

***In the Senate of the United States,***

*September 22, 2000.*

*Resolved*, That the bill from the House of Representatives (H.R. 4365) entitled “An Act to amend the Public Health Service Act with respect to children’s health.”, do pass with the following

**AMENDMENT:**

Strike out all after the enacting clause and insert:

1 ***SECTION 1. SHORT TITLE.***

2       *This Act may be cited as the “Children’s Health Act*  
3 *of 2000”.*

**1 SEC. 2. TABLE OF CONTENTS.**

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***DIVISION A—CHILDREN’S  
HEALTH  
TITLE I—AUTISM***

***SEC. 101. EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES OF NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH ON AUTISM.***

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

***“EXPANSION, INTENSIFICATION, AND COORDINATION OF ACTIVITIES OF NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH ON AUTISM***

***“SEC. 409C. (a) IN GENERAL.—***

***“(1) EXPANSION OF ACTIVITIES.—The Director of NIH (in this section referred to as the ‘Director’) shall expand, intensify, and coordinate the activities of the National Institutes of Health with respect to research on autism.***

***“(2) ADMINISTRATION OF PROGRAM; COLLABORATION AMONG AGENCIES.—The Director shall carry out this section acting through the Director of the National Institute of Mental Health and in collaboration with any other agencies that the Director determines appropriate.***



1       “(b) *CENTERS OF EXCELLENCE.*—

2               “(1) *IN GENERAL.*—*The Director shall under*  
3       *subsection (a)(1) make awards of grants and con-*  
4       *tracts to public or nonprofit private entities to pay*  
5       *all or part of the cost of planning, establishing, im-*  
6       *proving, and providing basic operating support for*  
7       *centers of excellence regarding research on autism.*

8               “(2) *RESEARCH.*—*Each center under paragraph*  
9       *(1) shall conduct basic and clinical research into au-*  
10       *tism. Such research should include investigations into*  
11       *the cause, diagnosis, early detection, prevention, con-*  
12       *trol, and treatment of autism. The centers, as a*  
13       *group, shall conduct research including the fields of*  
14       *developmental neurobiology, genetics, and*  
15       *psychopharmacology.*

16              “(3) *SERVICES FOR PATIENTS.*—

17                      “(A) *IN GENERAL.*—*A center under para-*  
18       *graph (1) may expend amounts provided under*  
19       *such paragraph to carry out a program to make*  
20       *individuals aware of opportunities to participate*  
21       *as subjects in research conducted by the centers.*

22                      “(B) *REFERRALS AND COSTS.*—*A program*  
23       *under subparagraph (A) may, in accordance*  
24       *with such criteria as the Director may establish,*  
25       *provide to the subjects described in such subpara-*

1       *graph, referrals for health and other services, and*  
2       *such patient care costs as are required for re-*  
3       *search.*

4               “(C) *AVAILABILITY AND ACCESS.*—*The ex-*  
5       *tent to which a center can demonstrate avail-*  
6       *ability and access to clinical services shall be*  
7       *considered by the Director in decisions about*  
8       *awarding grants to applicants which meet the*  
9       *scientific criteria for funding under this section.*

10              “(4) *COORDINATION OF CENTERS; REPORTS.*—  
11       *The Director shall, as appropriate, provide for the co-*  
12       *ordination of information among centers under para-*  
13       *graph (1) and ensure regular communication between*  
14       *such centers, and may require the periodic prepara-*  
15       *tion of reports on the activities of the centers and the*  
16       *submission of the reports to the Director.*

17              “(5) *ORGANIZATION OF CENTERS.*—*Each center*  
18       *under paragraph (1) shall use the facilities of a single*  
19       *institution, or be formed from a consortium of cooper-*  
20       *ating institutions, meeting such requirements as may*  
21       *be prescribed by the Director.*

22              “(6) *NUMBER OF CENTERS; DURATION OF SUP-*  
23       *PORT.*—

1                   “(A) *IN GENERAL.*—*The Director shall pro-*  
2                   *vide for the establishment of not less than 5 cen-*  
3                   *ters under paragraph (1).*

4                   “(B) *DURATION.*—*Support for a center es-*  
5                   *tablished under paragraph (1) may be provided*  
6                   *under this section for a period of not to exceed*  
7                   *5 years. Such period may be extended for 1 or*  
8                   *more additional periods not exceeding 5 years if*  
9                   *the operations of such center have been reviewed*  
10                  *by an appropriate technical and scientific peer*  
11                  *review group established by the Director and if*  
12                  *such group has recommended to the Director that*  
13                  *such period should be extended.*

14               “(c) *FACILITATION OF RESEARCH.*—*The Director shall*  
15               *under subsection (a)(1) provide for a program under which*  
16               *samples of tissues and genetic materials that are of use in*  
17               *research on autism are donated, collected, preserved, and*  
18               *made available for such research. The program shall be car-*  
19               *ried out in accordance with accepted scientific and medical*  
20               *standards for the donation, collection, and preservation of*  
21               *such samples.*

22               “(d) *PUBLIC INPUT.*—*The Director shall under sub-*  
23               *section (a)(1) provide for means through which the public*  
24               *can obtain information on the existing and planned pro-*  
25               *grams and activities of the National Institutes of Health*

1 *with respect to autism and through which the Director can*  
 2 *receive comments from the public regarding such programs*  
 3 *and activities.*

4 “(e) *FUNDING.*—*There are authorized to be appro-*  
 5 *priated such sums as may be necessary to carry out this*  
 6 *section. Amounts appropriated under this subsection are in*  
 7 *addition to any other amounts appropriated for such pur-*  
 8 *pose.*”.

9 **SEC. 102. DEVELOPMENTAL DISABILITIES SURVEILLANCE**  
 10 **AND RESEARCH PROGRAMS.**

11 (a) *NATIONAL AUTISM AND PERVASIVE DEVELOP-*  
 12 *MENTAL DISABILITIES SURVEILLANCE PROGRAM.*—

13 (1) *IN GENERAL.*—*The Secretary of Health and*  
 14 *Human Services (in this section referred to as the*  
 15 *“Secretary”), acting through the Director of the Cen-*  
 16 *ters for Disease Control and Prevention, may make*  
 17 *awards of grants and cooperative agreements for the*  
 18 *collection, analysis, and reporting of data on autism*  
 19 *and pervasive developmental disabilities. In making*  
 20 *such awards, the Secretary may provide direct tech-*  
 21 *nical assistance in lieu of cash.*

22 (2) *ELIGIBILITY.*—*To be eligible to receive an*  
 23 *award under paragraph (1) an entity shall be a pub-*  
 24 *lic or nonprofit private entity (including health de-*  
 25 *partments of States and political subdivisions of*

1       *States, and including universities and other edu-*  
2       *cational entities).*

3       **(b) CENTERS OF EXCELLENCE IN AUTISM AND PERVA-**  
4       **SIVE DEVELOPMENTAL DISABILITIES EPIDEMIOLOGY.—**

5               **(1) IN GENERAL.—***The Secretary, acting through*  
6       *the Director of the Centers for Disease Control and*  
7       *Prevention, shall establish not less than 3 regional*  
8       *centers of excellence in autism and pervasive develop-*  
9       *mental disabilities epidemiology for the purpose of*  
10       *collecting and analyzing information on the number,*  
11       *incidence, correlates, and causes of autism and related*  
12       *developmental disabilities.*

13               **(2) RECIPIENTS OF AWARDS FOR ESTABLISH-**  
14       **MENT OF CENTERS.—***Centers under paragraph (1)*  
15       *shall be established and operated through the award-*  
16       *ing of grants or cooperative agreements to public or*  
17       *nonprofit private entities that conduct research, in-*  
18       *cluding health departments of States and political*  
19       *subdivisions of States, and including universities and*  
20       *other educational entities.*

21               **(3) CERTAIN REQUIREMENTS.—***An award for a*  
22       *center under paragraph (1) may be made only if the*  
23       *entity involved submits to the Secretary an applica-*  
24       *tion containing such agreements and information as*  
25       *the Secretary may require, including an agreement*

1       *that the center involved will operate in accordance*  
2       *with the following:*

3               *(A) The center will collect, analyze, and re-*  
4               *port autism and pervasive developmental disabil-*  
5               *ities data according to guidelines prescribed by*  
6               *the Director, after consultation with relevant*  
7               *State and local public health officials, private*  
8               *sector developmental disability researchers, and*  
9               *advocates for those with developmental disabil-*  
10              *ities.*

11              *(B) The center will assist with the develop-*  
12              *ment and coordination of State autism and per-*  
13              *vasive developmental disabilities surveillance ef-*  
14              *forts within a region.*

15              *(C) The center will identify eligible cases*  
16              *and controls through its surveillance systems and*  
17              *conduct research into factors which may cause*  
18              *autism and related developmental disabilities.*

19              *(D) The center will develop or extend an*  
20              *area of special research expertise (including ge-*  
21              *netics, environmental exposure to contaminants,*  
22              *immunology, and other relevant research spe-*  
23              *cialty areas).*

1       (c) *CLEARINGHOUSE*.—*The Secretary, acting through*  
2 *the Director of the Centers for Disease Control and Preven-*  
3 *tion, shall carry out the following:*

4           (1) *The Secretary shall establish a clearinghouse*  
5 *within the Centers for Disease Control and Prevention*  
6 *for the collection and storage of data generated from*  
7 *the monitoring programs established by this title.*  
8 *Through the clearinghouse, such Centers shall serve as*  
9 *the coordinating agency for autism and pervasive de-*  
10 *velopmental disabilities surveillance activities. The*  
11 *functions of such a clearinghouse shall include facili-*  
12 *tating the coordination of research and policy devel-*  
13 *opment relating to the epidemiology of autism and*  
14 *other pervasive developmental disabilities.*

15          (2) *The Secretary shall coordinate the Federal*  
16 *response to requests for assistance from State health*  
17 *department officials regarding potential or alleged*  
18 *autism or developmental disability clusters.*

19       (d) *DEFINITION*.—*In this title, the term “State” means*  
20 *each of the several States, the District of Columbia, the*  
21 *Commonwealth of Puerto Rico, American Samoa, Guam,*  
22 *the Commonwealth of the Northern Mariana Islands, the*  
23 *Virgin Islands, and the Trust Territory of the Pacific Is-*  
24 *lands.*

1       (e) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*  
 2 *authorized to be appropriated such sums as may be nec-*  
 3 *essary to carry out this section.*

4 **SEC. 103. INFORMATION AND EDUCATION.**

5       (a) *IN GENERAL.*—*The Secretary shall establish and*  
 6 *implement a program to provide information and edu-*  
 7 *cation on autism to health professionals and the general*  
 8 *public, including information and education on advances*  
 9 *in the diagnosis and treatment of autism and training and*  
 10 *continuing education through programs for scientists, phy-*  
 11 *sicians, and other health professionals who provide care for*  
 12 *patients with autism.*

13       (b) *STIPENDS.*—*The Secretary may use amounts made*  
 14 *available under this section to provide stipends for health*  
 15 *professionals who are enrolled in training programs under*  
 16 *this section.*

17       (c) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*  
 18 *authorized to be appropriated such sums as may be nec-*  
 19 *essary to carry out this section.*

20 **SEC. 104. INTER-AGENCY AUTISM COORDINATING COM-**  
 21 **MITTEE.**

22       (a) *ESTABLISHMENT.*—*The Secretary shall establish a*  
 23 *committee to be known as the “Autism Coordinating Com-*  
 24 *mittee” (in this section referred to as the “Committee”) to*  
 25 *coordinate all efforts within the Department of Health and*



1 *Human Services concerning autism, including activities*  
2 *carried out through the National Institutes of Health and*  
3 *the Centers for Disease Control and Prevention under this*  
4 *title (and the amendment made by this title).*

5 (b) *MEMBERSHIP.*—

6 (1) *IN GENERAL.*—*The Committee shall be com-*  
7 *posed of the Directors of such national research insti-*  
8 *tutes, of the Centers for Disease Control and Preven-*  
9 *tion, and of such other agencies and such other offi-*  
10 *cials as the Secretary determines appropriate.*

11 (2) *ADDITIONAL MEMBERS.*—*If determined ap-*  
12 *propriate by the Secretary, the Secretary may ap-*  
13 *point to the Committee—*

14 (A) *parents or legal guardians of individ-*  
15 *uals with autism or other pervasive develop-*  
16 *mental disorders; and*

17 (B) *representatives of other governmental*  
18 *agencies that serve children with autism such as*  
19 *the Department of Education.*

20 (c) *ADMINISTRATIVE SUPPORT; TERMS OF SERVICE;*  
21 *OTHER PROVISIONS.*—*The following shall apply with re-*  
22 *spect to the Committee:*

23 (1) *The Committee shall receive necessary and*  
24 *appropriate administrative support from the Depart-*  
25 *ment of Health and Human Services.*

1           (2) *Members of the Committee appointed under*  
 2           *subsection (b)(2)(A) shall serve for a term of 3 years,*  
 3           *and may serve for an unlimited number of terms if*  
 4           *reappointed.*

5           (3) *The Committee shall meet not less than 2*  
 6           *times each year.*

7 **SEC. 105. REPORT TO CONGRESS.**

8           *Not later than January 1, 2001, and each January*  
 9           *1 thereafter, the Secretary shall prepare and submit to the*  
 10           *appropriate committees of Congress, a report concerning the*  
 11           *implementation of this title and the amendments made by*  
 12           *this title.*

13 **TITLE II—RESEARCH AND DE-**  
 14 **VELOPMENT                   REGARDING**  
 15 **FRAGILE X**

16 **SEC. 201. NATIONAL INSTITUTE OF CHILD HEALTH AND**  
 17 **HUMAN DEVELOPMENT; RESEARCH ON FRAG-**  
 18 **ILE X.**

19           *Subpart 7 of part C of title IV of the Public Health*  
 20           *Service Act is amended by adding at the end the following*  
 21           *section:*

22   “FRAGILE X

23           “SEC. 452E. (a) *EXPANSION AND COORDINATION OF*  
 24           *RESEARCH ACTIVITIES.—The Director of the Institute,*  
 25           *after consultation with the advisory council for the Insti-*  
 26           *tute, shall expand, intensify, and coordinate the activities*

1 *of the Institute with respect to research on the disease*  
2 *known as fragile X.*

3 “(b) *RESEARCH CENTERS.*—

4 “(1) *IN GENERAL.*—*The Director of the Institute*  
5 *shall make grants or enter into contracts for the devel-*  
6 *opment and operation of centers to conduct research*  
7 *for the purposes of improving the diagnosis and treat-*  
8 *ment of, and finding the cure for, fragile X.*

9 “(2) *NUMBER OF CENTERS.*—

10 “(A) *IN GENERAL.*—*In carrying out para-*  
11 *graph (1), the Director of the Institute shall, to*  
12 *the extent that amounts are appropriated, and*  
13 *subject to subparagraph (B), provide for the es-*  
14 *tablishment of at least three fragile X research*  
15 *centers.*

16 “(B) *PEER REVIEW REQUIREMENT.*—*The*  
17 *Director of the Institute shall make a grant to,*  
18 *or enter into a contract with, an entity for pur-*  
19 *poses of establishing a center under paragraph*  
20 *(1) only if the grant or contract has been rec-*  
21 *ommended after technical and scientific peer re-*  
22 *view required by regulations under section 492.*

23 “(3) *ACTIVITIES.*—*The Director of the Institute,*  
24 *with the assistance of centers established under para-*  
25 *graph (1), shall conduct and support basic and bio-*

1        *medical research into the detection and treatment of*  
2        *fragile X.*

3                “(4) *COORDINATION AMONG CENTERS.*—*The Di-*  
4        *rector of the Institute shall, as appropriate, provide*  
5        *for the coordination of the activities of the centers as-*  
6        *sisted under this section, including providing for the*  
7        *exchange of information among the centers.*

8                “(5)    *CERTAIN    ADMINISTRATIVE    REQUIRE-*  
9        *MENTS.*—*Each center assisted under paragraph (1)*  
10       *shall use the facilities of a single institution, or be*  
11       *formed from a consortium of cooperating institutions,*  
12       *meeting such requirements as may be prescribed by*  
13       *the Director of the Institute.*

14               “(6) *DURATION OF SUPPORT.*—*Support may be*  
15       *provided to a center under paragraph (1) for a period*  
16       *not exceeding 5 years. Such period may be extended*  
17       *for one or more additional periods, each of which may*  
18       *not exceed 5 years, if the operations of such center*  
19       *have been reviewed by an appropriate technical and*  
20       *scientific peer review group established by the Direc-*  
21       *tor and if such group has recommended to the Direc-*  
22       *tor that such period be extended.*

23               “(7) *AUTHORIZATION OF APPROPRIATIONS.*—*For*  
24       *the purpose of carrying out this subsection, there are*  
25       *authorized to be appropriated such sums as may be*

1        *necessary for each of the fiscal years 2001 through*  
 2        *2005.”.*

3        ***TITLE III—JUVENILE ARTHRITIS***  
 4        ***AND RELATED CONDITIONS***

5        ***SEC. 301. NATIONAL INSTITUTE OF ARTHRITIS AND MUS-***  
 6                    ***CULOSKELETAL AND SKIN DISEASES; RE-***  
 7                    ***SEARCH ON JUVENILE ARTHRITIS AND RE-***  
 8                    ***LATED CONDITIONS.***

9        *(a) IN GENERAL.—Subpart 4 of part C of title IV of*  
 10        *the Public Health Service Act (42 U.S.C. 285d et seq.) is*  
 11        *amended by inserting after section 442 the following section:*

12        *“JUVENILE ARTHRITIS AND RELATED CONDITIONS*

13        *“SEC. 442A. (a) EXPANSION AND COORDINATION OF*  
 14        *ACTIVITIES.—The Director of the Institute, in coordination*  
 15        *with the Director of the National Institute of Allergy and*  
 16        *Infectious Diseases, shall expand and intensify the pro-*  
 17        *grams of such Institutes with respect to research and related*  
 18        *activities concerning juvenile arthritis and related condi-*  
 19        *tions.*

20        *“(b) COORDINATION.—The Directors referred to in sub-*  
 21        *section (a) shall jointly coordinate the programs referred*  
 22        *to in such subsection and consult with the Arthritis and*  
 23        *Musculoskeletal Diseases Interagency Coordinating Com-*  
 24        *mittee.*

25        *“(c) AUTHORIZATION OF APPROPRIATIONS.—For the*  
 26        *purpose of carrying out this section, there are authorized*

1 *to be appropriated such sums as may be necessary for each*  
 2 *of the fiscal years 2001 through 2005.”.*

3 *(b) PEDIATRIC RHEUMATOLOGY.—Subpart 1 of part*  
 4 *E of title VII of the Public Health Service Act (42 U.S.C.*  
 5 *294n et seq.) is amended by adding at the end the following:*  
 6 **“SEC. 763. PEDIATRIC RHEUMATOLOGY.**

7 *“(a) IN GENERAL.—The Secretary, acting through the*  
 8 *appropriate agencies, shall evaluate whether the number of*  
 9 *pediatric rheumatologists is sufficient to address the health*  
 10 *care needs of children with arthritis and related conditions,*  
 11 *and if the Secretary determines that the number is not suffi-*  
 12 *cient, shall develop strategies to help address the shortfall.*

13 *“(b) REPORT TO CONGRESS.—Not later than October*  
 14 *1, 2001, the Secretary shall submit to the Congress a report*  
 15 *describing the results of the evaluation under subsection (a),*  
 16 *and as applicable, the strategies developed under such sub-*  
 17 *section.*

18 *“(c) AUTHORIZATION OF APPROPRIATIONS.—For the*  
 19 *purpose of carrying out this section, there are authorized*  
 20 *to be appropriated such sums as may be necessary for each*  
 21 *of the fiscal years 2001 through 2005.”.*

22 **SEC. 302. INFORMATION CLEARINGHOUSE.**

23 *Section 438(b) of the Public Health Service Act (42*  
 24 *U.S.C. 285d–3(b)) is amended by inserting “, including ju-*  
 25 *venile arthritis and related conditions,” after “diseases”.*

1 **TITLE IV—REDUCING BURDEN**  
 2 **OF DIABETES AMONG CHIL-**  
 3 **DREN AND YOUTH**

4 **SEC. 401. PROGRAMS OF CENTERS FOR DISEASE CONTROL**  
 5 **AND PREVENTION.**

6 *Part B of title III of the Public Health Service Act*  
 7 *(42 U.S.C. 243 et seq.) is amended by inserting after section*  
 8 *317G the following section:*

9 *“DIABETES IN CHILDREN AND YOUTH*

10 *“SEC. 317H. (a) SURVEILLANCE ON JUVENILE DIABE-*  
 11 *TES.—The Secretary, acting through the Director of the*  
 12 *Centers for Disease Control and Prevention, shall develop*  
 13 *a sentinel system to collect data on juvenile diabetes, includ-*  
 14 *ing with respect to incidence and prevalence, and shall es-*  
 15 *tablish a national database for such data.*

16 *“(b) TYPE 2 DIABETES IN YOUTH.—The Secretary*  
 17 *shall implement a national public health effort to address*  
 18 *type 2 diabetes in youth, including—*

19 *“(1) enhancing surveillance systems and expand-*  
 20 *ing research to better assess the prevalence and inci-*  
 21 *dence of type 2 diabetes in youth and determine the*  
 22 *extent to which type 2 diabetes is incorrectly diag-*  
 23 *nosed as type 1 diabetes among children; and*

24 *“(2) developing and improving laboratory meth-*  
 25 *ods to assist in diagnosis, treatment, and prevention*

1       *of diabetes including, but not limited to, developing*  
 2       *noninvasive ways to monitor blood glucose to prevent*  
 3       *hypoglycemia and improving existing glucometers*  
 4       *that measure blood glucose.*

5       “(c) *AUTHORIZATION OF APPROPRIATIONS.—For the*  
 6       *purpose of carrying out this section, there are authorized*  
 7       *to be appropriated such sums as may be necessary for each*  
 8       *of the fiscal years 2001 through 2005.”.*

9       **SEC. 402. PROGRAMS OF NATIONAL INSTITUTES OF**  
 10       **HEALTH.**

11       *Subpart 3 of part C of title IV of the Public Health*  
 12       *Service Act (42 U.S.C. 285c et seq.) is amended by inserting*  
 13       *after section 434 the following section:*

14                               *“JUVENILE DIABETES*

15       *“SEC. 434A. (a) LONG-TERM EPIDEMIOLOGY STUD-*  
 16       *IES.—The Director of the Institute shall conduct or support*  
 17       *long-term epidemiology studies in which individuals with*  
 18       *or at risk for type 1, or juvenile, diabetes are followed for*  
 19       *10 years or more. Such studies shall investigate the causes*  
 20       *and characteristics of the disease and its complications.*

21       *“(b) CLINICAL TRIAL INFRASTRUCTURE/INNOVATIVE*  
 22       *TREATMENTS FOR JUVENILE DIABETES.—The Secretary,*  
 23       *acting through the Director of the National Institutes of*  
 24       *Health, shall support regional clinical research centers for*  
 25       *the prevention, detection, treatment, and cure of juvenile*  
 26       *diabetes.*



1       “(c) *PREVENTION OF TYPE 1 DIABETES.*—*The Sec-*  
 2 *retary, acting through the appropriate agencies, shall pro-*  
 3 *vide for a national effort to prevent type 1 diabetes. Such*  
 4 *effort shall provide for a combination of increased efforts*  
 5 *in research and development of prevention strategies, in-*  
 6 *cluding consideration of vaccine development, coupled with*  
 7 *appropriate ability to test the effectiveness of such strategies*  
 8 *in large clinical trials of children and young adults.*

9       “(d) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*  
 10 *purpose of carrying out this section, there are authorized*  
 11 *to be appropriated such sums as may be necessary for each*  
 12 *of the fiscal years 2001 through 2005.’’.*

## 13       ***TITLE V—ASTHMA SERVICES*** 14       ***FOR CHILDREN***

### 15       ***Subtitle A—Asthma Services***

#### 16       ***SEC. 501. GRANTS FOR CHILDREN’S ASTHMA RELIEF.***

17       *Title III of the Public Health Service Act (42 U.S.C.*  
 18 *241 et seq.) is amended by adding at the end the following*  
 19 *part:*

#### 20       ***“PART P—ADDITIONAL PROGRAMS***

#### 21       ***“SEC. 399L. CHILDREN’S ASTHMA TREATMENT GRANTS*** 22       ***PROGRAM.***

23       “(a) *AUTHORITY TO MAKE GRANTS.*—

24       “(1) *IN GENERAL.*—*In addition to any other*  
 25 *payments made under this Act or title V of the Social*

1       *Security Act, the Secretary shall award grants to eli-*  
2       *gible entities to carry out the following purposes:*

3               “(A) *To provide access to quality medical*  
4               *care for children who live in areas that have a*  
5               *high prevalence of asthma and who lack access to*  
6               *medical care.*

7               “(B) *To provide on-site education to par-*  
8               *ents, children, health care providers, and medical*  
9               *teams to recognize the signs and symptoms of*  
10              *asthma, and to train them in the use of medica-*  
11              *tions to treat asthma and prevent its exacer-*  
12              *bations.*

13              “(C) *To decrease preventable trips to the*  
14              *emergency room by making medication available*  
15              *to individuals who have not previously had ac-*  
16              *cess to treatment or education in the manage-*  
17              *ment of asthma.*

18              “(D) *To provide other services, such as*  
19              *smoking cessation programs, home modification,*  
20              *and other direct and support services that ame-*  
21              *liorate conditions that exacerbate or induce asth-*  
22              *ma.*

23              “(2) *CERTAIN PROJECTS.—In making grants*  
24              *under paragraph (1), the Secretary may make grants*  
25              *designed to develop and expand the following projects:*

1           “(A) *Projects to provide comprehensive asthma*  
2           *services to children in accordance with the*  
3           *guidelines of the National Asthma Education*  
4           *and Prevention Program (through the National*  
5           *Heart, Lung and Blood Institute), including access*  
6           *to care and treatment for asthma in a community-*  
7           *based setting.*

8           “(B) *Projects to fully equip mobile health*  
9           *care clinics that provide preventive asthma care*  
10           *including diagnosis, physical examinations,*  
11           *pharmacological therapy, skin testing, peak flow*  
12           *meter testing, and other asthma-related health*  
13           *care services.*

14           “(C) *Projects to conduct validated asthma*  
15           *management education programs for patients*  
16           *with asthma and their families, including patient*  
17           *education regarding asthma management,*  
18           *family education on asthma management, and*  
19           *the distribution of materials, including displays*  
20           *and videos, to reinforce concepts presented by*  
21           *medical teams.*

22           “(2) *AWARD OF GRANTS.—*

23           “(A) *APPLICATION.—*

24           “(i) *IN GENERAL.—An eligible entity*  
25           *shall submit an application to the Secretary*

1           *for a grant under this section in such form*  
2           *and manner as the Secretary may require.*

3           “(ii) *REQUIRED INFORMATION.—An*  
4           *application submitted under this subpara-*  
5           *graph shall include a plan for the use of*  
6           *funds awarded under the grant and such*  
7           *other information as the Secretary may re-*  
8           *quire.*

9           “(B) *REQUIREMENT.—In awarding grants*  
10          *under this section, the Secretary shall give pref-*  
11          *erence to eligible entities that demonstrate that*  
12          *the activities to be carried out under this section*  
13          *shall be in localities within areas of known or*  
14          *suspected high prevalence of childhood asthma or*  
15          *high asthma-related mortality or high rate of*  
16          *hospitalization or emergency room visits for*  
17          *asthma (relative to the average asthma preva-*  
18          *lence rates and associated mortality rates in the*  
19          *United States). Acceptable data sets to dem-*  
20          *onstrate a high prevalence of childhood asthma*  
21          *or high asthma-related mortality may include*  
22          *data from Federal, State, or local vital statistics,*  
23          *claims data under title XIX or XXI of the Social*  
24          *Security Act, other public health statistics or*  
25          *surveys, or other data that the Secretary, in con-*

1           *sultation with the Director of the Centers for*  
 2           *Disease Control and Prevention, deems appro-*  
 3           *priate.*

4           “(3) *DEFINITION OF ELIGIBLE ENTITY.—For*  
 5           *purposes of this section, the term ‘eligible entity’*  
 6           *means a public or nonprofit private entity (including*  
 7           *a State or political subdivision of a State), or a con-*  
 8           *sortium of any of such entities.*

9           “(b) *COORDINATION WITH OTHER CHILDREN’S PRO-*  
 10          *GRAMS.—An eligible entity shall identify in the plan sub-*  
 11          *mitted as part of an application for a grant under this*  
 12          *section how the entity will coordinate operations and activi-*  
 13          *ties under the grant with—*

14               “(1) *other programs operated in the State that*  
 15               *serve children with asthma, including any such pro-*  
 16               *grams operated under titles V, XIX, or XXI of the So-*  
 17               *cial Security Act; and*

18               “(2) *one or more of the following—*

19                       “(A) *the child welfare and foster care and*  
 20                       *adoption assistance programs under parts B and*  
 21                       *E of title IV of such Act;*

22                       “(B) *the head start program established*  
 23                       *under the Head Start Act (42 U.S.C. 9831 et*  
 24                       *seq.);*

1           “(C) the program of assistance under the  
2           special supplemental nutrition program for  
3           women, infants and children (WIC) under sec-  
4           tion 17 of the Child Nutrition Act of 1966 (42  
5           U.S.C. 1786);

6           “(D) local public and private elementary or  
7           secondary schools; or

8           “(E) public housing agencies, as defined in  
9           section 3 of the United States Housing Act of  
10          1937 (42 U.S.C. 1437a).

11          “(c) EVALUATION.—An eligible entity that receives a  
12          grant under this section shall submit to the Secretary an  
13          evaluation of the operations and activities carried out  
14          under the grant that includes—

15               “(1) a description of the health status outcomes  
16               of children assisted under the grant;

17               “(2) an assessment of the utilization of asthma-  
18               related health care services as a result of activities  
19               carried out under the grant;

20               “(3) the collection, analysis, and reporting of  
21               asthma data according to guidelines prescribed by the  
22               Director of the Centers for Disease Control and Pre-  
23               vention; and

24               “(4) such other information as the Secretary  
25               may require.

1       “(d) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
 2       purpose of carrying out this section, there are authorized  
 3       to be appropriated such sums as may be necessary for each  
 4       of the fiscal years 2001 through 2005.”.

5       **SEC. 502. TECHNICAL AND CONFORMING AMENDMENTS.**

6       *Title III of the Public Health Service Act (42 U.S.C.*  
 7       *241 et seq.) is amended—*

8               (1) *in part L, by redesignating section 399D as*  
 9       *section 399A;*

10              (2) *in part M—*

11                      (A) *by redesignating sections 399H through*  
 12                      *399L as sections 399B through 399F, respec-*  
 13                      *tively;*

14                      (B) *in section 399B (as so redesignated), in*  
 15                      *subsection (e)—*

16                              (i) *by striking “section 399K(b)” and*  
 17                              *inserting “subsection (b) of section 399E”;*  
 18                              *and*

19                              (ii) *by striking “section 399C” and in-*  
 20                              *serting “such section”;*

21                      (C) *in section 399E (as so redesignated), in*  
 22                      *subsection (c), by striking “section 399H(a)”*  
 23                      *and inserting “section 399B(a)”;* *and*

24                      (D) *in section 399F (as so redesignated)—*

- 1                   (i) in subsection (a), by striking “sec-
- 2                   tion 399I” and inserting “section 399C”;
- 3                   (ii) in subsection (a), by striking “sub-
- 4                   section 399J” and inserting “section 399D”;
- 5                   and
- 6                   (iii) in subsection (b), by striking
- 7                   “subsection 399K” and inserting “section
- 8                   399E”;
- 9                   (3) in part N, by redesignating section 399F as
- 10                  section 399G; and
- 11                  (4) in part O—
- 12                   (A) by redesignating sections 399G through
- 13                   399J as sections 399H through 399K, respec-
- 14                   tively;
- 15                   (B) in section 399H (as so redesignated), in
- 16                   subsection (b), by striking “section 399H” and
- 17                   inserting “section 399I”;
- 18                   (C) in section 399J (as so redesignated), in
- 19                   subsection (b), by striking “section 399G(d)” and
- 20                   inserting “section 399H(d)”;
- 21                   (D) in section 399K (as so redesignated), by
- 22                   striking “section 399G(d)(1)” and inserting “sec-
- 23                   tion 399H(d)(1)”.



