethnic groups with respect to the disease.

''(4) The development of improved screening techniques.

''(5) Clinical research for the development and evaluation of new treatments, including new biological agents.

''(6) Information and education programs for health care professionals and the public.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $20,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999. The authorization of appropriations established in the preceding sentence is in addition to any other authorization of appropriations that is available for such purpose.''.

Subtitle G—Ovarian Cancer Research and Information Amendments of 1996

SEC. 1301. SHORT TITLE.

This subtitle may be cited as the ''Ovarian Cancer Research and Information Amendments of 1996''.

SEC. 1302. FUNDING FOR RESEARCH ON OVARIAN CANCER.

Section 417B(b)(2) of the Public Health Service Act is amended—

(1) by striking ''CANCERS.—For the purpose of'' and all that follows through ''417,'' and inserting the following: ''CANCERS.—

''(A) For the purpose of carrying out section 417(d),''; and

(2) by adding at the end the following subparagraph:

''(B)(i) For the purpose of carrying out research under section 417(d) on ovarian cancer, there are authorized to be appropriated $90,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999. With respect to such purpose, such authorizations of appropriations are in addition to the authorizations of appropria-

tions established in subparagraph (A) and in subsection (a).

''(ii) Of the amounts appropriated under clause (i), the Director of the Institute shall reserve 50 percent for research described in such clause that does not involve treatment or clinical trials, and 50 percent for research described in such clause that does involve treatment and clinical trials.

''(iii) In expending the amounts reserved under clause (ii), the Director of the Institute shall ensure that 1 or more programs of research on ovarian cancer are carried out under the programs designated by the Director as the Specialized Programs of Research Excellence.''.

SEC. 1303. PUBLIC INFORMATION AND EDUCATION ON OVARIAN CANCER.

Section 417(d)(4) of the Public Health Service Act is amended by striking ''section 413; and'' and inserting the following: ''section 413, which programs shall include programs on ovarian cancer that (subject to changes in the applicable facts) provide information and education regarding—

''(A) screening procedures for such cancer, including the fact that there is not a procedure

that reliably provides for the early detection of such cancer;

''(B) the fact that there may be a genetic basis to such cancer;

''(C) factors indicating a substantial risk of such cancer; and

''(D) the various treatments for such cancer and the extent to which the treatments are effective; and''.

Subtitle H—HPV Infection and Cervical Cancer Research Resolution of 1996

SEC. 1351. SHORT TITLE.

This subtitle may be cited as the ''HPV Infection and Cervical Cancer Research Resolution of 1996''.

SEC. 1352. SENSE OF CONGRESS.

It is the sense of the Congress that in conducting research relating to the prevention and detection of cervical cancer, the Director of the National Cancer Institute and the Director of the National Institute of Allergy and Infectious Diseases should collaborate in sponsoring basic and clinical research on human papillomavirus diagnosis and prevention as a risk of cervical cancer, and as applicable, develop screening techniques accordingly.

Subtitle I—Office for Rare Disease Research Act of 1996

SEC. 1391. SHORT TITLE.

This subtitle may be cited as the ''Office for Rare Disease Research Act of 1996''.

SEC. 1392. ESTABLISHMENT OF OFFICE FOR RARE DISEASE RESEARCH.

Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end thereof the following new section:

''SEC. 404F. OFFICE FOR RARE DISEASE RESEARCH.

''(a) ESTABLISHMENT.—There is established within the Office of the Director of the National Institutes of Health an office to be known as the Office for Rare Disease Research (in this section referred to as the 'Office'). The Office shall be headed by a director, who shall be appointed by the Director of the National Institutes of Health.

''(b) PURPOSE.—The purpose of the Office is to promote and coordinate the conduct of research on rare diseases through a strategic research plan and to establish and manage a rare disease research clinical database.

''(c) ADVISORY COUNCIL.—The Secretary shall establish an advisory council for the purpose of providing advice to the director of the Office concerning carrying

out the strategic research plan and other duties under this section. Section 222 shall apply to such council to the same extent and in the same manner as such section applies to committees or councils established under such section.

''(d) DUTIES.—In carrying out subsection (b), the director of the Office shall—

''(1) develop a comprehensive plan for the conduct and support of research on rare diseases;

''(2) coordinate and disseminate information among the institutes and the public on rare diseases;

''(3) support research training and encourage the participation of a diversity of individuals in the conduct of rare disease research;

''(4) identify projects or research on rare diseases that should be conducted or supported by the National Institutes of Health;

''(5) develop and maintain a central database on current government sponsored clinical research projects for rare diseases;

''(6) determine the need for registries of research subjects and epidemiological studies of rare disease populations; and

''(7) prepare biennial reports on the activities carried out or to be carried out by the Office and

submit such reports to the Secretary and the Congress.''.

Subtitle J—Federal Risk Assessment in Women's Health Act of 1996

SEC. 1401. SHORT TITLE.

This subtitle may be cited as the ''Federal Risk Assessment in Women's Health Act of 1996''.

SEC. 1402. INTERAGENCY REVIEW.

The Office of Science and Technology Policy, through the Federal Coordinating Council for Science, Engineering, and Technology, and in consultation with the Office of Women's Health of the Public Health Service and with the Office of Research on Women's Health of the National Institutes of Health, shall conduct a review of all Federal programs that assess or mitigate the risks to women's health from environmental exposures, including programs setting standards for exposure to various pollutants, toxic substances, pesticide use, and pesticide residues. The results of such review, including recommendations for ensuring that women's health needs are addressed by Federal programs and policies, shall be transmitted to the Congress within 6 months after the date of enactment of this Act.

SEC. 1403. STUDY OF RESEARCH NEEDS.

The National Institute of Environmental Health Sciences shall enter into a contract with the National Research Council of the National Academy of Sciences for the carrying out by such Council, in consultation with the Office of Women's Health of the Public Health Service and with the Office of Research on Women's Health of the National Institutes of Health, for a study to determine the status of the science base and needs of the Federal Government for research relating to the risks to women's health from environmental exposures, for the purpose of assessing and mitigating such risks. The results of such study shall be transmitted to the Congress within one year after the date of enactment of this Act.

Subtitle K—Women's Health Environmental Factors Act of 1996

SEC. 1451. SHORT TITLE.

This subtitle may be cited as the ''Women's Health Environmental Factors Act of 1996''.

SEC. 1452. REPORT ON EFFECT OF ENVIRONMENTAL FACTORS ON WOMEN'S HEALTH.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the National Institute of Environmental Health Sciences, shall submit to the Congress a report in accordance with the following:

(1) The report shall summarize the body of scientific knowledge on the effects that environmental factors have on women's health. The report shall include descriptions of the known effects of environmental factors on breast cancer, on immune dysfunction, and on compounds that mimic human estrogen.

(2) The report shall specify an agenda for the conduct and support of research by such Director on the effects that environmental factors have on women's health. The agenda shall specify the categories of research that should receive priority. In the development of the agenda, the summary prepared under paragraph (1) shall be considered, including consideration of areas of research identified by the summary as having received insufficient study.

(b) DATE FOR SUBMISSION OF REPORT.—The report under subsection (a) shall be submitted to the Congress not later than one year after the date of the enactment of this Act.

Subtitle L—Consumer Involvement in Breast Cancer Research Act

SEC. 1491. SHORT TITLE.

This subtitle may be cited as the ''Consumer Involvement in Breast Cancer Research Act''.

SEC. 1492. INCREASED INVOLVEMENT OF ADVOCATES IN DECISION MAKING REGARDING RESEARCH ON BREAST CANCER.

Section 417(c) of the Public Health Service Act (42 U.S.C. 285a–6(c)) is amended by adding at the end the following paragraph:

''(3) INVOLVEMENT OF ADVOCATES IN DECISION MAKING.—

''(A) The Director of the Institute shall, to the extent practicable, provide for the increased involvement (relative to fiscal year 1996) of advocates in decision making at the Institute regarding research on breast cancer.

''(B) For purposes of this paragraph, the term 'advocate' means an individual who is accountable to, represents, and reports back to organizations that represent those affected by breast cancer.

''(C) The Director of the Institute shall prepare a report on the manner in which subparagraph (A) has been carried out. The report shall be included in the first report under section 407 that the Director submits after the expiration of the one-year period beginning on the date of the enactment of the Consumer Involvement in Breast Cancer Research Act.''.

Subtitle M—Women and Alcohol Research Equity Act of 1996

SEC. 1501. SHORT TITLE.

This subtitle may be cited as the ''Women and Alcohol Research Equity Act of 1996''.

SEC. 1502. FINDINGS.

The Congress finds as follows with respect to the United States:

(1) One of every 4 alcoholics receiving treatment is a woman.

(2) In fiscal year 1995, the National Institute on Alcohol Abuse and Alcoholism had a total research budget of $191,186,000, and $43,997,080 of the budget (approximately 23 percent) was available for research on alcohol abuse and alcoholism among women. There are selected areas where alcohol contributes to a more rapid and severe development of disease in women than in men, and research on women exclusively in these areas is important.

(3) According to data collected during the years 1980 through 1993 (in the survey known as the National Drug and Alcoholism Treatment Unit Survey), women represent approximately 30 percent of the clients presenting for alcohol problems in traditional public treatment facilities. A recent study has

shown that women are more likely than men to use nontraditional health care systems for alcohol-related problems. No data exists to count women in nontraditional treatment settings; therefore, it is not possible to know whether women are overrepresented or underrepresented in all treatment settings in proportion to their numbers (30 percent).

(4) Alcohol use by pregnant women is the leading known cause of mental retardation in newborns. Fetal alcohol syndrome (FAS), which is marked by dysfunction of the central nervous system and by prenatal and postnatal growth deficiency and facial malformations, strikes 1 to 3 out of every 1,000 newborns, or 3,600 to 10,000 babies a year, depending upon the national birth-rate. The incidence of less severe fetal alcohol effects (FAE) is at least 3 times that of fetal alcohol syndrome. For Black Americans, the risk of FAS remains about sevenfold higher than for whites, even after adjustment for the frequency of maternal alcohol intake, occurrence of chronic alcohol problems, and parity. Among Native Americans, the incidence of FAS varies among different cultures; some are similar to the overall U.S. population, while a much higher prevalence is reported for others. Research is also needed on the

male contribution to birth abnormalities related to alcohol.

(5) Most treatment programs do not provide child care or adequate alternatives for women entering treatment.

(6) The death rate of female alcoholics is 50 to 100 percent higher than for male alcoholics. Proportionately more alcoholic women die of cirrhosis of the liver than do alcoholic men. Additionally, the combined effects of estrogen and alcohol may impact not only liver damage but osteoporosis as well.

(7) The interval between onset of drinking-related problems and entry into treatment appears to be shorter for women than for men. Further, studies of women alcoholics in treatment suggest that they often experience greater physiological impairment earlier in their drinking careers, despite having consumed less alcohol than men. These findings suggest that the development of consequences associated with heavy drinking may be accelerated or ''telescoped'' in women.

(8) Women become intoxicated faster than men. This may be due to a different enzyme and hormonal activity in women than in men.

(9) Chronic, heavy drinking contributes to menstrual disorders, fertility problems, and premature menopause.

(10) Alcohol use may be associated with an increased risk of breast cancer. Research indicates that the incidence of breast cancer increases when a woman consumes 1 ounce or more of absolute alcohol daily.

(11) The National Institute on Alcohol Abuse and Alcoholism has identified areas for future research on alcohol abuse and alcoholism among women. As a result of stimulating research applications during the years 1993 through 1995, such Institute's portfolio on women and children has increased by $17,997,000, or more than 69 percent, over the fiscal year 1992 base of $26,000,000.

SEC. 1503. PROVISIONS REGARDING INCREASE IN AMOUNT OF FUNDS EXPENDED FOR RESEARCH ON ALCOHOL ABUSE AND ALCOHOLISM AMONG WOMEN.

Section 464H(d) of the Public Health Service Act (42 U.S.C. 285n(d)) is amended by adding at the end the following paragraph:

''(3) WOMEN'S HEALTH.—

"(A) For fiscal year 1997, of the first $191,186,000 appropriated under paragraph (1), the Director of the Institute shall obligate not less than $43,997,080 for the purpose of carrying out under this subpart projects of research on alcohol abuse and alcoholism among women.

"(B) In addition to the authorization of appropriations established in paragraph (1), there are authorized to be appropriated for carrying out the purpose specified in subparagraph (A) $25,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.".

TITLE II—SERVICES

Subtitle A—Women's Health Office Act of 1996

SEC. 2101. SHORT TITLE.

This subtitle may be cited as the "Women's Health Office Act of 1996".

SEC. 2102. PUBLIC HEALTH SERVICE OFFICE ON WOMEN'S HEALTH.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following section:

''OFFICE ON WOMEN'S HEALTH

''SEC. 1710. (a) ESTABLISHMENT OF OFFICE.—There is established an Office on Women's Health (hereafter referred to in this section as the 'Office') within the Office of the Assistant Secretary for Health.

''(b) ASSISTANT SECRETARY.—There shall be in the Department of Health and Human Services a Deputy Assistant Secretary for Women's Health, who shall be the head of the Office. The Secretary, acting through such Deputy Assistant Secretary, shall carry out this section.

''(c) DUTIES.—The Secretary, acting through the Office, shall, with respect to women's health conditions—

''(1) advise the Assistant Secretary for Health concerning scientific, legal, ethical, and policy issues relating to women's health;

''(2) establish short-range and long-range goals and objectives and coordinate all other activities within the Department of Health and Human Services that relate to disease prevention, health promotion, service delivery, and research concerning women;

''(3) enter into interagency agreements with other agencies of the Service to increase the participation of women in health service and promotion programs;

''(4) support research, demonstrations and evaluations to test new and innovative models, to increase knowledge and understanding of health risk factors, to develop mechanisms that support better information dissemination, education, prevention, and service delivery for women, and to support initiatives for the promotion of women with respect to careers in the health professions and research;

''(5) monitor Public Health Service agency and regional activities regarding women's health, and coordinate activities of such agency Offices of Women's Health;

''(6) establish a women's health resource center to facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, to assist in the analysis of issues and problems relating to such matters, and to provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance); and

''(7) coordinate efforts to promote women's health programs and policies in the voluntary and corporate sectors.

''(d) COORDINATING COMMITTEE.—The Secretary shall provide for the operation of a committee composed of the heads of the agencies of the Public Health Service (or the designees of the agency heads), which committee shall be chaired by the Deputy Assistant Secretary for Women's Health. With respect to women's health conditions, such committee shall assist the Deputy Assistant Secretary in identifying the needs for programs regarding the conditions, and in making an estimate each fiscal year of the funds needed to adequately support the programs; identifying needs regarding the coordination of programs; and encouraging the agencies of the Public Health Service to conduct and support programs.

''(e) ADVISORY COMMITTEE.—The Secretary shall provide for the operation of an advisory committee regarding the duties of the Office. Such committee shall be composed of 15 voting members, appointed from among individuals who have expertise in women's health and who are not officers or employees of the Federal Government, and the term of office for such members shall be four years. The membership of the committee shall include as nonvoting members each of the individuals serving as

nonvoting members of the Coordinating Committee under subsection (d), and shall include such other Federal officials or employees as the Secretary determines to be appropriate. The committee shall be chaired by the Deputy Assistant Secretary for Women's Health, and shall meet at the call of the Chair, but not less than once each fiscal year.

''(f) REPORTS.—Not later than January 31, 1997, and January 31 of each second year thereafter, the Secretary shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the preceding 2 fiscal years.

''(g) DEFINITION.—For purposes of this section, the term 'women's health conditions', with respect to women of all age, ethnic, and racial groups, means all diseases, disorders, and conditions—

''(1) unique to, more serious, or more prevalent in women; and

''(2) for which the factors of medical risk or type of medical intervention are different for women, or for which it is unknown whether such factors or types are different for women.

''(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized

to be appropriated $6,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.''.

SEC. 2103. CENTERS FOR DISEASE CONTROL AND PREVENTION OFFICE OF WOMEN'S HEALTH.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 317F the following section:

''CENTERS FOR DISEASE CONTROL AND PREVENTION OFFICE OF WOMEN'S HEALTH

''SEC. 317G. (a) ESTABLISHMENT.—There is established within the Office of the Director of the Centers for Disease Control and Prevention an office to be known as the Office of Women's Health (hereafter referred to in this section as the 'Office'). The Office shall be headed by a director who shall be appointed by the Director of the Centers.

''(b) PURPOSE.—The Director of the Office shall—

''(1) determine the current level of the Centers activity regarding women's health conditions, across age, biological, and sociocultural contexts, in all aspects of the Centers work, including prevention programs, public and professional education, services, and treatment;

''(2) establish short-range and long-range goals and objectives for women's health and coordinate all

other activities within the Centers that relate to prevention, research, education and training, service delivery, and policy development;

''(3) identify projects in women's health that should be conducted or supported by the National Centers;

''(4) consult with health professionals, non-governmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on the policy of the Centers with regard to women; and

''(5) coordinate agency activities on women's health with the Public Health Service Office on Women's Health established under section 1710.

''(c) COORDINATING COMMITTEE.—

''(1) ESTABLISHMENT.—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (hereafter referred to in this subsection as the 'Coordinating Committee').

''(2) COMPOSITION.—The Coordinating Committee shall be composed of the Directors of the National Centers.

''(3) CHAIRPERSON.—The Director of the Office shall serve as the chairperson of the Coordinating Committee.

''(4) DUTIES.—With respect to women's health, the Coordinating Committee shall assist the Director of the Office in—

''(A) identifying the need for programs and activities that focus on women's health;

''(B) identifying needs regarding the coordination of activities, including intramural and extramural multidisciplinary activities; and

''(C) making recommendations to the Director of the Centers for Disease Control and Prevention concerning findings made under subparagraphs (A) and (B).

''(d) REPORTS.—Not later than January 31, 1997, and January 31 of each second year thereafter, the Director shall prepare and submit to the Director of the Public Health Service Office of Women's Health, a report describing the activities carried out under this section during the preceding 2 fiscal years.

''(e) DEFINITION.—As used in this section the term 'women's health conditions', with respect to women of all age, ethnic, and racial groups, means all diseases, disorders, and conditions—

''(1) unique to, more serious, or more prevalent in women; and

''(2) for which the factors of medical risk or type of medical intervention are different for women, or for which it is unknown whether such factors or types are different for women.''.

