

105TH CONGRESS
2D SESSION

H. R. 4189

To amend the Public Health Service Act to establish authorities of the departmental Office of Minority Health with respect to tobacco products, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 25, 1998

Mr. THOMPSON (for himself, Mr. UNDERWOOD, Mr. BECERRA, Mr. KILDEE, Mrs. MINK of Hawaii, Ms. WATERS, Ms. BROWN of Florida, Mr. BROWN of California, Ms. CARSON, Ms. CHRISTIAN-GREEN, Mr. CLAY, Mr. CLYBURN, Mr. CONYERS, Mr. CUMMINGS, Mr. DAVIS of Illinois, Mr. DIXON, Mr. ENGEL, Mr. FATAH, Mr. FALEOMAVAEGA, Mr. FILNER, Ms. FURSE, Mr. FORD, Mr. GUTIERREZ, Mr. HASTINGS of Florida, Mr. HINOJOSA, Mr. HILLIARD, Mr. HINCHEY, Mr. JACKSON of Illinois, Ms. JACKSON-LEE of Texas, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. KILPATRICK, Mr. LANTOS, Ms. LEE, Mr. LEWIS of Georgia, Mr. MATSUI, Mr. MEEKS of New York, Mrs. MEEK of Florida, Mr. MCDERMOTT, Ms. MILLENDER-MCDONALD, Mr. NADLER, Ms. NORTON, Mr. OWENS, Mr. PASTOR, Mr. PAYNE, Ms. PELOSI, Mr. RANGEL, Mr. RODRIGUEZ, Mr. ROMERO-BARCELÓ, Ms. ROYBAL-ALLARD, Mr. RUSH, Mr. SCOTT, Mr. SERRANO, Mr. STOKES, Mr. TORRES, Mr. TOWNS, Ms. VELÁZQUEZ, Mr. WAXMAN, Mr. WYNN, Mr. MEEHAN, and Mr. GEPHARDT) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act to establish authorities of the departmental Office of Minority Health with respect to tobacco products, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Minority Community
3 Tobacco Reduction Act”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows with respect to eiga-
6 rettes and other tobacco products:

7 (1) Smoking rates among African American
8 and Hispanic teenagers rose dramatically from 1991
9 to 1997. During those years, smoking rates among
10 African American high school students increased by
11 a startling 80 percent, and smoking rates among
12 Hispanic high school students increased by 34 per-
13 cent.

14 (2) Smoking increases the rate of infant mortal-
15 ity and low birthweight births, with the risk of low
16 birthweight infants almost twice as high for smokers
17 than for nonsmokers. Among smokers, the rate of
18 sudden infant death syndrome is particularly high
19 for Hispanics, African Americans, and Asian Ameri-
20 cans.

21 (3) The most recent data shows disturbing
22 trends among Asian American and American Indian/
23 Alaska Native youth. From 1990 to 1995, smoking
24 increased by 17 percent among Asian American 12th
25 graders and by 26 percent among their American
26 Indian and Alaska Native counterparts. Moreover,

1 the Centers for Disease Control has found that
2 American Indians/Alaska Natives adults have the
3 highest tobacco use rate of all major racial/ethnic
4 groups in America at 42.2 percent (53.7 percent of
5 men and 33.1 percent of women) and the American
6 Indian Cancer Control Project has found that the
7 death rate among American Indians due to tobacco
8 abuse is double the death rate of other Americans.
9 An average of two out of every five American Indi-
10 ans die from tobacco abuse.

11 (4) Minority smoking rates could be signifi-
12 cantly higher if the data reflected statistics collected
13 for the territories of the United States. National to-
14 bacco legislation should include appropriate steps to
15 plan, compile, analyze, and evaluate data on tobacco
16 use for such territories.

17 (5) Smoking is a major cause of death and dis-
18 ease among all racial and ethnic minority groups.

19 (6) Lung cancer is the leading cancer death for
20 all such groups. The increase in youth smoking
21 threatens to reverse progress made against lung can-
22 cer among these groups.

23 (7) The tobacco industry has targeted minority
24 communities in carrying out advertising and pro-

1 motion campaigns, posing serious challenges to re-
2 ducing smoking in such communities.