1     ***Subtitle B—Prevention Activities***

2     ***SEC. 511. PREVENTIVE HEALTH AND HEALTH SERVICES***

3                     ***BLOCK GRANT; SYSTEMS FOR REDUCING***

4                     ***ASTHMA-RELATED ILLNESSES THROUGH IN-***

5                     ***TEGRATED PEST MANAGEMENT.***

6         *Section 1904(a)(1) of the Public Health Service Act*

7     *(42 U.S.C. 300w–3(a)(1)) is amended—*

8             *(1) by redesignating subparagraphs (E) and (F)*

9         *as subparagraphs (F) and (G), respectively;*

10            *(2) by adding a period at the end of subpara-*

11         *graph (G) (as so redesignated);*

12            *(3) by inserting after subparagraph (D), the fol-*

13         *lowing:*

14            *“(E) The establishment, operation, and coordina-*

15         *tion of effective and cost-efficient systems to reduce the*

16         *prevalence of illness due to asthma and asthma-re-*

17         *lated illnesses, especially among children, by reducing*

18         *the level of exposure to cockroach allergen or other*

19         *known asthma triggers through the use of integrated*

20         *pest management, as applied to cockroaches or other*

21         *known allergens. Amounts expended for such systems*

22         *may include the costs of building maintenance and*

23         *the costs of programs to promote community partici-*

24         *pation in the carrying out at such sites of integrated*

25         *pest management, as applied to cockroaches or other*

1      *known allergens. For purposes of this subparagraph,*  
 2      *the term ‘integrated pest management’ means an ap-*  
 3      *proach to the management of pests in public facilities*  
 4      *that combines biological, cultural, physical, and*  
 5      *chemical tools in a way that minimizes economic,*  
 6      *health, and environmental risks.”;*

7            *(4) in subparagraph (F) (as so redesignated), by*  
 8      *striking “subparagraphs (A) through (D)” and insert-*  
 9      *ing “subparagraphs (A) through (E)”;* and

10           *(5) in subparagraph (G) (as so redesignated), by*  
 11      *striking “subparagraphs (A) through (E)” and insert-*  
 12      *ing “subparagraphs (A) through (F)”.*

13            ***Subtitle C—Coordination of***  
 14            ***Federal Activities***

15      ***SEC. 521. COORDINATION THROUGH NATIONAL INSTITUTES***  
 16            ***OF HEALTH.***

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

20            ***“COORDINATION OF FEDERAL ASTHMA ACTIVITIES***

21            ***“SEC. 424B (a) IN GENERAL.—The Director of Insti-***  
 22      *tute shall, through the National Asthma Education Preven-*  
 23      *tion Program Coordinating Committee—*

24            ***“(1) identify all Federal programs that carry***  
 25      ***out asthma-related activities;***

1           “(2) develop, in consultation with appropriate  
2       *Federal agencies and professional and voluntary*  
3       *health organizations, a Federal plan for responding to*  
4       *asthma; and*

5           “(3) not later than 12 months after the date of  
6       *the enactment of the Children’s Health Act of 2000,*  
7       *submit recommendations to the appropriate commit-*  
8       *tees of the Congress on ways to strengthen and im-*  
9       *prove the coordination of asthma-related activities of*  
10       *the Federal Government.*

11       “(b) *REPRESENTATION OF THE DEPARTMENT OF*  
12       *HOUSING AND URBAN DEVELOPMENT.—A representative of*  
13       *the Department of Housing and Urban Development shall*  
14       *be included on the National Asthma Education Prevention*  
15       *Program Coordinating Committee for the purpose of per-*  
16       *forming the tasks described in subsection (a).*

17       “(c) *AUTHORIZATION OF APPROPRIATIONS.—For the*  
18       *purpose of carrying out this section, there are authorized*  
19       *to be appropriated such sums as may be necessary for each*  
20       *of the fiscal years 2001 through 2005.”.*

1     ***Subtitle D—Compilation of Data***

2     ***SEC. 531. COMPILATION OF DATA BY CENTERS FOR DIS-***  
3                 ***EASE CONTROL AND PREVENTION.***

4             *Part B of title III of the Public Health Service Act,*  
5     *as amended by section 401 of this Act, is amended by insert-*  
6     *ing after section 317H the following section:*

7                     “COMPILATION OF DATA ON ASTHMA

8             “SEC. 317I. (a) *IN GENERAL.*—*The Secretary, acting*  
9     *through the Director of the Centers for Disease Control and*  
10    *Prevention, shall—*

11                    “(1) *conduct local asthma surveillance activities*  
12            *to collect data on the prevalence and severity of asth-*  
13            *ma and the quality of asthma management;*

14                    “(2) *compile and annually publish data on the*  
15            *prevalence of children suffering from asthma in each*  
16            *State; and*

17                    “(3) *to the extent practicable, compile and pub-*  
18            *lish data on the childhood mortality rate associated*  
19            *with asthma nationally.*

20             “(b) *SURVEILLANCE ACTIVITIES.*—*The Director of the*  
21     *Centers for Disease Control and Prevention, acting through*  
22     *the representative of the Director on the National Asthma*  
23     *Education Prevention Program Coordinating Committee,*  
24     *shall, in carrying out subsection (a), provide an update on*  
25     *surveillance activities at each Committee meeting.*

1       “(c) *COLLABORATIVE EFFORTS.*—*The activities de-*  
 2       *scribed in subsection (a)(1) may be conducted in collabora-*  
 3       *tion with eligible entities awarded a grant under section*  
 4       *399L.*

5       “(d) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*  
 6       *purpose of carrying out this section, there are authorized*  
 7       *to be appropriated such sums as may be necessary for each*  
 8       *of the fiscal years 2001 through 2005.”.*

9               ***TITLE VI—BIRTH DEFECTS***  
 10              ***PREVENTION ACTIVITIES***  
 11              ***Subtitle A—Folic Acid Promotion***

12       ***SEC. 601. PROGRAM REGARDING EFFECTS OF FOLIC ACID***  
 13               ***IN PREVENTION OF BIRTH DEFECTS.***

14       *Part B of title III of the Public Health Service Act,*  
 15       *as amended by section 531 of this Act, is amended by insert-*  
 16       *ing after section 317I the following section:*

17       ***“EFFECTS OF FOLIC ACID IN PREVENTION OF BIRTH***  
 18               ***DEFECTS***

19       ***“SEC. 317J. (a) IN GENERAL.*—*The Secretary, acting***  
 20       *through the Director of the Centers for Disease Control and*  
 21       *Prevention, shall expand and intensify programs (directly*  
 22       *or through grants or contracts) for the following purposes:*

23               “(1) *To provide education and training for*  
 24       *health professionals and the general public for pur-*  
 25       *poses of explaining the effects of folic acid in pre-*  
 26       *venting birth defects and for purposes of encouraging*

1        *each woman of reproductive capacity (whether or not*  
2        *planning a pregnancy) to consume on a daily basis*  
3        *a dietary supplement that provides an appropriate*  
4        *level of folic acid.*

5            *“(2) To conduct research with respect to such*  
6        *education and training, including identifying effective*  
7        *strategies for increasing the rate of consumption*  
8        *of folic acid by women of reproductive capacity.*

9            *“(3) To conduct research to increase the understanding*  
10       *of the effects of folic acid in preventing birth*  
11       *defects, including understanding with respect to cleft*  
12       *lip, cleft palate, and heart defects.*

13           *“(4) To provide for appropriate epidemiological*  
14       *activities regarding folic acid and birth defects, including*  
15       *epidemiological activities regarding neural*  
16       *tube defects.*

17        *“(b) CONSULTATIONS WITH STATES AND PRIVATE ENTITIES.—In carrying out subsection (a), the Secretary shall*  
18       *consult with the States and with other appropriate public*  
19       *or private entities, including national nonprofit private or*  
20       *ganizations, health professionals, and providers of health*  
21       *insurance and health plans.*

22           *“(c) TECHNICAL ASSISTANCE.—The Secretary may*  
23       *(directly or through grants or contracts) provide technical*  
24

1 assistance to public and nonprofit private entities in car-  
 2 rying out the activities described in subsection (a).

3 “(d) *EVALUATIONS.*—The Secretary shall (directly or  
 4 through grants or contracts) provide for the evaluation of  
 5 activities under subsection (a) in order to determine the ex-  
 6 tent to which such activities have been effective in carrying  
 7 out the purposes of the program under such subsection, in-  
 8 cluding the effects on various demographic populations.  
 9 Methods of evaluation under the preceding sentence may in-  
 10 clude surveys of knowledge and attitudes on the consump-  
 11 tion of folic acid and on blood folate levels. Such methods  
 12 may include complete and timely monitoring of infants who  
 13 are born with neural tube defects.

14 “(e) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
 15 purpose of carrying out this section, there are authorized  
 16 to be appropriated such sums as may be necessary for each  
 17 of the fiscal years 2001 through 2005.”.

18 ***Subtitle B—National Center on***  
 19 ***Birth Defects and Developmental***  
 20 ***Disabilities***

21 ***SEC. 611. NATIONAL CENTER ON BIRTH DEFECTS AND DE-***  
 22 ***VELOPMENTAL DISABILITIES.***

23 *Section 317C of the Public Health Service Act (42*  
 24 *U.S.C. 247b–4) is amended—*

1           (1) *by striking the heading for the section and*  
 2           *inserting the following:*

3           “*NATIONAL CENTER ON BIRTH DEFECTS AND*  
 4           *DEVELOPMENTAL DISABILITIES*”;

5           (2) *by striking “SEC. 317C. (a)” and all that fol-*  
 6           *lows through the end of subsection (a) and inserting*  
 7           *the following:*

8           “*SEC. 317C. (a) IN GENERAL.—*

9           “*(1) NATIONAL CENTER.—There is established*  
 10          *within the Centers for Disease Control and Prevention*  
 11          *a center to be known as the National Center on Birth*  
 12          *Defects and Developmental Disabilities (referred to in*  
 13          *this section as the ‘Center’), which shall be headed by*  
 14          *a director appointed by the Director of the Centers for*  
 15          *Disease Control and Prevention.*

16          “*(2) GENERAL DUTIES.—The Secretary shall*  
 17          *carry out programs—*

18                *(A) to collect, analyze, and make available*  
 19                *data on birth defects and developmental disabil-*  
 20                *ities (in a manner that facilitates compliance*  
 21                *with subsection (d)(2)), including data on the*  
 22                *causes of such defects and disabilities and on the*  
 23                *incidence and prevalence of such defects and dis-*  
 24                *abilities;*



1           (B) to operate regional centers for the con-  
 2           duct of applied epidemiological research on the  
 3           prevention of such defects and disabilities; and

4           (C) to provide information and education to  
 5           the public on the prevention of such defects and  
 6           disabilities.

7           “(3) *FOLIC ACID*.—The Secretary shall carry out  
 8           section 317J through the Center.

9           “(4) *CERTAIN PROGRAMS*.—

10           “(A) *TRANSFERS*.—All programs and func-  
 11           tions described in subparagraph (B) are trans-  
 12           ferred to the Center, effective upon the expiration  
 13           of the 180-day period beginning on the date of  
 14           the enactment of the Children’s Health Act of  
 15           2000.

16           “(B) *RELEVANT PROGRAMS*.—The programs  
 17           and functions described in this subparagraph are  
 18           all programs and functions that—

19           “(i) relate to birth defects; folic acid;  
 20           cerebral palsy; mental retardation; child de-  
 21           velopment; newborn screening; autism; frag-  
 22           ile X syndrome; fetal alcohol syndrome; pe-  
 23           diatric genetic disorders; disability preven-  
 24           tion; or other relevant diseases, disorders, or  
 25           conditions as determined the Secretary; and

1                   “(ii) were carried out through the Na-  
2                   tional Center for Environmental Health as  
3                   of the day before the date of the enactment  
4                   of the Act referred to in subparagraph (A).

5                   “(C) *RELATED TRANSFERS.*—Personnel em-  
6                   ployed in connection with the programs and  
7                   functions specified in subparagraph (B), and  
8                   amounts available for carrying out the programs  
9                   and functions, are transferred to the Center, ef-  
10                  fective upon the expiration of the 180-day period  
11                  beginning on the date of the enactment of the Act  
12                  referred to in subparagraph (A). Such transfer of  
13                  amounts does not affect the period of availability  
14                  of the amounts, or the availability of the  
15                  amounts with respect to the purposes for which  
16                  the amounts may be expended.”; and

17                  (3) in subsection (b)(1), in the matter preceding  
18                  subparagraph (A), by striking “(a)(1)” and inserting  
19                  “(a)(2)(A)”.

1 ***TITLE VII—EARLY DETECTION,***  
2 ***DIAGNOSIS, AND TREATMENT***  
3 ***REGARDING HEARING LOSS***  
4 ***IN INFANTS***

5 ***SEC. 701. PURPOSES.***

6 *The purposes of this title are to clarify the authority*  
7 *within the Public Health Service Act to authorize statewide*  
8 *newborn and infant hearing screening, evaluation and*  
9 *intervention programs and systems, technical assistance, a*  
10 *national applied research program, and interagency and*  
11 *private sector collaboration for policy development, in order*  
12 *to assist the States in making progress toward the following*  
13 *goals:*

14 *(1) All babies born in hospitals in the United*  
15 *States and its territories should have a hearing*  
16 *screening before leaving the birthing facility. Babies*  
17 *born in other countries and residing in the United*  
18 *States via immigration or adoption should have a*  
19 *hearing screening as early as possible.*

20 *(2) All babies who are not born in hospitals in*  
21 *the United States and its territories should have a*  
22 *hearing screening within the first 3 months of life.*

23 *(3) Appropriate audiologic and medical evalua-*  
24 *tions should be conducted by 3 months for all*  
25 *newborns and infants suspected of having hearing loss*

1       to allow appropriate referral and provisions for  
 2       audiologic rehabilitation, medical and early interven-  
 3       tion before the age of 6 months.

4               (4) All newborn and infant hearing screening  
 5       programs and systems should include a component for  
 6       audiologic rehabilitation, medical and early interven-  
 7       tion options that ensures linkage to any new and ex-  
 8       isting state-wide systems of intervention and rehabili-  
 9       tative services for newborns and infants with hearing  
 10      loss.

11              (5) Public policy in regard to newborn and in-  
 12      fant hearing screening and intervention should be  
 13      based on applied research and the recognition that  
 14      newborns, infants, toddlers, and children who are deaf  
 15      or hard-of-hearing have unique language, learning,  
 16      and communication needs, and should be the result of  
 17      consultation with pertinent public and private sec-  
 18      tors.

19   **SEC. 702. PROGRAMS OF HEALTH RESOURCES AND SERV-**  
 20                           **ICES ADMINISTRATION, CENTERS FOR DIS-**  
 21                           **EASE CONTROL AND PREVENTION, AND NA-**  
 22                           **TIONAL INSTITUTES OF HEALTH.**

23       Part P of title III of the Public Health Service Act,  
 24      as added by section 501 of this Act, is amended by adding  
 25      at the end the following section:

1 **“SEC. 399M. EARLY DETECTION, DIAGNOSIS, AND TREAT-**  
2 **MENT REGARDING HEARING LOSS IN IN-**  
3 **FANTS.**

4 “(a) STATEWIDE NEWBORN AND INFANT HEARING  
5 SCREENING, EVALUATION AND INTERVENTION PROGRAMS  
6 AND SYSTEMS.—The Secretary, acting through the Admin-  
7 istrator of the Health Resources and Services Administra-  
8 tion, shall make awards of grants or cooperative agreements  
9 to develop statewide newborn and infant hearing screening,  
10 evaluation and intervention programs and systems for the  
11 following purposes:

12 “(1) To develop and monitor the efficacy of state-  
13 wide newborn and infant hearing screening, evalua-  
14 tion and intervention programs and systems. Early  
15 intervention includes referral to schools and agencies,  
16 including community, consumer, and parent-based  
17 agencies and organizations and other programs man-  
18 dated by part C of the Individuals with Disabilities  
19 Education Act, which offer programs specifically de-  
20 signed to meet the unique language and communica-  
21 tion needs of deaf and hard of hearing newborns, in-  
22 fants, toddlers, and children.

23 “(2) To collect data on statewide newborn and  
24 infant hearing screening, evaluation and intervention  
25 programs and systems that can be used for applied  
26 research, program evaluation and policy development.

1       “(b) *TECHNICAL ASSISTANCE, DATA MANAGEMENT,*  
2 *AND APPLIED RESEARCH.*—

3               “(1) *CENTERS FOR DISEASE CONTROL AND PRE-*  
4 *VENTION.*—*The Secretary, acting through the Director*  
5 *of the Centers for Disease Control and Prevention,*  
6 *shall make awards of grants or cooperative agree-*  
7 *ments to provide technical assistance to State agencies*  
8 *to complement an intramural program and to con-*  
9 *duct applied research related to newborn and infant*  
10 *hearing screening, evaluation and intervention pro-*  
11 *grams and systems. The program shall develop stand-*  
12 *ardized procedures for data management and pro-*  
13 *gram effectiveness and costs, such as—*

14               “(A) *to ensure quality monitoring of new-*  
15 *born and infant hearing loss screening, evalua-*  
16 *tion, and intervention programs and systems;*

17               “(B) *to provide technical assistance on data*  
18 *collection and management;*

19               “(C) *to study the costs and effectiveness of*  
20 *newborn and infant hearing screening, evalua-*  
21 *tion and intervention programs and systems con-*  
22 *ducted by State-based programs in order to an-*  
23 *swer issues of importance to state and national*  
24 *policymakers;*

1           “(D) to identify the causes and risk factors  
2           for congenital hearing loss;

3           “(E) to study the effectiveness of newborn  
4           and infant hearing screening, audiologic and  
5           medical evaluations and intervention programs  
6           and systems by assessing the health, intellectual  
7           and social developmental, cognitive, and lan-  
8           guage status of these children at school age; and

9           “(F) to promote the sharing of data regard-  
10          ing early hearing loss with State-based birth de-  
11          fects and developmental disabilities monitoring  
12          programs for the purpose of identifying pre-  
13          viously unknown causes of hearing loss.

14          “(2) NATIONAL INSTITUTES OF HEALTH.—The  
15          Director of the National Institutes of Health, acting  
16          through the Director of the National Institute on  
17          Deafness and Other Communication Disorders, shall  
18          for purposes of this section, continue a program of re-  
19          search and development on the efficacy of new screen-  
20          ing techniques and technology, including clinical  
21          studies of screening methods, studies on efficacy of  
22          intervention, and related research.

23          “(c) COORDINATION AND COLLABORATION.—

24          “(1) IN GENERAL.—In carrying out programs  
25          under this section, the Administrator of the Health

1     *Resources and Services Administration, the Director*  
2     *of the Centers for Disease Control and Prevention,*  
3     *and the Director of the National Institutes of Health*  
4     *shall collaborate and consult with other Federal agen-*  
5     *cies; State and local agencies, including those respon-*  
6     *sible for early intervention services pursuant to title*  
7     *XIX of the Social Security Act (Medicaid Early and*  
8     *Periodic Screening, Diagnosis and Treatment Pro-*  
9     *gram); title XXI of the Social Security Act (State*  
10    *Children's Health Insurance Program); title V of the*  
11    *Social Security Act (Maternal and Child Health*  
12    *Block Grant Program); and part C of the Individuals*  
13    *with Disabilities Education Act; consumer groups of*  
14    *and that serve individuals who are deaf and hard-of-*  
15    *hearing and their families; appropriate national med-*  
16    *ical and other health and education specialty organi-*  
17    *zations; persons who are deaf and hard-of-hearing*  
18    *and their families; other qualified professional per-*  
19    *sonnel who are proficient in deaf or hard-of-hearing*  
20    *children's language and who possess the specialized*  
21    *knowledge, skills, and attributes needed to serve deaf*  
22    *and hard-of-hearing newborns, infants, toddlers, chil-*  
23    *dren, and their families; third-party payers and*  
24    *managed care organizations; and related commercial*  
25    *industries.*



1           “(2) *POLICY DEVELOPMENT.*—*The Administrator*  
2           *of the Health Resources and Services Administration,*  
3           *the Director of the Centers for Disease Control and*  
4           *Prevention, and the Director of the National Insti-*  
5           *tutes of Health shall coordinate and collaborate on*  
6           *recommendations for policy development at the Fed-*  
7           *eral and State levels and with the private sector, in-*  
8           *cluding consumer, medical and other health and edu-*  
9           *cation professional-based organizations, with respect*  
10          *to newborn and infant hearing screening, evaluation*  
11          *and intervention programs and systems.*

12           “(3) *STATE EARLY DETECTION, DIAGNOSIS, AND*  
13          *INTERVENTION PROGRAMS AND SYSTEMS; DATA COL-*  
14          *LECTION.*—*The Administrator of the Health Resources*  
15          *and Services Administration and the Director of the*  
16          *Centers for Disease Control and Prevention shall co-*  
17          *ordinate and collaborate in assisting States to estab-*  
18          *lish newborn and infant hearing screening, evaluation*  
19          *and intervention programs and systems under sub-*  
20          *section (a) and to develop a data collection system*  
21          *under subsection (b).*

22           “(d) *RULE OF CONSTRUCTION; RELIGIOUS ACCOMMO-*  
23          *DATION.*—*Nothing in this section shall be construed to pre-*  
24          *empt or prohibit any State law, including State laws which*  
25          *do not require the screening for hearing loss of newborn in-*

1 *fants or young children of parents who object to the screen-*  
2 *ing on the grounds that such screening conflicts with the*  
3 *parents’ religious beliefs.*

4 “(e) *DEFINITIONS.—For purposes of this section:*

5 “(1) *The term ‘audiologic evaluation’ refers to*  
6 *procedures to assess the status of the auditory system;*  
7 *to establish the site of the auditory disorder; the type*  
8 *and degree of hearing loss, and the potential effects of*  
9 *hearing loss on communication; and to identify ap-*  
10 *propriate treatment and referral options. Referral op-*  
11 *tions should include linkage to State coordinating*  
12 *agencies under part C of the Individuals with Dis-*  
13 *abilities Education Act or other appropriate agencies,*  
14 *medical evaluation, hearing aid/sensory aid assess-*  
15 *ment, audiologic rehabilitation treatment, national*  
16 *and local consumer, self-help, parent, and education*  
17 *organizations, and other family-centered services.*

18 “(2) *The terms ‘audiologic rehabilitation’ and*  
19 *‘audiologic intervention’ refer to procedures, tech-*  
20 *niques, and technologies to facilitate the receptive and*  
21 *expressive communication abilities of a child with*  
22 *hearing loss.*

23 “(3) *The term ‘early intervention’ refers to pro-*  
24 *viding appropriate services for the child with hearing*  
25 *loss, including nonmedical services, and ensuring that*

1     *families of the child are provided comprehensive, con-*  
2     *sumer-oriented information about the full range of*  
3     *family support, training, information services, com-*  
4     *munication options and are given the opportunity to*  
5     *consider the full range of educational and program*  
6     *placements and options for their child.*

7             *“(4) The term ‘medical evaluation by a physi-*  
8     *cian’ refers to key components including history, ex-*  
9     *amination, and medical decision making focused on*  
10    *symptomatic and related body systems for the purpose*  
11    *of diagnosing the etiology of hearing loss and related*  
12    *physical conditions, and for identifying appropriate*  
13    *treatment and referral options.*

14            *“(5) The term ‘medical intervention’ refers to the*  
15    *process by which a physician provides medical diag-*  
16    *nosis and direction for medical and/or surgical treat-*  
17    *ment options of hearing loss and/or related medical*  
18    *disorder associated with hearing loss.*

19            *“(6) The term ‘newborn and infant hearing*  
20    *screening’ refers to objective physiologic procedures to*  
21    *detect possible hearing loss and to identify newborns*  
22    *and infants who, after rescreening, require further*  
23    *audiologic and medical evaluations.*

24            *“(f) AUTHORIZATION OF APPROPRIATIONS.—*

1           “(1) *STATEWIDE NEWBORN AND INFANT HEAR-*  
2           *ING SCREENING, EVALUATION AND INTERVENTION*  
3           *PROGRAMS AND SYSTEMS.—For the purpose of car-*  
4           *rying out subsection (a), there are authorized to be*  
5           *appropriated to the Health Resources and Services*  
6           *Administration such sums as may be necessary for*  
7           *fiscal year 2002.*

8           “(2) *TECHNICAL ASSISTANCE, DATA MANAGE-*  
9           *MENT, AND APPLIED RESEARCH; CENTERS FOR DIS-*  
10          *EASE CONTROL AND PREVENTION.—For the purpose of*  
11          *carrying out subsection (b)(1), there are authorized to*  
12          *be appropriated to the Centers for Disease Control*  
13          *and Prevention such sums as may be necessary for*  
14          *fiscal year 2002.*

15          “(3) *TECHNICAL ASSISTANCE, DATA MANAGE-*  
16          *MENT, AND APPLIED RESEARCH; NATIONAL INSTITUTE*  
17          *ON DEAFNESS AND OTHER COMMUNICATION DIS-*  
18          *ORDERS.—For the purpose of carrying out subsection*  
19          *(b)(2), there are authorized to be appropriated to the*  
20          *National Institute on Deafness and Other Commu-*  
21          *nication Disorders such sums as may be necessary for*  
22          *fiscal year 2002.”.*

***TITLE VIII—CHILDREN AND  
EPILEPSY***

***SEC. 801. NATIONAL PUBLIC HEALTH CAMPAIGN ON EPILEPSY; SEIZURE DISORDER DEMONSTRATION PROJECTS IN MEDICALLY UNDERSERVED AREAS.***

*Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b) is amended by adding at the end the following section:*

***“SEC. 330E. EPILEPSY; SEIZURE DISORDER.***

***“(a) NATIONAL PUBLIC HEALTH CAMPAIGN.—***

***“(1) IN GENERAL.—*The Secretary shall develop and implement public health surveillance, education, research, and intervention strategies to improve the lives of persons with epilepsy, with a particular emphasis on children. Such projects may be carried out by the Secretary directly and through awards of grants or contracts to public or nonprofit private entities. The Secretary may directly or through such awards provide technical assistance with respect to the planning, development, and operation of such projects.**

***“(2) CERTAIN ACTIVITIES.—*Activities under paragraph (1) shall include—**

1           “(A) expanding current surveillance activi-  
2           ties through existing monitoring systems and im-  
3           proving registries that maintain data on indi-  
4           viduals with epilepsy, including children;

5           “(B) enhancing research activities on the  
6           diagnosis, treatment, and management of epi-  
7           lepsy;

8           “(C) implementing public and professional  
9           information and education programs regarding  
10          epilepsy, including initiatives which promote ef-  
11          fective management of the disease through chil-  
12          dren’s programs which are targeted to parents,  
13          schools, daycare providers, patients;

14          “(D) undertaking educational efforts with  
15          the media, providers of health care, schools and  
16          others regarding stigmas and secondary disabili-  
17          ties related to epilepsy and seizures, and its ef-  
18          fects on youth;

19          “(E) utilizing and expanding partnerships  
20          with organizations with experience addressing  
21          the health and related needs of people with dis-  
22          abilities; and

23          “(F) other activities the Secretary deems  
24          appropriate.

1           “(3) *COORDINATION OF ACTIVITIES.*—*The Sec-*  
 2           *retary shall ensure that activities under this sub-*  
 3           *section are coordinated as appropriate with other*  
 4           *agencies of the Public Health Service that carry out*  
 5           *activities regarding epilepsy and seizure.*

6           “(b) *SEIZURE DISORDER; DEMONSTRATION PROJECTS*  
 7           *IN MEDICALLY UNDERSERVED AREAS.*—

8           “(1) *IN GENERAL.*—*The Secretary, acting*  
 9           *through the Administrator of the Health Resources*  
 10           *and Services Administration, may make grants for*  
 11           *the purpose of carrying out demonstration projects to*  
 12           *improve access to health and other services regarding*  
 13           *seizures to encourage early detection and treatment in*  
 14           *children and others residing in medically underserved*  
 15           *areas.*

16           “(2) *APPLICATION FOR GRANT.*—*A grant may*  
 17           *not be awarded under paragraph (1) unless an appli-*  
 18           *cation therefore is submitted to the Secretary and the*  
 19           *Secretary approves such application. Such applica-*  
 20           *tion shall be submitted in such form and manner and*  
 21           *shall contain such information as the Secretary may*  
 22           *prescribe.*

23           “(c) *DEFINITIONS.*—*For purposes of this section:*

24           “(1) *The term “epilepsy” refers to a chronic and*  
 25           *serious neurological condition characterized by exces-*

1        *sive electrical discharges in the brain causing recur-*  
 2        *ring seizures affecting all life activities. The Secretary*  
 3        *may revise the definition of such term to the extent*  
 4        *the Secretary determines necessary.*

5                “(2) The term “medically underserved” has the  
 6        meaning applicable under section 799B(6).

7                “(d) AUTHORIZATION OF APPROPRIATIONS.—For the  
 8        purpose of carrying out this section, there are authorized  
 9        to be appropriated such sums as may be necessary for each  
 10       of the fiscal years 2001 through 2005.”.

## 11        ***TITLE IX—SAFE MOTHERHOOD;***

## 12        ***INFANT HEALTH PROMOTION***

### 13                ***Subtitle A—Safe Motherhood***

### 14                ***Prevention Research***

#### 15        ***SEC. 901. PREVENTION RESEARCH AND OTHER ACTIVITIES.***

16                *Part B of title III of the Public Health Service Act,*  
 17        *as amended by section 601 of this Act, is amended by insert-*  
 18        *ing after section 317J the following section:*

19                        “SAFE MOTHERHOOD

20                “SEC. 317K. (a) SURVEILLANCE.—

21                        “(1) PURPOSE.—The purpose of this subsection  
 22        is to develop surveillance systems at the local, State,  
 23        and national level to better understand the burden of  
 24        maternal complications and mortality and to decrease  
 25        the disparities among population at risk of death and  
 26        complications from pregnancy.



1           “(2) *ACTIVITIES.*—For the purpose described in  
2           paragraph (1), the Secretary, acting through the Di-  
3           rector of the Centers for Disease Control and Preven-  
4           tion, may carry out the following activities:

5                   “(A) *The Secretary may establish and im-*  
6                   *plement a national surveillance program to iden-*  
7                   *tify and promote the investigation of deaths and*  
8                   *severe complications that occur during preg-*  
9                   *nancy.*

10                   “(B) *The Secretary may expand the Preg-*  
11                   *nancy Risk Assessment Monitoring System to*  
12                   *provide surveillance and collect data in each*  
13                   *State.*

14                   “(C) *The Secretary may expand the Mater-*  
15                   *nal and Child Health Epidemiology Program to*  
16                   *provide technical support, financial assistance,*  
17                   *or the time-limited assignment of senior epi-*  
18                   *demiologists to maternal and child health pro-*  
19                   *grams in each State.*

20           “(b) *PREVENTION RESEARCH.*—

21                   “(1) *PURPOSE.*—The purpose of this subsection  
22                   is to provide the Secretary with the authority to fur-  
23                   ther expand research concerning risk factors, preven-  
24                   tion strategies, and the roles of the family, health care  
25                   providers and the community in safe motherhood.