SEC. 2104. AGENCY FOR HEALTH CARE POLICY AND RESEARCH OFFICE OF WOMEN'S HEALTH.

Part C of title IX of the Public Health Service Act (42 U.S.C. 299c et seq.) is amended—

(1) by redesignating section 927 as section 928; and

(2) by inserting after section 926 the following section:

''SEC. 927. OFFICE OF WOMEN'S HEALTH.

''(a) ESTABLISHMENT.—There is established within the Office of the Director of the Agency for Health Care Policy and Research an office to be known as the Office of Women's Health (hereafter referred to in this section as the 'Office'). The Office shall be headed by a Director who shall be appointed by the Director of the Agency.

''(b) PURPOSE.—The Director of the Office shall—

''(1) determine the current Agency level of activity regarding women's health, across age, biological, and sociocultural contexts, in all aspects of

Agency work, including drafting clinical practice guidelines, and conducting research into patient outcomes, delivery of health care services, and access to health care;

''(2) establish short-range and long-range goals and objectives for research important to women's health and coordinate all other activities within the Agency that relate to health services and medical effectiveness research;

''(3) identify projects in women's health that should be conducted or supported by the Agency;

''(4) consult with health professionals, non-governmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on Agency policy with regard to women; and

''(5) coordinate agency activities on women's health with the Public Health Service Office on Women's Health established under section 1710.

''(c) COORDINATING COMMITTEE.—

''(1) ESTABLISHMENT.—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (hereafter

referred to in this subsection as the 'Coordinating Committee').

''(2) COMPOSITION.—The Coordinating Committee shall be composed of the Directors of the Offices.

''(3) CHAIRPERSON.—The Director of the Office shall serve as the chairperson of the Coordinating Committee.

''(4) DUTIES.—With respect to research on women's health, the Coordinating Committee shall assist the Director of the Office in—

''(A) identifying the need for such research, and making an estimate each fiscal year of the funds needed to adequately support the research;

''(B) identifying needs regarding the coordination of research activities, including intramural and extramural multidisciplinary activities; and

''(C) making recommendations to the Director of the Agency for Health Care Policy and Research concerning findings made under subparagraphs (A) and (B).

''(d) REPORTS.—Not later than January 31, 1997, and January 31 of each second year thereafter, the Direc-

tor shall prepare and submit to the Director of the Public Health Service Office of Women's Health, a report describing the activities carried out under this section during the preceding 2 fiscal years.''.

SEC. 2105. HEALTH RESOURCES AND SERVICES ADMINISTRATION OFFICE OF WOMEN'S HEALTH.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended—

(1) by redesignating section 340D as section 340E; and

(2) by inserting before section 340E (as so redesignated) the following:

''Subpart IX—Miscellaneous Provisions

''OFFICE OF WOMEN'S HEALTH

''SEC. 340D. (a) ESTABLISHMENT.—There is established within the Office of the Administrator of the Health Resources and Services Administration an office to be known as the Office of Women's Health (hereafter referred to in this section as the 'Office'). The Office shall be headed by a director who shall be appointed by the Director of the Administration.

''(b) PURPOSE.—The Director of the Office shall—

''(1) determine the current agency level of activity regarding women's health across age, biological, and sociocultural contexts;

''(2) establish short-range and long-range goals and objectives for women's health and coordinate all other activities within the agency that relate to health care provider training, health service delivery, research, and demonstration projects;

''(3) identify projects in women's health that should be conducted or supported by the Bureaus;

''(4) consult with health professionals, non-governmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on agency policy with regard to women; and

''(5) coordinate agency activities on women's health with the Public Health Service Office on Women's Health established under section 1710.

''(c) COORDINATING COMMITTEE.—

''(1) ESTABLISHMENT.—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Research on Women's Health (hereafter referred to in this subsection as the 'Coordinating Committee').

''(2) COMPOSITION.—The Coordinating Committee shall be composed of the Directors of the Bureaus.

''(3) CHAIRPERSON.—The Director of the Office shall serve as the Chairperson of the Coordinating Committee.

''(4) DUTIES.—With respect to research on women's health, the Coordinating Committee shall assist the Director of the Office in—

''(A) identifying the need for programs and activities that focus on women's health;

''(B) identifying needs regarding the coordination of activities, including intramural and extramural multidisciplinary activities; and

''(C) making recommendations to the Director of the Centers for Disease Control and Prevention concerning findings made under subparagraphs (A) and (B).

''(d) REPORTS.—Not later than January 31, 1997, and January 31 of each second year thereafter, the Director of the Office shall prepare and submit to the Director of the Public Health Service Office of Women's Health, a report describing the activities carried out under this section during the preceding 2 fiscal years.''.

SEC. 2106. FOOD AND DRUG ADMINISTRATION OFFICE OF WOMEN'S HEALTH.

Chapter IX of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 391 et seq.) is amended by adding at the end the following section:

"SEC. 906. OFFICE OF WOMEN'S HEALTH.

''(a) ESTABLISHMENT.—There is established within the Office of the Commissioner of the Food and Drug Administration an office to be known as the Office of Women's Health (hereafter referred to in this section as the 'Office'). The Office shall be headed by a Director who shall be appointed by the Commissioner of the Administration.

''(b) PURPOSE.—The Director of the Office shall—

''(1) determine current Commission levels of activity regarding women's participation in clinical trials the study of gender differences in the testing of drugs, medical devices, and biological products, across, age, sociocultural, and, where deemed appropriate, biological contexts;

''(2) establish short-range and long-range goals and objectives for adequate inclusion of women in all Commission protocols and policies;

''(3) provide guidance or criteria for drug and device manufacturers to use in determining the ex-

tent and sufficiency of female representation in clinical trials;

''(4) consult with pharmaceutical manufacturers, health professionals with expertise in women's issues, consumer organizations, and women's health professionals on Commission policy with regard to women;

''(5) make annual estimates of funds needed to monitor clinical trials in accordance with needs that are identified; and

''(6) coordinate Commission activities on women's health with the Public Health Service Office on Women's Health established under section 1710 of the Public Health Service Act.

''(c) COORDINATING COMMITTEE.—

''(1) ESTABLISHMENT.—In carrying out subsection (b), the Director of the Office shall establish a committee to be known as the Coordinating Committee on Women's Health (hereafter referred to in this subsection as the 'Coordinating Committee').

''(2) COMPOSITION.—The Coordinating Committee shall be composed of the Directors of the Food and Drug Administration Centers.

''(3) CHAIRPERSON.—The Director of the Office shall serve as the Chairperson of the Coordinating Committee.

''(4) DUTIES.—With respect to studies on women's health, the Coordinating Committee shall assist the Director of the Office in—

''(A) identifying the need for further studies in specific areas of women's health that fall within the mission of the Commission, and developing strategies to foster such studies;

''(B) identifying needs regarding the coordination of Commission activities, including intramural and extramural studies;

''(C) maintaining the Commission's focus in areas of importance to women;

''(D) supporting the development of methodologies to determine the circumstances in which obtaining data specific to women (including data relating to the age of women and the membership of women in ethnic or racial groups) is an appropriate function of clinical trials of treatments and therapies;

''(E) supporting the development and expansion of clinical trials of treatments and therapies for which obtaining such data has

been determined to be an appropriate function; and

''(F) encouraging the Food and Drug Administration Centers to conduct and support such studies, including such clinical trials.

''(d) REPORTS.—Not later than January 31, 1997, and January 31 of each second year thereafter, the Director shall prepare and submit to the Director of the Public Health Service Office of Women's Health, a report describing the activities carried out under this section during the preceding 2 fiscal years.''.

Subtitle B—Genetic Information Nondiscrimination in Health Insurance Act of 1996

SEC. 2151. SHORT TITLE.

This subtitle may be cited as the ''Genetic Information Nondiscrimination in Health Insurance Act of 1996''.

SEC. 2152. PROHIBITION OF HEALTH INSURANCE DISCRIMINATION ON THE BASIS OF GENETIC INFORMATION.

(a) IN GENERAL.—An insurance provider may not deny or cancel health insurance coverage, or vary the premiums, terms, or conditions for health insurance coverage, for an individual or a family member of an individual—

(1) on the basis of genetic information; or

(2) on the basis that the individual or family member of an individual has requested or received genetic services.

(b) LIMITATION ON COLLECTION AND DISCLOSURE OF INFORMATION.—

(1) IN GENERAL.—An insurance provider may not request or require an individual to whom the provider provides health insurance coverage, or an individual who desires the provider to provide health insurance coverage, to disclose to the provider genetic information about the individual or family member of the individual.

(2) REQUIREMENT OF PRIOR AUTHORIZATION.—An insurance provider may not disclose genetic information about an individual without the prior written authorization of the individual or legal representative of the individual. Such authorization is required for each disclosure and shall include an identification of the person to whom the disclosure would be made.

(c) ENFORCEMENT.—

(1) PLANS OTHER THAN EMPLOYEE HEALTH BENEFIT PLANS.—The requirements established under subsections (a) and (b) shall be enforced by the State insurance commissioner for the State in-

volved or the official or officials designated by the State, except that in no case shall a State enforce such requirements as they relate to employee health benefit plans.

(2) EMPLOYEE HEALTH BENEFIT PLANS.—With respect to employee health benefit plans, the Secretary shall enforce the requirements established under subsections (a) and (b) in the same manner as provided for under sections 502, 504, 506, and 510 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132, 1134, 1136, and 1140).

(3) PRIVATE RIGHT OF ACTION.—A person may bring a civil action—

(A) to enjoin any act or practice which violates subsection (a) or (b),

(B) to obtain other appropriate equitable relief (i) to redress such violations, or (ii) to enforce any such subsections, or

(C) to obtain other legal relief, including monetary damages.

(4) JURISDICTION.—State courts of competent jurisdiction and district courts of the United States have concurrent jurisdiction of actions under this subsection. The district courts of the United States

shall have jurisdiction, without respect to the amount in controversy or the citizenship of the parties, to grant the relief provided for in paragraph (3) in any action.

(5) VENUE.—For purposes of this subsection the venue provisions of section 1391 of title 28, United States Code, shall apply.

(6) REGULATIONS.—The Secretary may promulgate such regulations as may be necessary or appropriate to carry out this section.

(d) APPLICABILITY.—

(1) PREEMPTION OF STATE LAW.—A State may establish or enforce requirements for insurance providers or health insurance coverage with respect to the subject matter of this section, but only if such requirements are more restrictive than the requirements established under subsections (a) and (b).

(2) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to affect or modify the provisions of section 514 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144).

(3) CONTINUATION.—Nothing in this section shall be construed as requiring a group health plan

or an employee health benefit plan to provide benefits to a particular participant or beneficiary.

(e) DEFINITIONS.—For purposes of this subtitle:

(1) EMPLOYEE HEALTH BENEFIT PLAN.—The term ''employee health benefit plan'' means any employee welfare benefit plan, governmental plan, or church plan (as defined under paragraphs (1), (32), and (33) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002)) that provides or pays for health insurance coverage (such as provider and hospital benefits) whether—

(A) directly;

(B) through a group health plan; or

(C) otherwise.

(2) FAMILY MEMBER.—The term ''family member'' means, with respect to an individual, another individual related by blood to that individual.

(3) GENETIC INFORMATION.—The term ''genetic information'' means information about genes, gene products, or inherited characteristics.

(4) GENETIC SERVICES.—The term ''genetic services'' means health services to obtain, assess, and interpret genetic information for diagnostic and therapeutic purposes, and for genetic education and counselling.

(5) GROUP HEALTH PLAN.—The term ''group health plan'' has the meaning given such term in section 607 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1167), and includes a multiple employer welfare arrangement (as defined in section 3(40) of such Act) that provides health insurance coverage.

(6) HEALTH INSURANCE COVERAGE.—The term ''health insurance coverage'' means a contractual arrangement for the provision of a payment for health care, including—

(A) a group health plan; and

(B) any other health insurance arrangement, including any arrangement consisting of a hospital or medical expense incurred policy or certificate, hospital or medical service plan contract, or health maintenance organization subscriber contract.

(7) INDIVIDUAL HEALTH PLAN.—The term ''individual health plan'' means any health insurance coverage offered to individuals that is not a group health plan.

(8) INSURANCE PROVIDER.—The term ''insurance provider'' means an insurer or other entity providing health insurance coverage.

(9) PERSON.—The term ''person'' includes corporations, companies, associations, firms, partnerships, societies, and joint stock companies, as well as individuals.

(10) SECRETARY.—The term ''Secretary'' means the Secretary of Labor.

(11) STATE.—The term ''State'' means any of the 50 States, the District of Columbia, Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and Guam.

(f) TECHNICAL AMENDMENT.—Section 508 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1138) is amended by inserting ''and under the Genetic Insurance Nondiscrimination in Health Insurance Act of 1995'' before the period.

(g) EFFECTIVE DATE.—This section shall apply to health insurance coverage offered or renewed on or after the end of the 90-day period beginning on the date of the enactment of this Act.

Subtitle C—Improved Patient Access to Clinical Studies Act of 1996

SEC. 2191. SHORT TITLE.

This subtitle may be cited as the ''Improved Patient Access to Clinical Studies Act of 1996''.

SEC. 2192. COVERAGE FOR INDIVIDUALS PARTICIPATING IN APPROVED CLINICAL STUDIES.

(a) PERMITTING PARTICIPATION IN APPROVED CLINICAL STUDIES.—A health plan may not deny (or limit or impose additional conditions on) coverage of items and services furnished to an enrollee if—

(1) the enrollee is participating in an approved clinical study,

(2) the items and services are furnished according to the design of the study or to treat conditions resulting from participation in the study, and

(3) the items and services would otherwise be covered under the plan except for the fact that they are provided in connection with participation in such a study.

A health plan may not discriminate against an enrollee on the basis of the enrollee's participation in such a study.

(b) CONSTRUCTION.—Nothing in subsection (a) shall be construed as requiring a health plan to provide for payment for items and services normally paid for as part of an approved clinical study.

(c) APPROVED CLINICAL STUDY DEFINED.—In this section, the term ''approved clinical study'' means—

(1) a research study approved by the Secretary of Health and Human Services, the Director of the National Institutes of Health, the Commissioner of

the Food and Drug Administration, the Secretary of Veterans Affairs, the Secretary of Defense, or a qualified nongovernmental research entity (as defined in guidelines of the National Institute of Health), or

(2) a peer-reviewed and approved research program, as defined by the Secretary of Health and Human Services, conducted for the primary purpose of determining whether or not a treatment is safe, efficacious, or having any other characteristic of a treatment which must be demonstrated in order for the treatment to be medically necessary or appropriate.

Subtitle D—Equitable Health Care for Neurobiological Disorders Act of 1996

SEC. 2201. SHORT TITLE.

This subtitle may be cited as the ''Equitable Health Care for Neurobiological Disorders Act of 1996''.

SEC. 2202. FINDINGS.

Congress finds that—

(1) there are sufficient neuroscientific data to document that many severe ''mental'' illnesses are actually physical illnesses known as neurobiological

disorders that are characterized by significant neuroanatomical and neurochemical abnormalities;

(2) American families should have adequate health insurance protection for the costs of treating neurobiological disorders that is commensurate with the protections provided for other illnesses;

(3) currently, many public and private health insurance programs discriminate against persons with neurobiological disorders by providing more restrictive coverage for treatments of those illnesses in comparison to coverage provided for treatments of other medical problems;

(4) unequal health insurance coverage contributes to the destructive and unfair stigmatization of persons with neurobiological disorders that are as beyond the control of the individuals as are cancer, diabetes, and other serious physical health problems;

(5) about 95 percent of what is known about both normal and abnormal structure and function of the brain has been learned in the last 10 years, but millions of severely mentally ill people have yet to benefit from these startling research advances in clinical and basic neuroscience; and

(6) according to the National Institutes of Mental Health, equitable insurance coverage for severe

mental disorders will yield $2.2 billion annually in net savings through decreased use of general medical services and a substantial decrease in social costs.

SEC. 2203. STANDARDS FOR NONDISCRIMINATORY TREATMENT OF NEUROBIOLOGICAL DISORDERS FOR EMPLOYER HEALTH BENEFIT PLANS.

(a) IN GENERAL.—The standards for the nondiscriminatory and equitable treatment by employer health benefit plans of individuals with neurobiological disorders are requirements that such plans (and carriers offering such plans) provide for coverage of services that are essential to the effective treatment of neurobiological disorders in a manner that—

(1) is not more restrictive than coverage provided for other major physical illnesses;

(2) provides adequate financial protection to the person requiring the medical treatment for a neurobiological disorder; and

(3) is consistent with effective and common methods of controlling health care costs for other major physical illnesses.

(b) PLAN DEEMED TO MEET STANDARDS.—An employer health benefit plan shall be deemed to meet the standards described in subsection (a) if the plan provides for the following:

(1) Stop-loss protection for catastrophic expenses.

(2) Coverage of facility-based care.

(3) Coverage of outpatient medical management on a par with other medical procedures to encourage the use of cost-effective ambulatory treatment, including treatment in non-traditional settings.

(4) Coverage of visits for psychological supportive, therapeutic, and rehabilitative services, with coinsurance and fees set to ensure effective cost control of high demand services.

(5) Coverage of prescription drugs essential to the cost effective treatment of neurobiological disorders.

(6) Coverage of medically necessary services for comorbidity of other disorders.

SEC. 2204. ENFORCEMENT THROUGH EXCISE TAX.

(a) IN GENERAL.—Chapter 43 of the Internal Revenue Code of 1986 (relating to qualified pension, etc., plans) is amended by adding at the end thereof the following new section:

"SEC. 4980C. FAILURE TO COMPLY WITH EMPLOYER HEALTH BENEFIT PLAN STANDARDS FOR NONDISCRIMINATORY TREATMENT FOR NEUROBIOLOGICAL DISORDERS.

''(a) IMPOSITION OF TAX.—There is hereby imposed a tax on the failure of a carrier or an employer health benefit plan to comply with the standards relating to the nondiscriminatory treatment of neurobiological disorders under section 3 of the Equitable Health Care for Neurobiological Disorders Act of 1996.

''(b) AMOUNT OF TAX.—

''(1) IN GENERAL.—Subject to paragraph (2), the tax imposed by subsection (a) shall be an amount not to exceed 25 percent of the amounts received by the carrier or under the plan for coverage during the period such failure persists.