3 (8) Antitobacco efforts should be undertaken at
4 levels sufficient to ensure that rates of smoking are
5 reduced among minority groups, both adults and
6 youths. Without such efforts, significant increases in
7 the retail price of tobacco products, which some pro-
8 posals for national tobacco legislation have included,
9 would constitute a regressive tax on racial and eth-
10 nic minority groups.

11 (9) Reductions among minority groups in the
12 rate of smoking and in tobacco-related diseases
13 should be facilitated by requiring that—

14 (A) the Office of Minority Health for the
15 Department of Health and Human Services (es-
16 tablished within the Public Health Service) to
17 prepare, in collaboration with other officials in
18 the Public Health Service, a comprehensive plan
19 that concerns the use of tobacco products by
20 minority groups and is administered by agen-
21 cies of the Service; and

22 (B) if programs are established under
23 which the Secretary of Health and Human
24 Services makes block grants to the States for
25 carrying out public health activities regarding

1 tobacco products, a portion of such grants be
2 made available for directing such activities to-
3 ward minority groups.

4 (10) In order to redress the past targeting of
5 minority youth by the tobacco industry, financial
6 support of educational institutions that serve signifi-
7 cant numbers of minority youth should be increased.

8 (11) Any new regulations concerning the use of
9 tobacco products in national tobacco legislation
10 should recognize the historic American Indian tradi-
11 tional and ceremonial use of tobacco products, and
12 preserve and protect the cultural, religious, and cere-
13 monial uses of tobacco by members of Indian tribes.

14 (12) Any national tobacco legislation which
15 places new regulations on tobacco products concern-
16 ing tobacco use, commerce, or business must recog-
17 nize and respect Indian tribal sovereignty and tribal
18 authority to make and enforce laws regarding the
19 regulation of tobacco distributors and tobacco prod-
20 ucts on Indian lands.

21 (13) If national tobacco legislation restricts the
22 ability of the tobacco industry to sponsor athletic,
23 musical, artistic, or other social or cultural events or
24 activities, the resulting reduction in funds could lead
25 to the discontinuation of small, community-based

1 events and activities, and could force small, commu-
2 nity-based newspapers and other periodicals into
3 bankruptcy. Any temporary transition assistance
4 provided by national tobacco legislation to events,
5 activities, and periodicals that have received sponsor-
6 ship in the past from the tobacco industry must give
7 special consideration to small, community-based
8 events, activities, and periodicals until new sponsors
9 can be found.

10 **TITLE I—AUTHORITIES OF DE-**
11 **PARTMENTAL OFFICE OF MI-**
12 **NORITY HEALTH WITH RE-**
13 **SPECT TO TOBACCO PROD-**
14 **UCTS**

15 **SEC. 101. AUTHORITIES OF DEPARTMENTAL OFFICE OF MI-**
16 **NORITY HEALTH.**

17 (a) IN GENERAL.—Title XVII of the Public Health
18 Service Act (42 U.S.C. 300u et seq.) is amended by in-
19 serting after section 1707 the following new section:

20 “MINORITY HEALTH AND USE OF TOBACCO PRODUCTS

21 “SEC. 1707A. (a) IN GENERAL.—

22 “(1) INTERAGENCY COORDINATION OF MINOR-
23 ITY TOBACCO ACTIVITIES.—With respect to minority
24 tobacco activities of the Public Health Service, the
25 Secretary shall plan, coordinate, and evaluate all
26 such activities that are conducted or supported by

1 the agencies of the Service that are designated in
2 subsection (b)(2), including activities relating to dis-
3 ease prevention, health promotion, service delivery,
4 and research.

5 “(2) ALLOCATION FROM AMOUNTS UNDER NA-
6 TIONAL TOBACCO LEGISLATION.—Of the amounts
7 made available for a fiscal year to a designated
8 agency of the Service for carrying out public health
9 activities regarding tobacco products (including
10 amounts made available to the agency pursuant to
11 national tobacco legislation), there shall be made
12 available, for carrying out minority tobacco activities
13 under paragraph (1) through the agency in accord-
14 ance with the plan under subsection (c), not less
15 than the percentage constituted by the ratio of—

16 “(A) the number of individuals in the
17 States who smoke or otherwise use tobacco
18 products and are members of racial or ethnic
19 minority groups, as determined by the Director
20 of the Centers for Disease Control and Preven-
21 tion; to

22 “(B) the total number of individuals in the
23 States who smoke or otherwise use such prod-
24 ucts, as so determined.