1           “(2) *RESEARCH.*—*The Secretary may carry out*  
2           *activities to expand research relating to—*

3                   “(A) *encouraging preconception counseling,*  
4                   *especially for at risk populations such as dia-*  
5                   *betics;*

6                   “(B) *the identification of critical compo-*  
7                   *nents of prenatal delivery and postpartum care;*

8                   “(C) *the identification of outreach and sup-*  
9                   *port services, such as folic acid education, that*  
10                  *are available for pregnant women;*

11                  “(D) *the identification of women who are at*  
12                  *high risk for complications;*

13                  “(E) *preventing preterm delivery;*

14                  “(F) *preventing urinary tract infections;*

15                  “(G) *preventing unnecessary caesarean sec-*  
16                  *tions;*

17                  “(H) *an examination of the higher rates of*  
18                  *maternal mortality among African American*  
19                  *women;*

20                  “(I) *an examination of the relationship be-*  
21                  *tween domestic violence and maternal complica-*  
22                  *tions and mortality;*

23                  “(J) *preventing and reducing adverse health*  
24                  *consequences that may result from smoking, alco-*

1           *hol and illegal drug use before, during and after*  
 2           *pregnancy;*

3                   “(K) *preventing infections that cause ma-*  
 4           *ternal and infant complications; and*

5                   “(L) *other areas determined appropriate by*  
 6           *the Secretary.*

7           “(c) *PREVENTION PROGRAMS.—*

8                   “(1) *IN GENERAL.—The Secretary may carry out*  
 9           *activities to promote safe motherhood, including—*

10                   “(A) *public education campaigns on healthy*  
 11           *pregnancies and the building of partnerships*  
 12           *with outside organizations concerned about safe*  
 13           *motherhood;*

14                   “(B) *education programs for physicians,*  
 15           *nurses and other health care providers; and*

16                   “(C) *activities to promote community sup-*  
 17           *port services for pregnant women.*

18           “(d) *AUTHORIZATION OF APPROPRIATIONS.—For the*  
 19           *purpose of carrying out this section, there are authorized*  
 20           *to be appropriated such sums as may be necessary for each*  
 21           *of the fiscal years 2001 through 2005.’’.*

1     ***Subtitle B—Pregnant Women and***  
2             ***Infants Health Promotion***

3     ***SEC. 911. PROGRAMS REGARDING PRENATAL AND POST-***  
4             ***NATAL HEALTH.***

5             *Part B of title III of the Public Health Service Act,*  
6     *as amended by section 901 of this Act, is amended by insert-*  
7     *ing after section 317K the following section:*

8             “*PRENATAL AND POSTNATAL HEALTH*

9             “*SEC. 317L. (a) IN GENERAL.—The Secretary, acting*  
10     *through the Director of the Centers for Disease Control and*  
11     *Prevention, shall carry out programs—*

12             “*(1) to collect, analyze, and make available data*  
13     *on prenatal smoking, alcohol and illegal drug use, in-*  
14     *cluding data on the implications of such activities*  
15     *and on the incidence and prevalence of such activities*  
16     *and their implications;*

17             “*(2) to conduct applied epidemiological research*  
18     *on the prevention of prenatal and postnatal smoking,*  
19     *alcohol and illegal drug use;*

20             “*(3) to support, conduct, and evaluate the effec-*  
21     *tiveness of educational and cessation programs; and*

22             “*(4) to provide information and education to the*  
23     *public on the prevention and implications of prenatal*  
24     *and postnatal smoking, alcohol and illegal drug use.*

1       “(b) *GRANTS.*—*In carrying out subsection (a), the Sec-*  
 2 *retary may award grants to and enter into contracts with*  
 3 *States, local governments, scientific and academic institu-*  
 4 *tions, Federally qualified health centers, and other public*  
 5 *and nonprofit entities, and may provide technical and con-*  
 6 *sultative assistance to such entities.*

7       “(c) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*  
 8 *purpose of carrying out this section, there are authorized*  
 9 *to be appropriated such sums as may be necessary for each*  
 10 *of the fiscal years 2001 through 2005.”.*

## 11   ***TITLE X— PEDIATRIC RESEARCH*** 12                   ***INITIATIVE***

### 13   ***SEC. 1001. ESTABLISHMENT OF PEDIATRIC RESEARCH INI-*** 14                   ***TIATIVE.***

15       *Part B of title IV of the Public Health Service Act,*  
 16 *as amended by section 101 of this Act, is amended by add-*  
 17 *ing at the end the following:*

18                   “*PEDIATRIC RESEARCH INITIATIVE*

19       “*SEC. 409D. (a) ESTABLISHMENT.*—*The Secretary*  
 20 *shall establish within the Office of the Director of NIH a*  
 21 *Pediatric Research Initiative (referred to in this section as*  
 22 *the ‘Initiative’) to conduct and support research that is di-*  
 23 *rectly related to diseases, disorders, and other conditions in*  
 24 *children. The Initiative shall be headed by the Director of*  
 25 *NIH.*

1       “(b) *PURPOSE.*—*The purpose of the Initiative is to*  
2 *provide funds to enable the Director of NIH—*

3               “(1) *to increase support for pediatric biomedical*  
4 *research within the National Institutes of Health to*  
5 *realize the expanding opportunities for advancement*  
6 *in scientific investigations and care for children;*

7               “(2) *to enhance collaborative efforts among the*  
8 *Institutes to conduct and support multidisciplinary*  
9 *research in the areas that the Director deems most*  
10 *promising; and*

11              “(3) *in coordination with the Food and Drug*  
12 *Administration, to increase the development of ade-*  
13 *quate pediatric clinical trials and pediatric use infor-*  
14 *mation to promote the safer and more effective use of*  
15 *prescription drugs in the pediatric population.*

16       “(c) *DUTIES.*—*In carrying out subsection (b), the Di-*  
17 *rector of NIH shall—*

18              “(1) *consult with the Director of the National*  
19 *Institute of Child Health and Human Development*  
20 *and the other national research institutes, in consid-*  
21 *ering their requests for new or expanded pediatric re-*  
22 *search efforts, and consult with the Administrator of*  
23 *the Health Resources and Services Administration*  
24 *and other advisors as the Director determines to be*  
25 *appropriate;*

1           “(2) have broad discretion in the allocation of  
 2           any Initiative assistance among the Institutes, among  
 3           types of grants, and between basic and clinical re-  
 4           search so long as the assistance is directly related to  
 5           the illnesses and conditions of children; and

6           “(3) be responsible for the oversight of any newly  
 7           appropriated Initiative funds and annually report to  
 8           Congress and the public on the extent of the total  
 9           funds obligated to conduct or support pediatric re-  
 10          search across the National Institutes of Health, in-  
 11          cluding the specific support and research awards allo-  
 12          cated through the Initiative.

13          “(d) *AUTHORIZATION.*—For the purpose of carrying  
 14          out this section, there are authorized to be appropriated  
 15          \$50,000,000 for fiscal year 2001, and such sums as may  
 16          be necessary for each of the fiscal years 2002 through 2005.

17          “(e) *TRANSFER OF FUNDS.*—The Director of NIH may  
 18          transfer amounts appropriated under this section to any  
 19          of the Institutes for a fiscal year to carry out the purposes  
 20          of the Initiative under this section.”.

21       **SEC. 1002. INVESTMENT IN TOMORROW'S PEDIATRIC RE-**  
 22       **SEARCHERS.**

23          “(a) *IN GENERAL.*—Subpart 7 of part C of title IV of  
 24          the Public Health Service Act, as amended by section 921  
 25          of this Act, is amended by adding at the end the following:

1    “INVESTMENT IN TOMORROW’S PEDIATRIC RESEARCHERS

2           “SEC. 452G. (a) *ENHANCED SUPPORT.*—*In order to*  
 3 *ensure the future supply of researchers dedicated to the care*  
 4 *and research needs of children, the Director of the Institute,*  
 5 *after consultation with the Administrator of the Health Re-*  
 6 *sources and Services Administration, shall support activi-*  
 7 *ties to provide for—*

8                   “(1) *an increase in the number and size of insti-*  
 9       *tutional training grants to institutions supporting*  
 10 *pediatric training; and*

11                   “(2) *an increase in the number of career develop-*  
 12 *ment awards for health professionals who intend to*  
 13 *build careers in pediatric basic and clinical research.*

14           “(b) *AUTHORIZATION.*—*For the purpose of carrying*  
 15 *out subsection (a), there are authorized to be appropriated*  
 16 *such sums as may be necessary for each of the fiscal years*  
 17 *2001 through 2005.”.*

18           (b) *PEDIATRIC RESEARCH LOAN REPAYMENT PRO-*  
 19 *GRAM.*—*Part G of title IV of the Public Health Service Act*  
 20 *(42 U.S.C. 288 et seq.) is amended by inserting after section*  
 21 *487E the following section:*

22           “*PEDIATRIC RESEARCH LOAN REPAYMENT PROGRAM*

23           “*SEC. 487F. (a) IN GENERAL.*—*The Secretary, in con-*  
 24 *sultation with the Director of NIH, may establish a pedi-*  
 25 *atric research loan repayment program. Through such*  
 26 *program—*



1           “(1) the Secretary shall enter into contracts with  
2           qualified health professionals under which such pro-  
3           fessionals will agree to conduct pediatric research, in  
4           consideration of the Federal government agreeing to  
5           repay, for each year of such service, not more than  
6           \$35,000 of the principal and interest of the edu-  
7           cational loans of such professionals; and

8           “(2) the Secretary shall, for the purpose of pro-  
9           viding reimbursements for tax liability resulting from  
10          payments made under paragraph (1) on behalf of an  
11          individual, make payments, in addition to payments  
12          under such paragraph, to the individual in an  
13          amount equal to 39 percent of the total amount of  
14          loan repayments made for the taxable year involved.

15          “(b) APPLICATION OF OTHER PROVISIONS.—The provi-  
16          sions of sections 338B, 338C, and 338E shall, except as in-  
17          consistent with paragraph (1), apply to the program estab-  
18          lished under such paragraph to the same extent and in the  
19          same manner as such provisions apply to the National  
20          Health Service Corps Loan Repayment Program established  
21          under subpart III of part D of title III.

22          “(c) FUNDING.—

23                 “(1) IN GENERAL.—For the purpose of carrying  
24                 out this section with respect to a national research in-  
25                 stitute the Secretary may reserve, from amounts ap-

1        *propriated for such institute for the fiscal year in-*  
 2        *volved, such amounts as the Secretary determines to*  
 3        *be appropriate.*

4            *“(2) AVAILABILITY OF FUNDS.—Amounts made*  
 5        *available to carry out this section shall remain avail-*  
 6        *able until the expiration of the second fiscal year be-*  
 7        *ginning after the fiscal year for which such amounts*  
 8        *were made available.”.*

9    **SEC. 1003. REVIEW OF REGULATIONS.**

10        *(a) REVIEW.—By not later than 6 months after the*  
 11        *date of enactment of this Act, the Secretary of Health and*  
 12        *Human Services shall conduct a review of the regulations*  
 13        *under subpart D of part 46 of title 45, Code of Federal*  
 14        *Regulations, consider any modifications necessary to ensure*  
 15        *the adequate and appropriate protection of children partici-*  
 16        *pating in research, and report the findings of the Secretary*  
 17        *to Congress.*

18        *(b) AREAS OF REVIEW.—In conducting the review*  
 19        *under subsection (a), the Secretary of Health and Human*  
 20        *Services shall consider—*

21            *(1) the appropriateness of the regulations for*  
 22        *children of differing ages and maturity levels, includ-*  
 23        *ing legal status;*

24            *(2) the definition of “minimal risk” for a*  
 25        *healthy child or for a child with an illness;*

1           (3) *the definitions of “assent” and “permission”*  
2           *for child clinical research participants and their par-*  
3           *ents or guardians and of “adequate provisions” for*  
4           *soliciting assent or permission in research as such*  
5           *definitions relate to the process of obtaining the agree-*  
6           *ment of children participating in research and the*  
7           *parents or guardians of such children;*

8           (4) *the definitions of “direct benefit to the indi-*  
9           *vidual subjects” and “generalizable knowledge about*  
10          *the subject’s disorder or condition”;*

11          (5) *whether payment (financial or otherwise)*  
12          *may be provided to a child or his or her parent or*  
13          *guardian for the participation of the child in re-*  
14          *search, and if so, the amount and type given;*

15          (6) *the expectations of child research partici-*  
16          *pants and their parent or guardian for the direct ben-*  
17          *efits of the child’s research involvement;*

18          (7) *safeguards for research involving children*  
19          *conducted in emergency situations with a waiver of*  
20          *informed assent;*

21          (8) *parent and child notification in instances in*  
22          *which the regulations have not been complied with;*

23          (9) *compliance with the regulations in effect on*  
24          *the date of enactment of this Act, the monitoring of*

1        *such compliance, and enforcement actions for viola-*  
2        *tions of such regulations; and*

3            *(10) the appropriateness of current practices for*  
4        *recruiting children for participation in research.*

5        *(c) CONSULTATION.—In conducting the review under*  
6        *subsection (a), the Secretary of Health and Human Services*  
7        *shall consult broadly with experts in the field, including*  
8        *pediatric pharmacologists, pediatricians, pediatric profes-*  
9        *sional societies, bioethics experts, clinical investigators, in-*  
10       *stitutional review boards, industry experts, appropriate*  
11       *Federal agencies, and children who have participated in re-*  
12       *search studies and the parents, guardians, or families of*  
13       *such children.*

14       *(d) CONSIDERATION OF ADDITIONAL PROVISIONS.—In*  
15       *conducting the review under subsection (a), the Secretary*  
16       *of Health and Human Services shall consider and, not later*  
17       *than 6 months after the date of enactment of this Act, report*  
18       *to Congress concerning—*

19            *(1) whether the Secretary should establish data*  
20        *and safety monitoring boards or other mechanisms to*  
21        *review adverse events associated with research involv-*  
22        *ing children; and*

23            *(2) whether the institutional review board over-*  
24        *sight of clinical trials involving children is adequate*  
25        *to protect children.*

1 **SEC. 1004. LONG-TERM CHILD DEVELOPMENT STUDY.**

2       (a) *PURPOSE.*—*It is the purpose of this section to au-*  
3 *thorize the National Institute of Child Health and Human*  
4 *Development to conduct a national longitudinal study of*  
5 *environmental influences (including physical, chemical, bi-*  
6 *ological, and psychosocial) on children’s health and develop-*  
7 *ment.*

8       (b) *IN GENERAL.*—*The Director of the National Insti-*  
9 *tute of Child Health and Human Development shall estab-*  
10 *lish a consortium of representatives from appropriate Fed-*  
11 *eral agencies (including the Centers for Disease Control and*  
12 *Prevention, the Environmental Protection Agency) to—*

13               (1) *plan, develop, and implement a prospective*  
14 *cohort study, from birth to adulthood, to evaluate the*  
15 *effects of both chronic and intermittent exposures on*  
16 *child health and human development; and*

17               (2) *investigate basic mechanisms of develop-*  
18 *mental disorders and environmental factors, both risk*  
19 *and protective, that influence health and develop-*  
20 *mental processes.*

21       (c) *REQUIREMENT.*—*The study under subsection (b)*  
22 *shall—*

23               (1) *incorporate behavioral, emotional, edu-*  
24 *cational, and contextual consequences to enable a*  
25 *complete assessment of the physical, chemical, biologi-*

1        *cal and psychosocial environmental influences on*  
2        *children's well-being;*

3            *(2) gather data on environmental influences and*  
4        *outcomes on diverse populations of children, which*  
5        *may include the consideration of prenatal exposures;*

6            *(3) consider health disparities among children*  
7        *which may include the consideration of prenatal ex-*  
8        *posures.*

9        *(d) REPORT.—Beginning not later than 3 years after*  
10      *the date of enactment of this Act, and periodically thereafter*  
11      *for the duration of the study under this section, the Director*  
12      *of the National Institute of Child Health and Human De-*  
13      *velopment shall prepare and submit to the appropriate*  
14      *committees of Congress a report on the implementation and*  
15      *findings made under the planning and feasibility study*  
16      *conducted under this section.*

17        *(e) AUTHORIZATION OF APPROPRIATIONS.—There are*  
18      *authorized to be appropriated to carry out this section*  
19      *\$18,000,000 for fiscal year 2001, and such sums as may*  
20      *be necessary for each the fiscal years 2002 through 2005.*

**TITLE XI—CHILDHOOD  
MALIGNANCIES**

**SEC. 1101. PROGRAMS OF CENTERS FOR DISEASE CONTROL  
AND PREVENTION AND NATIONAL INSTI-  
TUTES OF HEALTH.**

*Part P of title III of the Public Health Service Act, as amended by section 702 of this Act, is amended by adding at the end the following section:*

**“SEC. 399N. CHILDHOOD MALIGNANCIES.**

*“(a) IN GENERAL.—The Secretary, acting as appropriate through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health, shall study environmental and other risk factors for childhood cancers (including skeletal malignancies, leukemias, malignant tumors of the central nervous system, lymphomas, soft tissue sarcomas, and other malignant neoplasms) and carry out projects to improve outcomes among children with childhood cancers and resultant secondary conditions, including limb loss, anemia, rehabilitation, and palliative care. Such projects shall be carried out by the Secretary directly and through awards of grants or contracts.*

*“(b) CERTAIN ACTIVITIES.—Activities under subsection (a) include—*

1           “(1) the expansion of current demographic data  
2           collection and population surveillance efforts to in-  
3           clude childhood cancers nationally;

4           “(2) the development of a uniform reporting sys-  
5           tem under which treating physicians, hospitals, clin-  
6           ics, and states report the diagnosis of childhood can-  
7           cers, including relevant associated epidemiological  
8           data; and

9           “(3) support for the National Limb Loss Infor-  
10          mation Center to address, in part, the primary and  
11          secondary needs of persons who experience childhood  
12          cancers in order to prevent or minimize the disabling  
13          nature of these cancers.

14          “(c) COORDINATION OF ACTIVITIES.—The Secretary  
15          shall assure that activities under this section are coordi-  
16          nated as appropriate with other agencies of the Public  
17          Health Service that carry out activities focused on child-  
18          hood cancers and limb loss.

19          “(d) DEFINITION.—For purposes of this section, the  
20          term ‘childhood cancer’ refers to a spectrum of different ma-  
21          lignancies that vary by histology, site of disease, origin,  
22          race, sex, and age. The Secretary may for purposes of this  
23          section revise the definition of such term to the extent deter-  
24          mined by the Secretary to be appropriate.



1       “(e) *AUTHORIZATION OF APPROPRIATIONS.—For the*  
 2 *purpose of carrying out this section, there are authorized*  
 3 *to be appropriated such sums as may be necessary for each*  
 4 *of the fiscal years 2001 through 2005.*”.

## 5                   ***TITLE XII—ADOPTION***

## 6                   ***AWARENESS***

### 7                   ***Subtitle A—Infant Adoption***

### 8                   ***Awareness***

9   ***SEC. 1201. GRANTS REGARDING INFANT ADOPTION AWARE-***  
 10                   ***NESS.***

11       *Subpart I of part D of title III of the Public Health*  
 12 *Service Act, as amended by section 801 of this Act, is*  
 13 *amended by adding at the end the following section:*

14   ***“SEC. 330F. CERTAIN SERVICES FOR PREGNANT WOMEN.***

15       ***“(a) INFANT ADOPTION AWARENESS.—***

16               ***“(1) IN GENERAL.—The Secretary shall make***  
 17 *grants to national, regional, or local adoption organi-*  
 18 *zations for the purpose of developing and imple-*  
 19 *menting programs to train the designated staff of eli-*  
 20 *gible health centers in providing adoption informa-*  
 21 *tion and referrals to pregnant women on an equal*  
 22 *basis with all other courses of action included in non-*  
 23 *directive counseling to pregnant women.*

24               ***“(2) BEST-PRACTICES GUIDELINES.—***

1           “(A) *IN GENERAL.*—A condition for the re-  
2           ceipt of a grant under paragraph (1) is that the  
3           adoption organization involved agree that, in  
4           providing training under such paragraph, the  
5           organization will follow the guidelines developed  
6           under subparagraph (B).

7           “(B) *PROCESS FOR DEVELOPMENT OF*  
8           *GUIDELINES.*—

9           “(i) *IN GENERAL.*—The Secretary shall  
10          establish and supervise a process described  
11          in clause (ii) in which the participants  
12          are—

13               “(I) an appropriate number and  
14               variety of adoption organizations that,  
15               as a group, have expertise in all mod-  
16               els of adoption practice and that rep-  
17               resent all members of the adoption  
18               triad (birth mother, infant, and adop-  
19               tive parent); and

20               “(II) affected public health enti-  
21               ties.

22          “(ii) *DESCRIPTION OF PROCESS.*—The  
23          process referred to in clause (i) is a process  
24          in which the participants described in such  
25          clause collaborate to develop best-practices

1 *guidelines on the provision of adoption in-*  
2 *formation and referrals to pregnant women*  
3 *on an equal basis with all other courses of*  
4 *action included in nondirective counseling*  
5 *to pregnant women.*

6 “(iii) *DATE CERTAIN FOR DEVELOP-*  
7 *MENT.—The Secretary shall ensure that the*  
8 *guidelines described in clause (ii) are devel-*  
9 *oped not later than 180 days after the date*  
10 *of the enactment of the Children’s Health*  
11 *Act of 2000.*

12 “(C) *RELATION TO AUTHORITY FOR*  
13 *GRANTS.—The Secretary may not make any*  
14 *grant under paragraph (1) before the date on*  
15 *which the guidelines under subparagraph (B) are*  
16 *developed.*

17 “(3) *USE OF GRANT.—*

18 “(A) *IN GENERAL.—With respect to a grant*  
19 *under paragraph (1)—*

20 “(i) *an adoption organization may ex-*  
21 *pend the grant to carry out the programs*  
22 *directly or through grants to or contracts*  
23 *with other adoption organizations;*

24 “(ii) *the purposes for which the adop-*  
25 *tion organization expends the grant may*

1           include the development of a training cur-  
2           riculum, consistent with the guidelines de-  
3           veloped under paragraph (2)(B); and

4           “(iii) a condition for the receipt of the  
5           grant is that the adoption organization  
6           agree that, in providing training for the  
7           designated staff of eligible health centers,  
8           such organization will make reasonable ef-  
9           forts to ensure that the individuals who pro-  
10          vide the training are individuals who are  
11          knowledgeable in all elements of the adop-  
12          tion process and are experienced in pro-  
13          viding adoption information and referrals  
14          in the geographic areas in which the eligible  
15          health centers are located, and that the des-  
16          ignated staff receive the training in such  
17          areas.

18          “(B) *RULE OF CONSTRUCTION REGARDING*  
19          *TRAINING OF TRAINERS.*—With respect to indi-  
20          viduals who under a grant under paragraph (1)  
21          provide training for the designated staff of eligi-  
22          ble health centers (referred to in this subpara-  
23          graph as ‘trainers’), subparagraph (A)(iii) may  
24          not be construed as establishing any limitation  
25          regarding the geographic area in which the

1        *trainers receive instruction in being such train-*  
 2        *ers. A trainer may receive such instruction in a*  
 3        *different geographic area than the area in which*  
 4        *the trainer trains (or will train) the designated*  
 5        *staff of eligible health centers.*

6        “(4) *ADOPTION ORGANIZATIONS; ELIGIBLE*  
 7        *HEALTH CENTERS; OTHER DEFINITIONS.—For pur-*  
 8        *poses of this section:*

9                “(A) *The term ‘adoption organization’*  
 10        *means a national, regional, or local*  
 11        *organization—*

12                “(i) *among whose primary purposes*  
 13        *are adoption;*

14                “(ii) *that is knowledgeable in all ele-*  
 15        *ments of the adoption process and on pro-*  
 16        *viding adoption information and referrals*  
 17        *to pregnant women; and*

18                “(iii) *that is a nonprofit private enti-*  
 19        *ty.*

20                “(B) *The term ‘designated staff’, with re-*  
 21        *spect to an eligible health center, means staff of*  
 22        *the center who provide pregnancy or adoption*  
 23        *information and referrals (or will provide such*  
 24        *information and referrals after receiving train-*  
 25        *ing under a grant under paragraph (1)).*

1           “(C) The term ‘eligible health centers’  
 2           means public and nonprofit private entities that  
 3           provide health services to pregnant women.

4           “(5) TRAINING FOR CERTAIN ELIGIBLE HEALTH  
 5           CENTERS.—A condition for the receipt of a grant  
 6           under paragraph (1) is that the adoption organiza-  
 7           tion involved agree to make reasonable efforts to en-  
 8           sure that the eligible health centers with respect to  
 9           which training under the grant is provided include—

10           “(A) eligible health centers that receive  
 11           grants under section 1001 (relating to voluntary  
 12           family planning projects);

13           “(B) eligible health centers that receive  
 14           grants under section 330 (relating to community  
 15           health centers, migrant health centers, and cen-  
 16           ters regarding homeless individuals and residents  
 17           of public housing); and

18           “(C) eligible health centers that receive  
 19           grants under this Act for the provision of services  
 20           in schools.

21           “(6) PARTICIPATION OF CERTAIN ELIGIBLE  
 22           HEALTH CLINICS.—In the case of eligible health cen-  
 23           ters that receive grants under section 330 or 1001:

24           “(A) Within a reasonable period after the  
 25           Secretary begins making grants under para-

graph (1), the Secretary shall provide eligible health centers with complete information about the training available from organizations receiving grants under such paragraph. The Secretary shall make reasonable efforts to encourage eligible health centers to arrange for designated staff to participate in such training. Such efforts shall affirm Federal requirements, if any, that the eligible health center provide nondirective counseling to pregnant women.

“(B) All costs of such centers in obtaining the training shall be reimbursed by the organization that provides the training, using grants under paragraph (1).

“(C) Not later than one year after the date of the enactment of the Children’s Health Act of 2000, the Secretary shall submit to the appropriate committees of the Congress a report evaluating the extent to which adoption information and referral, upon request, are provided by eligible health centers. Within a reasonable time after training under this section is initiated, the Secretary shall submit to the appropriate committees of the Congress a report evaluating the extent to which adoption information and referral,

1       upon request, are provided by eligible health cen-  
2       ters in order to determine the effectiveness of  
3       such training and the extent to which such  
4       training complies with subsection (a)(1). In pre-  
5       paring the reports required by this subpara-  
6       graph, the Secretary shall in no respect interpret  
7       the provisions of this section to allow any inter-  
8       ference in the provider-patient relationship, any  
9       breach of patient confidentiality, or any moni-  
10      toring or auditing of the counseling process or  
11      patient records which breaches patient confiden-  
12      tiality or reveals patient identity. The reports  
13      required by this subparagraph shall be conducted  
14      by the Secretary acting through the Adminis-  
15      trator of the Health Resources and Services Ad-  
16      ministration and in collaboration with the Di-  
17      rector of the Agency for Healthcare Research and  
18      Quality.

19       “(b) *APPLICATION FOR GRANT.*—The Secretary may  
20      make a grant under subsection (a) only if an application  
21      for the grant is submitted to the Secretary and the applica-  
22      tion is in such form, is made in such manner, and contains  
23      such agreements, assurances, and information as the Sec-  
24      retary determines to be necessary to carry out this section.



1       “(c) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
 2       purpose of carrying out this section, there are authorized  
 3       to be appropriated such sums as may be necessary for each  
 4       of the fiscal years 2001 through 2005.”.

5       ***Subtitle B—Special Needs Adoption***  
 6       ***Awareness***

7       ***SEC. 1211. SPECIAL NEEDS ADOPTION PROGRAMS; PUBLIC***  
 8       ***AWARENESS CAMPAIGN AND OTHER ACTIVITIES.***  
 9       ***TIES.***

10       *Subpart I of part D of title III of the Public Health*  
 11       *Service Act, as amended by section 1201 of this Act, is*  
 12       *amended by adding at the end the following section:*

13       ***“SEC. 330G. SPECIAL NEEDS ADOPTION PROGRAMS; PUBLIC***  
 14       ***AWARENESS CAMPAIGN AND OTHER ACTIVITIES.***  
 15       ***TIES.***

16       “(a) *SPECIAL NEEDS ADOPTION AWARENESS CAM-*  
 17       *PAIGN.*—

18       “(1) *IN GENERAL.*—The Secretary shall, through  
 19       making grants to nonprofit private entities, provide  
 20       for the planning, development, and carrying out of a  
 21       national campaign to provide information to the pub-  
 22       lic regarding the adoption of children with special  
 23       needs.

24       “(2) *INPUT ON PLANNING AND DEVELOPMENT.*—  
 25       In providing for the planning and development of the

1        *national campaign under paragraph (1), the Sec-*  
2        *retary shall provide for input from a number and va-*  
3        *riety of adoption organizations throughout the States*  
4        *in order that the full national diversity of interests*  
5        *among adoption organizations is represented in the*  
6        *planning and development of the campaign.*

7                *“(3) CERTAIN FEATURES.—With respect to the*  
8        *national campaign under paragraph (1):*

9                *“(A) The campaign shall be directed at var-*  
10        *ious populations, taking into account as appro-*  
11        *priate differences among geographic regions, and*  
12        *shall be carried out in the language and cultural*  
13        *context that is most appropriate to the popu-*  
14        *lation involved.*

15               *“(B) The means through which the cam-*  
16        *paign may be carried out include—*

17               *“(i) placing public service announce-*  
18        *ments on television, radio, and billboards;*  
19        *and*

20               *“(ii) providing information through*  
21        *means that the Secretary determines will*  
22        *reach individuals who are most likely to*  
23        *adopt children with special needs.*

24               *“(C) The campaign shall provide informa-*  
25        *tion on the subsidies and supports that are*

1       *available to individuals regarding the adoption*  
2       *of children with special needs.*

3               “(D) *The Secretary may provide that the*  
4       *placement of public service announcements, and*  
5       *the dissemination of brochures and other mate-*  
6       *rials, is subject to review by the Secretary.*

7       “(4) *MATCHING REQUIREMENT.—*

8               “(A) *IN GENERAL.—With respect to the*  
9       *costs of the activities to be carried out by an en-*  
10       *tity pursuant to paragraph (1), a condition for*  
11       *the receipt of a grant under such paragraph is*  
12       *that the entity agree to make available (directly*  
13       *or through donations from public or private enti-*  
14       *ties) non-Federal contributions toward such costs*  
15       *in an amount that is not less than 25 percent*  
16       *of such costs.*

17               “(B) *DETERMINATION OF AMOUNT CONTRIB-*  
18       *UTED.—Non-Federal contributions under sub-*  
19       *paragraph (A) may be in cash or in kind, fairly*  
20       *evaluated, including plant, equipment, or serv-*  
21       *ices. Amounts provided by the Federal Govern-*  
22       *ment, or services assisted or subsidized to any*  
23       *significant extent by the Federal Government,*  
24       *may not be included in determining the amount*  
25       *of such contributions.*

1       “(b) *NATIONAL RESOURCES PROGRAM.*—*The Sec-*  
 2 *retary shall (directly or through grant or contract) carry*  
 3 *out a program that, through toll-free telecommunications,*  
 4 *makes available to the public information regarding the*  
 5 *adoption of children with special needs. Such information*  
 6 *shall include the following:*

7               “(1) *A list of national, State, and regional orga-*  
 8 *nizations that provide services regarding such adop-*  
 9 *tions, including exchanges and other information on*  
 10 *communicating with the organizations. The list shall*  
 11 *represent the full national diversity of adoption orga-*  
 12 *nizations.*

13              “(2) *Information beneficial to individuals who*  
 14 *adopt such children, including lists of support groups*  
 15 *for adoptive parents and other postadoptive services.*

16       “(c) *OTHER PROGRAMS.*—*With respect to the adoption*  
 17 *of children with special needs, the Secretary shall make*  
 18 *grants—*

19              “(1) *to provide assistance to support groups for*  
 20 *adoptive parents, adopted children, and siblings of*  
 21 *adopted children; and*

22              “(2) *to carry out studies to identify—*

23                      “(A) *the barriers to completion of the adop-*  
 24 *tion process; and*

11       “(e) *FUNDING.*—For the purpose of carrying out this  
12   section, there are authorized to be appropriated such sums  
13   as may be necessary for each of the fiscal years 2001  
14   through 2005.”.