''(2) LIMITATION IN CASE OF INDIVIDUAL FAILURES.—In the case of a failure that only relates to specified individuals or employers (and not to the plan generally), the amount of the tax imposed by subsection (a) shall not exceed the aggregate of $100 for each day during which such failure persists for each individual to which such failure relates. A rule similar to the rule of section 4980B(b)(3) shall apply for purposes of this section.

''(c) LIABILITY FOR TAX.—The tax imposed by this section shall be paid by the carrier.

''(d) EXCEPTIONS.—

''(1) CORRECTIONS WITHIN 30 DAYS.—No tax shall be imposed by subsection (a) by reason of any failure if—

''(A) such failure was due to reasonable cause and not to willful neglect, and

''(B) such failure is corrected within the 30-day period beginning on earliest date the carrier knew, or exercising reasonable diligence would have known, that such failure existed.

''(2) WAIVER BY SECRETARY.—In the case of a failure which is due to reasonable cause and not to willful neglect, the Secretary may waive part or all of the tax imposed by subsection (a) to the extent that payment of such tax would be excessive relative to the failure involved.

''(e) DEFINITIONS.—For purposes of this section, the terms 'carrier' and 'employer health benefit plan' have the respective meanings given such terms in section 5 of the Equitable Health Care for Neurobiological Disorders Act of 1996.''

(b) CLERICAL AMENDMENT.—The table of sections for chapter 43 of such Code is amended by adding at the end thereof the following new item:

"Sec. 4980C. Failure to comply with employer health benefit plan standards for nondiscriminatory treatment for neurobiological disorders.".

(c) EFFECTIVE DATE.—The amendments made by this subsection shall apply to plan years beginning after December 31, 1996.

SEC. 2205. DEFINITIONS.

In this subtitle, the following definitions shall apply:

(1) CARRIER.—The term "carrier" means any entity which provides health insurance or health benefits in a State, and includes a licensed insurance company, a prepaid hospital or medical service plan, a health maintenance organization, the plan sponsor of a multiple employer welfare arrangement or an employee benefit plan (as defined under the Employee Retirement Income Security Act of 1974), or any other entity providing a plan of health insurance subject to State insurance regulation.

(2) EMPLOYER HEALTH BENEFIT PLAN.—The term "employer health benefit plan" means a health benefit plan (including an employee welfare benefit plan, as defined in section 3(1) of the Employee Retirement Income Security Act of 1974) which is offered to employees through an employer and for

which the employer provides for any contribution to such plan or any premium for such plan are deducted by the employer from compensation to the employee.

(3) HEALTH BENEFIT PLAN.—The term ''health benefit plan'' means any hospital or medical expense incurred policy or certificate, hospital or medical service plan contract, or health maintenance subscriber contract, or a multiple employer welfare arrangement or employee benefit plan (as defined under the Employee Retirement Income Security Act of 1974) which provides benefits with respect to health care services, but does not include—

(A) coverage only for accident, dental, vision, disability income, or long-term care insurance, or any combination thereof,

(B) medicare supplemental health insurance,

(C) coverage issued as a supplement to liability insurance,

(D) worker's compensation or similar insurance, or

(E) automobile medical-payment insurance, or any combination thereof.

(4) NEUROBIOLOGICAL DISORDER.—

(A) IN GENERAL.—An individual with a ''neurobiological disorder'' is an individual diagnosed with one or more of the following conditions:

(i) Affective disorders, including bipolar disorder and major depressive disorder.

(ii) Anxiety disorders, including obsessive-compulsive disorder and panic disorder.

(iii) Attention deficit disorders.

(iv) Autism and other pervasive developmental disorders.

(v) Psychotic disorders, including schizophrenia spectrum disorders.

(vi) Tourette's disorder.

(B) PERIODIC REVIEW OF DEFINITION.—

(i) IN GENERAL.—Not later than 6 months after the date of the enactment of this subtitle, the Secretary of Health and Human Services shall promulgate regulations directing the National Institute of Mental Health to conduct a biannual review of the definition of neurobiological disorders under subparagraph (A). In conducting such review, the National Institute

of Mental Health shall consult with extramural researchers to review such definition and make recommendations for necessary revisions.

(ii) REVIEW BY ADVISORY COUNCIL REQUIRED.—The Secretary may not promulgate any regulation modifying the definition of neurobiological disorders under subsection (a) until the recommendations of the National Institute of Mental Health under clause (i) have been reviewed by the National Advisory Mental Health Council.

Subtitle E—Victims of Abuse Insurance Protection Act

SEC. 2251. SHORT TITLE.

This subtitle may be cited as the ''Victims of Abuse Insurance Protection Act''.

SEC. 2252. DEFINITIONS.

As used in this subtitle:

(1) The term ''abuse'' means the occurrence of one or more of the following acts between household or family (including in-laws or extended family) members, spouses or former spouses, or individuals engaged in or formerly engaged in a sexually intimate relationship:

(A) Attempting to cause or intentionally, knowingly, or recklessly causing another person bodily injury, physical harm, substantial emotional distress, psychological trauma, rape, sexual assault, or involuntary sexual intercourse.

(B) Engaging in a course of conduct or repeatedly committing acts toward another person, including following the person without proper authority and under circumstances that place the person in reasonable fear of bodily injury or physical harm.

(C) Subjecting another person to false imprisonment or kidnapping.

(D) Attempting to cause or intentionally, knowingly, or recklessly causing damage to property so as to intimidate or attempt to control the behavior of another person.

(2) The term ''abuse-related medical condition'' means a medical condition which arises in whole or in part out of an action or pattern of abuse.

(3) The term ''abuse status'' means the fact or perception that a person is, has been, or may be a subject of abuse, irrespective of whether the person has sustained abuse-related medical conditions or has incurred abuse-related claims.

(4) The term ''health benefit plan'' means any public or private entity or program that provides for payments for health care, including—

(A) a group health plan (as defined in section 607 of the Employee Retirement Income Security Act of 1974) or a multiple employer welfare arrangement (as defined in section 3(40) of such Act) that provides health benefits;

(B) any other health insurance arrangement, including any arrangement consisting of a hospital or medical expense incurred policy or certificate, hospital or medical service plan contract, or health maintenance organization subscriber contract;

(C) workers' compensation or similar insurance to the extent that it relates to workers' compensation medical benefits (as defined by the Federal Trade Commission); and

(D) automobile medical insurance to the extent that it relates to medical benefits (as defined by the Federal Trade Commission).

(5) The term ''health carrier'' means a person that contracts or offers to contract on a risk-assuming basis to provide, deliver, arrange for, pay for or

reimburse any of the cost of health care services unless the person assuming the risk is accepting the risk from a duly licensed health carrier.

(6) The term ''insured'' means a party named on a policy, certificate, or health benefit plan as the person with legal rights to the benefits provided by the policy, certificate, or health benefit plan. For group insurance, such term includes a person who is a beneficiary covered by a group policy, certificate, or health benefit plan.

(7) The term ''insurer'' means any person, reciprocal exchange, interinsurer, Lloyds insurer, fraternal benefit society, or other legal entity engaged in the business of insurance, including agents, brokers, adjusters, and third party administrators. The term also includes health carriers, health benefit plans, and life, disability, and property and casualty insurers.

(8) The term ''policy'' means a contract of insurance, certificate, indemnity, suretyship, or annuity issued, proposed for issuance or intended for issuance by an insurer, including endorsements or riders to an insurance policy or contract.

(9) The term ''subject of abuse'' means a person to whom an act of abuse is directed, a person

who has had prior or current injuries, illnesses, or disorders that resulted from abuse, or a person who seeks, may have sought, or should have sought medical or psychological treatment for abuse, protection, court-ordered protection, or shelter from abuse.

SEC. 2253. DISCRIMINATORY ACTS PROHIBITED.

(a) IN GENERAL.—No insurer or health carrier may, directly or indirectly, engage in any of the following acts or practices on the basis that the applicant or insured, or any person employed by the applicant or insured or with whom the applicant or insured is known to have a relationship or association, is, has been, or may be the subject of abuse:

(1) Denying, refusing to issue, renew or reissue, or canceling or otherwise terminating an insurance policy or health benefit plan.

(2) Restricting, excluding, or limiting insurance or health benefit plan coverage for losses as a result of abuse or denying a claim incurred by an insured as a result of abuse, except as otherwise permitted or required by State laws relating to life insurance beneficiaries.

(3) Adding a premium differential to any insurance policy or health benefit plan.

(4) Terminating health coverage for a subject of abuse because coverage was originally issued in the name of the abuser and the abuser has divorced, separated from, or lost custody of the subject of abuse or the abuser's coverage has terminated voluntarily or involuntarily and the subject of abuse does not qualify for extension of coverage under part 6 of subtitle B of title I or the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1161 et seq.) or 4980B of the Internal Revenue Code of 1986. Nothing in this paragraph prohibits the insurer from requiring the subject of abuse to pay the full premium for the subject's coverage under the health plan. The insurer may terminate group coverage after the continuation coverage required by this paragraph has been in force for 18 months if it offers conversion to an equivalent individual plan. The continuation of health coverage required by this paragraph shall be satisfied by any extension of coverage under part 6 of subtitle B of title I or the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1161 et seq.) or 4980B of the Internal Revenue Code of 1986 provided to a subject of abuse and is not intended to be in addition to any extension of coverage provided under part 6 of subtitle B of title

I or the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1161 et seq.) or 4980B of the Internal Revenue Code of 1986.

(b) USE OF INFORMATION.—

(1) IN GENERAL.—No insurer may use, disclose, or transfer information relating to an applicant's or insured's abuse status or abuse-related medical condition or the applicant's or insured's status as a family member, employer or associate, person in a relationship with a subject of abuse for any purpose unrelated to the direct provision of health care services unless such use, disclosure, or transfer is required by an order of an entity with authority to regulate insurance or an order of a court of competent jurisdiction or by abuse reporting laws. Nothing in this paragraph shall be construed as limiting or precluding a subject of abuse from obtaining the subject's own medical records from an insurer.

(2) AUTHORITY OF SUBJECT OF ABUSE.—A subject of abuse, at the absolute discretion of the subject of abuse, may provide evidence of abuse to an insurer for the limited purpose of facilitating treatment of an abuse-related condition or demonstrating that a condition is abuse-related. Nothing in this paragraph shall be construed as authorizing

an insurer or health carrier to disregard such provided evidence.

SEC. 2254. REASONS FOR ADVERSE ACTIONS.

An insurer that takes any adverse action relating to any plan or policy of a subject of abuse, shall advise the subject of abuse applicant or insured of the specific reasons for the action in writing. Reference to general underwriting practices or guidelines does not constitute a specific reason.

SEC. 2255. LIFE INSURANCE.

Nothing in this subtitle shall be construed to prohibit a life insurer from declining to issue a life insurance policy if the applicant or prospective owner of the policy is or would be designated as a beneficiary of the policy, and if—

(1) the applicant or prospective owner of the policy lacks an insurable interest in the insured; or

(2) the applicant or prospective owner of the policy is known, on the basis of police or court records, to have committed an act of abuse.

SEC. 2256. SUBROGATION WITHOUT CONSENT PROHIBITED.

Except where the subject of abuse has already recovered damages, subrogation of claims resulting from abuse is prohibited with the informed consent of the subject of abuse.

SEC. 2257. ENFORCEMENT.

(a) FEDERAL TRADE COMMISSION.—The Federal Trade Commission shall have the power to examine and investigate any insurer to determine whether such insurer has been or is engaged in any act or practice prohibited by this subtitle. If the Federal Trade Commission determines an insurer has been or is engaged in any act or practice prohibited by this subtitle, the Commission may take action against such insurer by the issuance of a cease and desist order as if the insurer was in violation of section 5 of the Federal Trade Commission Act. Such cease and desist order may include any individual relief warranted under the circumstances, including temporary, preliminary, and permanent injunctive and compensatory relief.

(b) PRIVATE CAUSE OF ACTION.—An applicant or insured claiming to be adversely affected by an act or practice of an insurer in violation of this subtitle may maintain an action against the insurer in a Federal or State court of original jurisdiction. Upon proof of such conduct by a preponderance of the evidence, the court may award appropriate relief, including temporary, preliminary, and permanent injunctive relief and compensatory and punitive damages, as well as the costs of suit and reasonable fees for the aggrieved individual's attorneys and expert witnesses. With respect to compensatory damages, the ag-

grieved individual may elect, at any time prior to the rendering of final judgment, to recover in lieu of actual damages, an award of statutory damages in the amount of $5,000 for each violation.

Subtitle F—Insurance Protection for Victims of Domestic Violence Act

SEC. 2291. SHORT TITLE.

This subtitle may be cited as the ''Insurance Protection for Victims of Domestic Violence Act''.

SEC. 2292. PROHIBITION OF HEALTH INSURANCE DISCRIMINATION WITH RESPECT TO VICTIMS OF DOMESTIC VIOLENCE.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following new title:

''TITLE XXVII—PROHIBITION OF HEALTH INSURANCE DISCRIMINATION WITH RESPECT TO VICTIMS OF DOMESTIC VIOLENCE

''SEC. 2701. LIMITATIONS ON UNDERWRITING.

''No insurer may engage in a practice that has the effect of denying, canceling, or not renewing health insurance coverage or health benefits, or establishing, increas-

ing, or varying the premium charged for the coverage or benefits or excluding health coverage with respect to health care items or services related to treatment of a condition—

''(1) to an individual on the basis that the individual or family member is, has been, or may be the subject of abuse, has had prior injuries that resulted from abuse, or seeks, has sought, or should have sought medical or psychological treatment for protection against abuse, or shelter from abuse; or

''(2) to or for a group or employer on the basis that the group includes or the employer employs, or provides or subsidizes insurance for, an individual described in paragraph (1).

''SEC. 2702. ESTABLISHMENT OF STANDARDS.

''(a) ROLE OF NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS.—

''(1) IN GENERAL.—The Secretary shall request the National Association of Insurance Commissioners to develop, in consultation with nonprofit domestic violence victim advocacy organizations, within 9 months after the date of the enactment of this title, model standards that incorporate the limitations on underwriting set forth in section 2701, and

provide procedures for enforcement for such provisions, including a private right of action.

''(2) REVIEW OF STANDARDS.—If the Association develops recommended regulations specifying the standards within the period, the Secretary shall review the standards. The review shall be completed within 90 days after the date the regulations are developed. Unless the Secretary determines within the period that such standards do not meet the requirements, such standards shall serve as the standards under this title, with such amendments as the Secretary determines to be necessary.

''(b) CONTINGENCY.—If the Association does not develop the model regulations within the 9 month period beginning on the date of the enactment of this title, or the Secretary determines that the regulations do not specify standards that meet the requirements described in subsection (a), the Secretary shall specify, within 15 months after the date of the enactment of this title, standards to carry out the requirements.

''(c) APPLICATION OF STANDARDS.—

''(1) IN GENERAL.—Each State shall submit to the Secretary, by the deadline specified in paragraph (2), a report on actions the State is taking to implement and enforce the standards established under

this section with respect to insurers and health insurance coverage offered or renewed not later than such deadline.

''(2) DEADLINE FOR REPORT.—Each State shall file the report described in paragraph (1) not later than 1 year after the date that standards are established under subsection (a) or, in the event of the failure of the Association to develop timely model regulations, under subsection (b).

''(d) FEDERAL ROLE.—

''(1) NOTICE OF DEFICIENCY.—If the Secretary determines that a State has failed to submit a report by the deadline specified by subsection (c), or finds that the State has not implemented and provided adequate enforcement of the standards established under subsection (a) or (b), the Secretary shall notify the State and provide the State a period of 60 days in which to submit the report.

''(2) IMPLEMENTATION OF ALTERNATIVE ENFORCEMENT MECHANISM.—

''(A) IN GENERAL.—If, after the 60-day period, the Secretary finds that such a failure has not been corrected, the Secretary shall within 30 days provide for a mechanism for the implementation and enforcement of such stand-

ards in the State as the Secretary determines to be appropriate.

''(B) CIVIL PENALTY.—Under any implementation and enforcement mechanism established by the Secretary pursuant to this paragraph, the Secretary shall have the authority to impose on an insurer a civil monetary penalty in the amount of $10,000 for each day during which such insurer violates the requirements described in section 2701, or the standards developed under this section. Liability for such penalty shall begin to accrue on the 30th day after the Secretary has provided such insurer with notice of its noncompliance, if the insurer has failed to correct the deficiency by such date.

''(C) EFFECTIVE PERIOD.—Any such implementation and enforcement mechanism established by the Secretary shall take effect with respect to insurers, and health insurance coverage offered or renewed, on or after 3 months after the date of the Secretary's finding under paragraph (1), and until the date the Secretary finds that such a failure has been corrected.

''(3) FEDERAL CIVIL RIGHT OF ACTION.—

"(A) IN GENERAL.—Any individual aggrieved as a result of conduct prohibited by section 2701 may bring a civil action in the appropriate United States district court against the insurer.

"(B) RELIEF.—Upon proof of such conduct by a preponderance of the evidence, the insurer shall be subject to a civil penalty that may include temporary, preliminary, or permanent injunctive relief and compensatory and punitive damages, as well as the costs of suit and reasonable fees for the aggrieved individual's attorneys. With respect to compensatory damages, the aggrieved individual may elect, at any time prior to the rendering of final judgment, to recover in lieu of actual damages, an award of statutory damages in the amount of $5,000 for each violation.

"SEC. 2703. APPLICATION TO GROUP HEALTH PLANS AND ENFORCEMENT.

"(a) APPLICATION.—Subject to subsection (b), the prohibitions in section 2701 and the standards developed under section 2702 shall apply to group health plans providing health coverage in the same manner as they apply

to insurers providing health insurance coverage. The penalty described in section 2702(d)(2)(B) may be imposed by the Secretary of Labor on group health plans that are not in compliance with the requirements of sections 2701 and 2702.

''(b) SUBSTITUTION OF FEDERAL OFFICIALS.—For purposes of subsection (a), any reference in section 2702 to—

''(1) a State or the Secretary of Health and Human Services is deemed to be a reference to the Secretary of Labor; and

''(2) an insurer or health insurance coverage is deemed to be a reference to a group health plan and health coverage, respectively.