1 “(b) ADMINISTRATION THROUGH OFFICE OF MINOR-
2 ITY HEALTH.—

3 “(1) IN GENERAL.—The Secretary shall carry
4 out this section, including with respect to functions
5 under paragraph (3) and the plan under subsection
6 (c), acting through the Deputy Assistant Secretary
7 for Minority Health and in consultation with the ad-
8 visory committee under subsection (e).

9 “(2) COLLABORATION WITH DESIGNATED
10 AGENCIES OF PUBLIC HEALTH SERVICE.—The Sec-
11 retary shall carry out this section, including with re-
12 spect to functions under paragraph (3) and the plan
13 under subsection (c), in collaboration with the Direc-
14 tor of the Centers for Disease Control and Preven-
15 tion, the Administrator of the Health Resources and
16 Services Administration, the Director of the Indian
17 Health Service, the Director of the National Insti-
18 tutes of Health, and the Administrator of the Sub-
19 stance Abuse and Mental Health Services Adminis-
20 tration (which agencies are collectively referred to in
21 this section as the ‘designated agencies’).

22 “(3) COORDINATION.—In carrying out this sec-
23 tion, the Secretary shall act as the primary Federal
24 official with responsibility for overseeing all minority

1 tobacco activities conducted or supported by the
2 agencies referred to in paragraph (2), and—

3 “(A) shall serve to represent matters re-
4 garding minority tobacco activities at all rel-
5 evant Executive branch task forces and commit-
6 tees; and

7 “(B) shall maintain communications with
8 all relevant agencies of the Service and with
9 various other departments of the Federal Gov-
10 ernment in order to ensure the timely trans-
11 mission between such agencies of information
12 concerning such activities, including advances in
13 research, and to ensure the dissemination of in-
14 formation to affected communities and health
15 care providers.

16 “(c) COMPREHENSIVE PLAN FOR MINORITY TO-
17 BACCO ACTIVITIES OF DESIGNATED AGENCIES.—

18 “(1) IN GENERAL.—Subject to the provisions of
19 this subsection and other applicable law, the Sec-
20 retary, in planning minority tobacco activities under
21 subsection (a)(1), shall—

22 “(A) establish a comprehensive plan for
23 the conduct and support of minority tobacco ac-
24 tivities by the designated agencies of the Service
25 (which plan shall be first established under this

1 paragraph not later than 6 months after the ef-
2 fective date of this paragraph);

3 “(B) ensure that all amounts appropriated
4 for the minority tobacco activities of such agen-
5 cies are expended in accordance with the Plan;

6 “(C) review the Plan not less than annu-
7 ally, and revise the Plan as appropriate; and

8 “(D) ensure that the Plan serves as a
9 broad, binding statement of policies regarding
10 the minority tobacco activities of such agencies,
11 but does not remove the responsibility of the
12 heads of the agencies for the approval of spe-
13 cific programs or projects, or for other details
14 of the daily administration of such activities, in
15 accordance with the Plan.

16 “(2) CERTAIN COMPONENTS OF PLAN.—The
17 Plan shall provide for the conduct or support by the
18 designated agencies of the Service of each category
19 of minority tobacco activities (as applicable to the
20 agency involved), as follows:

21 “(A) Assisting individuals in ceasing the
22 use of tobacco products, including through the
23 use of drugs and cessation devices.

1 “(B) Providing education regarding the
2 health risks associated with the use of tobacco
3 products.

4 “(C) Making awards of grants or contracts
5 for the provision of health services for condi-
6 tions related to the use of tobacco products.

7 “(D) Providing for biomedical and behav-
8 ioral research relating to such conditions.

9 “(3) USE OF CRITERIA IN REPORT OF SURGEON
10 GENERAL; OTHER CRITERIA.—The Secretary shall in
11 developing the Plan, and the designated agencies of
12 the Service shall in carrying out the Plan, follow the
13 criteria that are relevant to the activity involved and
14 are presented in the report published in 1998 and
15 entitled “Tobacco Use Among U.S. Racial and Eth-
16 nic Minority Groups—A Report of the Surgeon Gen-
17 eral” (relating to the Surgeon General of the Public
18 Health Service), including criteria under the follow-
19 ing topics in such report:

20 “(A) Patterns of tobacco use.

21 “(B) Health consequences of tobacco use.

22 “(C) Factors that influence tobacco use.