17 *SEC. 1301. PROGRAMS OF CENTERS FOR DISEASE CONTROL*  
18 *AND PREVENTION.*

21 (1) in subsection (b)—

24 (B) in paragraph (2), by striking the period  
25 and inserting “; and”; and

1                   (C) by adding at the end the following:

2                   “(3) the implementation of a national education  
3                   and awareness campaign regarding such injury (in  
4                   conjunction with the program of the Secretary regard-  
5                   ing health-status goals for 2010, commonly referred to  
6                   as *Healthy People 2010*), including—

7                   “(A) the national dissemination of informa-  
8                   tion on—

9                   “(i) incidence and prevalence; and

10                  “(ii) information relating to traumatic  
11                  brain injury and the sequelae of secondary  
12                  conditions arising from traumatic brain in-  
13                  jury upon discharge from hospitals and  
14                  trauma centers; and

15                  “(B) the provision of information in pri-  
16                  mary care settings, including emergency rooms  
17                  and trauma centers, concerning the availability  
18                  of State level services and resources.”;

19                  (2) in subsection (d)—

20                  (A) in the second sentence, by striking “an-  
21                  oxia due to near drowning.” and inserting “an-  
22                  oxia due to trauma.”; and

23                  (B) in the third sentence, by inserting before  
24                  the period the following: “, after consultation

(b) NATIONAL REGISTRY.—Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended by inserting after section 393A the following section:

7 “NATIONAL PROGRAM FOR TRAUMATIC BRAIN INJURY  
8 REGISTRIES

9           “SEC. 393B. (a) IN GENERAL.—The Secretary, acting  
10 through the Director of the Centers for Disease Control and  
11 Prevention, may make grants to States or their designees  
12 to operate the State’s traumatic brain injury registry, and  
13 to academic institutions to conduct applied research that  
14 will support the development of such registries, to collect  
15 data concerning—

16 “(1) demographic information about each trau-  
17 matic brain injury;

18 “(2) information about the circumstances sur-  
19 rounding the injury event associated with each trau-  
20 matic brain injury;

21 “(3) administrative information about the source  
22 of the collected information, dates of hospitalization  
23 and treatment, and the date of injury; and

“*(4) information characterizing the clinical as-*  
*pects of the traumatic brain injury, including the se-*  
*verity of the injury, outcomes of the injury, the types*

1       *of treatments received, and the types of services uti-*  
 2       *lized.”.*

3       **SEC. 1302. STUDY AND MONITOR INCIDENCE AND PREVA-**  
 4               **LENCE.**

5       *Section 4 of Public Law 104–166 (42 U.S.C. 300d–*  
 6       *61 note) is amended—*

7               *(1) in subsection (a)(1)(A)—*

8                       *(A) by striking clause (i) and inserting the*  
 9               *following:*

10                       *“(i)(I) determine the incidence and*  
 11                       *prevalence of traumatic brain injury in all*  
 12                       *age groups in the general population of the*  
 13                       *United States, including institutional set-*  
 14                       *tings; and*

15                       *“(II) determine appropriate methodo-*  
 16                       *logical strategies to obtain data on the inci-*  
 17                       *dence and prevalence of mild traumatic*  
 18                       *brain injury and report to Congress con-*  
 19                       *cerning such within 18 months of the date*  
 20                       *of enactment of the Children’s Health Act of*  
 21                       *2000; and”; and*

22                       *(B) in clause (ii), by striking “, if the Sec-*  
 23                       *retary determines that such a system is appro-*  
 24                       *priate”;*



1           (2) in subsection (a)(1)(B)(i), by inserting “, in-  
 2           cluding return to work or school and community par-  
 3           ticipation,” after “functioning”; and

4           (3) in subsection (d), to read as follows:

5           “(d) *AUTHORIZATION OF APPROPRIATIONS.*—There  
 6           are authorized to be appropriated to carry out this section  
 7           such sums as may be necessary for each of the fiscal years  
 8           2001 through 2005.”.

9           **SEC. 1303. PROGRAMS OF NATIONAL INSTITUTES OF**  
 10           **HEALTH.**

11           (a) *INTERAGENCY PROGRAM.*—Section 1261(d)(4) of  
 12           the Public Health Service Act (42 U.S.C. 300d–61(d)(4))  
 13           is amended—

14           (1) in subparagraph (A), by striking “degree of  
 15           injury” and inserting “degree of brain injury”;

16           (2) in subparagraph (B), by striking “acute in-  
 17           jury” and inserting “acute brain injury”; and

18           (3) in subparagraph (D), by striking “injury  
 19           treatment” and inserting “brain injury treatment”.

20           (b) *DEFINITION.*—Section 1261(h)(4) of the Public  
 21           Health Service Act (42 U.S.C. 300d–61(h)(4)) is  
 22           amended—

23           (1) in the second sentence, by striking “anoxia  
 24           due to near drowning.” and inserting “anoxia due to  
 25           trauma.”; and

1           (2) *in the third sentence, by inserting before the*  
 2           *period the following: “, after consultation with States*  
 3           *and other appropriate public or nonprofit private en-*  
 4           *tities”.*

5           (c) *RESEARCH ON COGNITIVE AND NEUROBEHAVIORAL*  
 6           *DISORDERS ARISING FROM TRAUMATIC BRAIN INJURY.—*  
 7           *Section 1261(d)(4) of the Public Health Service Act (42*  
 8           *U.S.C. 300d–61(d)(4)) is amended—*

9           (1) *in subparagraph (C), by striking “and” after*  
 10          *the semicolon at the end;*

11          (2) *in subparagraph (D), by striking the period*  
 12          *at the end and inserting “; and”; and*

13          (3) *by adding at the end the following:*

14               “(E) *carrying out subparagraphs (A)*  
 15               *through (D) with respect to cognitive disorders*  
 16               *and neurobehavioral consequences arising from*  
 17               *traumatic brain injury, including the develop-*  
 18               *ment, modification, and evaluation of therapies*  
 19               *and programs of rehabilitation toward reaching*  
 20               *or restoring normal capabilities in areas such as*  
 21               *reading, comprehension, speech, reasoning, and*  
 22               *deduction.”.*

23          (d) *AUTHORIZATION OF APPROPRIATIONS.—Section*  
 24          *1261 of the Public Health Service Act (42 U.S.C. 300d–*  
 25          *61) is amended by adding at the end the following:*

1       “(i) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
 2       purpose of carrying out this section, there are authorized  
 3       to be appropriated such sums as may be necessary for each  
 4       of the fiscal years 2001 through 2005.”.

5       **SEC. 1304. PROGRAMS OF HEALTH RESOURCES AND SERV-**  
 6               **ICES ADMINISTRATION.**

7       Section 1252 of the Public Health Service Act (42  
 8       U.S.C. 300d–51) is amended—

9               (1) in the section heading by striking “**DEM-**  
 10       **ONSTRATION**”;

11              (2) in subsection (a), by striking “demonstra-  
 12       tion”;

13              (3) in subsection (b)(3)—

14                      (A) in subparagraph (A)(iv), by striking  
 15                      “representing traumatic brain injury survivors”  
 16                      and inserting “representing individuals with  
 17                      traumatic brain injury”; and

18                      (B) in subparagraph (B), by striking “who  
 19                      are survivors of” and inserting “with”;

20              (4) in subsection (c)—

21                      (A) in paragraph (1), by striking “, in  
 22                      cash,”; and

23                      (B) in paragraph (2), by amending the  
 24       paragraph to read as follows:

1           “(2) *DETERMINATION OF AMOUNT CONTRIB-*  
 2           *UTED.—Non-Federal contributions under paragraph*  
 3           *(1) may be in cash or in kind, fairly evaluated, in-*  
 4           *cluding plant, equipment, or services. Amounts pro-*  
 5           *vided by the Federal Government, or services assisted*  
 6           *or subsidized to any significant extent by the Federal*  
 7           *Government, may not be included in determining the*  
 8           *amount of such contributions.”;*

9           *(5) by redesignating subsections (e) through (h)*  
 10          *as subsections (g) through (j), respectively; and*

11          *(6) by inserting after subsection (d) the following*  
 12          *subsections:*

13          “(e) *CONTINUATION OF PREVIOUSLY AWARDED DEM-*  
 14          *ONSTRATION PROJECTS.—A State that received a grant*  
 15          *under this section prior to the date of the enactment of the*  
 16          *Children’s Health Act of 2000 may compete for new project*  
 17          *grants under this section after such date of enactment.*

18          “(f) *USE OF STATE GRANTS.—*

19                 “(1) *COMMUNITY SERVICES AND SUPPORTS.—A*  
 20                 *State shall (directly or through awards of contracts to*  
 21                 *nonprofit private entities) use amounts received under*  
 22                 *a grant under this section for the following:*

23                         “(A) *To develop, change, or enhance com-*  
 24                         *munity-based service delivery systems that in-*  
 25                         *clude timely access to comprehensive appropriate*

1        *services and supports. Such service and*  
2        *supports—*

3                *“(i) shall promote full participation by*  
4                *individuals with brain injury and their*  
5                *families in decision making regarding the*  
6                *services and supports; and*

7                *“(ii) shall be designed for children and*  
8                *other individuals with traumatic brain in-*  
9                *jury.*

10              *“(B) To focus on outreach to underserved*  
11              *and inappropriately served individuals, such as*  
12              *individuals in institutional settings, individuals*  
13              *with low socioeconomic resources, individuals in*  
14              *rural communities, and individuals in culturally*  
15              *and linguistically diverse communities.*

16              *“(C) To award contracts to nonprofit enti-*  
17              *ties for consumer or family service access train-*  
18              *ing, consumer support, peer mentoring, and par-*  
19              *ent to parent programs.*

20              *“(D) To develop individual and family*  
21              *service coordination or case management sys-*  
22              *tems.*

23              *“(E) To support other needs identified by*  
24              *the advisory board under subsection (b) for the*  
25              *State involved.*

1 “(2) *BEST PRACTICES.*—

2 “(A) *IN GENERAL.*—*State services and sup-*  
3 *ports provided under a grant under this section*  
4 *shall reflect the best practices in the field of trau-*  
5 *matic brain injury, shall be in compliance with*  
6 *title II of the Americans with Disabilities Act of*  
7 *1990, and shall be supported by quality assur-*  
8 *ance measures as well as state-of-the-art health*  
9 *care and integrated community supports, regard-*  
10 *less of the severity of injury.*

11 “(B) *DEMONSTRATION BY STATE AGENCY.*—  
12 *The State agency responsible for administering*  
13 *amounts received under a grant under this sec-*  
14 *tion shall demonstrate that it has obtained*  
15 *knowledge and expertise of traumatic brain in-*  
16 *jury and the unique needs associated with trau-*  
17 *matic brain injury.*

18 “(3) *STATE CAPACITY BUILDING.*—*A State may*  
19 *use amounts received under a grant under this section*  
20 *to—*

21 “(A) *educate consumers and families;*

22 “(B) *train professionals in public and pri-*  
23 *vate sector financing (such as third party pay-*  
24 *ers, State agencies, community-based providers,*  
25 *schools, and educators);*

1           “(C) develop or improve case management  
2           or service coordination systems;

3           “(D) develop best practices in areas such as  
4           family or consumer support, return to work,  
5           housing or supportive living personal assistance  
6           services, assistive technology and devices, behav-  
7           ioral health services, substance abuse services,  
8           and traumatic brain injury treatment and reha-  
9           bilitation;

10          “(E) tailor existing State systems to provide  
11          accommodations to the needs of individuals with  
12          brain injury (including systems administered by  
13          the State departments responsible for health,  
14          mental health, labor/employment, education,  
15          mental retardation/developmental disorders,  
16          transportation, and correctional systems);

17          “(F) improve data sets coordinated across  
18          systems and other needs identified by a State  
19          plan supported by its advisory council; and

20          “(G) develop capacity within targeted com-  
21          munities.”;

22          (5) in subsection (g) (as so redesignated), by  
23          striking “agencies of the Public Health Service” and  
24          inserting “Federal agencies”;

1           (6) in subsection (i) (as redesignated by para-  
2       graph (3))—

3           (A) in the second sentence, by striking “an-  
4       oxia due to near drowning.” and inserting “an-  
5       oxia due to trauma.”; and

6           (B) in the third sentence, by inserting before  
7       the period the following: “, after consultation  
8       with States and other appropriate public or non-  
9       profit private entities”; and

10          (7) in subsection (j) (as so redesignated), by  
11       amending the subsection to read as follows:

12       “(j) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
13       purpose of carrying out this section, there are authorized  
14       to be appropriated such sums as may be necessary for each  
15       of the fiscal years 2001 through 2005.”.

16       **SEC. 1305. STATE GRANTS FOR PROTECTION AND ADVO-**  
17       **CACY SERVICES.**

18       *Part E of title XII of the Public Health Service Act*  
19       *(42 U.S.C. 300d–51 et seq.) is amended by adding at the*  
20       *end the following:*

21       **“SEC. 1253. STATE GRANTS FOR PROTECTION AND ADVO-**  
22       **CACY SERVICES.**

23       “(a) *IN GENERAL.*—The Secretary, acting through the  
24       Administrator of the Health Resources and Services Admin-  
25       istration (referred to in this section as the ‘Administrator’),



1 *shall make grants to protection and advocacy systems for*  
 2 *the purpose of enabling such systems to provide services to*  
 3 *individuals with traumatic brain injury.*

4 “(b) *SERVICES PROVIDED.*—*Services provided under*  
 5 *this section may include the provision of—*

6 “(1) *information, referrals, and advice;*

7 “(2) *individual and family advocacy;*

8 “(3) *legal representation; and*

9 “(4) *specific assistance in self-advocacy.*

10 “(c) *APPLICATION.*—*To be eligible to receive a grant*  
 11 *under this section, a protection and advocacy system shall*  
 12 *submit an application to the Administrator at such time,*  
 13 *in such form and manner, and accompanied by such infor-*  
 14 *mation and assurances as the Administrator may require.*

15 “(d) *APPROPRIATIONS LESS THAN \$2,700,000.*—

16 “(1) *IN GENERAL.*—*With respect to any fiscal*  
 17 *year in which the amount appropriated under sub-*  
 18 *section (i) to carry out this section is less than*  
 19 *\$2,700,000, the Administrator shall make grants from*  
 20 *such amount to individual protection and advocacy*  
 21 *systems within States to enable such systems to plan*  
 22 *for, develop outreach strategies for, and carry out*  
 23 *services authorized under this section for individuals*  
 24 *with traumatic brain injury.*

1           “(2) *AMOUNT.*—*The amount of each grant pro-*  
 2           *vided under paragraph (1) shall be determined as set*  
 3           *forth in paragraphs (2) and (3) of subsection (e).*

4           “(e) *APPROPRIATIONS OF \$2,700,000 OR MORE.*—

5           “(1) *POPULATION BASIS.*—*Except as provided in*  
 6           *paragraph (2), with respect to each fiscal year in*  
 7           *which the amount appropriated under subsection (i)*  
 8           *to carry out this section is \$2,700,000 or more, the*  
 9           *Administrator shall make a grant to a protection and*  
 10          *advocacy system within each State.*

11          “(2) *AMOUNT.*—*The amount of a grant provided*  
 12          *to a system under paragraph (1) shall be equal to an*  
 13          *amount bearing the same ratio to the total amount*  
 14          *appropriated for the fiscal year involved under sub-*  
 15          *section (i) as the population of the State in which the*  
 16          *grantee is located bears to the population of all*  
 17          *States.*

18          “(3) *MINIMUMS.*—*Subject to the availability of*  
 19          *appropriations, the amount of a grant a protection*  
 20          *and advocacy system under paragraph (1) for a fiscal*  
 21          *year shall—*

22                 “(A) *in the case of a protection and advo-*  
 23                 *cacy system located in American Samoa, Guam,*  
 24                 *the United States Virgin Islands, or the Com-*  
 25                 *monwealth of the Northern Mariana Islands, and*

1           *the protection and advocacy system serving the*  
2           *American Indian consortium, not be less than*  
3           *\$20,000; and*

4           *“(B) in the case of a protection and advo-*  
5           *cacy system in a State not described in subpara-*  
6           *graph (A), not be less than \$50,000.*

7           *“(4) INFLATION ADJUSTMENT.—For each fiscal*  
8           *year in which the total amount appropriated under*  
9           *subsection (i) to carry out this section is \$5,000,000*  
10          *or more, and such appropriated amount exceeds the*  
11          *total amount appropriated to carry out this section*  
12          *in the preceding fiscal year, the Administrator shall*  
13          *increase each of the minimum grants amount de-*  
14          *scribed in subparagraphs (A) and (B) of paragraph*  
15          *(3) by a percentage equal to the percentage increase*  
16          *in the total amount appropriated under subsection (i)*  
17          *to carry out this section between the preceding fiscal*  
18          *year and the fiscal year involved.*

19          *“(f) CARRYOVER.—Any amount paid to a protection*  
20          *and advocacy system that serves a State or the American*  
21          *Indian consortium for a fiscal year under this section that*  
22          *remains unobligated at the end of such fiscal year shall re-*  
23          *main available to such system for obligation during the next*  
24          *fiscal year for the purposes for which such amount was*  
25          *originally provided.*

1       “(g) *DIRECT PAYMENT.*—Notwithstanding any other  
2       provision of law, the Administrator shall pay directly to  
3       any protection and advocacy system that complies with the  
4       provisions of this section, the total amount of the grant for  
5       such system, unless the system provides otherwise for such  
6       payment.

7       “(h) *ANNUAL REPORT.*—Each protection and advo-  
8       cacy system that receives a payment under this section shall  
9       submit an annual report to the Administrator concerning  
10      the services provided to individuals with traumatic brain  
11      injury by such system.

12      “(i) *AUTHORIZATION OF APPROPRIATIONS.*—There are  
13      authorized to be appropriated to carry out this section  
14      \$5,000,000 for fiscal year 2001, and such sums as may be  
15      necessary for each the fiscal years 2002 through 2005.

16      “(j) *DEFINITIONS.*—In this section:

17           “(1) *AMERICAN INDIAN CONSORTIUM.*—The term  
18           ‘American Indian consortium’ means a consortium  
19           established under part C of the Developmental Dis-  
20           abilities Assistance Bill of Rights Act (42 U.S.C. 6042  
21           et seq.).

22           “(2) *PROTECTION AND ADVOCACY SYSTEM.*—The  
23           term ‘protection and advocacy system’ means a pro-  
24           tection and advocacy system established under part C

1       *of the Developmental Disabilities Assistance and Bill*  
 2       *of Rights Act (42 U.S.C. 6042 et seq.).*

3               “(3) *STATE*.—The term ‘State’, unless otherwise  
 4       *specified, means the several States of the United*  
 5       *States, the District of Columbia, the Commonwealth*  
 6       *of Puerto Rico, the United States Virgin Islands,*  
 7       *Guam, American Samoa, and the Commonwealth of*  
 8       *the Northern Mariana Islands.”.*

9       **SEC. 1306. AUTHORIZATION OF APPROPRIATIONS FOR CER-**  
 10       **TAIN PROGRAMS.**

11       *Section 394A of the Public Health Service Act (42*  
 12       *U.S.C. 280b–3) is amended by striking “and” after “1994”*  
 13       *and by inserting before the period the following: “, and such*  
 14       *sums as may be necessary for each of the fiscal years 2001*  
 15       *through 2005.”.*

16       **TITLE XIV—CHILD CARE SAFETY**  
 17       **AND HEALTH GRANTS**

18       **SEC. 1401. DEFINITIONS.**

19       *In this title:*

20               (1) *CHILD WITH A DISABILITY; INFANT OR TOD-*  
 21       *DLER WITH A DISABILITY*.—The terms “child with a  
 22       *disability” and “infant or toddler with a disability”*  
 23       *have the meanings given the terms in sections 602*  
 24       *and 632 of the Individuals with Disabilities Edu-*  
 25       *cation Act (20 U.S.C. 1401 and 1431).*

1           (2) *ELIGIBLE CHILD CARE PROVIDER.*—*The term*  
 2           *“eligible child care provider” means a provider of*  
 3           *child care services for compensation, including a pro-*  
 4           *vider of care for a school-age child during non-school*  
 5           *hours, that—*

6                     *(A) is licensed, regulated, registered, or oth-*  
 7                     *erwise legally operating, under State and local*  
 8                     *law; and*

9                     *(B) satisfies the State and local require-*  
 10                    *ments,*  
 11           *applicable to the child care services the provider pro-*  
 12           *vides.*

13           (3) *SECRETARY.*—*The term “Secretary” means*  
 14           *the Secretary of Health and Human Services.*

15           (4) *STATE.*—*The term “State” means any of the*  
 16           *several States of the United States, the District of Co-*  
 17           *lumbia, the Commonwealth of Puerto Rico, the*  
 18           *United States Virgin Islands, Guam, American*  
 19           *Samoa, and the Commonwealth of the Northern Mar-*  
 20           *iana Islands.*

21 **SEC. 1402. AUTHORIZATION OF APPROPRIATIONS.**

22           *There are authorized to be appropriated to carry out*  
 23           *this title \$200,000,000 for fiscal year 2001, and such sums*  
 24           *as may be necessary for each subsequent fiscal year.*

1 **SEC. 1403. PROGRAMS.**

2       *The Secretary shall make allotments to eligible States*  
 3 *under section 1404. The Secretary shall make the allotments*  
 4 *to enable the States to establish programs to improve the*  
 5 *health and safety of children receiving child care outside*  
 6 *the home, by preventing illnesses and injuries associated*  
 7 *with that care and promoting the health and well-being of*  
 8 *children receiving that care.*

9 **SEC. 1404. AMOUNTS RESERVED; ALLOTMENTS.**

10       *(a) AMOUNTS RESERVED.—The Secretary shall reserve*  
 11 *not more than 1/2 of 1 percent of the amount appropriated*  
 12 *under section 1402 for each fiscal year to make allotments*  
 13 *to Guam, American Samoa, the United States Virgin Is-*  
 14 *lands, and the Commonwealth of the Northern Mariana Is-*  
 15 *lands to be allotted in accordance with their respective*  
 16 *needs.*

17       *(b) STATE ALLOTMENTS.—*

18               *(1) GENERAL RULE.—From the amounts appro-*  
 19 *priated under section 1402 for each fiscal year and*  
 20 *remaining after reservations are made under sub-*  
 21 *section (a), the Secretary shall allot to each State an*  
 22 *amount equal to the sum of—*

23                       *(A) an amount that bears the same ratio to*  
 24                       *50 percent of such remainder as the product of*  
 25                       *the young child factor of the State and the allot-*

1           *ment percentage of the State bears to the sum of*  
 2           *the corresponding products for all States; and*

3                     *(B) an amount that bears the same ratio to*  
 4           *50 percent of such remainder as the product of*  
 5           *the school lunch factor of the State and the allot-*  
 6           *ment percentage of the State bears to the sum of*  
 7           *the corresponding products for all States.*

8           (2) *YOUNG CHILD FACTOR.*—*In this subsection,*  
 9           *the term “young child factor” means the ratio of the*  
 10          *number of children under 5 years of age in a State*  
 11          *to the number of such children in all States, as pro-*  
 12          *vided by the most recent annual estimates of popu-*  
 13          *lation in the States by the Census Bureau of the De-*  
 14          *partment of Commerce.*

15          (3) *SCHOOL LUNCH FACTOR.*—*In this subsection,*  
 16          *the term “school lunch factor” means the ratio of the*  
 17          *number of children who are receiving free or reduced*  
 18          *price lunches under the school lunch program estab-*  
 19          *lished under the National School Lunch Act (42*  
 20          *U.S.C. 1751 et seq.) in the State to the number of*  
 21          *such children in all States, as determined annually*  
 22          *by the Department of Agriculture.*

23          (4) *ALLOTMENT PERCENTAGE.*—

24                     *(A) IN GENERAL.*—*For purposes of this sub-*  
 25          *section, the allotment percentage for a State shall*



1       *be determined by dividing the per capita income*  
2       *of all individuals in the United States, by the*  
3       *per capita income of all individuals in the State.*

4               *(B) LIMITATIONS.—If an allotment percent-*  
5       *age determined under subparagraph (A) for a*  
6       *State—*

7                   *(i) is more than 1.2 percent, the allot-*  
8                   *ment percentage of the State shall be consid-*  
9                   *ered to be 1.2 percent; and*

10                  *(ii) is less than 0.8 percent, the allot-*  
11                  *ment percentage of the State shall be consid-*  
12                  *ered to be 0.8 percent.*

13               *(C) PER CAPITA INCOME.—For purposes of*  
14       *subparagraph (A), per capita income shall be—*

15                   *(i) determined at 2-year intervals;*

16                   *(ii) applied for the 2-year period be-*  
17                   *ginning on October 1 of the first fiscal year*  
18                   *beginning after the date such determination*  
19                   *is made; and*

20                   *(iii) equal to the average of the annual*  
21                   *per capita incomes for the most recent pe-*  
22                   *riod of 3 consecutive years for which satis-*  
23                   *factory data are available from the Depart-*  
24                   *ment of Commerce on the date such deter-*  
25                   *mination is made.*

1       (c) *DATA AND INFORMATION.*—*The Secretary shall ob-*  
 2 *tain from each appropriate Federal agency, the most recent*  
 3 *data and information necessary to determine the allotments*  
 4 *provided for in subsection (b).*

5       (d) *DEFINITION.*—*In this section, the term “State” in-*  
 6 *cludes only the several States of the United States, the Dis-*  
 7 *trict of Columbia, and the Commonwealth of Puerto Rico.*

8       **SEC. 1405. STATE APPLICATIONS.**

9       *To be eligible to receive an allotment under section*  
 10 *1404, a State shall submit an application to the Secretary*  
 11 *at such time, in such manner, and containing such infor-*  
 12 *mation as the Secretary may require. The application shall*  
 13 *contain information assessing the needs of the State with*  
 14 *regard to child care health and safety, the goals to be*  
 15 *achieved through the program carried out by the State*  
 16 *under this title, and the measures to be used to assess the*  
 17 *progress made by the State toward achieving the goals.*

18       **SEC. 1406. USE OF FUNDS.**

19       (a) *IN GENERAL.*—*A State that receives an allotment*  
 20 *under section 1404 shall use the funds made available*  
 21 *through the allotment to carry out 2 or more activities con-*  
 22 *sisting of—*

23               (1) *providing training and education to eligible*  
 24 *child care providers on preventing injuries and ill-*

1        *nesses in children, and promoting health-related prac-*  
2        *tices;*

3            (2) *strengthening licensing, regulation, or reg-*  
4        *istration standards for eligible child care providers;*

5            (3) *assisting eligible child care providers in*  
6        *meeting licensing, regulation, or registration stand-*  
7        *ards, including rehabilitating the facilities of the pro-*  
8        *viders, in order to bring the facilities into compliance*  
9        *with the standards;*

10          (4) *enforcing licensing, regulation, or registra-*  
11        *tion standards for eligible child care providers, in-*  
12        *cluding holding increased unannounced inspections of*  
13        *the facilities of those providers;*

14          (5) *providing health consultants to provide ad-*  
15        *vice to eligible child care providers;*

16          (6) *assisting eligible child care providers in en-*  
17        *hancing the ability of the providers to serve children*  
18        *with disabilities and infants and toddlers with dis-*  
19        *abilities;*

20          (7) *conducting criminal background checks for*  
21        *eligible child care providers and other individuals*  
22        *who have contact with children in the facilities of the*  
23        *providers;*

1           (8) *providing information to parents on what*  
2           *factors to consider in choosing a safe and healthy*  
3           *child care setting; or*

4           (9) *assisting in improving the safety of transpor-*  
5           *tation practices for children enrolled in child care*  
6           *programs with eligible child care providers.*

7           (b) *SUPPLEMENT, NOT SUPPLANT.—Funds appro-*  
8           *priated pursuant to the authority of this title shall be used*  
9           *to supplement and not supplant other Federal, State, and*  
10          *local public funds expended to provide services for eligible*  
11          *individuals.*

12   **SEC. 1407. REPORTS.**

13          *Each State that receives an allotment under section*  
14          *1404 shall annually prepare and submit to the Secretary*  
15          *a report that describes—*

16               (1) *the activities carried out with funds made*  
17               *available through the allotment; and*

18               (2) *the progress made by the State toward*  
19               *achieving the goals described in the application sub-*  
20               *mitted by the State under section 1405.*

1       ***TITLE XV—HEALTHY START***  
2                   ***INITIATIVE***

3   ***SEC. 1501. CONTINUATION OF HEALTHY START PROGRAM.***

4       *Subpart I of part D of title III of the Public Health*  
5 *Service Act, as amended by section 1211 of this Act, is*  
6 *amended by adding at the end the following section:*

7   ***“SEC. 330H. HEALTHY START FOR INFANTS.***

8       ***“(a) IN GENERAL.—***

9           ***“(1) CONTINUATION AND EXPANSION OF PRO-***  
10 *GRAM.—The Secretary, acting through the Adminis-*  
11 *trator of the Health Resources and Services Adminis-*  
12 *tration, Maternal and Child Health Bureau, shall*  
13 *under authority of this section continue in effect the*  
14 *Healthy Start Initiative and may, during fiscal year*  
15 *2001 and subsequent years, carry out such program*  
16 *on a national basis.*

17           ***“(2) DEFINITION.—For purposes of paragraph***  
18 *(1), the term ‘Healthy Start Initiative’ is a reference*  
19 *to the program that, as an initiative to reduce the*  
20 *rate of infant mortality and improve perinatal out-*  
21 *comes, makes grants for project areas with high an-*  
22 *nual rates of infant mortality and that, prior to the*  
23 *effective date of this section, was a demonstration pro-*  
24 *gram carried out under section 301.*

1           “(3) *ADDITIONAL GRANTS.*— *Effective upon in-*  
2           *creased funding beyond fiscal year 1999 for such Ini-*  
3           *tiative, additional grants may be made to States to*  
4           *assist communities with technical assistance, replica-*  
5           *tion of successful projects, and State policy formation*  
6           *to reduce infant and maternal mortality and mor-*  
7           *bidity.*

8           “(b) *REQUIREMENTS FOR MAKING GRANTS.*—*In mak-*  
9           *ing grants under subsection (a), the Secretary shall require*  
10          *that applicants (in addition to meeting all eligibility cri-*  
11          *teria established by the Secretary) establish, for project*  
12          *areas under such subsection, community-based consortia of*  
13          *individuals and organizations (including agencies respon-*  
14          *sible for administering block grant programs under title V*  
15          *of the Social Security Act, consumers of project services,*  
16          *public health departments, hospitals, health centers under*  
17          *section 330, and other significant sources of health care*  
18          *services) that are appropriate for participation in projects*  
19          *under subsection (a).*

20          “(c) *COORDINATION.*—*Recipients of grants under sub-*  
21          *section (a) shall coordinate their services and activities with*  
22          *the State agency or agencies that administer block grant*  
23          *programs under title V of the Social Security Act in order*  
24          *to promote cooperation, integration, and dissemination of*  
25          *information with Statewide systems and with other commu-*

1 *nity services funded under the Maternal and Child Health*  
2 *Block Grant.*

3 “(d) *RULE OF CONSTRUCTION.*—*Except to the extent*  
4 *inconsistent with this section, this section may not be con-*  
5 *strued as affecting the authority of the Secretary to make*  
6 *modifications in the program carried out under subsection*  
7 *(a).*

8 “(e) *ADDITIONAL SERVICES FOR AT-RISK PREGNANT*  
9 *WOMEN AND INFANTS.*—

10 “(1) *IN GENERAL.*—*The Secretary may make*  
11 *grants to conduct and support research and to pro-*  
12 *vide additional health care services for pregnant*  
13 *women and infants, including grants to increase ac-*  
14 *cess to prenatal care, genetic counseling, ultrasound*  
15 *services, and fetal or other surgery.*

16 “(2) *ELIGIBLE PROJECT AREA.*—*The Secretary*  
17 *may make a grant under paragraph (1) only if the*  
18 *geographic area in which services under the grant*  
19 *will be provided is a geographic area in which a*  
20 *project under subsection (a) is being carried out, and*  
21 *if the Secretary determines that the grant will add to*  
22 *or expand the level of health services available in such*  
23 *area to pregnant women and infants.*

24 “(3) *EVALUATION BY GENERAL ACCOUNTING OF-*  
25 *FICE.*—

1           “(A) *IN GENERAL.*—During fiscal year  
2           2004, the Comptroller General of the United  
3           States shall conduct an evaluation of activities  
4           under grants under paragraph (1) in order to  
5           determine whether the activities have been effec-  
6           tive in serving the needs of pregnant women with  
7           respect to services described in such paragraph.  
8           The evaluation shall include an analysis of  
9           whether such activities have been effective in re-  
10          ducing the disparity in health status between the  
11          general population and individuals who are  
12          members of racial or ethnic minority groups. Not  
13          later than January 10, 2004, the Comptroller  
14          General shall submit to the Committee on Com-  
15          merce in the House of Representatives, and to  
16          the Committee on Health, Education, Labor, and  
17          Pensions in the Senate, a report describing the  
18          findings of the evaluation.