''(c) ENFORCEMENT.—For purposes of part 5 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C 1131 et seq.) the provisions of this title insofar as they relate to group health plans shall be deemed to be provisions of title I of such Act irrespective of exclusions under section 4(b) of such Act.

''(d) REGULATORY AUTHORITY.—With respect to the regulatory authority of the Secretary of Labor under this title pursuant to subsection (c), section 505 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1135) shall apply.

"SEC. 2704. DEFINITIONS.

''For purposes of this title:

''(1) ASSOCIATION.—The term 'Association' means the National Association of Insurance Commissioners.

''(2) INSURER.—

''(A) IN GENERAL.—The term 'insurer' means a health benefit plan or a health care provider that conducts activities related to the protection of public health.

''(B) HEALTH BENEFIT PLAN.—The term 'health benefit plan' means any public or private entity or program that provides for payments for health care, including—

''(i) a group health plan (as defined in section 607 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1167)) or a multiple employer welfare arrangement (as defined in section 3(40) of such Act) that provides health benefits; and

''(ii) any other health insurance arrangement, including any arrangement consisting of a hospital or medical expense incurred policy or certificate, hospital or medical service plan contract, or health

maintenance organization subscriber contract.

''(C) HEALTH CARE PROVIDER.—The term 'health care provider' means a provider of services (as defined in section 1861(u) of the Social Security Act (42 U.S.C. 1395u)), a physician, a supplier, or any other person furnishing health care, including a Federal or State program that provides directly for the provision of health care to beneficiaries.

''(3) VICTIM OF ABUSE.—The term 'victim of abuse' means the occurrence of one or more of the following acts between family or household members, current or former sexual or intimate partners, or persons sharing biological parenthood—

''(A) attempting to cause or intentionally, knowingly, or recklessly causing bodily injury, rape, or sexual abuse as such term is defined in section 2242 of title 18, United States Code.

''(B) placing, by physical menace, another individual in reasonable fear of imminent serious bodily injury;

''(C) infliction of false imprisonment; or

''(D) physically or sexually abusing minor children.''.

Subtitle G—Domestic Violence Victims Insurance Protection Act of 1996

SEC. 2301. SHORT TITLE.

This subtitle may be cited as the ''Domestic Violence Victims Insurance Protection Act of 1996''.

SEC. 2302. PROTECTION OF DOMESTIC VIOLENCE VICTIMS FROM HEALTH INSURANCE DISCRIMINATION.

(a) IN GENERAL.—An insurer may not deny or cancel health insurance coverage for an individual solely on the basis that the individual is or has been the subject of an act of domestic violence.

(b) INTERPRETATION.— Nothing in this section shall prevent an insurer from underwriting, issuing, or renewing health insurance coverage on the basis of the physical or mental history of an individual so long as the insurer does not take into consideration whether such individual's condition was caused by an act of domestic violence.

(c) STANDARDS.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall request the National Association of Insurance Commissioners to develop, within 9 months after the date of the enactment of the Act, model regulations that specify standards with re-

spect to the requirements of this subtitle as applicable to carriers and health insurance coverage.

(2) REVIEW OF STANDARDS.—If the National Association of Insurance Commissioners develops recommended regulations specifying such standards within such period, the Secretary shall review the standards. Such review shall be completed within 60 days after the date the regulations are developed. Unless the Secretary determines within such period that the standards do not meet the requirements, such standards shall serve as the standards under this section, with such amendments as the Secretary deems necessary.

(3) APPLICATION OF STANDARDS.—Each State shall submit to the Secretary a report on steps the State is taking to implement and enforce the standards established under paragraph (1) with respect to carriers and health insurance coverage offered or renewed.

(d) DEFINITIONS.—For purposes of this section:

(1) ACT OF DOMESTIC VIOLENCE.—The term ''act of domestic violence'' means, with respect to an individual, the occurrence of one or more acts of harassment, menacing, reckless endangerment, kidnapping, assault, attempted assault, or attempted

murder, in violation of Federal or State law, between household or family members (including in-laws or extended family), spouses or former spouses, or individuals engaged in or formerly engaged in a sexually intimate relationship, where such an act has resulted in actual physical or emotional injury, or has created a substantial risk of physical or emotional harm to such individual or such individual's child.

(2) HEALTH INSURANCE COVERAGE.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the term ''health insurance coverage'' means any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by an insurer.

(B) EXCEPTION.—Such term does not include any of the following:

(i) Coverage for accident only, dental only, vision only, disability income, or long-term care insurance.

(ii) Medical supplemental health insurance.

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Worker's compensation or similar insurance.

(vi) Automobile medical-payment insurance.

(vii) Coverage for a specified disease or illness.

(3) INSURER.—The term ''insurer'' means an insurance company, insurance service, or insurance organization licensed to engage in the business of insurance in a State, and health maintenance organization.

(4) STATE.—The term ''State'' means any State, the District of Columbia, Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and Guam.

Subtitle H—Fairness to Minority Women Health Act

SEC. 2351. SHORT TITLE.

This subtitle may be cited as the ''Fairness to Minority Women Health Act''.

SEC. 2352. EXCEPTION TO AFDC INCOME AND RESOURCES ATTRIBUTION RULE FOR CERTAIN BATTERED ALIENS.

(a) IN GENERAL.—Section 415(f) of the Social Security Act (42 U.S.C. 615(f)) is amended—

(1) in the matter preceding paragraph (1), by striking ''who is—'' and inserting ''who—'';

(2) in each of paragraphs (1) and (2), by inserting ''is'' before ''admitted'';

(3) in paragraph (3), by inserting ''is'' before ''paroled'';

(4) in paragraph (4)—

(A) by inserting ''is'' before ''granted''; and

(B) by striking ''or'' at the end;

(5) in paragraph (5)—

(A) by inserting ''is'' before ''a Cuban''; and

(B) by striking the period at the end and inserting a semicolon; and

(6) by adding at the end the following:

''(6) is battered by, or is the subject of extreme cruelty (including physical acts resulting in physical injury or a threat of physical injury, sexual abuse, rape, or mental abuse) perpetrated by, the spouse or other person who executed the affidavit of support

or similar agreement referred to in subsection (a) with respect to the alien, but only after the first day on which the battery or cruelty occurs after the alien enters into the United States; or

''(7) is a dependent child, and a relative with whom the child is living is battered by, or is the subject of extreme cruelty (including physical acts resulting in physical injury or a threat of physical injury, sexual abuse, rape, or mental abuse) perpetrated by, the parent or other person who executed the affidavit of support or similar agreement referred to in subsection (a) with respect to the alien, but only after the first day on which the battery or cruelty occurs after the alien enters into the United States.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect 90 days after the date of the enactment of this Act.

SEC. 2353. AMENDMENT TO THE FOOD STAMP ACT OF 1977.

(a) IN GENERAL.—Section 5(i) of the Food Stamp Act of 1977 (7 U.S.C. 2014(i)) is amended by adding at the end the following:

''(F) If an alien is battered by the alien's sponsor, or is the subject of extreme cruelty perpetrated by the sponsor, after such alien enters the United States, then

after the date the battery or cruelty occurs, this subsection (other than subparagraph (E) of paragraph (2)) shall not apply with respect to such alien and to any child of such alien less than 18 years of age and residing with such alien.''.

(b) The amendment made by subsection (a) shall take effect 90 days after the date of the enactment of this Act.

SEC. 2354. REQUIRING CERTAIN RECIPIENTS OF FEDERAL FINANCIAL ASSISTANCE TO HAVE PERSONNEL AVAILABLE WHO SPEAK PREDOMINANT LANGUAGE USED IN AREA.

(a) PROVIDERS OF OBSTETRICAL AND GYNECOLOGICAL SERVICES.—

(1) MEDICAID.—Section 1903(i) of the Social Security Act (42 U.S.C. 1396b(i)) is amended—

(A) by striking ''or'' at the end of paragraph (14);

(B) by striking the period at the end of paragraph (15) and inserting ''; or''; and

(C) by inserting after paragraph (15) the following new paragraph:

''(16) with respect to any amount expended for obstetrical or gynecological services furnished by or through a hospital, clinic, or other institutional provider, unless the hospital, clinic, or provider has

available at least one individual who is able to communicate in the predominant language used by residents of the area in which the hospital, clinic, or provider is located (as determined by the Secretary on the basis of information provided by the Secretary of Commerce pursuant to the most recent decennial census).''.

(2) FAMILY PLANNING SERVICES.—Section 1001 of the Public Health Service Act (42 U.S.C. 300) is amended—

(A) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(B) by inserting after subsection (b) the following subsection:

''(c) The Secretary may make a grant under this section only if the applicant involved agrees to ensure that, of the individuals providing services under the grant, at least one will be an individual who is able to communicate in the predominant language used by residents of the area in which the family planning project involved is located (as determined by the Secretary on the basis of information provided by the Secretary of Commerce pursuant to the most recent decennial census).''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to services furnished on or after October 1, 1996.

(b) DOMESTIC VIOLENCE SHELTERS.—

(1) IN GENERAL.—The Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) is amended by adding at the end the following new section:

"SEC. 319. AVAILABILITY OF BILINGUAL SERVICES.

''No funds may be made available under this title for any provider of shelter or related assistance unless the provider has available at least one individual who is able to communicate in the predominant language used by residents of the area in which the provider is located (as determined by the Secretary on the basis of information provided by the Secretary of Commerce pursuant to the most recent decennial census).''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to funds made available on or after October 1, 1996.

SEC. 2355. STUDY REGARDING DOMESTIC VIOLENCE AND LATINA WOMEN.

(a) IN GENERAL.—With respect to cases of domestic violence in which Latina women are the victims, the Secretary of Health and Human Services, in consultation with

the Attorney General of the United States, shall conduct a study for the following purposes:

(1) To determine the incidence of such cases, and to provide a comparison of such estimate with the relevant incidence for other populations of women (utilizing existing data regarding such other populations).

(2) To determine whether and to what extent the causes and effects for such cases are different than for cases of domestic violence in which other populations of women are the victims (utilizing existing data regarding such other populations).

(b) REPORT.—Not later than 3 years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to the Congress a report describing the findings made in the study under subsection (a).

Subtitle I—Adolescent Health Demonstration Projects Act

SEC. 2391. SHORT TITLE.

This subtitle may be cited as the ''Adolescent Health Demonstration Projects Act''.

SEC. 2392. ESTABLISHMENT OR SUPPORT OF DEMONSTRATION PROJECTS.

The Secretary of Health and Human Services (hereinafter in this subtitle referred to as the ''Secretary'') shall make grants in fiscal years 1997 through 2001 to public and nonprofit private entities to establish or support adolescent health demonstration projects in secondary schools or entities associated with secondary schools for the purpose of demonstrating how such projects may be established throughout the United States.

SEC. 2393. PROJECT REQUIREMENTS.

An adolescent health demonstration project established or supported under section 2392 shall (1) provide nutrition and hygiene counseling, health care related to sports, family planning information and services, prenatal and postpartum care, family life and parenting counseling, and alcohol and drug abuse education and treatment, (2) serve adolescents before their graduation from high school, (3) encourage family participation, to the extent practical, (4) obtain the approval of the school board in the locality to be served by the project before the project is implemented, (5) furnish such reports and data as the Secretary may require, including, at a minimum, the number and characteristics of individuals served, the services provided, and the results achieved, and (6) establish a community advisory committee to oversee the establishment

and implementation of such project. Such community advisory committee shall include students, parents, school personnel, physicians, religious and business leaders, and other community representatives and shall establish policies for the project with respect to the services to be provided under the project, the populations to be served, the personnel who will provide services, fees to be charged, and other policy issues.

SEC. 2394. AREAS TO BE SERVED.

In making grants under section 2392, the Secretary shall give priority to applications for projects which will serve areas with low-income residents or minority populations.

SEC. 2395. ABORTION RESTRICTION.

None of the funds provided under a grant under section 2392 may be used to perform or pay for abortions.

SEC. 2396. REPORT.

The Secretary shall, in each fiscal year, set aside not more than 5 percent of the amount appropriated for grants under section 2392 to evaluate the operations of the projects for which grants were made under such section. Not later than December 1, 2002, the Secretary shall report to the Congress the result of such evaluation together with such recommendations as the Secretary may have respecting the extension of the grant authority under

section 2392 or the establishment of a continuing service program.

Subtitle J—Eating Disorders Information and Education Act of 1996

SEC. 2401. SHORT TITLE.

This subtitle may be cited as the ''Eating Disorders Information and Education Act of 1996''.

SEC. 2402. FINDINGS.

The Congress finds the following:

(1) Eating disorders include anorexia nervosa, bulimia nervosa, and binge eating disorder, as well as eating disorders not otherwise defined.

(2) Anorexia nervosa and bulimia each can result in death, cardiac impairments, depression, substance abuse, osteoporosis, infertility, amenorrhea, anemia, and other medical conditions.

(3) Medical authorities are uncertain to what extent eating disorders are caused by physiological factors, by psychosocial factors, or by both.

(4) Such disorders primarily affect women. As many as 7 percent of women may be experiencing eating disorders, and the rate of new cases is increasing. As many as 80 percent of women may dur-

ing their lifetimes display symptoms of eating disorders.

(5) There are effective treatments for some eating disorders.

SEC. 2403. PUBLIC INFORMATION AND EDUCATION ON EATING DISORDERS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb–31 et seq.) is amended by adding at the end the following section:

''EATING DISORDERS

''SEC. 520C. (a) INFORMATION AND EDUCATION.—The Secretary, acting through the Director of the Center for Mental Health Services, shall carry out a program to provide information and education to the public on the prevention and treatment of eating disorders.

''(b) TOLL-FREE TELEPHONE COMMUNICATIONS.—In carrying out subsection (a), the Secretary shall provide for the operation of toll-free telephone communications to provide information to the public on eating disorders, including referrals for services for the prevention and treatment of such disorders. Such communications shall be available on a 24-hour, 7-day basis.

''(c) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $2,000,000 for fiscal year 1997, and

such sums as may be necessary for each of the fiscal years 1998 and 1999.''.

Subtitle K—Women's Choice and Reproductive Health Protection Act of 1996

SEC. 2451. SHORT TITLE.

This subtitle may be cited as the ''Women's Choice and Reproductive Health Protection Act of 1996''.

SEC. 2452. FINDINGS.

The Congress finds that—

(1) reproductive rights are central to women's ability to exercise full enjoyment of rights secured to them by Federal and State law;

(2) abortion has been a legal and constitutionally protected medical procedure throughout the United States since 1973 and has become part of mainstream medical practice as is evidenced by the positions of medical institutions including the American Medical Association, the American College of Obstetricians and Gynecologists, and the American Medical Women's Association;

(3) the availability of abortion services is diminishing throughout the United States: 84 percent of counties have no abortion provider and between

1982 and 1992 the number of providers decreased in 45 States; and

(4) at a minimum, Congress must retain the following policies, which currently preserve women's choice and reproductive health:

(A) Funding for abortion services for victims of rape and incest.

(B) Protection from clinic violence.

(C) The implementation of breast cancer, cervical cancer and chlamydia screening programs in all 50 States.

(D) Full implementation of legislation to establish contraceptive and infertility research programs.

(E) Authorization of family planning programs.

(F) The prohibition of a ''gag'' rule on information pertaining to reproductive medical services.

(G) The evaluation of RU–486.

(H) The fundamental right to choose, as stated by the Supreme Court in Roe v. Wade.

(I) Fairness in insurance.

(J) The ability of military personnel overseas to purchase abortion services at military facilities with private funds.

SEC. 2453. SENSE OF CONGRESS WITH RESPECT TO CERTAIN REPRODUCTIVE HEALTH ISSUES.

(a) RAPE AND INCEST VICTIM PROTECTION.—It is the sense of Congress that the current provisions requiring funding of abortion services in cases of life endangerment, rape or incest for women eligible for medical assistance are essential to their health and well-being and therefore Federal and State governments must provide funding in these cases.

(b) CLINIC VIOLENCE.—It is the sense of Congress that—

(1) Federal resources are necessary to ensure that women have safe access to reproductive health facilities and that health professionals can deliver services in a secure environment free from violence and threats of force; and

(2) it is necessary and appropriate to use Federal resources to combat the nationwide campaign of violence and harassment against reproductive health centers.

(c) PREVENTIVE HEALTH MEASURES REGARDING BREAST AND CERVICAL CANCER.—It is the sense of the

Congress that the program of grants under title XV of the Public Health Service Act should receive a level of funding that is adequate for all States to receive grants under such title.

(d) PROGRAMS REGARDING CONTRACEPTION AND INFERTILITY.—

(1) RESEARCH CENTERS.—It is the sense of the Congress that the program of research centers under section 452A of the Public Health Service Act should receive a level of funding that is adequate for a reasonable number of research centers to be operated under the program.

(2) LOAN REPAYMENT PROGRAM REGARDING CONDUCT OF RESEARCH.—It is the sense of the Congress that the program of loan-repayment contracts under section 487B of the Public Health Service Act should receive a level of funding that is adequate for a reasonable number of individuals to conduct research under the program.

(3) SCREENINGS FOR INFERTILITY-RELATED SEXUALLY TRANSMITTED DISEASES.—It is the sense of the Congress that the program of grants under section 318A of the Public Health Service Act should receive a level of funding that is adequate for

screenings under such section to be available in all States.

SEC. 2454. FAMILY PLANNING AMENDMENTS.

Section 1001(d) of the Public Health Service Act (42 U.S.C. 300(d)) is amended to read as follows:

''(d) For the purpose of grants and contracts under this section, there are authorized to be appropriated $220,000,000 for fiscal year 1997, $250,000,000 for fiscal year 1998, and such sums as may be necessary for each of the fiscal years 1999 through 2001.''.

SEC. 2455. FREEDOM OF FULL DISCLOSURE.

Title XI of the Civil Rights Act of 1964 is amended by adding at the end the following:

''SEC. 1107. (a) Notwithstanding any other provision of law, no governmental authority shall, in or through any program or activity that provides health care services or information, administered or assisted by such authority, limit the right of any person to provide, or the right of any person to receive, nonfraudulent information about the availability of reproductive health care services, including family planning, prenatal care, adoption, and abortion services.

''(b) As used in this section the term 'governmental authority' means any authority of the United States.''.

SEC. 2456. FAIRNESS IN EVALUATION OF RU–486.