23 “(D) Tobacco control and education ef-
24 forts.

1 In the case of the territories of the United States,
2 the Secretary shall in developing the Plan, and the
3 designated agencies of the Service shall in carrying
4 out the Plan, follow criteria that are relevant to the
5 activity involved and are developed on the basis of
6 data collected pursuant to paragraph (6).

7 “(4) CULTURAL CONTEXT OF ACTIVITIES.—The
8 Secretary shall ensure that minority tobacco activi-
9 ties under the Plan are provided in contexts that are
10 culturally and linguistically appropriate for the pop-
11 ulations of individuals for whom the activities are in-
12 tended. American Indian Tribes shall, within their
13 own communities, determine what is culturally and
14 linguistically appropriate.

15 “(5) COLLECTION OF DATA ON RATES AND
16 HEALTH EFFECTS.—With respect to the rates of use
17 of tobacco products among racial and ethnic minor-
18 ity groups, and the health effects in such groups of
19 the use of such products, the Secretary shall ensure
20 that the Plan requires that data on such rates and
21 such effects be collected and evaluated through one
22 or more of the designated agencies of the Service,
23 including data categorized in accordance with the
24 following:

1 “(A) Race and ethnicity, including sub-
2 groups.

3 “(B) Gender.

4 “(C) Age, including a category for individ-
5 uals under the age of 18.

6 “(6) TERRITORIES.—The Secretary shall ensure
7 that the Plan provides for carrying out minority to-
8 bacco activities in the territories of the United
9 States, and that the data described in paragraph (5)
10 is collected in the territories.

11 “(7) ALLOCATION OF AMOUNTS BY INDIAN
12 HEALTH SERVICE.—The Secretary shall ensure that
13 the Plan provides that, in the award of grants and
14 contracts under the Plan by the Indian Health Serv-
15 ice, amounts are allocated in accordance with the
16 formula known as the distributed service user popu-
17 lation formula.

18 “(d) AGENCY ACTIVITIES; GRANTS AND CON-
19 TRACTS.—

20 “(1) IN GENERAL.—Activities under subsection
21 (a)(1) may be carried out—

22 “(A) directly by the Secretary and the des-
23 igned agencies of the Service; and

1 “(B) through awards of grants, cooperative
2 agreements, and contracts to public and non-
3 profit private entities.

4 “(2) SPECIAL CONSIDERATION REGARDING
5 GRANTS AND CONTRACTS.—In making awards under
6 paragraph (1)(B), the Secretary shall ensure that
7 special consideration is given to the following enti-
8 ties:

9 “(A) Community-based organizations that
10 have a history of carrying out minority tobacco
11 activities or that have the capacity to begin car-
12 rying out such activities.

13 “(B) Statewide and regional organizations
14 that have a history of carrying out minority to-
15 bacco activities or that have the capacity to
16 begin carrying out such activities.

17 “(C) Educational institutions, including
18 historically Black colleges and universities, His-
19 panic serving institutions, and tribally con-
20 trolled community colleges (as such terms are
21 defined under the Higher Education Act of
22 1965).

23 “(D) Federally qualified health centers,
24 and disproportionate share hospitals.

1 “(E) Indian tribes and tribal organiza-
2 tions.

3 “(e) ADVISORY COMMITTEE REGARDING MINORITY
4 TOBACCO ACTIVITIES.—The Secretary shall ensure that
5 there is in operation an advisory committee to advise the
6 Secretary on carrying out this section, and that such com-
7 mittee is appointed from among individuals who are not
8 officers or employees of the Federal Government and who
9 are experienced with respect to minority health concerns.
10 The Secretary shall carry out the preceding sentence by
11 appointing an advisory committee whose only responsibil-
12 ity is so advising the Secretary, except that such respon-
13 sibility shall be assigned to an advisory committee whose
14 function is generally advising the Office of Minority
15 Health, if such an advisory committee is required by law.

16 “(f) EVALUATIONS.—Evaluations under subsection
17 (a)(1) shall include evaluations of the extent to which mi-
18 nority tobacco activities under such subsection have been
19 successful in facilitating a reduction in the consumption
20 of tobacco products by racial and ethnic minority groups.

21 “(g) ANNUAL REPORTS.—Not later than February 1,
22 2000, and annually thereafter, the Secretary shall submit
23 to the Congress a report that provides with respect to the
24 preceding fiscal year the following:

1 “(1) A description of the programs carried out
2 under subsection (a)(1).