19               “(B) *RELATION TO GRANTS REGARDING AD-*  
20               *DITIONAL SERVICES FOR AT-RISK PREGNANT*  
21               *WOMEN AND INFANTS.*—Before the date on which  
22               the evaluation under subparagraph (A) is sub-  
23               mitted in accordance with such subparagraph—



1                   “(i) the Secretary shall ensure that  
2                   there are not more than five grantees under  
3                   paragraph (1); and

4                   “(ii) an entity is not eligible to receive  
5                   grants under such paragraph unless the en-  
6                   tity has substantial experience in providing  
7                   the health services described in such para-  
8                   graph.

9                   “(f) FUNDING.—

10                  “(1) GENERAL PROGRAM.—

11                   “(A) AUTHORIZATION OF APPROPRIA-  
12                   TIONS.—For the purpose of carrying out this sec-  
13                   tion (other than subsection (e)), there are author-  
14                   ized to be appropriated such sums as may be  
15                   necessary for each of the fiscal years 2001  
16                   through 2005.

17                   “(B) ALLOCATIONS.—

18                   “(i) PROGRAM ADMINISTRATION.—Of  
19                   the amounts appropriated under subpara-  
20                   graph (A) for a fiscal year, the Secretary  
21                   may reserve up to 5 percent for coordina-  
22                   tion, dissemination, technical assistance,  
23                   and data activities that are determined by  
24                   the Secretary to be appropriate for carrying  
25                   out the program under this section.

1                   “(ii) *EVALUATION.*—Of the amounts  
2                   appropriated under subparagraph (A) for a  
3                   fiscal year, the Secretary may reserve up to  
4                   1 percent for evaluations of projects carried  
5                   out under subsection (a). Each such evalua-  
6                   tion shall include a determination of wheth-  
7                   er such projects have been effective in reduc-  
8                   ing the disparity in health status between  
9                   the general population and individuals who  
10                  are members of racial or ethnic minority  
11                  groups.

12               “(2) *ADDITIONAL SERVICES FOR AT-RISK PREG-*  
13               *NANT WOMEN AND INFANTS.*—

14               “(A) *AUTHORIZATION OF APPROPRIA-*  
15               *TIONS.*—For the purpose of carrying out sub-  
16               section (e), there are authorized to be appro-  
17               priated such sums as may be necessary for each  
18               of the fiscal years 2001 through 2005.

19               “(B) *ALLOCATION FOR COMMUNITY-BASED*  
20               *MOBILE HEALTH UNITS.*—Of the amounts appro-  
21               priated under subparagraph (A) for a fiscal  
22               year, the Secretary shall make available not less  
23               than 10 percent for providing services under sub-  
24               section (e) (including ultrasound services)  
25               through visits by mobile units to communities

1           that are eligible for services under subsection  
2           (a).”.

3   **TITLE XVI—ORAL HEALTH PRO-**  
4   **MOTION AND DISEASE PRE-**  
5   **VENTION**

6   **SEC. 1601. IDENTIFICATION OF INTERVENTIONS THAT RE-**  
7           **DUCE THE BURDEN AND TRANSMISSION OF**  
8           **ORAL, DENTAL, AND CRANIOFACIAL DIS-**  
9           **EASES IN HIGH RISK POPULATIONS; DEVEL-**  
10          **OPMENT OF APPROACHES FOR PEDIATRIC**  
11          **ORAL AND CRANIOFACIAL ASSESSMENT.**

12       (a) *IN GENERAL.*—The Secretary of Health and  
13   Human Services, through the Maternal and Child Health  
14   Bureau, the Indian Health Service, and in consultation  
15   with the National Institutes of Health and the Centers for  
16   Disease Control and Prevention, shall—

17           (1) support community-based research that is de-  
18       signed to improve understanding of the etiology,  
19       pathogenesis, diagnosis, prevention, and treatment of  
20       pediatric oral, dental, craniofacial diseases and con-  
21       ditions and their sequelae in high risk populations;

22           (2) support demonstrations of preventive inter-  
23       ventions in high risk populations including nutrition,  
24       parenting, and feeding techniques; and

8 (c) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
9 *authorized to be appropriated such sums as may be nec-*  
10 *essary to carry out this section for each the fiscal years 2001*  
11 *through 2005.*

14            *Part B of title III of the Public Health Service Act,*  
15   *as amended by section 911 of this Act, is amended by insert-*  
16   *ing after section 317L the following section:*

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States and Indian tribes for the purpose of increasing the resources available for community water fluoridation.

25 “(2) *USE OF FUNDS.*—A State shall use amounts  
26 provided under a grant under paragraph (1)—

1                   “(A) to purchase fluoridation equipment;

2                   “(B) to train fluoridation engineers;

3                   “(C) to develop educational materials on the  
4                   benefits of fluoridation; or

5                   “(D) to support the infrastructure necessary  
6                   to monitor and maintain the quality of water  
7                   fluoridation.

8                   “(b) *COMMUNITY WATER FLUORIDATION.*—

9                   “(1) *IN GENERAL.*—The Secretary, acting  
10                  through the Director of the Centers for Disease Con-  
11                  trol and Prevention and in collaboration with the Di-  
12                  rector of the Indian Health Service, shall establish a  
13                  demonstration project that is designed to assist rural  
14                  water systems in successfully implementing the water  
15                  fluoridation guidelines of the Centers for Disease Con-  
16                  trol and Prevention that are entitled “Engineering  
17                  and Administrative Recommendations for Water  
18                  Fluoridation, 1995” (referred to in this subsection as  
19                  the ‘EARWF’).

20                  “(2) *REQUIREMENTS.*—

21                  “(A) *COLLABORATION.*—In collaborating  
22                  under paragraph (1), the Directors referred to in  
23                  such paragraph shall ensure that technical as-  
24                  sistance and training are provided to tribal pro-  
25                  grams located in each of the 12 areas of the In-

1        *dian Health Service. The Director of the Indian*  
2        *Health Service shall provide coordination and*  
3        *administrative support to tribes under this sec-*  
4        *tion.*

5                “(B) *GENERAL USE OF FUNDS.*—Amounts  
6        *made available under paragraph (1) shall be*  
7        *used to assist small water systems in improving*  
8        *the effectiveness of water fluoridation and to*  
9        *meet the recommendations of the EARWF.*

10              “(C) *FLUORIDATION SPECIALISTS.*—

11                      “(i) *IN GENERAL.*—In carrying out  
12        *this subsection, the Secretary shall provide*  
13        *for the establishment of fluoridation spe-*  
14        *cialist engineering positions in each of the*  
15        *Dental Clinical and Preventive Support*  
16        *Centers through which technical assistance*  
17        *and training will be provided to tribal*  
18        *water operators, tribal utility operators and*  
19        *other Indian Health Service personnel*  
20        *working directly with fluoridation projects.*

21                      “(ii) *LIAISON.*—A fluoridation spe-  
22        *cialist shall serve as the principal technical*  
23        *liaison between the Indian Health Service*  
24        *and the Centers for Disease Control and*

1           *Prevention with respect to engineering and*  
2           *fluoridation issues.*

3           “(iii) CDC.—*The Director of the Cen-*  
4           *ters for Disease Control and Prevention*  
5           *shall appoint individuals to serve as the*  
6           *fluoridation specialists.*

7           “(D) IMPLEMENTATION.—*The project estab-*  
8           *lished under this subsection shall be planned, im-*  
9           *plemented and evaluated over the 5-year period*  
10          *beginning on the date on which funds are appro-*  
11          *priated under this section and shall be designed*  
12          *to serve as a model for improving the effective-*  
13          *ness of water fluoridation systems of small rural*  
14          *communities.*

15          “(3) EVALUATION.—*In conducting the ongoing*  
16          *evaluation as provided for in paragraph (2)(D), the*  
17          *Secretary shall ensure that such evaluation*  
18          *includes—*

19                 “(A) *the measurement of changes in water*  
20                 *fluoridation compliance levels resulting from as-*  
21                 *sistance provided under this section;*

22                 “(B) *the identification of the administra-*  
23                 *tive, technical and operational challenges that*  
24                 *are unique to the fluoridation of small water sys-*  
25                 *tems;*

1           “(C) the development of a practical model  
2           that may be easily utilized by other tribal, state,  
3           county or local governments in improving the  
4           quality of water fluoridation with emphasis on  
5           small water systems; and

6           “(D) the measurement of any increased per-  
7           centage of Native Americans or Alaskan Natives  
8           who receive the benefits of optimally fluoridated  
9           water.

10          “(c) *SCHOOL-BASED DENTAL SEALANT PROGRAM.*—

11           “(1) *IN GENERAL.*—The Secretary, acting  
12           through the Director of the Centers for Disease Con-  
13           trol and Prevention and in collaboration with the Ad-  
14           ministrator of the Health Resources and Services Ad-  
15           ministration, may award grants to States and In-  
16           dian tribes to provide for the development of school-  
17           based dental sealant programs to improve the access  
18           of children to sealants.

19           “(2) *USE OF FUNDS.*—A State shall use amounts  
20           received under a grant under paragraph (1) to pro-  
21           vide funds to eligible school-based entities or to public  
22           elementary or secondary schools to enable such enti-  
23           ties or schools to provide children with access to den-  
24           tal care and dental sealant services. Such services  
25           shall be provided by licensed dental health profes-



1        *sionals in accordance with State practice licensing*  
2        *laws.*

3                “(3) *ELIGIBILITY.—To be eligible to receive*  
4        *funds under paragraph (1), an entity shall—*

5                “(A) *prepare and submit to the State an*  
6        *application at such time, in such manner and*  
7        *containing such information as the state may re-*  
8        *quire; and*

9                “(B) *be a public elementary or secondary*  
10       *school—*

11               “(i) *that is located in an urban area*  
12       *in which and more than 50 percent of the*  
13       *student population is participating in fed-*  
14       *eral or state free or reduced meal programs;*  
15       *or*

16               “(ii) *that is located in a rural area*  
17       *and, with respect to the school district in*  
18       *which the school is located, the district in-*  
19       *volved has a median income that is at or*  
20       *below 235 percent of the poverty line, as de-*  
21       *finied in section 673(2) of the Community*  
22       *Services Block Grant Act (42 U.S.C.*  
23       *9902(2)).*

24               “(d) *DEFINITIONS.—For purposes of this section, the*  
25       *term ‘Indian tribe’ means an Indian tribe or tribal organi-*

1 zation as defined in section 4(b) and section 4(c) of the In-  
 2 dian Self-Determination and Education Assistance Act.

3 “(e) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
 4 purpose of carrying out this section, there are authorized  
 5 to be appropriated such sums as may be necessary for each  
 6 of the fiscal years 2001 through 2005.”.

7 **SEC. 1603. COORDINATED PROGRAM TO IMPROVE PEDI-**  
 8 **ATRIC ORAL HEALTH.**

9 Part B of the Public Health Service Act (42 U.S.C.  
 10 243 et seq.) is amended by adding at the end the following:

11 “COORDINATED PROGRAM TO IMPROVE PEDIATRIC ORAL  
 12 HEALTH

13 “SEC. 320A. (a) *IN GENERAL.*—The Secretary, acting  
 14 through the Administrator of the Health Resources and  
 15 Services Administration, shall establish a program to fund  
 16 innovative oral health activities that improve the oral  
 17 health of children under 6 years of age who are eligible for  
 18 services provided under a Federal health program, to in-  
 19 crease the utilization of dental services by such children,  
 20 and to decrease the incidence of early childhood and baby  
 21 bottle tooth decay.

22 “(b) *GRANTS.*—The Secretary shall award grants to  
 23 or enter into contracts with public or private nonprofit  
 24 schools of dentistry or accredited dental training institu-  
 25 tions or programs, community dental programs, and pro-  
 26 grams operated by the Indian Health Service (including

1 *federally recognized Indian tribes that receive medical serv-*  
 2 *ices from the Indian Health Service, urban Indian health*  
 3 *programs funded under title V of the Indian Health Care*  
 4 *Improvement Act, and tribes that contract with the Indian*  
 5 *Health Service pursuant to the Indian Self-Determination*  
 6 *and Education Assistance Act) to enable such schools, insti-*  
 7 *tutions, and programs to develop programs of oral health*  
 8 *promotion, to increase training of oral health services pro-*  
 9 *viders in accordance with State practice laws, or to increase*  
 10 *the utilization of dental services by eligible children.*

11       “(c) *DISTRIBUTION.*—*In awarding grants under this*  
 12 *section, the Secretary shall, to the extent practicable, ensure*  
 13 *an equitable national geographic distribution of the grants,*  
 14 *including areas of the United States where the incidence*  
 15 *of early childhood caries is highest.*

16       “(d) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*  
 17 *authorized to be appropriated to carry out this section*  
 18 *\$10,000,000 for each the fiscal years 2001 through 2005.”.*

19       ***TITLE XVII—VACCINE-RELATED***  
 20                               ***PROGRAMS***

21       ***Subtitle A—Vaccine Compensation***  
 22                               ***Program***

23       ***SEC. 1701. CONTENT OF PETITIONS.***

24       “(a) *IN GENERAL.*—*Section 2111(c)(1)(D) of the Public*  
 25 *Health Service Act (42 U.S.C. 300aa–11(c)(1)(D)) is*

1 amended by striking “and” at the end and inserting “or  
 2 (iii) suffered such illness, disability, injury, or condition  
 3 from the vaccine which resulted in inpatient hospitalization  
 4 and surgical intervention, and”.

5 (b) *EFFECTIVE DATE.*—The amendment made by sub-  
 6 section (a) takes effect upon the date of the enactment of  
 7 this Act, including with respect to petitions under section  
 8 2111 of the Public Health Service Act that are pending on  
 9 such date.

## 10 ***Subtitle B—Childhood*** 11 ***Immunizations***

### 12 ***SEC. 1711. CHILDHOOD IMMUNIZATIONS.***

13 Section 317(j)(1) of the Public Health Service Act (42  
 14 U.S.C. 247b(j)(1)) is amended in the first sentence by strik-  
 15 ing “1998” and all that follows and inserting “1998  
 16 through 2005.”.

## 17 ***TITLE XVIII—HEPATITIS C***

### 18 ***SEC. 1801. SURVEILLANCE AND EDUCATION REGARDING*** 19 ***HEPATITIS C.***

20 Part B of title III of the Public Health Service Act,  
 21 as amended by section 1602 of this Act, is amended by in-  
 22 serting after section 317M the following section:

23 “SURVEILLANCE AND EDUCATION REGARDING HEPATITIS C  
 24 VIRUS

25 “SEC. 317N. (a) *IN GENERAL.*—The Secretary, acting  
 26 through the Director of the Centers for Disease Control and

1 *Prevention, may (directly and through grants to public and*  
2 *nonprofit private entities) provide for programs to carry*  
3 *out the following:*

4           “(1) *To cooperate with the States in imple-*  
5 *menting a national system to determine the incidence*  
6 *of hepatitis C virus infection (in this section referred*  
7 *to as ‘HCV infection’) and to assist the States in de-*  
8 *termining the prevalence of such infection, including*  
9 *the reporting of chronic HCV cases.*

10           “(2) *To identify, counsel, and offer testing to in-*  
11 *dividuals who are at risk of HCV infection as a result*  
12 *of receiving blood transfusions prior to July 1992, or*  
13 *as a result of other risk factors.*

14           “(3) *To provide appropriate referrals for coun-*  
15 *seling, testing, and medical treatment of individuals*  
16 *identified under paragraph (2) and to ensure, to the*  
17 *extent practicable, the provision of appropriate fol-*  
18 *low-up services.*

19           “(4) *To develop and disseminate public informa-*  
20 *tion and education programs for the detection and*  
21 *control of HCV infection, with priority given to high*  
22 *risk populations as determined by the Secretary.*

23           “(5) *To improve the education, training, and*  
24 *skills of health professionals in the detection and con-*  
25 *trol of HCV infection, with priority given to pediatri-*

1        *cians and other primary care physicians, and obste-*  
 2        *tricians and gynecologists.*

3        “(b) *LABORATORY PROCEDURES.—The Secretary may*  
 4        *(directly and through grants to public and nonprofit pri-*  
 5        *vate entities) carry out programs to provide for improve-*  
 6        *ments in the quality of clinical-laboratory procedures re-*  
 7        *garding hepatitis C, including reducing variability in lab-*  
 8        *oratory results on hepatitis C antibody and PCR testing.*

9        “(c) *AUTHORIZATION OF APPROPRIATIONS.—For the*  
 10       *purpose of carrying out this section, there are authorized*  
 11       *to be appropriated such sums as may be necessary for each*  
 12       *of the fiscal years 2001 through 2005.”.*

13       ***TITLE XIX—NIH INITIATIVE ON***  
 14       ***AUTOIMMUNE DISEASES***

15       ***SEC. 1901. AUTOIMMUNE DISEASES; INITIATIVE THROUGH***  
 16                                ***DIRECTOR OF NATIONAL INSTITUTES OF***  
 17                                ***HEALTH.***

18       *Part B of title IV of the Public Health Service Act*  
 19       *(42 U.S.C. 284 et seq.), as amended by section 1001 of this*  
 20       *Act, is amended by adding at the end the following:*

21       ***“SEC. 409E. AUTOIMMUNE DISEASES.***

22                                ***“(a) EXPANSION, INTENSIFICATION, AND COORDINA-***  
 23       ***TION OF ACTIVITIES.—***

24                                ***“(1) IN GENERAL.—The Director of NIH shall***  
 25       ***expand, intensify, and coordinate research and other***

1        *activities of the National Institutes of Health with re-*  
2        *spect to autoimmune diseases.*

3                “(2) *ALLOCATIONS BY DIRECTOR OF NIH.—With*  
4        *respect to amounts appropriated to carry out this sec-*  
5        *tion for a fiscal year, the Director of NIH shall allo-*  
6        *cate the amounts among the national research insti-*  
7        *tutes that are carrying out paragraph (1).*

8                “(3) *DEFINITION.—The term ‘autoimmune dis-*  
9        *ease’ includes, for purposes of this section such dis-*  
10       *eases or disorders with evidence of autoimmune*  
11       *pathogenesis as the Secretary determines to be appro-*  
12       *priate.*

13               “(b) *COORDINATING COMMITTEE.—*

14               “(1) *IN GENERAL.—The Secretary shall ensure*  
15       *that the Autoimmune Diseases Coordinating Com-*  
16       *mittee (referred to in this section as the ‘Coordinating*  
17       *Committee’) coordinates activities across the National*  
18       *Institutes and with other Federal health programs*  
19       *and activities relating to such diseases.*

20               “(2) *COMPOSITION.—The Coordinating Com-*  
21       *mittee shall be composed of the directors or their des-*  
22       *ignees of each of the national research institutes in-*  
23       *volved in research with respect to autoimmune dis-*  
24       *eases and representatives of all other Federal depart-*  
25       *ments and agencies whose programs involve health*

1 *functions or responsibilities relevant to such diseases,*  
 2 *including the Centers for Disease Control and Preven-*  
 3 *tion and the Food and Drug Administration.*

4 “(3) CHAIR.—

5 “(A) IN GENERAL.—With respect to auto-  
 6 *immune diseases, the Chair of the Committee*  
 7 *shall serve as the principal advisor to the Sec-*  
 8 *retary, the Assistant Secretary for Health, and*  
 9 *the Director of NIH, and shall provide advice to*  
 10 *the Director of the Centers for Disease Control*  
 11 *and Prevention, the Commissioner of Food and*  
 12 *Drugs, and other relevant agencies.*

13 “(B) DIRECTOR OF NIH.—The Chair of the  
 14 *Committee shall be directly responsible to the Di-*  
 15 *rector of NIH.*

16 “(c) PLAN FOR NIH ACTIVITIES.—

17 “(1) IN GENERAL.—Not later than 1 year after  
 18 *the date of enactment of this section, the Coordinating*  
 19 *Committee shall develop a plan for conducting and*  
 20 *supporting research and education on autoimmune*  
 21 *diseases through the national research institutes and*  
 22 *shall periodically review and revise the plan. The*  
 23 *plan shall—*

24 “(A) *provide for a broad range of research*  
 25 *and education activities relating to biomedical,*



1        *psychosocial, and rehabilitative issues, including*  
2        *studies of the disproportionate impact of such*  
3        *diseases on women;*

4                *“(B) identify priorities among the pro-*  
5        *grams and activities of the National Institutes of*  
6        *Health regarding such diseases; and*

7                *“(C) reflect input from a broad range of sci-*  
8        *entists, patients, and advocacy groups.*

9                *“(2) CERTAIN ELEMENTS OF PLAN.—The plan*  
10       *under paragraph (1) shall, with respect to auto-*  
11       *immune diseases, provide for the following as appro-*  
12       *priate:*

13                *“(A) Research to determine the reasons un-*  
14       *derlying the incidence and prevalence of the dis-*  
15       *eases.*

16                *“(B) Basic research concerning the etiology*  
17       *and causes of the diseases.*

18                *“(C) Epidemiological studies to address the*  
19       *frequency and natural history of the diseases, in-*  
20       *cluding any differences among the sexes and*  
21       *among racial and ethnic groups.*

22                *“(D) The development of improved screen-*  
23       *ing techniques.*

1           “(E) *Clinical research for the development*  
2           *and evaluation of new treatments, including new*  
3           *biological agents.*

4           “(F) *Information and education programs*  
5           *for health care professionals and the public.*

6           “(3) *IMPLEMENTATION OF PLAN.—The Director*  
7           *of NIH shall ensure that programs and activities of*  
8           *the National Institutes of Health regarding auto-*  
9           *immune diseases are implemented in accordance with*  
10          *the plan under paragraph (1).*

11          “(d) *REPORTS TO CONGRESS.—The Coordinating*  
12          *Committee under subsection (b)(1) shall biennially submit*  
13          *to the Committee on Commerce of the House of Representa-*  
14          *tives, and the Committee on Health, Education, Labor and*  
15          *Pensions of the Senate, a report that describes the research,*  
16          *education, and other activities on autoimmune diseases*  
17          *being conducted or supported through the national research*  
18          *institutes, and that in addition includes the following:*

19               “(1) *The plan under subsection (c)(1) (or revi-*  
20               *sions to the plan, as the case may be).*

21               “(2) *Provisions specifying the amounts expended*  
22               *by the National Institutes of Health with respect to*  
23               *each of the autoimmune diseases included in the plan.*

24               “(3) *Provisions identifying particular projects or*  
25               *types of projects that should in the future be consid-*

1        *ered by the national research institutes or other enti-*  
 2        *ties in the field of research on autoimmune diseases.*

3        *“(e) AUTHORIZATION OF APPROPRIATIONS.—For the*  
 4        *purpose of carrying out this section, there are authorized*  
 5        *to be appropriated such sums as may be necessary for each*  
 6        *of the fiscal years 2001 through 2005. The authorization*  
 7        *of appropriations established in the preceding sentence is*  
 8        *in addition to any other authorization of appropriations*  
 9        *that is available for conducting or supporting through the*  
 10       *National Institutes of Health research and other activities*  
 11       *with respect to autoimmune diseases.”.*

12       ***TITLE XX—GRADUATE MEDICAL***  
 13       ***EDUCATION PROGRAMS IN***  
 14       ***CHILDREN’S HOSPITALS***

15       ***SEC. 2001. PROVISIONS TO REVISE AND EXTEND PROGRAM.***

16       *(a) PAYMENTS.—Section 340E(a) of the Public Health*  
 17       *Service Act (42 U.S.C. 256e(a)) is amended—*

18                *(1) by striking “and 2001” and inserting*  
 19                *“through 2005”; and*

20                *(2) by adding at the end the following: “The Sec-*  
 21        *retary shall promulgate regulations pursuant to the*  
 22        *rulemaking requirements of title 5, United States*  
 23        *Code, which shall govern payments made under this*  
 24        *subpart.”.*

1       (b) *UPDATING RATES.*—Section 340E(c)(2)(F) of the  
 2   Public Health Service Act (42 U.S.C. 256e(c)(2)(F)) is  
 3   amended by striking “hospital’s cost reporting period that  
 4   begins during fiscal year 2000” and inserting “Federal fis-  
 5   cal year for which payments are made”.

6       (c) *RESIDENT COUNT FOR INTERIM PAYMENTS.*—Sec-  
 7   tion 340E(e)(1) of the Public Health Service Act (42 U.S.C.  
 8   256e(e)(1)) is amended by adding at the end the following:  
 9   “Such interim payments to each individual hospital shall  
 10   be based on the number of residents reported in the hos-  
 11   pital’s most recently filed medicare cost report prior to the  
 12   application date for the Federal fiscal year for which the  
 13   interim payment amounts are established. In the case of  
 14   a hospital that does not report residents on a medicare cost  
 15   report, such interim payments shall be based on the number  
 16   of residents trained during the hospital’s most recently com-  
 17   pleted medicare cost report filing period.”.

18       (d) *WITHHOLDING.*—Section 340E(e)(2) of the Public  
 19   Health Service Act (42 U.S.C. 256e(e)(2)) is amended—

20               (1) by adding “and indirect” after “direct”;

21               (2) by adding at the end the following: “The Sec-  
 22   retary shall withhold up to 25 percent from each in-  
 23   terim installment for direct and indirect graduate  
 24   medical education paid under paragraph (1) as nec-

1        *essary to ensure a hospital will not be overpaid on an*  
 2        *interim basis.”.*

3        *(e) RECONCILIATION.—Section 340E(e)(3) of the Pub-*  
 4        *lic Health Service Act (42 U.S.C. 256e(e)(3)) is amended*  
 5        *to read as follows:*

6                *“(3) RECONCILIATION.—Prior to the end of each*  
 7        *fiscal year, the Secretary shall determine any changes*  
 8        *to the number of residents reported by a hospital in*  
 9        *the application of the hospital for the current fiscal*  
 10        *year to determine the final amount payable to the*  
 11        *hospital for the current fiscal year for both direct ex-*  
 12        *pense and indirect expense amounts. Based on such*  
 13        *determination, the Secretary shall recoup any over-*  
 14        *payments made to pay any balance due to the extent*  
 15        *possible. The final amount so determined shall be con-*  
 16        *sidered a final intermediary determination for the*  
 17        *purposes of section 1878 of the Social Security Act*  
 18        *and shall be subject to administrative and judicial re-*  
 19        *view under that section in the same manner as the*  
 20        *amount of payment under section 1186(d) of such Act*  
 21        *is subject to review under such section.”.*

22        *(f) AUTHORIZATION OF APPROPRIATIONS.—Section*  
 23        *340E(f) of the Public Health Service Act (42 U.S.C. 256e(f))*  
 24        *is amended—*

25                *(1) in paragraph (1)(A)—*

1           (A) in clause (i), by striking “and” at the  
2           end;

3           (B) in clause (ii), by striking the period  
4           and inserting “; and”; and

5           (C) by adding at the end the following:

6                   “(iii) for each of the fiscal years 2002  
7                   through 2005, such sums as may be nec-  
8                   essary.”; and

9           (2) in paragraph (2)—

10           (A) in subparagraph (A), by striking “and”  
11           at the end;

12           (B) in subparagraph (B), by striking the  
13           period and inserting “; and”; and

14           (C) by adding at the end the following:

15                   “(C) for each of the fiscal years 2002  
16                   through 2005, such sums as may be necessary.”.

17           (g) *DEFINITION OF CHILDREN’S HOSPITAL.*—Section  
18           340E(g)(2) of the Public Health Service Act (42 U.S.C.  
19           256e(g)(2)) is amended by striking “described in” and all  
20           that follows and inserting the following: “with a medicare  
21           payment agreement and which is excluded from the medi-  
22           care inpatient prospective payment system pursuant to sec-  
23           tion 1886(d)(1)(B)(iii) of the Social Security Act and its  
24           accompanying regulations.”.