The Secretary of Health and Human Services shall—

(1) assure that the Food and Drug Administration evaluates the drug called Mifepristone or RU–486 only on the basis provided by law; and

(2) assess initiatives by which the Department of Health and Human Services can promote the testing, licensing, and manufacturing in the United States of this drug or other antiprogestins.

SEC. 2457. FREEDOM OF CHOICE.

(a) FINDINGS.—Congress finds the following:

(1) The 1973 Supreme Court decision in Roe v. Wade established constitutionally based limits on the power of States to restrict the right of a woman to choose to terminate a pregnancy. Under the strict scrutiny standard enunciated in Roe v. Wade, States were required to demonstrate that laws restricting the right of a woman to choose to terminate a pregnancy were the least restrictive means available to achieve a compelling State interest. Since 1989, the Supreme Court has no longer applied the strict scrutiny standard in reviewing challenges to the constitutionality of State laws restricting such rights.

(2) As a result of the Supreme Court's recent modification of the strict scrutiny standard enunciated in Roe v. Wade, certain States have restricted

the right of women to choose to terminate a pregnancy or to utilize some forms of contraception, and these restrictions operate cumulatively to—

(A)(i) increase the number of illegal or medically less safe abortions, often resulting in physical impairment, loss of reproductive capacity or death to the women involved;

(ii) burden interstate commerce by forcing women to travel from States in which legal barriers render contraception or abortion unavailable or unsafe to other States or foreign nations;

(iii) interfere with freedom of travel between and among the various States;

(iv) burden the medical and economic resources of States that continue to provide women with access to safe and legal abortion; and

(v) interfere with the ability of medical professionals to provide health services;

(B) obstruct access to and use of contraceptive and other medical techniques that are part of interstate and international commerce;

(C) discriminate between women who are able to afford interstate and international travel

and women who are not, a disproportionate number of whom belong to racial or ethnic minorities; and

(D) infringe upon women's ability to exercise full enjoyment of rights secured to them by Federal and State law, both statutory and constitutional.

(3) Although Congress may not by legislation create constitutional rights, it may, where authorized by its enumerated powers and not prohibited by a constitutional provision, enact legislation to create and secure statutory rights in areas of legitimate national concern.

(4) Congress has the affirmative power both under section 8 of article I of the Constitution of the United States and under section 5 of the Fourteenth Amendment of the Constitution to enact legislation to prohibit State interference with interstate commerce, liberty or equal protection of the laws.

(b) PURPOSE.—It is the purpose of this section to establish, as a statutory matter, limitations upon the power of States to restrict the freedom of a woman to terminate a pregnancy in order to achieve the same limitations as provided, as a constitutional matter, under the

strict scrutiny standard of review enunciated in Roe v. Wade and applied in subsequent cases from 1973 to 1988.

(c) IN GENERAL.—A State—

(1) may not restrict the freedom of a woman to choose whether or not to terminate a pregnancy before fetal viability;

(2) may restrict the freedom of a woman to choose whether or not to terminate a pregnancy after fetal viability unless such a termination is necessary to preserve the life or health of the woman; and

(3) may impose requirements on the performance of abortion procedures if such requirements are medically necessary to protect the health of women undergoing such procedures.

(d) DEFINITION.—As used in this section, the term ''State'' includes the District of Columbia, the Commonwealth of Puerto Rico, and each other territory or possession of the United States.

SEC. 2458. FAIRNESS IN INSURANCE.

Notwithstanding any other provision of law no Federal law shall be construed to prohibit a provider of health insurance from offering coverage for the full range of reproductive health care, including abortion services.

SEC. 2459. ABORTIONS IN FACILITIES OF THE UNIFORMED SERVICES NOT PROHIBITED IF NOT FEDERALLY FUNDED.

Section 1093 of title 10, United States Code, is amended—

(1) by inserting ''(a) LIMITATION.—'' before ''Funds''; and

(2) by adding at the end the following:

''(b) ABORTIONS IN FACILITIES OVERSEAS.—Subsection (a) does not limit the performing of an abortion in a facility of the uniformed services located outside the 48 contiguous States of the United States if—

''(1) the cost of performing the abortion is fully paid from a source or sources other than funds available to the Department of Defense;

''(2) abortions are not prohibited by the laws of the jurisdiction where the facility is located; and

''(3) the abortion would otherwise be permitted under the laws applicable to the provision of health care to members and former members of the uniformed services and their dependents in such facility.''.

Subtitle L—Women's Right To Know Act of 1996

SEC. 2491. SHORT TITLE.

This subtitle may be cited as the ''Women's Right To Know Act of 1996''.

SEC. 2492. FIRST AMENDMENT RIGHTS.

Title XI of the Civil Rights Act of 1964 is amended by adding at the end the following:

''SEC. 1107. (a) Notwithstanding any other provision of law, no governmental authority shall in or through any program or activity, administered or assisted by such authority, that provides health care services or information, limit the right of any person to provide, or the right of any person to receive, nonfraudulent information about the availability of reproductive health care services, including family planning, prenatal care, adoption, and abortion services.

''(b) As used in this section—

''(1) the term 'governmental authority' means any authority of any State or of the United States; and

''(2) the term 'State' includes the District of Columbia, Puerto Rico, and any other territory or possession of the United States.''.

Subtitle M—International Population Stabilization and Reproductive Health Act

SEC. 2501. SHORT TITLE.

This subtitle may be cited as the ''International Population Stabilization and Reproductive Health Act''.

SEC. 2502. AUTHORITIES RELATING TO UNITED STATES POPULATION ASSISTANCE.

Part I of the Foreign Assistance Act of 1961 is amended—

(1) in section 104(b), by striking ''on such terms and conditions as he may determine'' and inserting ''in accordance with the provisions of chapter 12''; and

(2) by adding at the end the following new chapter:

''CHAPTER 12—UNITED STATES POPULATION ASSISTANCE

''SEC. 499. DEFINITION.—For purposes of this chapter, the term 'United States population assistance' means assistance provided under section 104(b) of this Act.

''SEC. 499A. CONGRESSIONAL FINDINGS.—The Congress makes the following findings:

''(1) Throughout much of the developing world, the inability of women and couples to exercise choice

over childbearing undermines the role of women in economic development, contributes to death and suffering among women and their children, puts pressure on the environment and the natural resources on which many poor families depend for their survival, and in other ways vitiates the efforts of families to lift themselves out of the poverty in which more than one billion of the world's 5.6 billion people live.

''(2) Through 2015, the world's population will continue to grow, with annual population increments predicted to be above 86 million. This will lead to a tripling of the world's population before stabilization can occur.

''(3) As the population within individual countries grows, cities grow rapidly, movement in and between countries increases, and regional distributions of population become unbalanced.

''(4) After more than a quarter century of experience and research, a global consensus is emerging on the need for increased international cooperation in regard to population in the context of sustainable development.

''(5) To act effectively on this consensus, the ability to exercise reproductive choice should be ex-

panded through broader dissemination of fertility regulation services that involve women, couples, and the community and which are competent in meeting individual, family, and community needs and values.

''(6) Although a number of barriers to family planning remain, in many countries a large and growing unmet desire exists for fertility regulation among women and men who are too poor to pay the full cost of services or for whom services are otherwise inaccessible. Worldwide, estimates are that more than 350 million couples want to space or prevent another pregnancy, but lack access to family planning methods.

''(7) Millions of women, most of them mothers, are killed or injured each year as a result of unsafe abortions. The availability of safe and effective fertility regulation methods and services and increased access to quality reproductive health care can help prevent many of these tragedies.

''(8) In addition to the personal toll on families, the impact of human population growth and widespread poverty is evident in mounting signs of stress on the world's environment, particularly in tropical deforestation, erosion of arable land and watersheds, extinction of plant and animal species, global climate

change, waste management, and air and water pollution.

''(9) Traditionally, United States population assistance has not focused on achieving specific goals with respect to international population stabilization or the expansion of reproductive choice. The absence of clear goals in those areas has led to a lack of criteria for allocating funds and evaluating program success.

''DECLARATION OF POLICY

''SEC. 499B. (a) IN GENERAL.—Congress declares that to reduce population growth and stabilize world population at the lowest level feasible and thereby improve the health and well-being of the world's families, to ensure the role of women in the development process, and to protect the global environment, an important objective of the foreign policy of the United States shall be to assist the international community to achieve universal availability of quality fertility regulation services through a wide choice of safe and effective means of family planning, including programs of public education and other health and development efforts in support of smaller families.

''(b) FINANCIAL TARGETS.—The Congress endorses a target for global expenditures in developing countries of at least $17,000,000,000 by the year 2000 for population programs described in section 499C, and establishes a goal

for United States population assistance by the year 2000 of $1,850,000,000 in constant 1993 dollars.

''SEC. 499C. AUTHORIZED ACTIVITIES.—United States population assistance is authorized to provide—

''(1) support for the expansion of quality, affordable, voluntary family planning services, which emphasize informed choice among a variety of safe and effective fertility regulation methods and closely related reproductive health care services, including the prevention and control of HIV–AIDS, sexually transmitted diseases, and reproductive tract infections;

''(2) support for adequate and regular supplies of quality contraceptives, quality family planning counseling, information, education, communication, and services emphasizing the use of the mass media to improve public knowledge of fertility regulation and related disease prevention methods and where they may be obtained and to promote the benefits of family planning and reproductive health to individuals, families, and communities;

''(3) support to United States and foreign research institutions and other appropriate entities for biomedical research to develop and evaluate improved methods of safe fertility regulation and relat-

ed disease control, with particular emphasis on methods which—

''(A) are likely to be safer, easier to use, easier to make available in developing country settings, and less expensive than current methods;

''(B) are controlled by women, including barrier methods and vaginal microbicides;

''(C) are likely to prevent the spread of sexually transmitted diseases; and

''(D) encourage and allow men to take greater responsibility for their own fertility;

''(4) support for field research on the characteristics of programs most likely to result in sustained use of effective family planning in meeting each individual's lifetime reproductive goals, with particular emphasis on the perspectives of family planning users, including support for relevant social and behavioral research focusing on such factors as the use, nonuse, and unsafe or ineffective use of various fertility regulation and related-disease control methods;

''(5) support for the development of new evaluation techniques and performance criteria for family

planning programs, emphasizing the family planning user's perspective and reproductive goals;

''(6) support for research and research dissemination related to population policy development, including demographic and health surveys to assess population trends, measure unmet needs, and evaluate program impact, and support for policy-relevant research on the relationships between population trends, poverty, and environmental management, including implications for sustainable agriculture, agroforestry, biodiversity, water resources, energy use, and local and global climate change;

''(7) support for prevention of unsafe abortions and management of complications of unsafe abortions, including research and public information dissemination on the health and welfare consequences;

''(8) support for special programs to reach adolescents and young adults before they begin childbearing, including health education programs which stress responsible parenthood and the health risks of unprotected sexual intercourse, as well as service programs designed to meet the information and contraception needs of adolescents;

''(9) support for a broad array of governmental and nongovernmental communication strategies designed—

''(A) to create public awareness worldwide;

''(B) to generate a consensus on the need to address reproductive health issues and the problems associated with continued world population growth;

''(C) to emphasize the need to educate men as well as women and mobilize their support for reproductive rights and responsibilities; and

''(D) to remove all major remaining barriers to family planning use, including unnecessary legal, medical, clinical, and regulatory barriers to information and methods, and to make family planning an established community norm;

''(10) support for programs and strategies that actively discourage harmful practices such as female genital mutilation; and

''(11) support for prenatal, safe delivery programs and postnatal care programs that include breastfeeding as a child survival strategy and means for enhancing birth spacing.

''SEC. 499D. TERMS AND CONDITIONS.—United States population assistance is authorized to be provided subject to the following conditions:

''(1) Such assistance may only support, directly or through referral, those activities which provide a broad range of fertility regulation methods permitted by individual country policy and a broad choice of public and private family planning services, including networks for community-based and subsidized commercial distribution of high quality contraceptives.

''(2) No program supported by United States population assistance may deny an individual family planning services because of such individual's inability to pay all or part of the cost of such services.

''(3) In each recipient country, programs supported by United States population assistance shall, to the extent possible, support an integrated approach, consistent with respect for the rights of women as decisionmakers in matters of reproduction and sexuality, for the provision of public and private reproductive health services.

''(4) Family planning services and related reproductive health care services supported by United States population assistance shall ensure—

"(A) privacy and confidentiality and maintain the highest medical standards possible under local conditions; and

"(B) regular oversight of the quality of medical care and other services offered, including followup care such as care for the side effects of contraceptive use.

"(5) United States population assistance programs shall furnish only those contraceptive drugs and devices which have received approval for marketing in the United States by the Food and Drug Administration or which have been tested and determined to be safe and effective under research protocols comparable to those required by the Food and Drug Administration or have been determined to be safe by an appropriate international organization or the relevant health authority in the country to which they are provided.

"(6) Family planning services supported by United States population assistance shall be designed to take into account the needs of the family planning user, including the constraints on women's time, by involving members of the community, including both men and women, in the design, management, and ongoing evaluation of the services

through appropriate training and recruitment efforts. The design of services shall stress easy accessibility, by locating services as close as possible to potential users, by keeping hours of service convenient, and by improving communications between users and providers through community outreach and involvement. Related services shall be included, either on site or through referral.

''(7) United States population assistance to adolescent fertility programs shall be provided in the context of prevailing norms and customs in the recipient country.

''(8)(A) Programs supported by United States population assistance shall—

''(i) support the prevention of the spread of HIV–AIDS infection;

''(ii) raise awareness regarding HIV–AIDS prevention and consequences; and

''(iii) provide quality counselling, medical care and support services to HIV–AIDS infected individuals in a manner which respects individual rights and confidentiality.

''(B) Responsible sexual behavior, including voluntary abstinence, for the prevention of HIV infec-

tion should be promoted and included in education and information programs.

''(9) None of the funds made available by the United States Government to foreign governments, international organizations, or nongovernmental organizations may be used to coerce any person to undergo contraceptive sterilization or involuntary abortion or to accept any other method of fertility regulation.

''ELIGIBILITY FOR POPULATION ASSISTANCE

''SEC. 499E. (a) ELIGIBLE COUNTRIES.—Notwithstanding any other provision of law, United States population assistance shall be available, directly or through intermediary organizations, to any country which the President determines has met one or more of the following criteria:

''(1) The country accounts for a significant proportion of the world's annual population increment.

''(2) The country has significant unmet needs for fertility regulation and requires foreign assistance to implement, expand, or sustain quality family planning services for all its people.

''(3) The country demonstrates a strong policy commitment to population stabilization through the expansion of reproductive choice.

''(b) ELIGIBILITY OF NONGOVERNMENTAL AND MULTILATERAL ORGANIZATIONS.—In determining eligibility for United States population assistance, the President shall not subject nongovernmental and multilateral organizations to requirements which are more restrictive than requirements applicable to foreign governments for such assistance.

''PARTICIPATION IN MULTILATERAL ORGANIZATIONS

''SEC. 499F. (a) FINDING.—The Congress recognizes that the recent attention, in government policies toward population stabilization owes much to the efforts of the United Nations and its specialized agencies and organizations, particularly the United Nations Population Fund.

''(b) AVAILABILITY OF FUNDS.—United States population assistance shall be available for contributions to the United Nations Population Fund in such amounts as the President determines would be commensurate with United States contributions to other multilateral organizations and with the contributions of other donor countries.

''(c) PROHIBITIONS.—(1) The prohibitions contained in section 104(f) of this Act shall apply to the funds made available for the United Nations Population Fund.

''(2) No United States population assistance may be available to the United Nations Population Fund unless such assistance is held in a separate account and not commingled with any other funds.

''(3) No funds may be available for the United Nations Population Fund unless the Fund agrees to prohibit the use of those funds to carry out any program, project, or activity that involves the use of coerced abortion or involuntary sterilization.

''(d) ALLOCATION OF FUNDS.—Of the funds made available for United States population assistance, the President shall make available for the Special Programme of Research, Development and Research Training in Human Reproduction for each of the fiscal years 1996 and 1997 an amount commensurate with the contributions of the other donor countries for the purpose of furthering international cooperation in the development and evaluation of fertility regulation technology.

''SUPPORT FOR NONGOVERNMENTAL ORGANIZATIONS

''SEC. 499G. (a) FINDING.—Congress finds that in many developing countries, nongovernmental entities, including private and voluntary organizations and private sector entities, such as the International Planned Parenthood Federation and the Planned Parenthood Federation of America, are the most appropriate and effective providers of United States assistance to population and family planning activities.

''(b) PROCEDURES.—The President shall establish simplified procedures for the development and approval of

programs to be carried out by nongovernmental organizations that have demonstrated—

"(1) a capacity to undertake effective population and family planning activities which encourage significant involvement by private health practitioners, employer-based health services, unions, and cooperative health organizations; and

"(2) a commitment to quality reproductive health care for women.

"(c) PRIORITY FOR NONGOVERNMENTAL ORGANIZATIONS.—The largest share of United States population assistance made available for any fiscal year shall be made available through United States and foreign nongovernmental organizations.

"SEC. 499H. REPORTS TO CONGRESS.—The President shall prepare and submit to the Congress, as part of the annual presentation materials on foreign assistance, a report on world progress toward population stabilization and universal reproductive choice. The report shall include—

"(1) estimates of expenditures on the population activities described in section 499C by national governments, donor agencies, and private sector entities;

''(2) an assessment by country, of the availability and use of all methods of fertility regulation and abortion, whether lawful or unlawful in that country;

''(3) an analysis by country and region of the impact of population trends on a set of key social, economic, political, and environment indicators, which shall be identified by the President in the first report submitted pursuant to this section and analyzed in that report and each subsequent report; and

''(4) a detailed statement of prior year and proposed direct and indirect allocations of population assistance, by country, which describes how each country allocation meets the criteria set forth in this section.''.

SEC. 2503. AUTHORIZATIONS OF APPROPRIATIONS.

Section 104(g)(1) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(g)(1) is amended by amending subparagraph (A) to read as follows:

''(A) $635,000,000 for fiscal year 1997 and $695,000,000 for fiscal year 1998 to carry out subsection (b) of this section; and''.

SEC. 2504. OVERSIGHT OF MULTILATERAL DEVELOPMENT BANKS.