3 “(2) The results of evaluations under such sub-
4 section (including evaluations required pursuant to
5 subsection (f)).

6 “(3) The recipients of awards under paragraph
7 (1)(B) of subsection (d), including a specification of
8 the total amount awarded for each of the categories
9 of entities specified in subparagraphs (A) through
10 (E) of paragraph (2) of such subsection.

11 “(h) REQUIREMENTS REGARDING BLOCK GRANTS
12 FOR TOBACCO ACTIVITIES.—

13 “(1) ALLOCATIONS FOR MINORITY TOBACCO AC-
14 TIVITIES; INVOLVEMENT OF STATE OFFICE OF MI-
15 NORITY HEALTH.—If from amounts received by the
16 Federal Government pursuant to national tobacco
17 legislation one or more programs are established
18 under which the Secretary makes block grants to the
19 States, and if the purposes of the program involved
20 include one or more tobacco activities, then the Sec-
21 retary may not make a grant under the program un-
22 less the State involved submits to the Secretary (in
23 the application for the grant) agreements as follows:

24 “(A) Of the amounts provided in the
25 grant, the State will make available, for direct-

1 ing such tobacco activities at members of racial
2 and ethnic minority groups (subject to para-
3 graph (2)), not less than the percentage con-
4 stituted by the ratio of—

5 “(i) the number of individuals in the
6 State who smoke or otherwise use tobacco
7 products and are members of racial or eth-
8 nic minority groups, as determined by the
9 Director of the Centers for Disease Control
10 and Prevention; to

11 “(ii) the total number of individuals in
12 the States who smoke or otherwise use
13 such products, as so determined.

14 “(B) If the State has established an office
15 of minority health, the expenditure of the
16 amounts made available pursuant to subpara-
17 graph (A) will be administered by such office,
18 or by another office or agency of the State in
19 collaboration with the office of minority health.

20 “(2) USE OF GRANTS TO ESTABLISH AND OP-
21 ERATE STATE OFFICES OF MINORITY HEALTH; USES
22 REGARDING INDIAN HEALTH SERVICE.—

23 “(A) IN GENERAL.—With respect to a pro-
24 gram of block grants to which paragraph (1)
25 applies, a State may, from the portion of the

1 grant made available pursuant to subparagraph
2 (A) of such paragraph, expend amounts to es-
3 tablish or operate (or both, as applicable) an of-
4 fice of minority health or to make grants to In-
5 dian Health Service area offices, subject to sub-
6 paragraph (B).

7 “(B) MAINTENANCE OF EFFORT REGARD-
8 ING EXISTING OFFICES.—If as of the effective
9 date of this section a State has established an
10 office of minority health, the authority in sub-
11 paragraph (A) to expend amounts for the oper-
12 ation of such office is subject to the condition
13 that the State submit to the Secretary (in the
14 application referred to in paragraph (1)) an
15 agreement that the State will maintain expendi-
16 tures of non-Federal amounts for such office at
17 a level that is not less than the level of such ex-
18 penditures maintained by the State for the of-
19 fice for the fiscal year preceding the fiscal year
20 for which the State is applying to receive a
21 grant under the program involved.

22 “(3) APPLICABILITY OF CERTAIN PROVI-
23 SIONS.—With respect to the administration of this
24 subsection, subsections (a) through (g) do not apply
25 to this subsection. The Secretary of Health and

1 Human Services may carry out this subsection act-
2 ing through such offices or agencies of the Public
3 Health Service as the Secretary determines to be ap-
4 propriate.

5 “(i) DEFINITIONS.—

6 “(1) MINORITY TOBACCO ACTIVITIES.—For
7 purposes of this section:

8 “(A) The term ‘minority tobacco activities’
9 means tobacco activities that are directed to-
10 ward members of racial and ethnic minority
11 groups.

12 “(B) The term ‘tobacco activities’ means
13 each of the following activities:

14 “(i) Assisting individuals in ceasing
15 the use of tobacco products.

16 “(ii) Providing education regarding
17 the health risks associated with the use of
18 tobacco products, including through adver-
19 tisements to counter the influence of ad-
20 vertisements that promote the use of such
21 products.

22 “(iii) Providing health services for
23 conditions related to the use of tobacco
24 products.

1 “(iv) Providing for biomedical and be-
2 havioral research relating to such condi-
3 tions.