1 **TITLE XXI—SPECIAL NEEDS OF**  
2 **CHILDREN REGARDING**  
3 **ORGAN TRANSPLANTATION**

4 **SEC. 2101. ORGAN PROCUREMENT AND TRANSPLANTATION**  
5 **NETWORK; AMENDMENTS REGARDING NEEDS**  
6 **OF CHILDREN.**

7 (a) *IN GENERAL.*—Section 372(b)(2) of the Public  
8 Health Service Act (42 U.S.C. 274(b)(2)) is amended—

9 (1) in subparagraph (J), by striking “and” at  
10 the end;

11 (2) in each of subparagraphs (K) and (L), by  
12 striking the period and inserting a comma; and

13 (3) by adding at the end the following subpara-  
14 graphs:

15 “(M) recognize the differences in health and  
16 in organ transplantation issues between children  
17 and adults throughout the system and adopt cri-  
18 teria, policies, and procedures that address the  
19 unique health care needs of children,

20 “(N) carry out studies and demonstration  
21 projects for the purpose of improving procedures  
22 for organ donation procurement and allocation,  
23 including but not limited to projects to examine  
24 and attempt to increase transplantation among  
25 populations with special needs, including chil-

1        *dren and individuals who are members of racial*  
 2        *or ethnic minority groups, and among popu-*  
 3        *lations with limited access to transportation,*  
 4        *and*

5                *“(O) provide that for purposes of this para-*  
 6        *graph, the term ‘children’ refers to individuals*  
 7        *who are under the age of 18.”.*

8        *(b) STUDY REGARDING IMMUNOSUPPRESSIVE*  
 9        *DRUGS.—*

10            *(1) IN GENERAL.—The Secretary of Health and*  
 11        *Human Services (referred to in this subsection as the*  
 12        *“Secretary”) shall provide for a study to determine*  
 13        *the costs of immunosuppressive drugs that are pro-*  
 14        *vided to children pursuant to organ transplants and*  
 15        *to determine the extent to which health plans and*  
 16        *health insurance cover such costs. The Secretary may*  
 17        *carry out the study directly or through a grant to the*  
 18        *Institute of Medicine (or other public or nonprofit*  
 19        *private entity).*

20            *(2) RECOMMENDATIONS REGARDING CERTAIN*  
 21        *ISSUES.—The Secretary shall ensure that, in addition*  
 22        *to making determinations under paragraph (1), the*  
 23        *study under such paragraph makes recommendations*  
 24        *regarding the following issues:*



1           (A) *The costs of immunosuppressive drugs*  
 2           *that are provided to children pursuant to organ*  
 3           *transplants and to determine the extent to which*  
 4           *health plans, health insurance and government*  
 5           *programs cover such costs.*

6           (B) *The extent of denial of organs to be re-*  
 7           *leased for transplant by coroners and medical ex-*  
 8           *aminers.*

9           (C) *The special growth and developmental*  
 10          *issues that children have pre- and post- organ*  
 11          *transplantation.*

12          (D) *Other issues that are particular to the*  
 13          *special health and transplantation needs of chil-*  
 14          *dren.*

15          (3) *REPORT.—The Secretary shall ensure that,*  
 16          *not later than December 31, 2001, the study under*  
 17          *paragraph (1) is completed and a report describing*  
 18          *the findings of the study is submitted to the Congress.*

19                   **TITLE XXII—MUSCULAR**  
 20                   **DYSTROPHY RESEARCH**

21   **SEC. 2201. MUSCULAR DYSTROPHY RESEARCH.**

22          *Part B of title IV of the Public Health Service Act,*  
 23          *as amended by section 1901 of this Act, is amended by add-*  
 24          *ing at the end the following:*

1                   “*MUSCULAR DYSTROPHY RESEARCH*

2           “*SEC. 409F. (a) COORDINATION OF ACTIVITIES.—The*  
 3 *Director of NIH shall expand and increase coordination in*  
 4 *the activities of the National Institutes of Health with re-*  
 5 *spect to research on muscular dystrophies, including*  
 6 *Duchenne muscular dystrophy.*

7           “*(b) ADMINISTRATION OF PROGRAM; COLLABORATION*  
 8 *AMONG AGENCIES.—The Director of NIH shall carry out*  
 9 *this section through the appropriate institutes, including*  
 10 *the National Institute of Neurological Disorders and Stroke*  
 11 *and in collaboration with any other agencies that the Direc-*  
 12 *tor determines appropriate.*

13          “*(c) AUTHORIZATION OF APPROPRIATIONS.—There are*  
 14 *authorized to be appropriated such sums as may be nec-*  
 15 *essary to carry out this section for each of the fiscal years*  
 16 *2001 through 2005. Amounts appropriated under this sub-*  
 17 *section shall be in addition to any other amounts appro-*  
 18 *priated for such purpose.”.*

19 ***TITLE    XXIII—CHILDREN    AND***  
 20 ***TOURETTE                   SYNDROME***  
 21 ***AWARENESS***

22 ***SEC. 2301. GRANTS REGARDING TOURETTE SYNDROME.***

23       *Part A of title XI of the Public Health Service Act*  
 24 *is amended by adding at the end the following section:*

1                                   “TOURETTE SYNDROME

2           “SEC. 1108. (a) *IN GENERAL.*—*The Secretary shall de-*  
3 *velop and implement outreach programs to educate the pub-*  
4 *lic, health care providers, educators and community based*  
5 *organizations about the etiology, symptoms, diagnosis and*  
6 *treatment of Tourette Syndrome, with a particular empha-*  
7 *sis on children with Tourette Syndrome. Such programs*  
8 *may be carried out by the Secretary directly and through*  
9 *awards of grants or contracts to public or nonprofit private*  
10 *entities.*

11           “(b) *CERTAIN ACTIVITIES.*—*Activities under sub-*  
12 *section (a) shall include—*

13                   “(1) *the production and translation of edu-*  
14 *cational materials, including public service announce-*  
15 *ments;*

16                   “(2) *the development of training material for*  
17 *health care providers, educators and community based*  
18 *organizations; and*

19                   “(3) *outreach efforts directed at the misdiagnosis*  
20 *and underdiagnosis of Tourette Syndrome in children*  
21 *and in minority groups.*

22           “(c) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*  
23 *purpose of carrying out this section, there are authorized*  
24 *to be appropriated such sums as may be necessary for each*  
25 *of the fiscal years 2001 through 2005.”.*

1           **TITLE XXIV—CHILDHOOD**  
2                   **OBESITY PREVENTION**

3   **SEC. 2401. PROGRAMS OPERATED THROUGH THE CENTERS**  
4                   **FOR DISEASE CONTROL AND PREVENTION.**

5           *Title III of the Public Health Service Act (42 U.S.C.*  
6   *241 et seq.), as amended by section 1101 of this Act, is*  
7   *amended by adding at the end the following part:*

8   **“PART Q—PROGRAMS TO IMPROVE THE HEALTH**  
9                   **OF CHILDREN**

10   **“SEC. 399W. GRANTS TO PROMOTE CHILDHOOD NUTRITION**  
11                   **AND PHYSICAL ACTIVITY.**

12           “(a) *IN GENERAL.*—*The Secretary, acting through the*  
13   *Director of the Centers for Disease Control and Prevention,*  
14   *shall award competitive grants to States and political sub-*  
15   *divisions of States for the development and implementation*  
16   *of State and community-based intervention programs to*  
17   *promote good nutrition and physical activity in children*  
18   *and adolescents.*

19           “(b) *ELIGIBILITY.*—*To be eligible to receive a grant*  
20   *under this section a State or political subdivision of a State*  
21   *shall prepare and submit to the Secretary an application*  
22   *at such time, in such manner, and containing such infor-*  
23   *mation as the Secretary may require, including a plan that*  
24   *describes—*

1           “(1) how the applicant proposes to develop a  
2           comprehensive program of school- and community-  
3           based approaches to encourage and promote good nu-  
4           trition and appropriate levels of physical activity  
5           with respect to children or adolescents in local com-  
6           munities;

7           “(2) the manner in which the applicant shall co-  
8           ordinate with appropriate State and local authorities,  
9           such as State and local school departments, State de-  
10          partments of health, chronic disease directors, State  
11          directors of programs under section 17 of the Child  
12          Nutrition Act of 1966, 5-a-day coordinators, gov-  
13          ernors councils for physical activity and good nutri-  
14          tion, and State and local parks and recreation de-  
15          partments; and

16          “(3) the manner in which the applicant will  
17          evaluate the effectiveness of the program carried out  
18          under this section.

19          “(c) *USE OF FUNDS.*—A State or political subdivision  
20          of a State shall use amount received under a grant under  
21          this section to—

22                 “(1) develop, implement, disseminate, and evalu-  
23                 ate school- and community-based strategies in States  
24                 to reduce inactivity and improve dietary choices  
25                 among children and adolescents;

1           “(2) *expand opportunities for physical activity*  
2           *programs in school- and community-based settings;*  
3           *and*

4           “(3) *develop, implement, and evaluate programs*  
5           *that promote good eating habits and physical activity*  
6           *including opportunities for children with cognitive*  
7           *and physical disabilities.*

8           “(d) *TECHNICAL ASSISTANCE.—The Secretary may*  
9           *set-aside an amount not to exceed 10 percent of the amount*  
10           *appropriated for a fiscal year under subsection (h) to per-*  
11           *mit the Director of the Centers for Disease Control and Pre-*  
12           *vention to—*

13           “(1) *provide States and political subdivisions of*  
14           *States with technical support in the development and*  
15           *implementation of programs under this section; and*

16           “(2) *disseminate information about effective*  
17           *strategies and interventions in preventing and treat-*  
18           *ing obesity through the promotion of good nutrition*  
19           *and physical activity.*

20           “(e) *LIMITATION ON ADMINISTRATIVE COSTS.—Not to*  
21           *exceed 10 percent of the amount of a grant awarded to the*  
22           *State or political subdivision under subsection (a) for a fis-*  
23           *cal year may be used by the State or political subdivision*  
24           *for administrative expenses.*

1       “(f) *TERM.*—A grant awarded under subsection (a)  
2 shall be for a term of 3 years.

3       “(g) *DEFINITION.*—In this section, the term ‘children  
4 and adolescents’ means individuals who do not exceed 18  
5 years of age.

6       “(h) *AUTHORIZATION OF APPROPRIATIONS.*—There  
7 are authorized to be appropriated to carry out this section  
8 such sums as may be necessary for each of the fiscal years  
9 2001 through 2005.

10   **“SEC. 399X. APPLIED RESEARCH PROGRAM.**

11       “(a) *IN GENERAL.*—The Secretary, acting through the  
12 Centers for Disease Control and Prevention and in con-  
13 sultation with the Director of the National Institutes of  
14 Health, shall—

15               “(1) conduct research to better understand the re-  
16 lationship between physical activity, diet, and health  
17 and factors that influence health-related behaviors;

18               “(2) develop and evaluate strategies for the pre-  
19 vention and treatment of obesity to be used in com-  
20 munity-based interventions and by health profes-  
21 sionals;

22               “(3) develop and evaluate strategies for the pre-  
23 vention and treatment of eating disorders, such as  
24 anorexia and bulimia;

1           “(4) conduct research to establish the prevalence,  
2           consequences, and costs of childhood obesity and its ef-  
3           fects in adulthood;

4           “(5) identify behaviors and risk factors that con-  
5           tribute to obesity;

6           “(6) evaluate materials and programs to provide  
7           nutrition education to parents and teachers of chil-  
8           dren in child care or pre-school and the food service  
9           staff of such child care and pre-school entities; and

10          “(7) evaluate materials and programs that are  
11          designed to educate and encourage physical activity  
12          in child care and pre-school facilities.

13          “(b) *AUTHORIZATION OF APPROPRIATIONS.*—There  
14          are authorized to be appropriated to carry out this section  
15          such sums as may be necessary for each of the fiscal years  
16          2001 through 2005.

17          **“SEC. 399Y. EDUCATION CAMPAIGN.**

18          “(a) *IN GENERAL.*—The Secretary, acting through the  
19          Director of the Centers for Disease Control and Prevention,  
20          and in collaboration with national, State, and local part-  
21          ners, physical activity organizations, nutrition experts, and  
22          health professional organizations, shall develop a national  
23          public campaign to promote and educate children and their  
24          parents concerning—



1           “(1) *the health risks associated with obesity, in-*  
2           *activity, and poor nutrition;*

3           “(2) *ways in which to incorporate physical ac-*  
4           *tivity into daily living; and*

5           “(3) *the benefits of good nutrition and strategies*  
6           *to improve eating habits.*

7           “(b) *AUTHORIZATION OF APPROPRIATIONS.—There*  
8           *are authorized to be appropriated to carry out this section*  
9           *such sums as may be necessary for each of the fiscal years*  
10          *2001 through 2005.*

11          **“SEC. 399Z. HEALTH PROFESSIONAL EDUCATION AND**  
12                **TRAINING.**

13          “(a) *IN GENERAL.—The Secretary, acting through the*  
14          *Director of the Centers for Disease Control and Prevention,*  
15          *in collaboration with the Administrator of the Health Re-*  
16          *sources and Services Administration and the heads of other*  
17          *agencies, and in consultation with appropriate health pro-*  
18          *fessional associations, shall develop and carry out a pro-*  
19          *gram to educate and train health professionals in effective*  
20          *strategies to—*

21               “(1) *better identify and assess patients with obe-*  
22               *sity or an eating disorder or patients at-risk of be-*  
23               *coming obese or developing an eating disorder;*

24               “(2) *counsel, refer, or treat patients with obesity*  
25               *or an eating disorder; and*

1           “(3) educate patients and their families about ef-  
 2       fective strategies to improve dietary habits and estab-  
 3       lish appropriate levels of physical activity.

4           “(b) *AUTHORIZATION OF APPROPRIATIONS.*—There  
 5       are authorized to be appropriated to carry out this section  
 6       such sums as may be necessary for each of the fiscal years  
 7       2001 through 2005.”.

8       ***TITLE XXV—EARLY DETECTION***  
 9       ***AND TREATMENT REGARDING***  
 10       ***CHILDHOOD LEAD POI-***  
 11       ***SONING***

12       ***SEC. 2501. CENTERS FOR DISEASE CONTROL AND PREVEN-***  
 13       ***TION EFFORTS TO COMBAT CHILDHOOD LEAD***  
 14       ***POISONING.***

15       (a) *REQUIREMENTS FOR LEAD POISONING PREVEN-*  
 16       *TION GRANTEES.*—Section 317A of the Public Health Serv-  
 17       ice Act (42 U.S.C. 247b–1) is amended—

18           (1) in subsection (d)—

19               (A) by redesignating paragraph (7) as  
 20               paragraph (8); and

21               (B) by inserting after paragraph (6) the fol-  
 22               lowing:

23           “(7) Assurances satisfactory to the Secretary that  
 24       the applicant will ensure complete and consistent re-  
 25       porting of all blood lead test results from laboratories

1        *and health care providers to State and local health*  
 2        *departments in accordance with guidelines of the Cen-*  
 3        *ters for Disease Control and Prevention for standard-*  
 4        *ized reporting as described in subsection (m).”; and*  
 5        *(2) in subsection (j)(2)—*

6                *(A) in subparagraph (F) by striking “(E)”*  
 7                *and inserting “(F)”;*

8                *(B) by redesignating subparagraph (F) as*  
 9                *subparagraph (G); and*

10               *(C) by inserting after subparagraph (E) the*  
 11               *following:*

12                *“(F) The number of grantees that have es-*  
 13                *tablished systems to ensure mandatory reporting*  
 14                *of all blood lead tests from laboratories and*  
 15                *health care providers to State and local health*  
 16                *departments.”.*

17        *(b) GUIDELINES FOR STANDARDIZED REPORTING.—*  
 18        *Section 317A of the Public Health Service Act (42 U.S.C.*  
 19        *247b–1) is amended by adding at the end the following:*

20               *“(m) GUIDELINES FOR STANDARDIZED REPORTING.—*  
 21        *The Secretary, acting through the Director of the Centers*  
 22        *for Disease Control and Prevention, shall develop national*  
 23        *guidelines for the uniform reporting of all blood lead test*  
 24        *results to State and local health departments.”.*

1       (c) *DEVELOPMENT AND IMPLEMENTATION OF EFFEC-*  
2 *TIVE DATA MANAGEMENT BY THE CENTERS FOR DISEASE*  
3 *CONTROL AND PREVENTION.*—

4           (1) *IN GENERAL.*—*The Director of the Centers*  
5 *for Disease Control and Prevention shall—*

6           (A) *assist with the improvement of data*  
7 *linkages between State and local health depart-*  
8 *ments and between State health departments and*  
9 *the Centers for Disease Control and Prevention;*

10          (B) *assist States with the development of*  
11 *flexible, comprehensive State-based data manage-*  
12 *ment systems for the surveillance of children*  
13 *with lead poisoning that have the capacity to*  
14 *contribute to a national data set;*

15          (C) *assist with the improvement of the abil-*  
16 *ity of State-based data management systems and*  
17 *federally-funded means-tested public benefit pro-*  
18 *grams (including the special supplemental food*  
19 *program for women, infants and children (WIC)*  
20 *under section 17 of the Child Nutrition Act of*  
21 *1966 (42 U.S.C. 1786) and the early head start*  
22 *program under section 645A of the Head Start*  
23 *Act (42 U.S.C. 9840a(h)) to respond to ad hoc*  
24 *inquiries and generate progress reports regarding*

1           *the lead blood level screening of children enrolled*  
2           *in those programs;*

3           *(D) assist States with the establishment of*  
4           *a capacity for assessing how many children en-*  
5           *rolled in the medicaid, WIC, early head start,*  
6           *and other federally-funded means-tested public*  
7           *benefit programs are being screened for lead poi-*  
8           *soning at age-appropriate intervals;*

9           *(E) use data obtained as result of activities*  
10          *under this section to formulate or revise existing*  
11          *lead blood screening and case management poli-*  
12          *cies; and*

13          *(F) establish performance measures for eval-*  
14          *uating State and local implementation of the re-*  
15          *quirements and improvements described in sub-*  
16          *paragraphs (A) through (E).*

17          (2) *AUTHORIZATION OF APPROPRIATIONS.—*  
18          *There are authorized to be appropriated to carry out*  
19          *this subsection such sums as may be necessary for*  
20          *each the fiscal years 2001 through 2005.*

21          (3) *EFFECTIVE DATE.—This subsection takes ef-*  
22          *fect on the date of enactment of this Act.*

1 **SEC. 2502. GRANTS FOR LEAD POISONING RELATED ACTIVI-**  
 2 **TIES.**

3 (a) *IN GENERAL.*—Part B of title III of the Public  
 4 Health Service Act (42 U.S.C. 243 et seq.), as amended by  
 5 section 1801 of this Act, is amended by inserting after sec-  
 6 tion 317N the following section:

7 “GRANTS FOR LEAD POISONING RELATED ACTIVITIES

8 “SEC. 317O. (a) *AUTHORITY TO MAKE GRANTS.*—

9 “(1) *IN GENERAL.*—The Secretary shall make  
 10 grants to States to support public health activities in  
 11 States and localities where data suggests that at least  
 12 5 percent of preschool-age children have an elevated  
 13 blood lead level through—

14 “(A) *effective, ongoing outreach and com-*  
 15 *munity education targeted to families most likely*  
 16 *to be at risk for lead poisoning;*

17 “(B) *individual family education activities*  
 18 *that are designed to reduce ongoing exposures to*  
 19 *lead for children with elevated blood lead levels,*  
 20 *including through home visits and coordination*  
 21 *with other programs designed to identify and*  
 22 *treat children at risk for lead poisoning; and*

23 “(C) *the development, coordination and im-*  
 24 *plementation of community-based approaches for*  
 25 *comprehensive lead poisoning prevention from*  
 26 *surveillance to lead hazard control.*

1           “(2) *STATE MATCH.*—A State is not eligible for  
2           a grant under this section unless the State agrees to  
3           expend (through State or local funds) \$1 for every \$2  
4           provided under the grant to carry out the activities  
5           described in paragraph (1).

6           “(3) *APPLICATION.*—To be eligible to receive a  
7           grant under this section, a State shall submit an ap-  
8           plication to the Secretary in such form and manner  
9           and containing such information as the Secretary  
10          may require.

11          “(b) *COORDINATION WITH OTHER CHILDREN’S PRO-*  
12 *GRAMS.*—A State shall identify in the application for a  
13 grant under this section how the State will coordinate oper-  
14 ations and activities under the grant with—

15               “(1) other programs operated in the State that  
16               serve children with elevated blood lead levels, includ-  
17               ing any such programs operated under titles V, XIX,  
18               or XXI of the Social Security Act; and

19               “(2) one or more of the following—

20                       “(A) the child welfare and foster care and  
21                       adoption assistance programs under parts B and  
22                       E of title IV of such Act;

23                       “(B) the head start program established  
24                       under the Head Start Act (42 U.S.C. 9831 *et*  
25                       *seq.*);

1           “(C) the program of assistance under the  
 2           special supplemental nutrition program for  
 3           women, infants and children (WIC) under sec-  
 4           tion 17 of the Child Nutrition Act of 1966 (42  
 5           U.S.C. 1786);

6           “(D) local public and private elementary or  
 7           secondary schools; or

8           “(E) public housing agencies, as defined in  
 9           section 3 of the United States Housing Act of  
 10          1937 (42 U.S.C. 1437a).

11          “(c) *PERFORMANCE MEASURES.*—The Secretary shall  
 12          establish needs indicators and performance measures to  
 13          evaluate the activities carried out under grants awarded  
 14          under this section. Such indicators shall be commensurate  
 15          with national measures of maternal and child health pro-  
 16          grams and shall be developed in consultation with the Di-  
 17          rector of the Centers for Disease Control and Prevention.

18          “(d) *AUTHORIZATION OF APPROPRIATIONS.*—There  
 19          are authorized to be appropriated to carry out this section  
 20          such sums as may be necessary for each of the fiscal years  
 21          2001 through 2005.”.

22          “(b) *CONFORMING AMENDMENT.*—Section 340D(c)(1) of  
 23          the Public Health Service Act (42 U.S.C. 256d(c)(1)) is  
 24          amended by striking “317E” and inserting “317F”.



1 **SEC. 2503. TRAINING AND REPORTS BY THE HEALTH RE-**  
2 **SOURCES AND SERVICES ADMINISTRATION.**

3       (a) *TRAINING.*—*The Secretary of Health and Human*  
4 *Services, acting through the Administrator of the Health*  
5 *Resources and Services Administration and in collabora-*  
6 *tion with the Administrator of the Health Care Financing*  
7 *Administration and the Director of the Centers for Disease*  
8 *Control and Prevention, shall conduct education and train-*  
9 *ing programs for physicians and other health care providers*  
10 *regarding childhood lead poisoning, current screening and*  
11 *treatment recommendations and requirements, and the sci-*  
12 *entific, medical, and public health basis for those policies.*

13       (b) *REPORT.*—*The Secretary of Health and Human*  
14 *Services, acting through the Administrator of the Health*  
15 *Resources and Services Administration, annually shall re-*  
16 *port to Congress on the number of children who received*  
17 *services through health centers established under section 330*  
18 *of the Public Health Service Act (42 U.S.C. 254b) and re-*  
19 *ceived a blood lead screening test during the prior fiscal*  
20 *year, noting the percentage that such children represent as*  
21 *compared to all children who received services through such*  
22 *health centers.*

23       (c) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*  
24 *authorized to be appropriated to carry out this section such*  
25 *sums as may be necessary for each the fiscal years 2001*  
26 *through 2005.*

1 **SEC. 2504. SCREENINGS, REFERRALS, AND EDUCATION RE-**  
 2 **GARDING LEAD POISONING.**

3 *Section 317A(l)(1) of the Public Health Service Act*  
 4 *(42 U.S.C. 247b–1(l)(1)) is amended by striking “1994”*  
 5 *and all that follows and inserting “1994 through 2005.”.*

6 **TITLE XXVI—SCREENING FOR**  
 7 **HERITABLE DISORDERS**

8 **SEC. 2601. PROGRAM TO IMPROVE THE ABILITY OF STATES**  
 9 **TO PROVIDE NEWBORN AND CHILD SCREEN-**  
 10 **ING FOR HERITABLE DISORDERS.**

11 *Part A of title XI of the Public Health Service Act,*  
 12 *as amended by section 2301 of this Act, is amended by add-*  
 13 *ing at the end the following:*

14 **“SEC. 1109. IMPROVED NEWBORN AND CHILD SCREENING**  
 15 **FOR HERITABLE DISORDERS.**

16 *“(a) IN GENERAL.—The Secretary shall award grants*  
 17 *to eligible entities to enhance, improve or expand the ability*  
 18 *of State and local public health agencies to provide screen-*  
 19 *ing, counseling or health care services to newborns and chil-*  
 20 *dren having or at risk for heritable disorders.*

21 *“(b) USE OF FUNDS.—Amounts provided under a*  
 22 *grant awarded under subsection (a) shall be used to—*

23 *“(1) establish, expand, or improve systems or*  
 24 *programs to provide screening, counseling, testing or*  
 25 *specialty services for newborns and children at risk*  
 26 *for heritable disorders;*

1           “(2) *establish, expand, or improve programs or*  
2           *services to reduce mortality or morbidity from heri-*  
3           *table disorders;*

4           “(3) *establish, expand, or improve systems or*  
5           *programs to provide information and counseling on*  
6           *available therapies for newborns and children with*  
7           *heritable disorders;*

8           “(4) *improve the access of medically underserved*  
9           *populations to screening, counseling, testing and spe-*  
10          *cialty services for newborns and children having or at*  
11          *risk for heritable disorders; or*

12          “(5) *conduct such other activities as may be nec-*  
13          *essary to enable newborns and children having or at*  
14          *risk for heritable disorders to receive screening, coun-*  
15          *seling, testing or specialty services, regardless of in-*  
16          *come, race, color, religion, sex, national origin, age,*  
17          *or disability.*

18          “(c) *ELIGIBLE ENTITIES.—To be eligible to receive a*  
19          *grant under subsection (a) an entity shall—*

20               “(1) *be a State or political subdivision of a*  
21               *State, or a consortium of 2 or more States or political*  
22               *subdivisions of States; and*

23               “(2) *prepare and submit to the Secretary an ap-*  
24               *plication that includes—*

1           “(A) a plan to use amounts awarded under  
2           the grant to meet specific health status goals and  
3           objectives relative to heritable disorders, includ-  
4           ing attention to needs of medically underserved  
5           populations;

6           “(B) a plan for the collection of outcome  
7           data or other methods of evaluating the degree to  
8           which amounts awarded under this grant will be  
9           used to achieve the goals and objectives identified  
10          under subparagraph (A);

11          “(C) a plan for monitoring and ensuring  
12          the quality of services provided under the grant;

13          “(D) an assurance that amounts awarded  
14          under the grant will be used only to implement  
15          the approved plan for the State;

16          “(E) an assurance that the provision of  
17          services under the plan is coordinated with serv-  
18          ices provided under programs implemented in  
19          the State under titles V, XVIII, XIX, XX, or XXI  
20          of the Social Security Act (subject to Federal reg-  
21          ulations applicable to such programs) so that the  
22          coverage of services under such titles is not sub-  
23          stantially diminished by the use of granted  
24          funds; and

1                   “(F) *such other information determined by*  
2                   *the Secretary to be necessary.*

3           “(d) *LIMITATION.—An eligible entity may not use*  
4 *amounts received under this section to—*

5                   “(1) *provide cash payments to or on behalf of af-*  
6 *ected individuals;*

7                   “(2) *provide inpatient services;*

8                   “(3) *purchase land or make capital improve-*  
9 *ments to property; or*

10                  “(4) *provide for proprietary research or train-*  
11 *ing.*

12           “(e) *VOLUNTARY PARTICIPATION.—The participation*  
13 *by any individual in any program or portion thereof estab-*  
14 *lished or operated with funds received under this section*  
15 *shall be wholly voluntary and shall not be a prerequisite*  
16 *to eligibility for or receipt of any other service or assistance*  
17 *from, or to participation in, another Federal or State pro-*  
18 *gram.*

19           “(f) *SUPPLEMENT NOT SUPPLANT.—Funds appro-*  
20 *priated under this section shall be used to supplement and*  
21 *not supplant other Federal, State, and local public funds*  
22 *provided for activities of the type described in this section.*

23           “(g) *PUBLICATION.*

24                   “(1) *IN GENERAL.—An application submitted*  
25 *under subsection (c)(2) shall be made public by the*

1       *State in such a manner as to facilitate comment from*  
 2       *any person, including through hearings and other*  
 3       *methods used to facilitate comments from the public.*

4               “(2) *COMMENTS.—Comments received by the*  
 5       *State after the publication described in paragraph (1)*  
 6       *shall be addressed in the application submitted under*  
 7       *subsection (c)(2).*

8               “(h) *TECHNICAL ASSISTANCE.—The Secretary shall*  
 9       *provide to entities receiving grants under subsection (a)*  
 10       *such technical assistance as may be necessary to ensure the*  
 11       *quality of programs conducted under this section.*

12               “(i) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
 13       *authorized to be appropriated to carry out this section such*  
 14       *sums as may be necessary for each of the fiscal years 2001*  
 15       *through 2005.*

16       **“SEC. 1110. EVALUATING THE EFFECTIVENESS OF NEW-**  
 17       **BORN AND CHILD SCREENING PROGRAMS.**

18               “(a) *IN GENERAL.—The Secretary shall award grants*  
 19       *to eligible entities to provide for the conduct of demonstra-*  
 20       *tion programs to evaluate the effectiveness of screening,*  
 21       *counseling or health care services in reducing the morbidity*  
 22       *and mortality caused by heritable disorders in newborns*  
 23       *and children.*

24               “(b) *DEMONSTRATION PROGRAMS.—A demonstration*  
 25       *program conducted under a grant under this section shall*

1 *be designed to evaluate and assess, within the jurisdiction*  
 2 *of the entity receiving such grant—*

3       “(1) *the effectiveness of screening, counseling,*  
 4 *testing or specialty services for newborns and children*  
 5 *at risk for heritable disorders in reducing the mor-*  
 6 *bidity and mortality associated with such disorders;*

7       “(2) *the effectiveness of screening, counseling,*  
 8 *testing or specialty services in accurately and reliably*  
 9 *diagnosing heritable disorders in newborns and chil-*  
 10 *dren; or*

11       “(3) *the availability of screening, counseling,*  
 12 *testing or specialty services for newborns and children*  
 13 *at risk for heritable disorders.*

14       “(c) *ELIGIBLE ENTITIES.—To be eligible to receive a*  
 15 *grant under subsection (a) an entity shall be a State or*  
 16 *political subdivision of a State, or a consortium of 2 or*  
 17 *more States or political subdivisions of States.*

18 **“SEC. 1111. ADVISORY COMMITTEE ON HERITABLE DIS-**  
 19 **ORDERS IN NEWBORNS AND CHILDREN.**

20       “(a) *ESTABLISHMENT.—The Secretary shall establish*  
 21 *an advisory committee to be known as the ‘Advisory Com-*  
 22 *mittee on Heritable Disorders in Newborns and Children’*  
 23 *(referred to in this section as the ‘Advisory Committee’).*

24       “(b) *DUTIES.—The Advisory Committee shall—*

1           “(1) *provide advice and recommendations to the*  
2           *Secretary concerning grants and projects awarded or*  
3           *funded under section 1109;*

4           “(2) *provide technical information to the Sec-*  
5           *retary for the development of policies and priorities*  
6           *for the administration of grants under section 1109;*  
7           *and*

8           “(3) *provide such recommendations, advice or*  
9           *information as may be necessary to enhance, expand*  
10          *or improve the ability of the Secretary to reduce the*  
11          *mortality or morbidity from heritable disorders.*

12          “(c) *MEMBERSHIP.—*

13               “(1) *IN GENERAL.—The Secretary shall appoint*  
14               *not to exceed 15 members to the Advisory Committee.*  
15               *In appointing such members, the Secretary shall en-*  
16               *sure that the total membership of the Advisory Com-*  
17               *mittee is an odd number.*

18               “(2) *REQUIRED MEMBERS.—The Secretary shall*  
19               *appoint to the Advisory Committee under paragraph*  
20               *(1)—*

21                       “(A) *the Administrator of the Health Re-*  
22                       *sources and Services Administration;*

23                       “(B) *the Director of the Centers for Disease*  
24                       *Control and Prevention;*



1           “(C) *the Director of the National Institutes*  
2           *of Health;*

3           “(D) *the Director of the Agency for*  
4           *Healthcare Research and Quality;*

5           “(E) *medical, technical, or scientific profes-*  
6           *sionals with special expertise in heritable dis-*  
7           *orders, or in providing screening, counseling,*  
8           *testing or specialty services for newborns and*  
9           *children at risk for heritable disorders;*

10          “(F) *members of the public having special*  
11          *expertise about or concern with heritable dis-*  
12          *orders; and*

13          “(G) *representatives from such Federal*  
14          *agencies, public health constituencies, and med-*  
15          *ical professional societies as determined to be*  
16          *necessary by the Secretary, to fulfill the duties of*  
17          *the Advisory Committee, as established under*  
18          *subsection (b).’.*

19                   ***TITLE XXVII—PEDIATRIC***  
20                   ***RESEARCH PROTECTIONS***

21           ***SEC. 2701. REQUIREMENT FOR ADDITIONAL PROTECTIONS***  
22                   ***FOR CHILDREN INVOLVED IN RESEARCH.***

23           *Notwithstanding any other provision of law, not later*  
24           *than 6 months after the date of enactment of this Act, the*  
25           *Secretary of Health and Human Services shall require that*

1 *all research involving children that is conducted, supported,*  
2 *or regulated by the Department of Health and Human*  
3 *Services be in compliance with subpart D of part 45 of title*  
4 *46, Code of Federal Regulations.*

5 ***TITLE XXVIII—MISCELLANEOUS***  
6 ***PROVISIONS***

7 ***SEC. 2801. REPORT REGARDING RESEARCH ON RARE DIS-***  
8 ***EASES IN CHILDREN.***

9 *Not later than 180 days after the date of the enactment*  
10 *of this Act, the Director of the National Institutes of Health*  
11 *shall submit to the Congress a report on—*