(a) FINDINGS.—The Congress finds that—

(1) multilateral development banks have an important role to play in global population efforts;

(2) although the increased commitment by multilateral development banks to population-related activities is encouraging, together the banks provided less than $200,000,000 in 1994 in assistance for core population programs, and their overall lending for population, health, and nutrition decreased by more than one-half between 1993 and 1994; and

(3) the banks themselves have recognized a need to improve oversight of programs, strengthen the technical skills of their personnel, and improve their capacity to work with borrowers, other donors, and nongovernmental organizations in formulating creative population projects to meet diverse borrower needs.

(b) SENSE OF CONGRESS.—It is the sense of the Congress that the multilateral development banks should increase their annual support for the population activities described in section 499C of the Foreign Assistance Act of 1961, as added by this Act, to not less than a total of $1,000,000,000 by December 31, 2001.

(c) REPORT REQUIRED.—Not later than July 31 of each year, the Secretary of the Treasury shall prepare and

transmit to Congress a report which includes, with respect to the preceding calendar year—

(1) information on the resources made available by each multilateral development bank for the population activities described in section 499C of the Foreign Assistance Act of 1961, as added by this Act;

(2) if such resources total less than $1,000,000,000, any specific actions taken by the United States executive directors to the banks to encourage increases in such resources and in policy-level discussions with donor and developing country governments; and

(3) an analysis of the progress made by the banks towards—

(A) meeting the objectives of the population activities which are supported by the banks;

(B) increasing their in-country management staff;

(C) improving the technical skills of their personnel; and

(D) assuring their responsiveness to borrower needs.

(d) DEFINITION.—As used in this section, the term ''multilateral development banks'' means the International Bank for Reconstruction and Development, the International Development Association, the African Development Bank, the Asian Development Bank, the Inter-American Development Bank, and the European Bank for Reconstruction and Development.

SEC. 2505. ECONOMIC AND SOCIAL DEVELOPMENT INITIATIVES TO STABILIZE WORLD POPULATION.

(a) CONGRESSIONAL FINDINGS.—The Congress makes the following findings:

(1) Women represent 50 percent of the world's human resource potential. Therefore, improving the health, social, and economic status of women and increasing their productivity are essential for economic progress in all countries. Improving the status of women also enhances their decisionmaking capacity at all levels in all spheres of life, including in the area of reproductive health.

(2) Throughout the world, women who participate in the social, economic, and political affairs of their communities are more likely to exercise their choice about childbearing than women who do not participate in such activities.

(3) Effective economic development strategies address issues such as infant and child survival rates, educational opportunities for girls and women, and gender equality in development.

(4) Comprehensive population stabilization efforts which include both family planning services and economic development activities achieve lower birth rates and stimulate more development than those which pursue these objectives independently.

(5) The most powerful, long-term influence on birthrates is education, especially educational attainment among women. Education is one of the most important means of empowering women with the knowledge, skills and self confidence necessary to participate in their communities.

(6) In most societies, men traditionally have exercised preponderant power in nearly all spheres of life. Therefore, improving communication between men and women on reproductive health issues and increasing their understanding of joint responsibilities are essential to ensuring that men and women are equal partners in public and private life.

(7) In addition to enabling women to participate in the development of their societies, educational attainment has a strong influence on all

other aspects of family welfare, including child survival. However, of the world's 130 million children who are not enrolled in primary school, 70 percent are girls.

(8) In a number of countries, lower rates of school enrollment among girls, the practice of prenatal sex selection, and higher rates of mortality among very young girls suggest that ''son preference'' is curtailing the access of girl children to food, health care, and education.

(9) Each year, nearly 15 million children under the age of 5 die, most from preventable causes. Wider availability of vaccines, simple treatments for diarrheal disease and respiratory infections, and improved nutrition could prevent many of these deaths.

(10) Each year, 500,000 or more women worldwide die from complications related to pregnancy, childbirth, illegal abortion, or inadequate or inaccessible reproductive health care services. Another 10 million women annually suffer long-term illness or permanent physical impairment from such causes.

(11) Malnutrition and anemia are widespread among poor women in their childbearing years, yet the worldwide campaign to encourage breastfeeding

has devoted little attention to the nutritional needs of nursing mothers.

(12) By mid-1993, the cumulative number of AIDS cases since the pandemic began was estimated at 2.5 million, and an estimated 14 million people had been infected with HIV. By year 2000, estimates are that 40 million people will be HIV infected.

(13) As of mid-1993, four-fifths of all persons ever infected with HIV lived in developing countries. Women are the fastest growing group of new cases.

(b) DECLARATION OF POLICY.—Congress declares that, to further the United States foreign policy objective of assisting the international community in achieving universal availability of quality fertility regulation services and stabilizing world population, additional objectives of the foreign policy of the United States shall be—

(1) to help achieve universal access to basic education for women and men, with particular priority being given to primary and technical education and job training;

(2) to increase understanding of the consequences of population growth through effective education strategies that begin in primary school and continue through all levels of formal and

nonformal education and which take into account the rights and responsibilities of parents and the needs of children and adolescents;

(3) to reduce the gap between male and female levels of literacy and between male and female levels of primary and secondary school enrollment;

(4) to help ensure that women worldwide have the opportunity to become equal partners with men in the development of their societies;

(5) to help eliminate all forms of discrimination against girl children and the root causes of son preference, which result in harmful and unethical practice such as female infanticide and prenatal sex selection;

(6) to increase public awareness of the value of girl children through public education that promotes equal treatment of girls and boys in health, nutrition, education, socioeconomic and political activity, and equitable inheritance rights;

(7) to promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles;

(8) to help ensure that women and men have the information and means needed to achieve good reproductive health and to exercise their reproductive rights through responsible sexual behavior and equity in gender relations;

(9) to reduce global maternal and infant mortality rates; and

(10) to improve worldwide maternal and child health status and quality of life.

(c) AUTHORIZED ACTIVITIES.—United States development assistance shall be available, on a priority basis, for—

(1) countries which either have adopted and implemented, or have agreed to adopt and implement, strategies to help ensure—

(A) before 2015, the achievement of the goal of universal primary education for girls and boys in all countries and access to secondary and higher levels of education, including vocational education and technical training, for girls and women;

(B) by 2005, the reduction of adult illiteracy by at least one-half the country's 1990 level;

(C) by 2005, the elimination of the gap between male and female levels of literacy and between male and female levels of primary and secondary school enrollment; and

(D) the establishment of programs designed to meet adolescent health needs, which include services and information on responsible sexual behavior, family planning practice, reproductive health and sexually transmitted diseases, and HIV–AIDS prevention;

(2) governmental and nongovernmental programs which, with respect to a targeted country, are intended—

(A) by 2005, to increase life expectancy at birth to greater than 70 years of age and by 2015, to 75 years of age;

(B) by 2005, to reduce by one-third the country's mortality rates for infants and children under 5 years of age, or to 50 per 1,000 live births for infants and 70 per 1,000 for children under 5 years of age, whichever is less; and by 2015, to reduce the country's infant mortality rate below 35 per 1,000 births and the under-5 mortality rate below 45 per 1,000;

(C) by 2005, to reduce maternal mortality by one-half of the 1990 level and by a further one-half by 2015;

(D) by 2005, to reduce significantly malnutrition among the country's children under 5 years of age;

(E) to maintain immunizations against childhood diseases for significant segments of the country's children; and

(F) to reduce the number of childhood deaths in the country which result from diarrheal disease and acute respiratory infections;

(3) governmental and nongovernmental programs which are intended to increase women's productivity and ensure equal participation and equitable representation at all levels of the political process and public life in each community and society through—

(A) improved access to appropriate labor-saving technology, vocational training, and extension services and access to credit and child care;

(B) equal participation of women and men in all areas of family and household responsibilities, including family planning, financial sup-

port, child rearing, children's education, and maternal and child health and nutrition;

(C) fulfillment of the potential of women through education, skill development and employment, with the elimination of poverty, illiteracy and poor health among women being of paramount importance; and

(D) recognition and promotion of the equal value of children of both sexes;

(4) governmental and nongovernmental programs which are intended to increase the access of girls and women to comprehensive reproductive health care services pursuant to subsection (d); and

(5) governmental and nongovernmental programs which are intended to eliminate all forms of exploitation, abuse, harassment, and violence against women, adolescents, and children.

(d) SAFE MOTHERHOOD INITIATIVE.—(1)(A) The President is authorized to establish a grant program, to be known as the Safe Motherhood Initiative, to help improve the access of girls and women worldwide to comprehensive reproductive health care services.

(B) Such program shall be carried out in accordance with this section and shall be subject to the same terms, conditions, prohibitions, and restrictions as are applicable

to assistance made available under sections 499D, 499E, and 499F of the Foreign Assistance Act of 1961, as added by this Act.

(2) Comprehensive reproductive health care programs which are eligible for assistance under this section include—

(A) fertility regulation services;

(B) prenatal care and screening for high risk pregnancies and improved access to safe delivery services for women with high risk pregnancies;

(C) supplemental food programs for pregnant and nursing women;

(D) child survival and other programs that promote birth spacing through breastfeeding;

(E) expanded and coordinated programs that support responsible sexual behavior, including voluntary abstinence, and which prevent, detect, and treat sexually transmitted diseases, including HIV–AIDS, reproductive tract infections, and other chronic reproductive health problems;

(F) programs intended to eliminate traditional practices injurious to women's health, including female genital mutilation;

(G) improvements in the practice of midwifery, including outreach to traditional birth attendants; and

(H) expanded and coordinated programs to prevent, detect, and treat cancers of the reproductive system.

(e) REPORTS TO CONGRESS.—(1) Not later than December 31, 1996, the President shall prepare and submit to Congress a report which includes—

(A) estimates of the total financial resources needed to achieve, by the year 2005, the specific objectives set forth in subsection (c) with respect to education, rates of illiteracy, malnutrition, immunization, maternal and child mortality and morbidity, and improvements in the economic productivity of women;

(B) an analysis of such estimates which separately lists the total financial resources needed from the United States, other donor nations, and nongovernmental organizations;

(C) an analysis, by country, which—

(i) identifies the legal, social, economic, and cultural barriers to women's self-determination and to improvements in the economic pro-

ductivity of women in traditional and modern labor sectors; and

(ii) describes initiatives needed to develop appropriate technologies for use by women, credit programs for low-income women, expanded child care, vocational training, and extension services for women; and

(D) a comprehensive description of—

(i) new and expanded initiatives to ensure safe motherhood worldwide;

(ii) findings on the major causes of mortality and morbidity among women of childbearing age in various regions of the world;

(iii) actions needed to reduce, by the year 2005, world maternal mortality by one-half of the worldwide 1990 level and a further one-half by 2015; and

(iv) the financial resources needed to meet this goal from the United States, other donor nations, and nongovernmental organizations.

(2) In each annual country human rights report, the Secretary of State shall include—

(A) information on any patterns within the country of discrimination against women in inheritance laws, property rights, family law, access to

credit and technology, hiring practices, formal education, and vocational training; and

(B) an assessment which makes reference to all significant forms of violence against women, including rape, domestic violence, and female genital mutilation, the extent of involuntary marriage and childbearing, and the prevalence of marriage among women under 18 years of age.

(f) AUTHORIZATION OF APPROPRIATIONS.—(1) Of the aggregate amounts available for United States development and economic assistance programs for education activities, $165,000,000 for fiscal year 1997 and $200,000,000 for fiscal year 1998 shall be available only for programs in support of increasing primary and secondary school enrollment and equalizing levels of male and female enrollment.

(2) There are authorized to be appropriated $330,000,000 for fiscal year 1997 and $380,000,000 for fiscal year 1998 to the Child Survival Fund under section 104(c)(2) of the Foreign Assistance Act of 1961, which amounts shall be available for child survival activities only, including the Children's Vaccine Initiative, the worldwide immunization effort, and oral rehydration programs.

(3) There are authorized to be appropriated $100,000,000 for the Safe Motherhood Initiative for each of fiscal years 1996 and 1997.

(g) DEFINITIONS.—For purposes of this section—

(1) the term ''annual country human rights report'' refers to the report required to be submitted pursuant to section 502B(b) of the Foreign Assistance Act of 1961 (22 U.S.C. 2304(b)); and

(2) the term ''United States development and economic assistance'' means assistance made available under chapter 1 of part I and chapter 4 of part II of the Foreign Assistance Act of 1961.

SEC. 2506. AIDS PREVENTION AND CONTROL FUND.

(a) IN GENERAL.—Section 104(c) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(c)) is amended by adding at the end the following new paragraph:

''(4)(A)(i) The President is authorized to provide assistance, under such terms and conditions as he may determine, with respect to activities relating to research on, and the treatment and control of, acquired immune deficiency syndrome (AIDS) in developing countries.

''(ii) Assistance provided under clause (i) shall include—

''(I) funds made available directly to the World Health Organization for its use in financing the

Global Program on AIDS (including activities implemented by the Pan American Health Organization); and

''(II) funds made available to the United Nations Children's Fund (UNICEF) for AIDS-related activities.

''(B) Appropriations pursuant to subparagraph (A) may be referred to as the 'AIDS Prevention and Control Fund'.''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 104(g)(1) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b(g)) is amended—

(1) by striking ''and'' at the end of subparagraph (A);

(2) in subparagraph (B), by striking ''subsection (c) of this section.'' and inserting ''subsection (c) of this section (other than paragraph (4) thereof); and''; and

(3) by adding at the end thereof the following new subparagraph:

''(C) $125,000,000 for fiscal year 1997 and $145,000,000 for fiscal year 1998 to carry out subsection (c)(4) of this section.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect October 1, 1996.

SEC. 2507. SUPPORT FOR UNITED NATIONS FORWARD LOOKING STRATEGIES FOR THE ADVANCEMENT OF WOMEN.

(a) IN GENERAL.—The President shall direct the United States representatives to the United Nations Commission on the Status of Women to take all actions necessary to ensure the rapid implementation of the United Nations Forward Looking Strategies for the Advancement of Women, as adopted in 1985 at the United Nations Conference ending the Decade for Women.

(b) REVIEW AND ANNUAL REPORTS.—Not later than December 31, 1996, the Secretary of State shall submit the 5-year review of the status of United States women, as called for at the conference, and shall submit such annual reports as are requested by the United Nations Commission on the Status of Women.

SEC. 2508. SUPPORT FOR THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN.

The President shall promptly complete the review of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women, which was signed by the United States on July 17, 1980, and submit to the Senate any reservations, understandings, or declarations that the President considers necessary in order that the Senate may give its advice and consent to ratifica-

tion, or report to the Congress why he is unable or unwilling to do so.

Subtitle N—Federal Prohibition of Female Genital Mutilation Act of 1996

SEC. 2551. SHORT TITLE.

This subtitle may be cited as the ''Federal Prohibition of Female Genital Mutilation Act of 1996''.

SEC. 2552. TITLE 18 AMENDMENT.

(a) IN GENERAL.—Chapter 7 of title 18, United States Code, is amended by adding at the end the following new section:

''§ 116. Female genital mutilation

''(a) Except as provided in subsection (b), whoever knowingly circumcises, excises, or infibulates the whole or any part of the labia majora or labia minora or clitoris of another person who has not attained the age of 18 years shall be fined under this title or imprisoned not more than 5 years, or both.

''(b) A surgical operation is not a violation of this section if the operation is—

''(1) necessary to the health of the person on whom it is performed, and is performed by a person licensed in the place of its performance as a medical practitioner; or

''(2) performed on a person in labor or who has just given birth and is performed for medical purposes connected with that labor or birth by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife.

''(c) In applying subsection (b)(1), no account shall be taken of the effect on the person on whom the operation is to be performed of any belief on the part of that or any other person that the operation is required as a matter of custom or ritual.

''(d) Whoever knowingly denies to any person medical care or services or otherwise discriminates against any person in the provision of medical care or services, because—

''(1) that person has undergone female circumcision, excision, or infibulation; or

''(2) that person has requested that female circumcision, excision, or infibulation be performed on any person;

shall be fined under this title or imprisoned not more than one year, or both.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 7 of title 18, United States

Code, is amended by adding at the end the following new item:

"116. Female genital mutilation.".

SEC. 2553. INFORMATION AND EDUCATION REGARDING FEMALE GENITAL MUTILATION.

(a) IN GENERAL.—The Secretary of Health and Human Services shall do the following:

(1) Compile data on the number of females living in the United States who have been subjected to female genital mutilation (whether in the United States or in their countries of origin), including a specification of the number of girls under the age of 18 who have been subjected to such mutilation.

(2) Identify communities in the United States that practice female genital mutilation, and design and carry out outreach activities to educate individuals in the communities on the physical and psychological health effects of such practice. Such outreach activities shall be designed and implemented in collaboration with representatives of the ethnic groups practicing such mutilation and with representatives of organizations with expertise in preventing such practice.

(3) Develop recommendations for the education of students of schools of medicine and osteopathic medicine regarding female genital mutilation and

complications arising from such mutilation. Such recommendations shall be disseminated to such schools.

(b) DEFINITION.—For purposes of this section, the term ''female genital mutilation'' means the removal or infibulation (or both) of the whole or part of the clitoris, the labia minor, or the labia major.

SEC. 2554. EFFECTIVE DATES.

Section 2553 of this Act shall take effect immediately, and the Secretary of Health and Human Services shall commence carrying it out not later than 90 days after the date of the enactment of this Act. Section 2552 of this Act shall take effect 180 days after the date of the enactment of this Act.

Subtitle O—Women and HIV Outreach and Prevention Act

SEC. 2591. SHORT TITLE.

This subtitle may be cited as the ''Women and HIV Outreach and Prevention Act''.

SEC. 2592. PREVENTIVE HEALTH PROGRAMS REGARDING WOMEN AND HUMAN IMMUNODEFICIENCY VIRUS.

Title XXV of the Public Health Service Act (42 U.S.C. 300ee et seq.) is amended by adding at the end the following part:

''PART C—PROGRAMS FOR WOMEN

''SEC. 2531. PREVENTIVE HEALTH SERVICES.

''(a) IN GENERAL.—The Secretary may make grants for the following purposes:

''(1) Providing to women preventive health services that are related to acquired immune deficiency syndrome, including—

''(A) providing prevention education on the human immunodeficiency virus (in this part referred to as 'HIV'), including counseling on all modes of transmission between individuals, including sexual contact, the use of IV drugs, and maternal-fetal transmission;

''(B) making available voluntary HIV testing services to women; and

''(C) providing effective and close linkages between testing and care services for women.