4 “(2) OTHER TERMS.—For purposes of this sec-
5 tion:

6 “(A) The term ‘designated agencies’, with
7 respect to the agencies of the Public Health
8 Service, has the meaning indicated for such
9 term in subsection (b)(2).

10 “(B) The term ‘disproportionate share hos-
11 pital’ means a hospital that is eligible for an
12 additional payment amount as a disproportion-
13 ate share hospital under section 1886(d)(5)(F)
14 of the Social Security Act or for a payment ad-
15 justment as a disproportionate share hospital
16 under a State plan under section 1923 of such
17 Act.

18 “(C) The term ‘federally qualified health
19 center’ has the meaning given such term in sec-
20 tion 1905(l)(2)(B) of the Social Security Act.

21 “(D) The terms ‘Indian tribe’ and ‘tribal
22 organization’ have the same meaning given such
23 terms in section 4(b) and section 4(c) of the In-
24 dian Self-Determination and Education Assist-
25 ance Act.

1 “(E)(i) The term ‘racial and ethnic minor-
2 ity group’ means each of American Indians (in-
3 cluding Alaska Natives, Eskimos, Aleuts, and
4 any other populations or individuals eligible to
5 receive services from the Indian Health Serv-
6 ice); Asian Americans and Pacific Islanders;
7 Blacks; Hispanics; and Native Hawaiians.

8 “(ii) The term ‘Hispanics’ means individ-
9 uals whose origin is Mexican, Puerto Rican,
10 Cuban, Central or South American, or any
11 other Spanish-speaking country.

12 “(F)(i) The term ‘State’ means each of the
13 several States, the District of Columbia, and
14 the territories of the United States.

15 “(ii) The term ‘territories of the United
16 States’ means the Commonwealth of Puerto
17 Rico, Guam, the Virgin Islands, the Common-
18 wealth of the Northern Mariana Islands, and
19 American Samoa.”.

1 **TITLE II—ADDITIONAL**
2 **AUTHORITIES**

3 **SEC. 201. FUNDS FROM NATIONAL TOBACCO LEGISLATION;**
4 **ALLOCATION FOR GRANTS TO MINORITY**
5 **MEDICAL SCHOOLS.**

6 Part B of title VII of the Public Health Service Act
7 (42 U.S.C. 293 et seq.) is amended by adding at the end
8 the following section:

9 **“SEC. 741. GRANTS TO MINORITY MEDICAL SCHOOLS FOR**
10 **ENDOWMENTS; PUBLIC HEALTH PROGRAMS**
11 **REGARDING TOBACCO PRODUCTS.**

12 “(a) IN GENERAL.—From amounts reserved under
13 subsection (c), the Secretary shall make grants to schools
14 specified in subsection (b) for the purpose of establishing
15 at the schools endowments each of whose income is used
16 exclusively to carry out—

17 “(1) public health programs; and

18 “(2) programs of biomedical research on dis-
19 eases for which the consumption of tobacco products
20 is a principal causal factor.

21 “(b) RELEVANT SCHOOLS.—The schools referred to
22 in subsection (a) are the following medical schools (schools
23 of medicine or osteopathic medicine):

24 “(1) The four medical schools in the States
25 whose enrollment for academic year 1998 of Black

1 individuals constituted a higher percentage of such
2 individuals than other medical schools in the States.

3 “(2) The four medical schools in the States (or
4 consortia of such schools) whose enrollment for aca-
5 demic year 1998 of Hispanic individuals constituted
6 a higher percentage of such individuals than other
7 medical schools in the States.

8 “(3) The three medical schools in the States (or
9 consortia of such schools) whose enrollment for aca-
10 demic year 1998 of Asian American individuals and
11 Pacific Islander individuals constituted a higher per-
12 centage of such individuals than other medical
13 schools in the States.

14 “(4) The two medical schools in the States (or
15 consortia of such schools) whose enrollment for aca-
16 demic year 1998 of Native American individuals con-
17 stituted a higher percentage of such individuals than
18 other medical schools in the States.

19 “(c) FUNDING.—From amounts received by the Fed-
20 eral Government pursuant to national tobacco legislation,
21 the Secretary shall, for each of the first 10 fiscal years
22 following the date of the enactment of such legislation, re-
23 serve amounts for making a grant under subsection (a)
24 to each of the schools specified in subsection (b). Each
25 such grant shall be made in the amount of \$5,000,000.”.