12 *(1) the activities that, during fiscal year 2000,*  
13 *were conducted and supported by such Institutes with*  
14 *respect to rare diseases in children, including*  
15 *Friedreich’s ataxia and Hutchinson-Gilford progeria*  
16 *syndrome; and*

17 *(2) the activities that are planned to be con-*  
18 *ducted and supported by such Institutes with respect*  
19 *to such diseases during the fiscal years 2001 through*  
20 *2005.*

21 ***SEC. 2802. STUDY ON METABOLIC DISORDERS.***

22 *(a) IN GENERAL.—The Secretary of Health and*  
23 *Human Services (in this section referred to as the “Sec-*  
24 *retary”)* *shall, in consultation with relevant experts or*  
25 *through the Institute of Medicine, study issues related to*

1 *treatment of PKU and other metabolic disorders for chil-*  
2 *dren, adolescents, and adults, and mechanisms to assure ac-*  
3 *cess to effective treatment, including special diets, for chil-*  
4 *dren and others with PKU and other metabolic disorders.*  
5 *Such mechanisms shall be evidence-based and reflect the best*  
6 *scientific knowledge regarding effective treatment and pre-*  
7 *vention of disease progression.*

8       (b) *DISSEMINATION OF RESULTS.*—*Upon completion*  
9 *of the study referred to in subsection (a), the Secretary shall*  
10 *disseminate and otherwise make available the results of the*  
11 *study to interested groups and organizations, including in-*  
12 *surance commissioners, employers, private insurers, health*  
13 *care professionals, State and local public health agencies,*  
14 *and State agencies that carry out the medicaid program*  
15 *under title XIX of the Social Security Act or the State chil-*  
16 *dren’s health insurance program under title XXI of such*  
17 *Act.*

18       (c) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*  
19 *authorized to be appropriated to carry out this section such*  
20 *sums as may be necessary for each of the fiscal years 2001*  
21 *through 2003.*

1     ***TITLE XXIX—EFFECTIVE DATE***

2     ***SEC. 2901. EFFECTIVE DATE.***

3         *This division and the amendments made by this divi-*  
 4     *sion take effect October 1, 2000, or upon the date of the*  
 5     *enactment of this Act, whichever occurs later.*

6     ***DIVISION B—YOUTH DRUG AND***  
 7     ***MENTAL HEALTH SERVICES***

8     ***SEC. 3001. SHORT TITLE.***

9         *This division may be cited as the “Youth Drug and*  
 10     *Mental Health Services Act”.*

11    ***TITLE XXXI—PROVISIONS RE-***  
 12    ***LATING TO SERVICES FOR***  
 13    ***CHILDREN AND ADOLES-***  
 14    ***CENTS***

15    ***SEC. 3101. CHILDREN AND VIOLENCE.***

16         *Title V of the Public Health Service Act (42 U.S.C.*  
 17     *290aa et seq.) is amended by adding at the end the fol-*  
 18     *lowing:*

19         ***“PART G—PROJECTS FOR CHILDREN AND VIOLENCE***

20         ***“SEC. 581. CHILDREN AND VIOLENCE.***

21         ***“(a) IN GENERAL.—The Secretary, in consultation***  
 22     *with the Secretary of Education and the Attorney General,*  
 23     *shall carry out directly or through grants, contracts or coop-*  
 24     *erative agreements with public entities a program to assist*

1 *local communities in developing ways to assist children in*  
2 *dealing with violence.*

3 “(b) *ACTIVITIES.*—*Under the program under sub-*  
4 *section (a), the Secretary may—*

5 “(1) *provide financial support to enable local*  
6 *communities to implement programs to foster the*  
7 *health and development of children;*

8 “(2) *provide technical assistance to local commu-*  
9 *nities with respect to the development of programs de-*  
10 *scribed in paragraph (1);*

11 “(3) *provide assistance to local communities in*  
12 *the development of policies to address violence when*  
13 *and if it occurs;*

14 “(4) *assist in the creation of community part-*  
15 *nerships among law enforcement, education systems*  
16 *and mental health and substance abuse service sys-*  
17 *tems; and*

18 “(5) *establish mechanisms for children and ado-*  
19 *lescents to report incidents of violence or plans by*  
20 *other children or adolescents to commit violence.*

21 “(c) *REQUIREMENTS.*—*An application for a grant,*  
22 *contract or cooperative agreement under subsection (a) shall*  
23 *demonstrate that—*

1           “(1) the applicant will use amounts received to  
2           create a partnership described in subsection (b)(4) to  
3           address issues of violence in schools;

4           “(2) the activities carried out by the applicant  
5           will provide a comprehensive method for addressing  
6           violence, that will include—

7                   “(A) security;

8                   “(B) educational reform;

9                   “(C) the review and updating of school poli-  
10           cies;

11                   “(D) alcohol and drug abuse prevention and  
12           early intervention services;

13                   “(E) mental health prevention and treat-  
14           ment services; and

15                   “(F) early childhood development and psy-  
16           chosocial services; and

17           “(3) the applicant will use amounts received  
18           only for the services described in subparagraphs (D),  
19           (E), and (F) of paragraph (2).

20           “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary  
21           shall ensure that grants, contracts or cooperative agree-  
22           ments under subsection (a) will be distributed equitably  
23           among the regions of the country and among urban and  
24           rural areas.

1       “(e) *DURATION OF AWARDS.*—With respect to a grant,  
 2       *contract or cooperative agreement under subsection (a), the*  
 3       *period during which payments under such an award will*  
 4       *be made to the recipient may not exceed 5 years.*

5       “(f) *EVALUATION.*—The Secretary shall conduct an  
 6       *evaluation of each project carried out under this section and*  
 7       *shall disseminate the results of such evaluations to appro-*  
 8       *priate public and private entities.*

9       “(g) *INFORMATION AND EDUCATION.*—The Secretary  
 10       *shall establish comprehensive information and education*  
 11       *programs to disseminate the findings of the knowledge de-*  
 12       *velopment and application under this section to the general*  
 13       *public and to health care professionals.*

14       “(h) *AUTHORIZATION OF APPROPRIATIONS.*—There is  
 15       *authorized to be appropriated to carry out this section,*  
 16       *\$100,000,000 for fiscal year 2001, and such sums as may*  
 17       *be necessary for each of fiscal years 2002 and 2003.*

18       **“SEC. 582. GRANTS TO ADDRESS THE PROBLEMS OF PER-**  
 19                               **SONS WHO EXPERIENCE VIOLENCE RELATED**  
 20                               **STRESS.**

21       “(a) *IN GENERAL.*—The Secretary shall award grants,  
 22       *contracts or cooperative agreements to public and nonprofit*  
 23       *private entities, as well as to Indian tribes and tribal orga-*  
 24       *nizations, for the purpose of developing programs focusing*  
 25       *on the behavioral and biological aspects of psychological*

1 *trauma response and for developing knowledge with regard*  
2 *to evidence-based practices for treating psychiatric dis-*  
3 *orders of children and youth resulting from witnessing or*  
4 *experiencing a traumatic event.*

5       “(b) *PRIORITIES.*—*In awarding grants, contracts or*  
6 *cooperative agreements under subsection (a) related to the*  
7 *development of knowledge on evidence-based practices for*  
8 *treating disorders associated with psychological trauma, the*  
9 *Secretary shall give priority to mental health agencies and*  
10 *programs that have established clinical and basic research*  
11 *experience in the field of trauma-related mental disorders.*

12       “(c) *GEOGRAPHICAL DISTRIBUTION.*—*The Secretary*  
13 *shall ensure that grants, contracts or cooperative agree-*  
14 *ments under subsection (a) with respect to centers of excel-*  
15 *lence are distributed equitably among the regions of the*  
16 *country and among urban and rural areas.*

17       “(d) *EVALUATION.*—*The Secretary, as part of the ap-*  
18 *plication process, shall require that each applicant for a*  
19 *grant, contract or cooperative agreement under subsection*  
20 *(a) submit a plan for the rigorous evaluation of the activi-*  
21 *ties funded under the grant, contract or agreement, includ-*  
22 *ing both process and outcomes evaluation, and the submis-*  
23 *sion of an evaluation at the end of the project period.*

24       “(e) *DURATION OF AWARDS.*—*With respect to a grant,*  
25 *contract or cooperative agreement under subsection (a), the*



1 *period during which payments under such an award will*  
 2 *be made to the recipient may not exceed 5 years. Such*  
 3 *grants, contracts or agreements may be renewed.*

4 “(f) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
 5 *authorized to be appropriated to carry out this section,*  
 6 *\$50,000,000 for fiscal year 2001, and such sums as may*  
 7 *be necessary for each of fiscal years 2002 and 2003.”.*

8 ***SEC. 3102. EMERGENCY RESPONSE.***

9 *Section 501 of the Public Health Service Act (42*  
 10 *U.S.C. 290aa) is amended—*

11 *(1) by redesignating subsection (m) as subsection*  
 12 *(o);*

13 *(2) by inserting after subsection (l) the following:*

14 “(m) *EMERGENCY RESPONSE.—*

15 *“(1) IN GENERAL.—Notwithstanding section 504*  
 16 *and except as provided in paragraph (2), the Sec-*  
 17 *retary may use not to exceed 2.5 percent of all*  
 18 *amounts appropriated under this title for a fiscal*  
 19 *year to make noncompetitive grants, contracts or co-*  
 20 *operative agreements to public entities to enable such*  
 21 *entities to address emergency substance abuse or men-*  
 22 *tal health needs in local communities.*

23 *“(2) EXCEPTIONS.—Amounts appropriated*  
 24 *under part C shall not be subject to paragraph (1).*

1           “(3) *EMERGENCIES.*—*The Secretary shall estab-*  
 2           *lish criteria for determining that a substance abuse or*  
 3           *mental health emergency exists and publish such cri-*  
 4           *teria in the Federal Register prior to providing funds*  
 5           *under this subsection.*

6           “(n) *LIMITATION ON THE USE OF CERTAIN INFORMA-*  
 7           *TION.*—*No information, if an establishment or person sup-*  
 8           *plying the information or described in it is identifiable, ob-*  
 9           *tained in the course of activities undertaken or supported*  
 10          *under section 505 may be used for any purpose other than*  
 11          *the purpose for which it was supplied unless such establish-*  
 12          *ment or person has consented (as determined under regula-*  
 13          *tions of the Secretary) to its use for such other purpose.*  
 14          *Such information may not be published or released in other*  
 15          *form if the person who supplied the information or who*  
 16          *is described in it is identifiable unless such person has con-*  
 17          *sented (as determined under regulations of the Secretary)*  
 18          *to its publication or release in other form.”; and*

19                 (3) *in subsection (o) (as so redesignated), by*  
 20                 *striking “1993” and all that follows through the pe-*  
 21                 *riod and inserting “2001, and such sums as may be*  
 22                 *necessary for each of the fiscal years 2002 and 2003.”.*

23   **SEC. 3103. HIGH RISK YOUTH REAUTHORIZATION.**

24                 *Section 517(h) of the Public Health Service Act (42*  
 25                 *U.S.C. 290bb–23(h)) is amended by striking “\$70,000,000”*

1 *and all that follows through “1994” and inserting “such*  
 2 *sums as may be necessary for each of the fiscal years 2001*  
 3 *through 2003”.*

4 **SEC. 3104. SUBSTANCE ABUSE TREATMENT SERVICES FOR**  
 5 **CHILDREN AND ADOLESCENTS.**

6 *(a) SUBSTANCE ABUSE TREATMENT SERVICES.—Sub-*  
 7 *part 1 of part B of title V of the Public Health Service*  
 8 *Act (42 U.S.C. 290bb et seq.) is amended by adding at the*  
 9 *end the following:*

10 **“SEC. 514. SUBSTANCE ABUSE TREATMENT SERVICES FOR**  
 11 **CHILDREN AND ADOLESCENTS.**

12 *“(a) IN GENERAL.—The Secretary shall award grants,*  
 13 *contracts, or cooperative agreements to public and private*  
 14 *nonprofit entities, including Native Alaskan entities and*  
 15 *Indian tribes and tribal organizations, for the purpose of*  
 16 *providing substance abuse treatment services for children*  
 17 *and adolescents.*

18 *“(b) PRIORITY.—In awarding grants, contracts, or co-*  
 19 *operative agreements under subsection (a), the Secretary*  
 20 *shall give priority to applicants who propose to—*

21 *“(1) apply evidenced-based and cost effective*  
 22 *methods for the treatment of substance abuse among*  
 23 *children and adolescents;*

24 *“(2) coordinate the provision of treatment serv-*  
 25 *ices with other social service agencies in the commu-*

1       nity, including educational, juvenile justice, child  
2       welfare, and mental health agencies;

3               “(3) provide a continuum of integrated treat-  
4       ment services, including case management, for chil-  
5       dren and adolescents with substance abuse disorders  
6       and their families;

7               “(4) provide treatment that is gender-specific  
8       and culturally appropriate;

9               “(5) involve and work with families of children  
10      and adolescents receiving treatment;

11              “(6) provide aftercare services for children and  
12      adolescents and their families after completion of sub-  
13      stance abuse treatment; and

14              “(7) address the relationship between substance  
15      abuse and violence.

16      “(c) *DURATION OF GRANTS.*—The Secretary shall  
17      award grants, contracts, or cooperative agreements under  
18      subsection (a) for periods not to exceed 5 fiscal years.

19      “(d) *APPLICATION.*—An entity desiring a grant, con-  
20      tract, or cooperative agreement under subsection (a) shall  
21      submit an application to the Secretary at such time, in  
22      such manner, and accompanied by such information as the  
23      Secretary may reasonably require.

24      “(e) *EVALUATION.*—An entity that receives a grant,  
25      contract, or cooperative agreement under subsection (a)

1 *shall submit, in the application for such grant, contract,*  
 2 *or cooperative agreement, a plan for the evaluation of any*  
 3 *project undertaken with funds provided under this section.*  
 4 *Such entity shall provide the Secretary with periodic eval-*  
 5 *uations of the progress of such project and such evaluation*  
 6 *at the completion of such project as the Secretary deter-*  
 7 *mines to be appropriate.*

8 “(f) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
 9 *authorized to be appropriated to carry out this section,*  
 10 *\$40,000,000 for fiscal year 2001, and such sums as may*  
 11 *be necessary for fiscal years 2002 and 2003.*

12 **“SEC. 514A. EARLY INTERVENTION SERVICES FOR CHIL-**  
 13 **DREN AND ADOLESCENTS.**

14 “(a) *IN GENERAL.—The Secretary shall award grants,*  
 15 *contracts, or cooperative agreements to public and private*  
 16 *nonprofit entities, including local educational agencies (as*  
 17 *defined in section 14101 of the Elementary and Secondary*  
 18 *Education Act of 1965 (20 U.S.C. 8801)), for the purpose*  
 19 *of providing early intervention substance abuse services for*  
 20 *children and adolescents.*

21 “(b) *PRIORITY.—In awarding grants, contracts, or co-*  
 22 *operative agreements under subsection (a), the Secretary*  
 23 *shall give priority to applicants who demonstrate an ability*  
 24 *to—*

1           “(1) screen for and assess substance use and  
2           abuse by children and adolescents;

3           “(2) make appropriate referrals for children and  
4           adolescents who are in need of treatment for substance  
5           abuse;

6           “(3) provide early intervention services, includ-  
7           ing counseling and ancillary services, that are de-  
8           signed to meet the developmental needs of children  
9           and adolescents who are at risk for substance abuse;  
10          and

11          “(4) develop networks with the educational, juve-  
12          nile justice, social services, and other agencies and or-  
13          ganizations in the State or local community involved  
14          that will work to identify children and adolescents  
15          who are in need of substance abuse treatment services.

16          “(c) *CONDITION.*—In awarding grants, contracts, or  
17          cooperative agreements under subsection (a), the Secretary  
18          shall ensure that such grants, contracts, or cooperative  
19          agreements are allocated, subject to the availability of quali-  
20          fied applicants, among the principal geographic regions of  
21          the United States, to Indian tribes and tribal organizations,  
22          and to urban and rural areas.

23          “(d) *DURATION OF GRANTS.*—The Secretary shall  
24          award grants, contracts, or cooperative agreements under  
25          subsection (a) for periods not to exceed 5 fiscal years.

1       “(e) *APPLICATION.*—An entity desiring a grant, con-  
 2   tract, or cooperative agreement under subsection (a) shall  
 3   submit an application to the Secretary at such time, in  
 4   such manner, and accompanied by such information as the  
 5   Secretary may reasonably require.

6       “(f) *EVALUATION.*—An entity that receives a grant,  
 7   contract, or cooperative agreement under subsection (a)  
 8   shall submit, in the application for such grant, contract,  
 9   or cooperative agreement, a plan for the evaluation of any  
 10   project undertaken with funds provided under this section.  
 11   Such entity shall provide the Secretary with periodic eval-  
 12   uations of the progress of such project and such evaluation  
 13   at the completion of such project as the Secretary deter-  
 14   mines to be appropriate.

15       “(g) *AUTHORIZATION OF APPROPRIATIONS.*—There  
 16   are authorized to be appropriated to carry out this section,  
 17   \$20,000,000 for fiscal year 2001, and such sums as may  
 18   be necessary for fiscal years 2002 and 2003.”.

19       (b) *YOUTH INTERAGENCY CENTERS.*—Subpart 3 of  
 20   part B of title V of the Public Health Service Act (42 U.S.C.  
 21   290bb–31 et seq.) is amended by adding the following:

22   **“SEC. 520C. YOUTH INTERAGENCY RESEARCH, TRAINING,**  
 23       **AND TECHNICAL ASSISTANCE CENTERS.**

24       “(a) *PROGRAM AUTHORIZED.*—The Secretary, acting  
 25   through the Administrator of the Substance Abuse and Men-

1 *tal Health Services Administration, and in consultation*  
2 *with the Administrator of the Office of Juvenile Justice and*  
3 *Delinquency Prevention, the Director of the Bureau of Jus-*  
4 *tice Assistance and the Director of the National Institutes*  
5 *of Health, shall award grants or contracts to public or non-*  
6 *profit private entities to establish not more than 4 research,*  
7 *training, and technical assistance centers to carry out the*  
8 *activities described in subsection (c).*

9       “(b) *APPLICATION.*—A public or private nonprofit en-  
10 *tity desiring a grant or contract under subsection (a) shall*  
11 *prepare and submit an application to the Secretary at such*  
12 *time, in such manner, and containing such information as*  
13 *the Secretary may require.*

14       “(c) *AUTHORIZED ACTIVITIES.*—A center established  
15 *under a grant or contract under subsection (a) shall—*

16               “(1) *provide training with respect to state-of-the-*  
17 *art mental health and justice-related services and suc-*  
18 *cessful mental health and substance abuse-justice col-*  
19 *laborations that focus on children and adolescents, to*  
20 *public policymakers, law enforcement administrators,*  
21 *public defenders, police, probation officers, judges, pa-*  
22 *role officials, jail administrators and mental health*  
23 *and substance abuse providers and administrators;*

24               “(2) *engage in research and evaluations con-*  
25 *cerning State and local justice and mental health sys-*



1        *tems, including system redesign initiatives, and dis-*  
2        *seminate information concerning the results of such*  
3        *evaluations;*

4            *“(3) provide direct technical assistance, includ-*  
5        *ing assistance provided through toll-free telephone*  
6        *numbers, concerning issues such as how to accommo-*  
7        *date individuals who are being processed through the*  
8        *courts under the Americans with Disabilities Act of*  
9        *1990 (42 U.S.C. 12101 et seq.), what types of mental*  
10       *health or substance abuse service approaches are effec-*  
11       *tive within the judicial system, and how community-*  
12       *based mental health or substance abuse services can be*  
13       *more effective, including relevant regional, ethnic,*  
14       *and gender-related considerations; and*

15           *“(4) provide information, training, and tech-*  
16        *nical assistance to State and local governmental offi-*  
17        *cial to enhance the capacity of such officials to pro-*  
18        *vide appropriate services relating to mental health or*  
19        *substance abuse.*

20           *“(d) AUTHORIZATION OF APPROPRIATIONS.—For the*  
21        *purpose of carrying out this section, there is authorized to*  
22        *be appropriated \$4,000,000 for fiscal year 2001, and such*  
23        *sums as may be necessary for fiscal years 2002 and 2003.”.*

24           *(c) PREVENTION OF ABUSE AND ADDICTION.—Subpart*  
25        *2 of part B of title V of the Public Health Service Act (42*

1 *U.S.C. 290bb–21 et seq.) is amended by adding the fol-*  
2 *lowing:*

3 **“SEC. 519E. PREVENTION OF METHAMPHETAMINE AND IN-**  
4 **HALANT ABUSE AND ADDICTION.**

5 “(a) *GRANTS.*—*The Director of the Center for Sub-*  
6 *stance Abuse Prevention (referred to in this section as the*  
7 *‘Director’)* may make grants to and enter into contracts and  
8 *cooperative agreements with public and nonprofit private*  
9 *entities to enable such entities—*

10 “(1) *to carry out school-based programs con-*  
11 *cerning the dangers of methamphetamine or inhalant*  
12 *abuse and addiction, using methods that are effective*  
13 *and evidence-based, including initiatives that give*  
14 *students the responsibility to create their own anti-*  
15 *drug abuse education programs for their schools; and*

16 “(2) *to carry out community-based methamphet-*  
17 *amine or inhalant abuse and addiction prevention*  
18 *programs that are effective and evidence-based.*

19 “(b) *USE OF FUNDS.*—*Amounts made available under*  
20 *a grant, contract or cooperative agreement under subsection*  
21 *(a) shall be used for planning, establishing, or admin-*  
22 *istering methamphetamine or inhalant prevention pro-*  
23 *grams in accordance with subsection (c).*

24 “(c) *PREVENTION PROGRAMS AND ACTIVITIES.*—

1           “(1) *IN GENERAL.*—Amounts provided under  
2       *this section may be used—*

3           “(A) *to carry out school-based programs*  
4       *that are focused on those districts with high or*  
5       *increasing rates of methamphetamine or inhal-*  
6       *ant abuse and addiction and targeted at popu-*  
7       *lations which are most at risk to start meth-*  
8       *amphetamine or inhalant abuse;*

9           “(B) *to carry out community-based preven-*  
10       *tion programs that are focused on those popu-*  
11       *lations within the community that are most at-*  
12       *risk for methamphetamine or inhalant abuse and*  
13       *addiction;*

14           “(C) *to assist local government entities to*  
15       *conduct appropriate methamphetamine or inhal-*  
16       *ant prevention activities;*

17           “(D) *to train and educate State and local*  
18       *law enforcement officials, prevention and edu-*  
19       *cation officials, members of community anti-*  
20       *drug coalitions and parents on the signs of meth-*  
21       *amphetamine or inhalant abuse and addiction*  
22       *and the options for treatment and prevention;*

23           “(E) *for planning, administration, and*  
24       *educational activities related to the prevention of*

1           *methamphetamine or inhalant abuse and addic-*  
2           *tion;*

3           “(F) *for the monitoring and evaluation of*  
4           *methamphetamine or inhalant prevention activi-*  
5           *ties, and reporting and disseminating resulting*  
6           *information to the public; and*

7           “(G) *for targeted pilot programs with eval-*  
8           *uation components to encourage innovation and*  
9           *experimentation with new methodologies.*

10          “(2) *PRIORITY.—The Director shall give priority*  
11          *in making grants under this section to rural and*  
12          *urban areas that are experiencing a high rate or*  
13          *rapid increases in methamphetamine or inhalant*  
14          *abuse and addiction.*

15          “(d) *ANALYSES AND EVALUATION.—*

16          “(1) *IN GENERAL.—Up to \$500,000 of the*  
17          *amount available in each fiscal year to carry out this*  
18          *section shall be made available to the Director, acting*  
19          *in consultation with other Federal agencies, to sup-*  
20          *port and conduct periodic analyses and evaluations of*  
21          *effective prevention programs for methamphetamine*  
22          *or inhalant abuse and addiction and the development*  
23          *of appropriate strategies for disseminating informa-*  
24          *tion about and implementing these programs.*

1           “(2) *ANNUAL REPORTS.*—*The Director shall sub-*  
 2           *mit to the Committee on Health, Education, Labor,*  
 3           *and Pensions and the Committee on Appropriations*  
 4           *of the Senate and the Committee on Commerce and*  
 5           *Committee on Appropriations of the House of Rep-*  
 6           *resentatives, an annual report with the results of the*  
 7           *analyses and evaluation under paragraph (1).*

8           “(e) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*  
 9           *authorized to be appropriated to carry out subsection (a),*  
 10          *\$10,000,000 for fiscal year 2001, and such sums as may*  
 11          *be necessary for each of fiscal years 2002 and 2003.”.*

12   **SEC. 3105. COMPREHENSIVE COMMUNITY SERVICES FOR**  
 13                   **CHILDREN WITH SERIOUS EMOTIONAL DIS-**  
 14                   **TURBANCE.**

15          (a) *MATCHING FUNDS.*—*Section 561(c)(1)(D) of the*  
 16          *Public Health Service Act (42 U.S.C. 290ff(c)(1)(D)) is*  
 17          *amended by striking “fifth” and inserting “fifth and sixth”.*

18          (b) *FLEXIBILITY FOR INDIAN TRIBES AND TERRI-*  
 19          *TORIES.*—*Section 562 of the Public Health Service Act (42*  
 20          *U.S.C. 290ff-1) is amended by adding at the end the fol-*  
 21          *lowing:*

22               “(g) *WAIVERS.*—*The Secretary may waive 1 or more*  
 23               *of the requirements of subsection (c) for a public entity that*  
 24               *is an Indian Tribe or tribal organization, or American*  
 25               *Samoa, Guam, the Marshall Islands, the Federated States*

1 *of Micronesia, the Commonwealth of the Northern Mariana*  
 2 *Islands, the Republic of Palau, or the United States Virgin*  
 3 *Islands if the Secretary determines, after peer review, that*  
 4 *the system of care is family-centered and uses the least re-*  
 5 *strictive environment that is clinically appropriate.”.*

6 (c) *DURATION OF GRANTS.*—Section 565(a) of the  
 7 *Public Health Service Act (42 U.S.C. 290ff–4(a)) is amend-*  
 8 *ed by striking “5 fiscal” and inserting “6 fiscal”.*

9 (d) *AUTHORIZATION OF APPROPRIATIONS.*—Section  
 10 565(f)(1) of the *Public Health Service Act (42 U.S.C. 290ff–*  
 11 *4(f)(1)) is amended by striking “1993” and all that follows*  
 12 *and inserting “2001, and such sums as may be necessary*  
 13 *for each of the fiscal years 2002 and 2003.”.*

14 (e) *CURRENT GRANTEES.*—

15 (1) *IN GENERAL.*—Entities with active grants  
 16 under section 561 of the *Public Health Service Act*  
 17 *(42 U.S.C. 290ff) on the date of enactment of this Act*  
 18 *shall be eligible to receive a 6th year of funding under*  
 19 *the grant in an amount not to exceed the amount that*  
 20 *such grantee received in the 5th year of funding under*  
 21 *such grant. Such 6th year may be funded without re-*  
 22 *quiring peer and Advisory Council review as required*  
 23 *under section 504 of such Act (42 U.S.C. 290aa–3).*

24 (2) *LIMITATION.*—Paragraph (1) shall apply  
 25 *with respect to a grantee only if the grantee agrees to*

1       *comply with the provisions of section 561 as amended*  
 2       *by subsection (a).*

3   **SEC. 3106. SERVICES FOR CHILDREN OF SUBSTANCE ABUS-**  
 4       **ERS.**

5       *(a) ADMINISTRATION AND ACTIVITIES.—*

6           *(1) ADMINISTRATION.—Section 399D(a) of the*  
 7       *Public Health Service Act (42 U.S.C. 280d(a)(1)) is*  
 8       *amended—*

9           *(A) in paragraph (1), by striking “Admin-*  
 10       *istrator” and all that follows through “Adminis-*  
 11       *tration” and insert “Administrator of the Sub-*  
 12       *stance Abuse and Mental Health Services Ad-*  
 13       *ministration”; and*

14          *(B) in paragraph (2), by striking “Admin-*  
 15       *istrator of the Substance Abuse and Mental*  
 16       *Health Services Administration” and inserting*  
 17       *“Administrator of the Health Resources and*  
 18       *Services Administration”.*

19          *(2) ACTIVITIES.—Section 399D(a)(1) of the Pub-*  
 20       *lic Health Service Act (42 U.S.C. 280d(a)(1)) is*  
 21       *amended—*

22          *(A) in subparagraph (B), by striking “and”*  
 23       *at the end;*

24          *(B) in subparagraph (C), by striking the*  
 25       *period and inserting the following: “through*

1 youth service agencies, family social services,  
2 child care providers, Head Start, schools and  
3 after-school programs, early childhood develop-  
4 ment programs, community-based family re-  
5 source and support centers, the criminal justice  
6 system, health, substance abuse and mental  
7 health providers through screenings conducted  
8 during regular childhood examinations and other  
9 examinations, self and family member referrals,  
10 substance abuse treatment services, and other  
11 providers of services to children and families;  
12 and”;

13 (C) by adding at the end the following:

14 “(D) to provide education and training to  
15 health, substance abuse and mental health profes-  
16 sionals, and other providers of services to chil-  
17 dren and families through youth service agencies,  
18 family social services, child care, Head Start,  
19 schools and after-school programs, early child-  
20 hood development programs, community-based  
21 family resource and support centers, the crimi-  
22 nal justice system, and other providers of services  
23 to children and families.”.



1           (3) *IDENTIFICATION OF CERTAIN CHILDREN.*—

2           *Section 399D(a)(3)(A) of the Public Health Service*  
 3           *Act (42 U.S.C. 280d(a)(3)(A)) is amended—*

4                     *(A) in clause (i), by striking “(i) the enti-*  
 5                     *ty” and inserting “(i)(I) the entity”;*

6                     *(B) in clause (ii)—*

7                             *(i) by striking “(ii) the entity” and in-*  
 8                             *serting “(II) the entity”; and*

9                             *(ii) by striking the period and insert-*  
 10                            *ing “; and”; and*

11                    *(C) by adding at the end the following:*

12                                *“(ii) the entity will identify children*  
 13                                *who may be eligible for medical assistance*  
 14                                *under a State program under title XIX or*  
 15                                *XXI of the Social Security Act.”.*

16           (b) *SERVICES FOR CHILDREN.*—*Section 399D(b) of the*  
 17           *Public Health Service Act (42 U.S.C. 280d(b)) is*  
 18           *amended—*

19                    *(1) in paragraph (1), by inserting “alcohol and*  
 20                    *drug,” after “psychological,”;*

21                    *(2) by striking paragraph (5) and inserting the*  
 22                    *following:*

23                                *“(5) Developmentally and age-appropriate drug*  
 24                                *and alcohol early intervention, treatment and preven-*  
 25                                *tion services.”; and*

1           (3) by inserting after paragraph (8), the fol-  
2       lowing:

3       “Services shall be provided under paragraphs (2) through  
4       (8) by a public health nurse, social worker, or similar pro-  
5       fessional, or by a trained worker from the community who  
6       is supervised by a professional, or by an entity, where the  
7       professional or entity provides assurances that the profes-  
8       sional or entity is licensed or certified by the State if re-  
9       quired and is complying with applicable licensure or cer-  
10      tification requirements.”.

11       (c) *SERVICES FOR AFFECTED FAMILIES*.—Section  
12      399D(c) of the Public Health Service Act (42 U.S.C.  
13      280d(c)) is amended—

14           (1) in paragraph (1)—

15               (A) in the matter preceding subparagraph  
16               (A), by inserting before the colon the following:  
17               “, or by an entity, where the professional or enti-  
18               ty provides assurances that the professional or  
19               entity is licensed or certified by the State if re-  
20               quired and is complying with applicable licen-  
21               sure or certification requirements”; and

22               (B) by adding at the end the following:

23               “(D) Aggressive outreach to family members  
24               with substance abuse problems.