''(2) Providing appropriate referrals regarding the provision of other services to women who are receiving services pursuant to paragraph (1), including, as appropriate, referrals regarding the following: treatment for HIV infection; treatment for substance abuse; mental health services; pregnancy and childbirth; pediatric care; housing services; public as-

sistance; job training; child care; respite care; reproductive health care; and domestic violence.

''(3) Providing follow-up services regarding such referrals, to the extent practicable.

''(4) Improving referral arrangements for purposes of paragraph (2).

''(5) In the case of a woman receiving services pursuant to any of paragraphs (1) through (3), providing to the partner of the woman the services described in such paragraphs, as appropriate.

''(6) With respect to the services specified in paragraphs (1) through (5)—

''(A) providing outreach services to inform women of the availability of such services; and

''(B) providing training regarding the effective provision of such services.

''(b) MINIMUM QUALIFICATIONS OF GRANTEES.—The Secretary may make a grant under subsection (a) only if the applicant for the grant is a grantee under section 329, section 330, or section 1001, or is another public or nonprofit private entity that provides health or voluntary family planning services to a significant number of low-income women in a culturally sensitive and language-appropriate manner.

''(c) CONFIDENTIALITY.—The Secretary may make a grant under subsection (a) only if the applicant for the grant agrees to maintain the confidentiality of information on individuals regarding screenings pursuant to subsection (a), subject to complying with applicable law.

''(d) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out such subsection.

''(e) EVALUATIONS AND REPORTS.—

''(1) EVALUATIONS.—The Secretary shall, directly or through contracts with public or private entities, provide for evaluations of projects carried out pursuant to subsection (a).

''(2) REPORTS.—Not later than 1 year after the date on which amounts are first appropriated under subsection (f), and annually thereafter, the Secretary shall submit to the Congress a report summarizing evaluations carried out under paragraph (1) during the preceding fiscal year.

''(f) AUTHORIZATIONS OF APPROPRIATIONS.—

''(1) TITLE X CLINICS.—For the purpose of making grants under subsection (a) to entities that are grantees under section 1001, and for the purpose of otherwise carrying out this section with respect to such grants, there are authorized to be appropriated $30,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.

''(2) COMMUNITY AND MIGRANT HEALTH CENTERS; OTHER PROVIDERS.—For the purpose of making grants under subsection (a) to entities that are grantees under section 329 or 330, and to other entities described in subsection (b) that are not grantees under section 1001, and for the purpose of otherwise carrying out this section with respect to such grants, there are authorized to be appropriated $20,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.

''SEC. 2532. PUBLIC EDUCATION.

''(a) IN GENERAL.—The Secretary may make grants for the purpose of developing and carrying out programs to provide HIV prevention education to women, including education on all modes of transmission between individ-

uals, including sexual contact, the use of IV drugs, and maternal-fetal transmission.

''(b) MINIMUM QUALIFICATIONS OF GRANTEES.—The Secretary may make a grant under subsection (a) only if the applicant involved is a public or nonprofit private entity that is experienced in carrying out health-related activities for women, with a priority given to such entities that have successfully targeted women of color.

''(c) APPLICATION FOR GRANT.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out such subsection.

''(d) PROVISIONS REGARDING PLANNING COUNCILS.—In carrying out the mission of the Community HIV Planning Process, the Secretary shall ensure that women who represent women's interests and have expertise on women's health, HIV positive women, and their advocates are included on the Planning Councils, that financial resources are allocated to ensure such representation, and that Planning Councils use qualitative data based on women's experiences.

''(e) EVALUATIONS AND REPORTS.—

''(1) EVALUATIONS.—The Secretary shall, directly or through contracts with public or private entities, provide for evaluations of projects carried out pursuant to subsection (a).

''(2) REPORTS.—Not later than 1 year after the date on which amounts are first appropriated under subsection (e), and annually thereafter, the Secretary shall submit to the Congress a report summarizing evaluations carried out under paragraph (1) during the preceding fiscal year.

''(f) AUTHORIZATIONS OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $30,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.''.

SEC. 2593. TREATMENT OF WOMEN FOR SUBSTANCE ABUSE.

Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.), as amended by section 108 of Public Law 102–321 (106 Stat. 336), is amended by inserting after section 509 the following section:

''TREATMENT OF WOMEN FOR SUBSTANCE ABUSE

''SEC. 509A. (a) IN GENERAL.—The Director of the Center for Substance Abuse Treatment may make awards

of grants, cooperative agreements, and contracts for the purpose of carrying out programs—

''(1) to provide treatment for substance abuse to women, including but not limited to, women with dependent children;

''(2) to provide to women who engage in such abuse counseling on the prevention of infection with, and the transmission of, the etiologic agent for acquired immune deficiency syndrome; and

''(3) to provide such counseling to women who are the partners of individuals who engage in such abuse.

''(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated $20,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.''.

SEC. 2594. EARLY INTERVENTION SERVICES FOR WOMEN.

Section 2655 of the Public Health Service Act (42 U.S.C. 300ff–55) is amended—

(1) by striking ''For the purpose of'' and inserting ''(a) IN GENERAL.—For the purpose of''; and

(2) by adding at the end the following subsection:

''(b) PROGRAMS FOR WOMEN.—For the purpose of making grants under section 2651 to provide to women early intervention services described in such section, and for the purpose of providing technical assistance under section 2654(b) with respect to such grants, there are authorized to be appropriated $20,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.''.

Subtitle P—Smoking Prevention and Cessation in WIC Clinics Act

SEC. 2601. SHORT TITLE.

This subtitle may be cited as the ''Smoking Prevention and Cessation in WIC Clinics Act''.

SEC. 2602. SMOKING CESSATION DEMONSTRATION PROGRAMS FOR WIC PARTICIPANTS.

Section 17(e) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(e)) is amended—

(1) by redesignating paragraphs (3) (the second place it appears), (4), and (5) as paragraphs (4) through (6), respectively; and

(2) by adding at the end the following new paragraph:

''(7)(A) The State agency shall ensure that each local agency operating the program under this section—

''(i) establishes and carries out an on-site smoking cessation demonstration program for pregnant participants on a voluntary basis; and

''(ii) educates all participants about the adverse health effects of cigarette smoking.

''(B) The program described in subparagraph (A)(i) shall—

''(i) be provided to participants during regular visits to the clinic;

''(ii) be incorporated into the program under this section;

''(iii) include a public information and education component, which shall include the dissemination of risk information and materials relating to the adverse health effects of cigarette smoking during pregnancy; and

''(iv) include a self-monitoring component, which shall include—

''(I) one-on-one counseling designed to help participants quit smoking; and

''(II) the utilization of a process whereby the participant develops and signs, and a representative from the local agency and an individual chosen by the participant also sign, a written statement containing a promise by the

participant to quit smoking beginning on a certain date.

''(C)(i) The State agency shall ensure that each local agency operating the program under this section submits to such State agency an annual report containing a description and evaluation of the program established and carried out by such local agency, including a description of the total number of participants receiving services under such program and the success rate of such participants in quitting smoking. The State agency shall compile such reports into 1 annual report and submit such report to the Secretary.

''(ii) The Secretary shall submit to the Congress an annual report containing—

''(I) a compilation of the information contained in the reports received by the Secretary from each State agency under clause (i); and

''(II) an evaluation of the effectiveness of the smoking cessation demonstration programs.''.

Subtitle Q—Comprehensive Fetal Alcohol Syndrome Prevention Act

SEC. 2651. SHORT TITLE.

This subtitle may be cited as the ''Comprehensive Fetal Alcohol Syndrome Prevention Act''.

SEC. 2652. PREVENTION OF FETAL ALCOHOL SYNDROME; PROGRAM OF NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM.

Subpart 14 of part C of title IV of the Public Health Service Act (42 U.S.C. 285n et seq.) is amended by adding at the end the following section:

''FETAL ALCOHOL SYNDROME

''SEC. 464K. (a) IN GENERAL.—The Director of the Institute shall establish a program for the conduct and support of research and training, the dissemination of health information, and other programs with respect to the cause, diagnosis, prevention, and treatment of fetal alcohol syndrome and the related condition known as fetal alcohol effects (which syndrome and effects are referred to collectively in this section as 'fetal alcohol conditions').

''(b) INTERAGENCY COORDINATING COMMITTEE.—

''(1) IN GENERAL.—Subject to paragraph (6), the Secretary shall establish a committee to be known as the Interagency Coordinating Committee on Fetal Alcohol Syndrome (in this subsection referred to as the 'Coordinating Committee').

''(2) DUTIES.—With respect to fetal alcohol conditions, the Coordinating Committee shall—

''(A) coordinate the activities of the National Institutes of Health; and

''(B) coordinate the aspects of all Federal health programs and activities relating to such conditions in order to assure the adequacy and technical soundness of such programs and activities, and in order to provide for the full communication and exchange of information necessary to maintain adequate coordination of such programs and activities.

''(3) COMPOSITION.—The Coordinating Committee shall be composed of—

''(A) the directors of each of the national research institutes, and the heads of other agencies of the National Institutes of Health, that are involved in research on fetal alcohol conditions; and

''(B) representatives of all other Federal departments and agencies whose programs involve health functions or responsibilities relevant to such conditions.

''(4) CHAIR.—The Secretary shall designate a member of the Coordinating Committee to serve as the chair of the Committee. The Committee shall meet at the call of the Chair, but not less than four times a year.

''(5) ANNUAL REPORT.—

''(A) In carrying out paragraph (2), the Coordinating Committee shall comply with the following:

''(i) Identify and monitor all activities regarding fetal alcohol conditions that are conducted or supported by the Department of Health and Human Services and other Federal departments or agencies.

''(ii) Identify the goals expected to be achieved through the activities.

''(iii) Conduct evaluations of the extent to which the activities have been effective in achieving such goals.

''(iv) Determine the extent to which the activities have been coordinated with each other.

''(v) Make recommendations on the activities that should be carried out, on priorities among the activities, and on the coordination of the activities.

''(B) Subject to paragraph (6)(B), the Coordinating Committee shall, for each fiscal year, prepare and submit to the Congress a report detailing the activities of the Committee in carrying out the duties of the Committee for the

fiscal year. The Coordinating Committee shall submit copies of each such report to the Secretary, the Director of NIH, the officials specified in paragraph (3)(A), and the advisory council for the Institute. Except as provided in paragraph (6)(B), each such report shall be submitted not later than February 1 of the fiscal year following the fiscal year for which the report is prepared.

''(6) INITIAL INTRADEPARTMENTAL STATUS OF COMMITTEE.—

''(A) During fiscal years 1997 and 1998, the Secretary shall ensure that individuals appointed to the Coordinating Committee under paragraph (3)(B) include only officers or employees of the Department of Health and Human Services, and that the duties of the Coordinating Committee are carried out only with respect to such Department.

''(B) The first report under subparagraph (B) of paragraph (5) shall concern fiscal years 1997 and 1998, and shall consist of the findings and recommendations made by the Coordinating Committee in applying subparagraph (A) of such paragraph to the Department of Health

and Human Services. Such report shall be submitted not later than February 1, 1999.

''(7) PREVENTION ACTIVITIES.—With respect to activities for the prevention of fetal alcohol conditions—

''(A) the Coordinating Committee shall, as soon as is practicable after the date on which this section takes effect, develop recommendations under paragraph (5)(A) regarding the Department of Health and Human Services; and

''(B) such Committee shall, as soon as is practicable after October 1, 1998, develop recommendations under such paragraph regarding other departments and agencies of the Federal Government.

''(c) CERTAIN ACTIVITIES.—

''(1) IN GENERAL.—Activities under subsection (a) regarding fetal alcohol conditions shall include conducting and supporting basic and applied research, including epidemiological research; demonstrations; the training of health professionals, including the development of professional practice standards for detecting and preventing such conditions in pregnant women and for counseling such women; the evaluation of programs, including train-

ing programs; and the dissemination of diagnostic criteria. Activities under such subsection shall include the provision of technical assistance to public and nonprofit private entities that carry out such programs.

''(2) PREVENTION; PUBLIC AWARENESS.—

''(A) With respect to the prevention of fetal alcohol conditions, each of the requirements of paragraph (1) regarding the conduct and support of various types of activities shall be carried out, except to the extent inapplicable to prevention activities. Activities conducted or supported pursuant to the preceding sentence shall include carrying out a comprehensive program to educate health professionals and the general public, and shall include programs directed toward at-risk populations. Programs under this paragraph that are directed toward particular populations shall be provided in the language and cultural context most appropriate for the population involved.

''(B) In the conduct and support of activities under subparagraph (A), special emphasis shall be placed upon the utilization of collabo-

rative efforts with both the public and private sectors for the purpose of—

"(i) increasing the awareness and knowledge of health professionals and the public regarding the prevention of fetal alcohol conditions; and

"(ii) developing and disseminating to health professionals, patients and patient families, and the public information designed to encourage individuals to adopt healthful practices concerning the prevention of such conditions.

"(d) UNIFORM CRITERIA FOR COLLECTION AND REPORTING OF DATA.—In order to provide for the comparability of data on fetal alcohol conditions, the Secretary shall, to the extent practicable, develop uniform criteria for the collection and reporting of such data by or through the National Institutes of Health and the other agencies of the Department of Health and Human Services. The Secretary shall encourage the States to utilize such criteria.

"(e) COLLABORATIVE ACTIVITIES.—The Secretary may require that an activity under this section be carried out in collaboration with or through one or more of the other agencies of the Department of Health and Human

Services, and amounts made available under subsection (f) are available to the Secretary for such purpose.

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1997 through 2001.''.

Subtitle R—Postreproductive Health Care Act

SEC. 2691. SHORT TITLE.

This subtitle may be cited as the ''Postreproductive Health Care Act''.

SEC. 2692. ESTABLISHMENT OF PROGRAM FOR POSTREPRODUCTIVE HEALTH CARE.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following new subpart:

''Subpart IX—Postreproductive Health Care

''POSTREPRODUCTIVE HEALTH CARE

''SEC. 340D. (a) IN GENERAL.—The Secretary shall make grants for the purpose of providing the services described in subsection (b) to women who are of menopausal age or older. Such grants may be made only to public or nonprofit private entities that provide health services to a significant number of low-income women.

''(b) AUTHORIZED SERVICES.—The services referred to in subsection (a) are as follows:

''(1) The prevention and outpatient treatment of health conditions—

''(A) unique to, more serious, or more prevalent for eligible women; or

''(B) for which, in the case of such women, the factors of medical risk or types of medical intervention are different.

''(2) Counseling on the conditions described in paragraph (1).

''(3) The education and training of health professionals (including allied health professionals) on the prevention and treatment of such conditions and on the provision of such counseling.

''(c) PRIORITY IN PROVISION OF SERVICES.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that, in expending the grant to provide authorized services to eligible women, the applicant will give priority to providing the services for menopausal health conditions.

''(d) OUTREACH.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees—

''(1) to conduct outreach services to inform women in the community involved of the fact that authorized services are available from the applicant; and

''(2) to give priority to providing the outreach services to low-income women.

''(e) LIMITATION ON IMPOSITION OF FEES FOR SERVICES.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees that, if a charge is imposed for the provision of services or activities under the grant, such charge—

''(1) will be made according to a schedule of charges that is made available to the public;

''(2) will be adjusted to reflect the income of the woman involved; and

''(3) will not be imposed on any woman with an income equal to or less than 100 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

''(f) REPORTS TO SECRETARY.—The Secretary may make a grant under subsection (a) only if the applicant involved agrees to submit to the Secretary, for each fiscal year for which such a grant is made to the applicant, a

report describing the purposes for which the grant has been expended.

''(g) REQUIREMENT OF APPLICATION.—The Secretary may make a grant under subsection (a) only if the applicant involved makes an agreement that the grant will not be expended for any purpose other than the purpose described in such subsection and for compliance with any other agreements required in this section. Such a grant may be made only if an application for the grant is submitted to the Secretary containing such agreements, and the application is in such form, is made in such manner, and contains such other agreements, and such assurances and information, as the Secretary determines to be necessary to carry out this section.

''(h) DEFINITIONS.—For purposes of this section:

''(1) The term 'authorized services' means the services described in subsection (b).

''(2) The term 'eligible women' means women described in subsection (a).

''(3) The term 'health conditions' includes diseases and disorders.

''(4) The term 'health' includes mental health.

''(5) The term 'menopausal age', with respect to a woman, includes the age at which the woman is nearing menopause and includes any age at which

the woman experiences menopausal health conditions.

''(6) The term 'menopausal health conditions' means conditions arising from the diminished or complete cessation of the functioning of the ovaries, whether occurring naturally or otherwise.

''(i) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $25,000,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.''.

Subtitle S—Family Caregiver Support and Protection Act of 1996

SEC. 2701. SHORT TITLE.

This subtitle may be cited as the ''Family Caregiver Support and Protection Act of 1996''.

SEC. 2702. COVERAGE OF RESPITE CARE SERVICES UNDER MEDICARE.

(a) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(1) by striking ''and'' at the end of subparagraph (N);

(2) by striking ''and'' at the end of subparagraph (O); and

(3) by inserting after subparagraph (O) the following new subparagraph:

''(P) respite care services (as defined in subsection (oo)); and''.

(b) SERVICES DESCRIBED.—Section 1861 of such Act (42 U.S.C. 1395x) is amended by adding at the end the following new subsection:

''Respite Care Services

''(oo)(1)(A) Subject to subparagraph (C), the term 'respite care services' means any of the services described in subparagraph (B) which are furnished to an eligible individual (as described in paragraph (2)) for the support of a caregiver described in paragraph (2) at the individual's home or in the community on a short-term, intermittent, or emergency basis by an individual or entity who meets such standards as the Secretary may establish.

''(B) The services described in this subparagraph are as follows:

''(i) Companion services.

''(ii) Homemaker services.

''(iii) Personal assistance.

''(iv) Community day services.

''(v) Temporary care in an accredited or licensed residential facility.

''(C) In establishing standards pursuant to subparagraph (A) for individuals and entities providing respite care services, the Secretary shall consult with organizations representing providers of the services described in such paragraph and organizations representing individuals who typically receive such services.

''(D) The term 'respite care services' does not include any services furnished to an individual during a 12-month period after the individual has been furnished 120 hours of such services during such period.