1 **SEC. 202. FUNDS FROM NATIONAL TOBACCO LEGISLATION;**
2 **ALLOCATION FOR CHILD HEALTH AND**
3 **OTHER BIOMEDICAL RESEARCH AND RELAT-**
4 **ED PROGRAMS.**

5 (a) IN GENERAL.—From amounts reserved under
6 subsection (e), the Secretary of Health and Human Serv-
7 ices (in this section referred to as the “Secretary”) shall
8 make grants to public and nonprofit private entities for
9 research, training, and demonstrations regarding child
10 health and human development and other biomedical re-
11 search (including with respect to tobacco products), and
12 for related programs.

13 (b) USE OF CRITERIA IN REPORT OF SURGEON GEN-
14 ERAL.—Programs under subsection (a) shall follow the
15 criteria—

16 (1) that are relevant to the activity involved and
17 are presented in the report published in 1998 and
18 entitled “Tobacco Use Among U.S. Racial and Eth-
19 nic Minority Groups—A Report of the Surgeon Gen-
20 eral” (relating to the Surgeon General of the Public
21 Health Service); and

22 (2) that, in the case of the territories of the
23 United States, are relevant to the activity involved
24 and are developed on the basis of data collected pur-
25 suant to section 1707A(c)(6) of the Public Health
26 Service Act.

1 (c) FACILITATION OF RESEARCH PROGRAMS.—The
2 Secretary shall under subsection (a) give priority to pro-
3 grams of education and training to prepare individuals to
4 conduct the research described in such subsection and to
5 programs for ensuring that health professions schools have
6 the capacity to provide such education and training. The
7 Secretary shall carry out the preceding sentence primarily
8 through programs under title VII of the Public Health
9 Service Act for individuals from disadvantaged back-
10 grounds, including individuals who are members of racial
11 and ethnic minority groups, and for schools that serve sig-
12 nificant numbers of such individuals, including programs
13 regarding undergraduate education, graduate education,
14 scholarships, fellowships, loan repayments, faculty-related
15 activities, curriculum development, and improving re-
16 search facilities.

17 (d) DEFINITION.—For purposes of this section, the
18 term “health professions schools” means all schools and
19 programs described in section 799 of the Public Health
20 Service Act.

21 (e) FUNDING.—From amounts received by the Fed-
22 eral Government pursuant to national tobacco legislation,
23 the Secretary shall, for each of the first 10 fiscal years
24 following the date of the enactment of such legislation, re-
25 serve \$50,000,000 for carrying out this section. Of the

1 amounts so reserved for a fiscal year, the Secretary shall
2 reserve 55 percent for programs referred to in subsection
3 (c) with respect to undergraduates, and 35 percent for
4 programs referred to in such subsection with respect to
5 health professions schools and graduate students at such
6 schools.

7 **SEC. 203. PREVENTION ACTIVITIES OF COMMUNITY, MI-**
8 **GRANT, AND HOMELESS HEALTH CENTERS.**

9 (a) PROGRAM.—From amounts reserved under sub-
10 section (b), the Secretary of Health and Human Services
11 shall in accordance with such subsection make available
12 amounts to community, migrant, and homeless health cen-
13 ters receiving grants under section 330 of the Public
14 Health Service Act. The purpose of such amounts is to
15 assist such health centers in providing health services for
16 diseases related to tobacco and in preventing tobacco-re-
17 lated diseases.

18 (b) FUNDING.—

19 (1) IN GENERAL.—From amounts received by
20 the Federal Government pursuant to national to-
21 bacco legislation, the Secretary shall, for each of the
22 first 10 fiscal years following the date of the enact-
23 ment of such legislation, reserve \$300,000,000 for
24 carrying out subsection (a), except as provided in
25 paragraph (2).

1 (2) **LIMITATION.**—No amount may be reserved
2 under paragraph (1) for any fiscal year for which
3 the amount appropriated for such year for commu-
4 nity, migrant, and homeless health centers under
5 section 330 of the Public Health Service Act is less
6 than the amount appropriated for such health cen-
7 ters for the previous fiscal year.

8 **SEC. 204. TRANSITION ASSISTANCE REGARDING EFFECTS**
9 **OF RESTRICTIONS ON ADVERTISING AND**
10 **PROMOTION OF TOBACCO PRODUCTS.**

11 (a) **APPLICABILITY.**—This section applies if—

12 (1) national tobacco legislation significantly re-
13 stricts the authority or capacity of tobacco manufac-
14 turers or distributors to advertise or promote to-
15 bacco products; and

16 (2) the Secretary of Health and Human Serv-
17 ices or other head of a Federal department (in this
18 section referred to as the “Secretary”) carries out a
19 program of awarding grants or contracts to public or
20 private entities for the purpose of offsetting the ad-
21 verse financial effects that such entities may experi-
22 ence as a result of the loss of revenues associated
23 with the advertising or promotion of tobacco prod-
24 ucts.

25 (b) **GRANTS TO CERTAIN ENTITIES.**—

1 (1) IN GENERAL.—With respect to entities that
2 are eligible for grants referred to in subsection
3 (a)(2), the Secretary shall include among such enti-
4 ties public or private entities that, before the date of
5 the enactment of this Act, had—

6 (A) a history of holding or carrying out
7 one or more athletic, musical, artistic, or other
8 social or cultural events or activities that were
9 sponsored in whole or in part by a tobacco
10 manufacturer or distributor;

11 (B) a history of participating, with finan-
12 cial support provided by a tobacco manufac-
13 turer or distributor, in an athletic, musical, ar-
14 tistic, or other social or cultural event or activ-
15 ity; or

16 (C) a history of publishing one or more
17 periodicals for which the publication of adver-
18 tisements or promotions for tobacco products
19 has been a significant source of revenue.

20 (2) SPECIAL CONSIDERATION FOR CERTAIN EN-
21 TITIES.—In making awards under paragraph (1),
22 the Secretary shall give special consideration to
23 small, community-based events, activities, and peri-
24 odicals, including—

1 (A) events and activities held or signifi-
2 cantly sponsored by, and periodicals published
3 by, businesses in which the predominant owner-
4 ship interests are held by individuals who are
5 from disadvantaged background, including
6 members of racial or ethnic minority groups;

7 (B) events and activities held in commu-
8 nities in which a substantial number of such in-
9 dividuals reside; and

10 (C) periodicals whose circulation is pri-
11 marily among such individuals.

12 (3) USE OF ASSISTANCE FOR EVENT, ACTIVITY,
13 OR PERIODICAL INVOLVED; CONDITION REGARDING
14 ANTITOBACCO ADVERTISING.—An award under
15 paragraph (1) to an entity may be expended for the
16 activities described in such paragraph that form the
17 basis of the history that establishes the eligibility of
18 the entity to receive the award, subject to the condi-
19 tion that, in addition, the entity expend a portion of
20 the award to sponsor, in accordance with criteria es-
21 tablished for the entity by the Secretary, an adver-
22 tisement that is associated with the entity and that
23 is intended to discourage individuals from consuming
24 tobacco products.

1 **SEC. 205. TRADITIONAL USE EXCEPTION PERTAINING TO**
2 **AMERICAN INDIANS.**

3 (a) **IN GENERAL.**—In recognition of the religious,
4 ceremonial, and traditional uses of tobacco and tobacco
5 products by Indian tribes and the members of such tribes,
6 nothing in national tobacco legislation shall be construed
7 to infringe upon the right of such tribes or members of
8 such tribes to acquire, possess, use, or transfer any to-
9 bacco products for such purposes, or to permit an infringe-
10 ment upon the ability of minors to participate and use to-
11 bacco products for religious, ceremonial, or traditional
12 purposes.

13 (b) **APPLICATION OF PROVISIONS.**—Subsection (a)
14 shall apply only to those quantities of tobacco or tobacco
15 products necessary to fulfill the religious, ceremonial, or
16 traditional purposes of an Indian tribe or the members
17 of such tribe, and shall not be construed to permit the
18 general marketing of tobacco and tobacco products in a
19 manner that is not in compliance with chapter IX of the
20 Federal Food, Drug, and Cosmetic Act as added by na-
21 tional tobacco legislation.

22 (c) **LIMITATION.**—Nothing in national tobacco legis-
23 lation shall be construed to permit an Indian tribe or
24 member of such a tribe to acquire, possess, use, or trans-
25 fer any tobacco or tobacco product in violation of section

1 2342 of title 18, United States Code, with respect to the
2 transportation of contraband cigarettes.

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