''(2) An 'eligible individual' described in this paragraph is an individual with functional limitations (as described in paragraph (3)) who is dependent on a daily basis on a caregiver who—

''(A) has primary responsibility for providing care to the individual;

''(B) does not receive financial remuneration for providing such care; and

''(C) has provided such care for a period of not less than 3 consecutive months.

''(3)(A) In paragraph (2), an 'individual with functional limitations' is an individual who is certified (in accordance with such criteria as the Secretary may establish consistent with subparagraph (C)) as—

''(i) being unable to perform without substantial assistance from another individual (including assistance involving verbal reminding or physical cueing) at least 2 of the activities of daily living described in subparagraph (B) for a period of at least 90 days due to a loss of functional capacity or to cognitive or other mental impairment;

''(ii) requiring substantial supervision to protect the individual from threats to the individual's health or safety due to substantial cognitive or other mental impairment; or

''(iii) having a level of disability similar (as determined by the Secretary) to the level of disability described in clause (i) or (ii).

''(B) The activities of daily living described in this subparagraph are as follows:

''(i) Eating.

''(ii) Toileting.

''(iii) Transferring.

''(iv) Bathing.

''(v) Dressing.

''(vi) Continence.

''(C) In establishing criteria pursuant to subparagraph (A) for the certification of individuals with func-

tional limitations, the Secretary may not require that such certification be performed only by a physician.''.

(c) PAYMENT ON HOURLY BASIS.—Section 1833 of such Act (42 U.S.C. 1395l) is amended by inserting after subsection (o) the following new subsection:

''(p) Payment for respite care services shall be paid on the basis of an hour of such services provided.''.

(d) CONFORMING AMENDMENT.—Section 1862(a) of such Act (42 U.S.C. 1395y(a)) is amended—

(1) by striking ''or'' at the end of paragraph (14);

(2) by striking the period at the end of paragraph (15) and inserting ''; or''; and

(3) by inserting after paragraph (15) the following new paragraph:

''(16) in the case of respite care services, which are furnished to an individual during a 12-month period after the individual has been furnished 120 hours of such services during such period.''.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to services furnished on or after January 1, 1997.

SEC. 2703. TREATMENT OF LONG-TERM CARE SERVICES AS MEDICAL CARE.

(a) GENERAL RULE.—Paragraph (1) of section 213(d) (defining medical care) is amended by striking ''or'' at the end of subparagraph (B), by striking the period at the end of subparagraph (C) and inserting '', or'', and by adding at the end the following new subparagraph:

''(D) for qualified long-term care services (as defined in subsection (f)).''

(b) DEFINITION OF QUALIFIED LONG-TERM CARE SERVICES.—Section 213 of such Code is amended by adding at the end the following new subsection:

''(f) QUALIFIED LONG-TERM CARE SERVICES.—For purposes of this section—

''(1) IN GENERAL.—The term 'qualified long-term care services' means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which—

''(A) are required by a chronically ill individual, and

''(B) are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

''(2) CHRONICALLY ILL INDIVIDUAL.—

"(A) IN GENERAL.—The term 'chronically ill individual' means any individual who has been certified by a licensed health care practitioner as—

"(i) being unable to perform (without substantial assistance from another individual) at least 2 activities of daily living for a period of at least 90 days due to a loss of functional capacity or to cognitive impairment,

"(ii) requiring substantial supervision to protect such individual from threats to health or safety due to substantial cognitive impairment, or

"(iii) having a level of disability similar (as determined by the Secretary in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (i) or (ii).

Such term shall not include any individual otherwise meeting the requirements of the preceding sentence unless within the preceding 12-month period a licensed health care practitioner has certified that such individual meets such requirements.

"(B) ACTIVITIES OF DAILY LIVING.—For purposes of subparagraph (A), each of the following is an activity of daily living:

"(i) Eating.

"(ii) Toileting.

"(iii) Transferring.

"(iv) Bathing.

"(v) Dressing.

"(vi) Continence.

"(C) SUBSTANTIAL ASSISTANCE.—For purposes of subparagraph (A)(i), the term 'substantial assistance' includes verbal reminding or physical cuing.

"(3) MAINTENANCE OR PERSONAL CARE SERVICES.—The term 'maintenance or personal care services' means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the individual is a chronically ill individual (including the protection from threats to health and safety due to severe cognitive impairment).

"(4) LICENSED HEALTH CARE PRACTITIONER.—The term 'licensed health care practitioner' means any physician (as defined in section 1861(r)(1) of the Social Security Act) and any reg-

istered professional nurse, licensed social worker, or other individual who meets such requirements as may be prescribed by the Secretary.''

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 1995.

Subtitle T—Medicare Mammography Enhancement Act of 1996

SEC. 2751. SHORT TITLE.

This subtitle may be cited as the ''Medicare Mammography Enhancement Act of 1996''.

SEC. 2752. EXPANDING SCREENING MAMMOGRAPHY UNDER THE MEDICARE PROGRAM.

(a) PROVIDING ANNUAL SCREENING MAMMOGRAPHY FOR WOMEN OVER AGE 49.—Section 1834(c)(2)(A) of the Social Security Act (42 U.S.C. 1395m(c)(2)(A)) is amended—

(1) in clause (iv), by striking ''but under 65 years of age,'', and

(2) by striking clause (v).

(b) WAIVER OF DEDUCTIBLE.—

(1) IN GENERAL.—The first sentence of section 1833(b) of such Act (42 U.S.C. 1395l(b)) is amended—

(A) by striking ''and (4)'' and inserting ''(4)'', and

(B) by striking the period at the end and inserting the following: '', and (5) such deductible shall not apply with respect to screening mammography (as described in section 1861(jj)).''.

(2) CONFORMING AMENDMENT.—Section 1834(c)(1)(C) of such Act (42 U.S.C. 1395m(c)(1)(C)) is amended by striking '', subject to the deductible established under section 1833(b),''.

(c) WAIVER OF COINSURANCE.—

(1) IN GENERAL.—Section 1834(c)(1)(C) of such Act (42 U.S.C. 1395m(c)(1)(C)) is amended by striking ''80 percent of''.

(2) WAIVER OF COINSURANCE IN OUTPATIENT HOSPITAL SETTINGS.—The third sentence of section 1866(a)(2)(A) of such Act (42 U.S.C. 1395cc(a)(2)(A)) is amended by inserting after ''1861(s)(10)(A)'' the following: '', with respect to screening mammography (as defined in section 1861(jj)),''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to screening mammography performed on or after January 1, 1997.

Subtitle U—Medicare Bone Mass Measurement Standardization Act of 1996

SEC. 2791. SHORT TITLE.

This subtitle may be cited as the ''Medicare Bone Mass Measurement Standardization Act of 1996''.

SEC. 2792. MEDICARE COVERAGE OF BONE MASS MEASUREMENTS.

(a) IN GENERAL.—

(1) COVERAGE.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)), as amended by section 147(f)(6)(B)(iii) of the Social Security Act Amendments of 1994, is amended—

(A) in subparagraph (N), by striking ''and'' at the end;

(B) in subparagraph (O), by striking ''and'' at the end; and

(C) by inserting after subparagraph (O) the following new subparagraph:

''(P) bone mass measurement (as defined in subsection (oo)); and''.

(2) BONE MASS MEASUREMENTS DESCRIBED.—Section 1861 of such Act (42 U.S.C. 1395x), as amended by section 146(a) of the Social Security Act Amendments of 1994, is amended by adding at the end the following new subsection:

''Bone Mass Measurement

''(oo)(1) The term 'bone mass measurement' means a radiologic or radioisotopic procedure or other scientifically proven technology performed on a qualified individual (as defined in paragraph (2)) for the purpose of identifying bone mass or detecting bone loss, and includes a physician's interpretation of the results of the procedure.

''(2) For purposes of paragraph (1), the term 'qualified individual' means (in accordance with regulations prescribed by the Secretary)—

''(A) an estrogen-deficient woman at clinical risk for osteoporosis;

''(B) an individual with vertebral abnormalities;

''(C) an individual receiving long-term glucocorticoid steroid therapy;

''(D) an individual with primary hyperparathyroidism; or

''(E) an individual who is monitored to assess the individual's response to or the efficacy of approved osteoporosis drug therapies.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to bone mass measurements performed on or after January 1, 1997.

Subtitle V—Osteoporosis and Related Bone Disorders Resource Center Act of 1996

SEC. 2801. SHORT TITLE.

This subtitle may be cited as the ''Osteoporosis and Related Bone Disorders Resource Center Act of 1996''.

SEC. 2802. FUNDING FOR INFORMATION CLEARINGHOUSE ON OSTEOPOROSIS, PAGET'S DISEASE, AND RELATED BONE DISORDERS.

Section 409A(d) of the Public Health Service Act (42 U.S.C. 284e(d)) is amended by adding at the end the following sentence: ''In addition to other authorizations of appropriations available for the purpose of the establishment and operation of the information clearinghouse under subsection (c), there are authorized to be appropriated for such purpose $500,000 for fiscal year 1997, and such sums as may be necessary for each of the fiscal years 1998 and 1999.''.

Subtitle W—Women Veterans Health Improvement Act of 1996

SEC. 2851. SHORT TITLE.

This subtitle may be cited as the ''Women Veterans Health Improvement Act of 1996''.

SEC. 2852. WOMEN'S HEALTH SERVICES.

(a) WOMEN'S HEALTH SERVICES.—Section 1701 of title 38, United States Code, is amended—

(1) in paragraph (6)(A)(i), by inserting ''women's health services,'' after ''preventive health services,''; and

(2) by adding at the end the following:

''(10) The term 'women's health services' means health care services provided to women, including counseling and services relating to the following:

''(A) Papanicolaou tests (pap smear).

''(B) Breast examinations and mammography.

''(C) The management and prevention of sexually transmitted diseases.

''(D) Menopause, osteoporosis, and other conditions relating to aging.

''(E) Cardiac care.

''(F) Physical and psychological conditions arising out of acts of sexual violence.

''(G) Physical and psychological conditions that result from homelessness.''.

(b) CONTRACTS FOR WOMEN'S HEALTH SERVICES.—Section 1703(a) of such title is amended by adding at the end the following:

''(9) Women's health services for veterans on an ambulatory or outpatient basis.''.

(c) REPEAL OF SUPERSEDED AUTHORITY.—Section 106 of the Veterans Health Care Act of 1992 (Public Law 102–585; 38 U.S.C. 1710 note) is amended—

(1) by striking out subsection (a); and

(2) by striking out ''(b) RESPONSIBILITIES OF DIRECTORS OF FACILITIES.—'' before ''The Secretary''.

SEC. 2853. REPORT ON WOMEN'S HEALTH CARE AND RESEARCH.

(a) IN GENERAL.—Not later than January 1, 1999, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the provision of health care services and the conduct of research carried out by, or under the jurisdiction of, the Secretary relating to women veterans. The report shall be prepared through the Center for Women Veterans established under section 318 of title 38, United States Code, which shall prepare the report

in consultation with the Advisory Committee on Women Veterans established under section 542 of that title.

(b) CONTENTS.—The report under subsection (a) shall include the following information:

(1) The number of women veterans who have received women's health services (as such term is defined in section 1701(10) of title 38, United States Code) in facilities under the jurisdiction of the Secretary (or the Secretary of Defense), shown by reference to the Department facility which provided (or, in the case of Department of Defense facilities, arranged for) those services.

(2) A description of—

(A) the services provided at each such facility;

(B) the type and amount of services provided by such personnel, including information on the numbers of inpatient stays and the number of outpatient visits through which such services were provided; and

(C) the extent to which each such facility relies on contractual arrangements under section 1703 or 8153 of title 38, United States Code, to furnish care to women veterans in facilities which are not under the jurisdiction of

the Secretary where the provision of such care is not furnished in a medical emergency.

(3) The steps taken by each such facility to expand the provision of services at such facility (or under arrangements with the Department of Defense facility) to women veterans.

(4) A description of the personnel of the Department who provided such services to women veterans, including the number of employees (including both the number of individual employees and the number of full-time employee equivalents) and the professional qualifications or specialty training of such employees and the Department facilities to which such personnel were assigned.

(5) A description of any actions taken by the Secretary to ensure the retention of the personnel described in paragraph (4) and any actions undertaken to recruit additional such personnel or personnel to replace such personnel.

(6) An assessment by the Secretary of any difficulties experienced by the Secretary in the furnishing of such services and the actions taken by the Secretary to resolve such difficulties.

(7) A description (as of October 1 of the year preceding the year in which the report is submitted)

of the status of any research relating to women veterans being carried out by or under the jurisdiction of the Secretary.

(8) A description of the actions taken by the Secretary to foster and encourage the expansion of such research.

SEC. 2854. EXPANSION OF RESEARCH RELATING TO WOMEN VETERANS.

(a) INCLUSION OF WOMEN AND MINORITIES IN HEALTH RESEARCH.—Section 7303(c) of title 38, United States Code, is amended—

(1) in paragraph (1), by striking out ''that, whenever possible and appropriate—'' and inserting in lieu thereof ''that—''; and

(2) by adding at the end the following new paragraph:

''(3) The requirement in paragraph (1) regarding women and members of minority groups who are veterans may be waived by the Secretary of Veterans Affairs with respect to a project of clinical research if the Secretary determines that the inclusion, as subjects in the project, of women and members of minority groups, respectively—

''(A) is inappropriate with respect to the health of the subjects;

''(B) is inappropriate with respect to the purpose of the research; or

''(C) is inappropriate under such other circumstances as the Secretary may designate.''.

(b) HEALTH RESEARCH RELATING TO WOMEN.—Section 7303(d) of such title is amended by adding at the end the following new paragraphs:

''(3) The Secretary shall foster and encourage research under this section on the following matters as they relate to women:

''(A) Breast cancer.

''(B) Gynecological and reproductive health, including gynecological cancer, infertility, sexually-transmitted diseases, and pregnancy.

''(C) Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.

''(D) Mental health, including post-traumatic stress disorder, depression, combat related stress, and trauma.

''(E) Diseases related to aging, including menopause, osteoporosis, and Alzheimer's Disease.

''(F) Substance abuse.

''(G) Sexual violence and related trauma.

''(H) Exposure to toxic chemicals and other environmental hazards.

''(I) Cardiac care.

''(4) The Secretary shall, to the maximum extent practicable, ensure that personnel of the Department of Veterans Affairs engaged in the research referred to in paragraph (1) include the following:

''(A) Personnel of the geriatric research, education, and clinical centers designated pursuant to section 7314 of this title.

''(B) Personnel of the National Center for Post-Traumatic Stress Disorder established pursuant to section 110(c) of the Veterans Health Care Act of 1984 (Public Law 98–528; 98 Stat. 2692).

''(5) The Secretary shall ensure that personnel of the Department engaged in research relating to the health of women veterans are advised and informed of such research engaged in by other personnel of the Department.''.

SEC. 2855. POPULATION STUDY.

(a) STUDY.—The Secretary of Veterans Affairs, subject to subsection (f), shall conduct a study to determine the needs of veterans who are women for health-care services. The study shall be carried out through the Center for Women Veterans.

(b) CONSULTATION.—Before carrying out the study, the Secretary shall request the advice of the Advisory

Committee on Women Veterans on the conduct of the study.

(c) PERSONS TO BE INCLUDED IN SAMPLE OF VETERANS STUDIED.—(1) Subject to paragraph (2), the study shall be based on—

(A) an appropriate sample of veterans who are women; and

(B) an examination of the medical and demographic histories of the women comprising such sample.

(2) The sample referred to in paragraph (1) shall constitute a representative sampling (as determined by the Secretary) of the ages, the ethnic, social and economic backgrounds, the enlisted and officer grades, and the branches of service of all veterans who are women. The Secretary shall ensure that homeless Women Veterans are included in the sample.

(3) In carrying out the examination referred to in paragraph (1)(B), the Secretary shall determine the number of women of the sample who have used medical facilities of the Department, nursing home facilities of or under the jurisdiction of the Department, and outpatient care facilities of or under the jurisdiction of the Department.

(d) REPORTS.—The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives reports relating to the study as follows:

(1) Not later than nine months after the date of the enactment of this Act, an interim report describing (A) the information and advice obtained by the Secretary from the Advisory Committee on Women Veterans, and (B) the status of the study.

(2) Not later than December 31, 1999, a final report describing the results of the study.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the General Operating Expenses account of the Department of Veterans Affairs $2,000,000 to carry out the purposes of this section. Amounts appropriated pursuant to this authorization of appropriations shall be available for obligation without fiscal year limitation.

(f) LIMITATION.—No funds may be used to conduct the study described in subsection (a) unless expressly provided for in an appropriation Act.

SEC. 2856. OUTREACH SERVICES FOR HOMELESS WOMEN VETERANS.

Section 7722(e) of title 38, United States Code, is amended by adding at the end the following new sentence: ''In carrying out this subsection, the Secretary shall take

such steps as may be necessary to ensure that homeless women veterans are included in such outreach programs and outreach services.''.

SEC. 2857. SAFE AND EFFECTIVE TREATMENT FOR WOMEN PSYCHIATRIC PATIENTS.

The Secretary of Veterans Affairs shall ensure that women veterans who are receiving psychiatric treatment from the Secretary, particularly in the case of women who are sexually traumatized, receive such treatment (on both an inpatient and outpatient basis) in a safe and effective manner that recognizes the privacy needs of such women.

SEC. 2858. MAMMOGRAPHY QUALITY STANDARDS.

(a) APPLICABILITY TO DEPARTMENT OF VETERANS AFFAIRS OF MAMMOGRAPHY QUALITY STANDARDS ACT OF 1992.—Subsections (a) through (k) of section 354 of the Public Health Service Act (42 U.S.C. 263b) shall apply with respect to facilities of the Department of Veterans Affairs without regard to the last sentence of subparagraph (A) of subsection (a)(3) of such section.

(b) EXTENSION OF DEADLINES.—Any deadline for the completion of any action prescribed under any provision referred to in subsection (a) shall be applied with respect to facilities of the Department of Veterans Affairs by extending such deadline so as to be two years after the date of the enactment of this Act or two years after

the date which would otherwise be applicable under such provision, whichever is later.

(c) INTERAGENCY COOPERATION.—The Secretary of Veterans Affairs shall take appropriate steps to cooperate with the Secretary of Health and Human Services in the implementation of this section.

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