1           “(E) Inclusion of consumer in the develop-  
2           ment, implementation, and monitoring of Fam-  
3           ily Services Plan.”;

4           (2) in paragraph (2)—

5           (A) by striking subparagraph (A) and in-  
6           serting the following:

7           “(A) Alcohol and drug treatment services,  
8           including screening and assessment, diagnosis,  
9           detoxification, individual, group and family  
10          counseling, relapse prevention, pharmacotherapy  
11          treatment, after-care services, and case manage-  
12          ment.”;

13          (B) in subparagraph (C), by striking “, in-  
14          cluding educational and career planning” and  
15          inserting “and counseling on the human im-  
16          munodeficiency virus and acquired immune defi-  
17          ciency syndrome”;

18          (C) in subparagraph (D), by striking “con-  
19          flict and”; and

20          (D) in subparagraph (E), by striking “Re-  
21          medial” and inserting “Career planning and”;  
22          and

23          (3) in paragraph (3)(D), by inserting “which in-  
24          clude child abuse and neglect prevention techniques”  
25          before the period.

1       (d) *ELIGIBLE ENTITIES*.—Section 399D(d) of the Pub-  
 2       lic Health Service Act (42 U.S.C. 280d(d)) is amended—

3               (1) by striking the matter preceding paragraph  
 4       (1) and inserting:

5       “(d) *ELIGIBLE ENTITIES*.—The Secretary shall dis-  
 6       tribute the grants through the following types of entities:”;

7               (2) in paragraph (1), by striking “drug treat-  
 8       ment” and inserting “drug early intervention, pre-  
 9       vention or treatment; and

10              (3) in paragraph (2)—

11                      (A) in subparagraph (A), by striking “;  
 12       and” and inserting “; or”; and

13                      (B) in subparagraph (B), by inserting “or  
 14       pediatric health or mental health providers and  
 15       family mental health providers” before the pe-  
 16       riod.

17       (e) *SUBMISSION OF INFORMATION*.—Section 399D(h)  
 18       of the Public Health Service Act (42 U.S.C. 280d(h)) is  
 19       amended—

20              (1) in paragraph (2)—

21                      (A) by inserting “including maternal and  
 22       child health” before “mental”;

23                      (B) by striking “treatment programs”; and

24                      (C) by striking “and the State agency re-  
 25       sponsible for administering public maternal and

1        *child health services” and inserting “, the State*  
 2        *agency responsible for administering alcohol and*  
 3        *drug programs, the State lead agency, and the*  
 4        *State Interagency Coordinating Council under*  
 5        *part H of the Individuals with Disabilities Edu-*  
 6        *cation Act; and”;* and

7        *(2) by striking paragraph (3) and redesignating*  
 8        *paragraph (4) as paragraph (3).*

9        *(f) REPORTS TO THE SECRETARY.—Section*  
 10        *399D(i)(6) of the Public Health Service Act (42 U.S.C.*  
 11        *280d(i)(6)) is amended—*

12                *(1) in subparagraph (B), by adding “and” at*  
 13        *the end; and*

14                *(2) by striking subparagraphs (C), (D), and (E)*  
 15        *and inserting the following:*

16                        *“(C) the number of case workers or other*  
 17                        *professionals trained to identify and address sub-*  
 18                        *stance abuse issues.”.*

19        *(g) EVALUATIONS.—Section 399D(l) of the Public*  
 20        *Health Service Act (42 U.S.C. 280d(l)) is amended—*

21                *(1) in paragraph (3), by adding “and” at the*  
 22        *end;*

23                *(2) in paragraph (4), by striking the semicolon*  
 24        *and inserting the following: “, including increased*  
 25        *participation in work or employment-related activi-*

1        *ties and decreased participation in welfare pro-*  
 2        *grams.”; and*

3                *(3) by striking paragraphs (5) and (6).*

4        *(h) REPORT TO CONGRESS.—Section 399D(m) of the*  
 5        *Public Health Service Act (42 U.S.C. 280d(m)) is*  
 6        *amended—*

7                *(1) in paragraph (2), by adding “and” at the*  
 8        *end;*

9                *(2) in paragraph (3)—*

10                *(A) in subparagraph (A), by adding “and”*  
 11        *at the end;*

12                *(B) in subparagraph (B), by striking the*  
 13        *semicolon and inserting a period; and*

14                *(C) by striking subparagraphs (C), (D), and*  
 15        *(E); and*

16                *(3) by striking paragraphs (4) and (5).*

17        *(i) DATA COLLECTION.—Section 399D(n) of the Public*  
 18        *Health Service Act (42 U.S.C. 280d(n)) is amended by add-*  
 19        *ing at the end the following: “The periodic report shall in-*  
 20        *clude a quantitative estimate of the prevalence of alcohol*  
 21        *and drug problems in families involved in the child welfare*  
 22        *system, the barriers to treatment and prevention services*  
 23        *facing these families, and policy recommendations for re-*  
 24        *moving the identified barriers, including training for child*  
 25        *welfare workers.”.*

1       (j) *DEFINITION.*—Section 399D(o)(2)(B) of the Public  
 2   Health Service Act (42 U.S.C. 280d(o)(2)(B)) is amended  
 3   by striking “dangerous”.

4       (k) *AUTHORIZATION OF APPROPRIATIONS.*—Section  
 5   399D(p) of the Public Health Service Act (42 U.S.C.  
 6   280d(p)) is amended to read as follows:

7       “(p) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
 8   purpose of carrying out this section, there are authorized  
 9   to be appropriated \$50,000,000 for fiscal year 2001, and  
 10   such sums as may be necessary for each of fiscal years 2002  
 11   and 2003.”.

12       (l) *GRANTS FOR TRAINING AND CONFORMING AMEND-*  
 13   *MENTS.*—Section 399D of the Public Health Service Act (42  
 14   U.S.C. 280d) is amended—

15               (1) by striking subsection (f);

16               (2) by striking subsection (k);

17               (3) by redesignating subsections (d), (e), (g), (h),  
 18               (i), (j), (l), (m), (n), (o), and (p) as subsections (e)  
 19               through (o), respectively;

20               (4) by inserting after subsection (c), the fol-  
 21   lowing:

22       “(d) *TRAINING FOR PROVIDERS OF SERVICES TO*  
 23   *CHILDREN AND FAMILIES.*—The Secretary may make a  
 24   grant under subsection (a) for the training of health, sub-  
 25   stance abuse and mental health professionals and other pro-

1 *viders of services to children and families through youth*  
 2 *service agencies, family social services, child care providers,*  
 3 *Head Start, schools and after-school programs, early child-*  
 4 *hood development programs, community-based family re-*  
 5 *source centers, the criminal justice system, and other pro-*  
 6 *viders of services to children and families. Such training*  
 7 *shall be to assist professionals in recognizing the drug and*  
 8 *alcohol problems of their clients and to enhance their skills*  
 9 *in identifying and understanding the nature of substance*  
 10 *abuse, and obtaining substance abuse early intervention,*  
 11 *prevention and treatment resources.”;*

12 *(5) in subsection (k)(2) (as so redesignated), by*  
 13 *striking “(h)” and inserting “(i)”;* and

14 *(6) in paragraphs (3)(E) and (5) of subsection*  
 15 *(m) (as so redesignated), by striking “(d)” and insert-*  
 16 *ing “(e)”.*

17 *(m) TRANSFER AND REDESIGNATION.—Section 399D*  
 18 *of the Public Health Service Act (42 U.S.C. 280d), as*  
 19 *amended by this section—*

20 *(1) is transferred to title V;*

21 *(2) is redesignated as section 519; and*

22 *(3) is inserted after section 518.*

23 *(n) CONFORMING AMENDMENT.—Title III of the Pub-*  
 24 *lic Health Service Act (42 U.S.C. 241 et seq.) is amended*  
 25 *by striking the heading of part L.*



1 **SEC. 3107. SERVICES FOR YOUTH OFFENDERS.**

2       Subpart 3 of part B of title V of the Public Health  
3 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by  
4 section 3104(b), is further amended by adding at the end  
5 the following:

6 **“SEC. 520D. SERVICES FOR YOUTH OFFENDERS.**

7       “(a) *IN GENERAL.*—The Secretary, acting through the  
8 Director of the Center for Mental Health Services, and in  
9 consultation with the Director of the Center for Substance  
10 Abuse Treatment, the Administrator of the Office of Juve-  
11 nile Justice and Delinquency Prevention, and the Director  
12 of the Special Education Programs, shall award grants on  
13 a competitive basis to State or local juvenile justice agencies  
14 to enable such agencies to provide aftercare services for  
15 youth offenders who have been discharged from facilities in  
16 the juvenile or criminal justice system and have serious  
17 emotional disturbances or are at risk of developing such dis-  
18 turbances.

19       “(b) *USE OF FUNDS.*—A State or local juvenile justice  
20 agency receiving a grant under subsection (a) shall use the  
21 amounts provided under the grant—

22               “(1) to develop a plan describing the manner in  
23 which the agency will provide services for each youth  
24 offender who has a serious emotional disturbance and  
25 has been detained or incarcerated in facilities within  
26 the juvenile or criminal justice system;

1           “(2) to provide a network of core or aftercare  
2           services or access to such services for each youth of-  
3           fender, including diagnostic and evaluation services,  
4           substance abuse treatment services, outpatient mental  
5           health care services, medication management services,  
6           intensive home-based therapy, intensive day treatment  
7           services, respite care, and therapeutic foster care;

8           “(3) to establish a program that coordinates with  
9           other State and local agencies providing recreational,  
10          social, educational, vocational, or operational services  
11          for youth, to enable the agency receiving a grant  
12          under this section to provide community-based system  
13          of care services for each youth offender that addresses  
14          the special needs of the youth and helps the youth ac-  
15          cess all of the aforementioned services; and

16          “(4) using not more than 20 percent of funds re-  
17          ceived, to provide planning and transition services as  
18          described in paragraph (3) for youth offenders while  
19          such youth are incarcerated or detained.

20          “(c) APPLICATION.—A State or local juvenile justice  
21          agency that desires a grant under subsection (a) shall sub-  
22          mit an application to the Secretary at such time, in such  
23          manner, and accompanied by such information as the Sec-  
24          retary may reasonably require.

1       “(d) *REPORT.*—Not later than 3 years after the date  
2 of enactment of this section and annually thereafter, the  
3 Secretary shall prepare and submit, to the Committee on  
4 Health, Education, Labor, and Pensions of the Senate and  
5 the Committee on Commerce of the House of Representa-  
6 tives, a report that describes the services provided pursuant  
7 to this section.

8       “(e) *DEFINITIONS.*—In this section:

9               “(1) *SERIOUS EMOTIONAL DISTURBANCE.*—The  
10 term ‘serious emotional disturbance’ with respect to a  
11 youth offender means an offender who currently, or at  
12 any time within the 1-year period ending on the day  
13 on which services are sought under this section, has  
14 a diagnosable mental, behavioral, or emotional dis-  
15 order that functionally impairs the offender’s life by  
16 substantially limiting the offender’s role in family,  
17 school, or community activities, and interfering with  
18 the offender’s ability to achieve or maintain 1 or  
19 more developmentally-appropriate social, behavior,  
20 cognitive, communicative, or adaptive skills.

21               “(2) *COMMUNITY-BASED SYSTEM OF CARE.*—The  
22 term ‘community-based system of care’ means the pro-  
23 vision of services for the youth offender by various  
24 State or local agencies that in an interagency fashion  
25 or operating as a network addresses the recreational,

1       social, educational, vocational, mental health, sub-  
 2       stance abuse, and operational needs of the youth of-  
 3       fender.

4               “(3) *YOUTH OFFENDER.*—The term ‘youth of-  
 5       fender’ means an individual who is 21 years of age  
 6       or younger who has been discharged from a State or  
 7       local juvenile or criminal justice system, except that  
 8       if the individual is between the ages of 18 and 21  
 9       years, such individual has had contact with the State  
 10      or local juvenile or criminal justice system prior to  
 11      attaining 18 years of age and is under the jurisdic-  
 12      tion of such a system at the time services are sought.

13              “(f) *AUTHORIZATION OF APPROPRIATIONS.*—There is  
 14      authorized to be appropriated to carry out this section  
 15      \$40,000,000 for fiscal year 2001, and such sums as may  
 16      be necessary for each of fiscal years 2002 and 2003.”.

17   **SEC. 3108. GRANTS FOR STRENGTHENING FAMILIES**  
 18               **THROUGH COMMUNITY PARTNERSHIPS.**

19       Subpart 2 of part B of title V of the Public Health  
 20      Service Act (42 U.S.C. 290bb–21 et seq) is amended by add-  
 21      ing at the end the following:

22   **“SEC. 519A. GRANTS FOR STRENGTHENING FAMILIES.**

23              “(a) *PROGRAM AUTHORIZED.*—The Secretary, acting  
 24      through the Director of the Prevention Center, may make  
 25      grants to public and nonprofit private entities to develop

1 *and implement model substance abuse prevention programs*  
2 *to provide early intervention and substance abuse preven-*  
3 *tion services for individuals of high-risk families and the*  
4 *communities in which such individuals reside.*

5 “(b) *PRIORITY.*—*In awarding grants under subsection*  
6 *(a), the Secretary shall give priority to applicants that—*

7 “(1) *have proven experience in preventing sub-*  
8 *stance abuse by individuals of high-risk families and*  
9 *reducing substance abuse in communities of such in-*  
10 *dividuals;*

11 “(2) *have demonstrated the capacity to imple-*  
12 *ment community-based partnership initiatives that*  
13 *are sensitive to the diverse backgrounds of individuals*  
14 *of high-risk families and the communities of such in-*  
15 *dividuals;*

16 “(3) *have experience in providing technical as-*  
17 *sistance to support substance abuse prevention pro-*  
18 *grams that are community-based;*

19 “(4) *have demonstrated the capacity to imple-*  
20 *ment research-based substance abuse prevention strat-*  
21 *egies; and*

22 “(5) *have implemented programs that involve*  
23 *families, residents, community agencies, and institu-*  
24 *tions in the implementation and design of such pro-*  
25 *grams.*

1       “(c) *DURATION OF GRANTS.*—*The Secretary shall*  
2 *award grants under subsection (a) for a period not to exceed*  
3 *5 years.*

4       “(d) *USE OF FUNDS.*—*An applicant that is awarded*  
5 *a grant under subsection (a) shall—*

6               “(1) *in the first fiscal year that such funds are*  
7 *received under the grant, use such funds to develop a*  
8 *model substance abuse prevention program; and*

9               “(2) *in the fiscal year following the first fiscal*  
10 *year that such funds are received, use such funds to*  
11 *implement the program developed under paragraph*  
12 *(1) to provide early intervention and substance abuse*  
13 *prevention services to—*

14                       “(A) *strengthen the environment of children*  
15 *of high risk families by targeting interventions*  
16 *at the families of such children and the commu-*  
17 *nities in which such children reside;*

18                       “(B) *strengthen protective factors, such as—*

19                               “(i) *positive adult role models;*

20                               “(ii) *messages that oppose substance*  
21 *abuse;*

22                               “(iii) *community actions designed to*  
23 *reduce accessibility to and use of illegal sub-*  
24 *stances; and*

1                   “(iv) willingness of individuals of fam-  
2                   ilies in which substance abuse occurs to seek  
3                   treatment for substance abuse;

4                   “(C) reduce family and community risks,  
5                   such as family violence, alcohol or drug abuse,  
6                   crime, and other behaviors that may effect  
7                   healthy child development and increase the likeli-  
8                   hood of substance abuse; and

9                   “(D) build collaborative and formal part-  
10                  nerships between community agencies, institu-  
11                  tions, and businesses to ensure that comprehen-  
12                  sive high quality services are provided, such as  
13                  early childhood education, health care, family  
14                  support programs, parent education programs,  
15                  and home visits for infants.

16               “(e) APPLICATION.—To be eligible to receive a grant  
17               under subsection (a), an applicant shall prepare and sub-  
18               mit to the Secretary an application that—

19                   “(1) describes a model substance abuse preven-  
20                   tion program that such applicant will establish;

21                   “(2) describes the manner in which the services  
22                   described in subsection (d)(2) will be provided; and

23                   “(3) describe in as much detail as possible the  
24                   results that the entity expects to achieve in imple-  
25                   menting such a program.

1       “(f) *MATCHING FUNDING.*—*The Secretary may not*  
2 *make a grant to a entity under subsection (a) unless that*  
3 *entity agrees that, with respect to the costs to be incurred*  
4 *by the entity in carrying out the program for which the*  
5 *grant was awarded, the entity will make available non-Fed-*  
6 *eral contributions in an amount that is not less than 40*  
7 *percent of the amount provided under the grant.*

8       “(g) *REPORT TO SECRETARY.*—*An applicant that is*  
9 *awarded a grant under subsection (a) shall prepare and*  
10 *submit to the Secretary a report in such form and con-*  
11 *taining such information as the Secretary may require, in-*  
12 *cluding an assessment of the efficacy of the model substance*  
13 *abuse prevention program implemented by the applicant*  
14 *and the short, intermediate, and long term results of such*  
15 *program.*

16       “(h) *EVALUATIONS.*—*The Secretary shall conduct eval-*  
17 *uations, based in part on the reports submitted under sub-*  
18 *section (g), to determine the effectiveness of the programs*  
19 *funded under subsection (a) in reducing substance use in*  
20 *high-risk families and in making communities in which*  
21 *such families reside in stronger. The Secretary shall submit*  
22 *such evaluations to the appropriate committees of Congress.*

23       “(i) *HIGH-RISK FAMILIES.*—*In this section, the term*  
24 *‘high-risk family’ means a family in which the individuals*



1 *of such family are at a significant risk of using or abusing*  
 2 *alcohol or any illegal substance.*

3 “(j) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
 4 *authorized to be appropriated to carry out this section,*  
 5 *\$3,000,000 for fiscal year 2001, and such sums as may be*  
 6 *necessary for each of the fiscal years 2002 and 2003.”.*

7 ***SEC. 3109. PROGRAMS TO REDUCE UNDERAGE DRINKING.***

8 *Subpart 2 of part B of title V of the Public Health*  
 9 *Service Act (42 U.S.C. 290bb–21 et seq), as amended by*  
 10 *section 3108, is further amended by adding at the end the*  
 11 *following:*

12 ***“SEC. 519B. PROGRAMS TO REDUCE UNDERAGE DRINKING.***

13 “(a) *IN GENERAL.—The Secretary shall make awards*  
 14 *of grants, cooperative agreements, or contracts to public and*  
 15 *nonprofit private entities, including Indian tribes and trib-*  
 16 *al organizations, to enable such entities to develop plans*  
 17 *for and to carry out school-based (including institutions of*  
 18 *higher education) and community-based programs for the*  
 19 *prevention of alcoholic-beverage consumption by individ-*  
 20 *uals who have not attained the legal drinking age.*

21 “(b) *ELIGIBILITY REQUIREMENTS.—To be eligible to*  
 22 *receive an award under subsection (a), an entity shall pro-*  
 23 *vide any assurances to the Secretary which the Secretary*  
 24 *may require, including that the entity will—*

1           “(1) annually report to the Secretary on the ef-  
2           fectiveness of the prevention approaches implemented  
3           by the entity;

4           “(2) use science based and age appropriate ap-  
5           proaches; and

6           “(3) involve local public health officials and  
7           community prevention program staff in the planning  
8           and implementation of the program.

9           “(c) *EVALUATION.*—The Secretary shall evaluate each  
10          project under subsection (a) and shall disseminate the find-  
11          ings with respect to each such evaluation to appropriate  
12          public and private entities.

13          “(d) *GEOGRAPHICAL DISTRIBUTION.*—The Secretary  
14          shall ensure that awards will be distributed equitably  
15          among the regions of the country and among urban and  
16          rural areas.

17          “(e) *DURATION OF AWARD.*—With respect to an award  
18          under subsection (a), the period during which payments  
19          under such award are made to the recipient may not exceed  
20          5 years. The preceding sentence may not be construed as  
21          establishing a limitation on the number of awards under  
22          such subsection that may be made to the recipient.

23          “(f) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
24          purpose of carrying out this section, there are authorized  
25          to be appropriated \$25,000,000 for fiscal year 2001, and

1 *such sums as may be necessary for each of the fiscal years*  
2 *2002 and 2003.”.*

3 **SEC. 3110. SERVICES FOR INDIVIDUALS WITH FETAL ALCO-**  
4 **HOL SYNDROME.**

5 *Subpart 2 of part B of title V of the Public Health*  
6 *Service Act (42 U.S.C. 290bb–21 et seq), as amended by*  
7 *sections 3108 and 3109, is further amended by adding at*  
8 *the end the following:*

9 **“SEC. 519C. SERVICES FOR INDIVIDUALS WITH FETAL ALCO-**  
10 **HOL SYNDROME.**

11 *“(a) IN GENERAL.—The Secretary shall make awards*  
12 *of grants, cooperative agreements, or contracts to public and*  
13 *nonprofit private entities, including Indian tribes and trib-*  
14 *al organizations, to provide services to individuals diag-*  
15 *nosed with fetal alcohol syndrome or alcohol-related birth*  
16 *defects.*

17 *“(b) USE OF FUNDS.—An award under subsection (a)*  
18 *may, subject to subsection (d), be used to—*

19 *“(1) screen and test individuals to determine the*  
20 *type and level of services needed;*

21 *“(2) develop a comprehensive plan for providing*  
22 *services to the individual;*

23 *“(3) provide mental health counseling;*

24 *“(4) provide substance abuse prevention services*  
25 *and treatment, if needed;*

1           “(5) coordinate services with other social pro-  
2           grams including social services, justice system, edu-  
3           cational services, health services, mental health and  
4           substance abuse services, financial assistance pro-  
5           grams, vocational services and housing assistance  
6           programs;

7           “(6) provide vocational services;

8           “(7) provide health counseling;

9           “(8) provide housing assistance;

10          “(9) parenting skills training;

11          “(10) overall case management;

12          “(11) supportive services for families of individ-  
13          uals with Fetal Alcohol Syndrome; and

14          “(12) provide other services and programs, to the  
15          extent authorized by the Secretary after consideration  
16          of recommendations made by the National Task Force  
17          on Fetal Alcohol Syndrome.

18          “(c) *REQUIREMENTS.*—To be eligible to receive an  
19          award under subsection (a), an applicant shall—

20               “(1) demonstrate that the program will be part  
21               of a coordinated, comprehensive system of care for  
22               such individuals;

23               “(2) demonstrate an established communication  
24               with other social programs in the community includ-  
25               ing social services, justice system, financial assistance

1        *programs, health services, educational services, mental*  
2        *health and substance abuse services, vocational serv-*  
3        *ices and housing assistance services;*

4            *“(3) show a history of working with individuals*  
5        *with fetal alcohol syndrome or alcohol-related birth*  
6        *defects;*

7            *“(4) provide assurance that the services will be*  
8        *provided in a culturally and linguistically appro-*  
9        *priate manner; and*

10           *“(5) provide assurance that at the end of the 5-*  
11        *year award period, other mechanisms will be identi-*  
12        *fied to meet the needs of the individuals and families*  
13        *served under such award.*

14        *“(d) RELATIONSHIP TO PAYMENTS UNDER OTHER*  
15        *PROGRAMS.—An award may be made under subsection (a)*  
16        *only if the applicant involved agrees that the award will*  
17        *not be expended to pay the expenses of providing any service*  
18        *under this section to an individual to the extent that pay-*  
19        *ment has been made, or can reasonably be expected to be*  
20        *made, with respect to such expenses—*

21           *“(1) under any State compensation program,*  
22        *under an insurance policy, or under any Federal or*  
23        *State health benefits program; or*

24           *“(2) by an entity that provides health services on*  
25        *a prepaid basis.*

1       “(e) *DURATION OF AWARDS.*—*With respect to an*  
2 *award under subsection (a), the period during which pay-*  
3 *ments under such award are made to the recipient may*  
4 *not exceed 5 years.*

5       “(f) *EVALUATION.*—*The Secretary shall evaluate each*  
6 *project carried out under subsection (a) and shall dissemi-*  
7 *nate the findings with respect to each such evaluation to*  
8 *appropriate public and private entities.*

9       “(g) *FUNDING.*—

10           “(1) *AUTHORIZATION OF APPROPRIATIONS.*—*For*  
11 *the purpose of carrying out this section, there are au-*  
12 *thorized to be appropriated \$25,000,000 for fiscal*  
13 *year 2001, and such sums as may be necessary for*  
14 *each of the fiscal years 2002 and 2003.*

15           “(2) *ALLOCATION.*—*Of the amounts appro-*  
16 *priated under paragraph (1) for a fiscal year, not less*  
17 *than \$300,000 shall, for purposes relating to fetal al-*  
18 *cohol syndrome and alcohol-related birth defects, be*  
19 *made available for collaborative, coordinated inter-*  
20 *agency efforts with the National Institute on Alcohol*  
21 *Abuse and Alcoholism, the National Institute on*  
22 *Child Health and Human Development, the Health*  
23 *Resources and Services Administration, the Agency*  
24 *for Healthcare Research and Quality, the Centers for*

1        *Disease Control and Prevention, the Department of*  
2        *Education, and the Department of Justice.*

3        **“SEC. 519D. CENTERS OF EXCELLENCE ON SERVICES FOR**  
4                    **INDIVIDUALS WITH FETAL ALCOHOL SYN-**  
5                    **DROME AND ALCOHOL-RELATED BIRTH DE-**  
6                    **FECTS AND TREATMENT FOR INDIVIDUALS**  
7                    **WITH SUCH CONDITIONS AND THEIR FAMI-**  
8                    **LIES.**

9        *“(a) IN GENERAL.—The Secretary shall make awards*  
10   *of grants, cooperative agreements, or contracts to public or*  
11   *nonprofit private entities for the purposes of establishing*  
12   *not more than 4 centers of excellence to study techniques*  
13   *for the prevention of fetal alcohol syndrome and alcohol-*  
14   *related birth defects and adaptations of innovative clinical*  
15   *interventions and service delivery improvements for the*  
16   *provision of comprehensive services to individuals with fetal*  
17   *alcohol syndrome or alcohol-related birth defects and their*  
18   *families and for providing training on such conditions.*

19        *“(b) USE OF FUNDS.—An award under subsection (a)*  
20   *may be used to—*

21                *“(1) study adaptations of innovative clinical*  
22   *interventions and service delivery improvements*  
23   *strategies for children and adults with fetal alcohol*  
24   *syndrome or alcohol-related birth defects and their*  
25   *families;*

1           “(2) *identify communities which have an exem-*  
2           *plary comprehensive system of care for such individ-*  
3           *uals so that they can provide technical assistance to*  
4           *other communities attempting to set up such a system*  
5           *of care;*

6           “(3) *provide technical assistance to communities*  
7           *who do not have a comprehensive system of care for*  
8           *such individuals and their families;*

9           “(4) *train community leaders, mental health and*  
10          *substance abuse professionals, families, law enforce-*  
11          *ment personnel, judges, health professionals, persons*  
12          *working in financial assistance programs, social serv-*  
13          *ice personnel, child welfare professionals, and other*  
14          *service providers on the implications of fetal alcohol*  
15          *syndrome and alcohol-related birth defects, the early*  
16          *identification of and referral for such conditions;*

17          “(5) *develop innovative techniques for preventing*  
18          *alcohol use by women in child bearing years;*

19          “(6) *perform other functions, to the extent au-*  
20          *thorized by the Secretary after consideration of rec-*  
21          *ommendations made by the National Task Force on*  
22          *Fetal Alcohol Syndrome.*

23          “(c) *REPORT.—*

24                 “(1) *IN GENERAL.—A recipient of an award*  
25                 *under subsection (a) shall at the end of the period of*



1       *funding report to the Secretary on any innovative*  
2       *techniques that have been discovered for preventing*  
3       *alcohol use among women of child bearing years.*

4               “(2) *DISSEMINATION OF FINDINGS.*—*The Sec-*  
5       *retary shall upon receiving a report under paragraph*  
6       *(1) disseminate the findings to appropriate public*  
7       *and private entities.*

8               “(d) *DURATION OF AWARDS.*—*With respect to an*  
9       *award under subsection (a), the period during which pay-*  
10       *ments under such award are made to the recipient may*  
11       *not exceed 5 years.*

12               “(e) *EVALUATION.*—*The Secretary shall evaluate each*  
13       *project carried out under subsection (a) and shall dissemi-*  
14       *nate the findings with respect to each such evaluation to*  
15       *appropriate public and private entities.*

16               “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*  
17       *purpose of carrying out this section, there are authorized*  
18       *to be appropriated \$5,000,000 for fiscal year 2001, and*  
19       *such sums as may be necessary for each of the fiscal years*  
20       *2002 and 2003.”.*

21       **SEC. 3111. SUICIDE PREVENTION.**

22               *Subpart 3 of part B of title V of the Public Health*  
23       *Service Act (42 U.S.C. 290bb–31 et seq), as amended by*  
24       *section 3107, is further amended by adding at the end the*  
25       *following:*

1   **“SEC. 520E. SUICIDE PREVENTION FOR CHILDREN AND**  
2                   **ADOLESCENTS.**

3           “(a) *IN GENERAL.*—*The Secretary shall award grants,*  
4   *contracts, or cooperative agreements to States, political sub-*  
5   *divisions of States, Indian tribes, tribal organizations, pub-*  
6   *lic organizations, or private nonprofit organizations to es-*  
7   *tablish programs to reduce suicide deaths in the United*  
8   *States among children and adolescents.*

9           “(b) *COLLABORATION.*—*In carrying out subsection (a),*  
10   *the Secretary shall ensure that activities under this section*  
11   *are coordinated among the Substance Abuse and Mental*  
12   *Health Services Administration, the relevant institutes at*  
13   *the National Institutes of Health, the Centers for Disease*  
14   *Control and Prevention, the Health Resources and Services*  
15   *Administration, and the Administration on Children and*  
16   *Families.*

17          “(c) *REQUIREMENTS.*—*A State, political subdivision*  
18   *of a State, Indian tribe, tribal organization, public organi-*  
19   *zation, or private nonprofit organization desiring a grant,*  
20   *contract, or cooperative agreement under this section shall*  
21   *demonstrate that the suicide prevention program such enti-*  
22   *ty proposes will—*

23               “(1) *provide for the timely assessment, treat-*  
24       *ment, or referral for mental health or substance abuse*  
25       *services of children and adolescents at risk for suicide;*

1           “(2) be based on best evidence-based, suicide pre-  
2           vention practices and strategies that are adapted to  
3           the local community;

4           “(3) integrate its suicide prevention program  
5           into the existing health care system in the community  
6           including primary health care, mental health services,  
7           and substance abuse services;

8           “(4) be integrated into other systems in the com-  
9           munity that address the needs of children and adoles-  
10          cents including the educational system, juvenile jus-  
11          tice system, welfare and child protection systems, and  
12          community youth support organizations;

13          “(5) use primary prevention methods to educate  
14          and raise awareness in the local community by dis-  
15          seminating evidence-based information about suicide  
16          prevention;

17          “(6) include suicide prevention, mental health,  
18          and related information and services for the families  
19          and friends of those who completed suicide, as needed;

20          “(7) provide linguistically appropriate and cul-  
21          turally competent services, as needed;

22          “(8) provide a plan for the evaluation of out-  
23          comes and activities at the local level, according to  
24          standards established by the Secretary, and agree to  
25          participate in a national evaluation; and

1           “(9) ensure that staff used in the program are  
2           trained in suicide prevention and that professionals  
3           involved in the system of care have received training  
4           in identifying persons at risk of suicide.

5           “(d) *USE OF FUNDS.*—Amounts provided under  
6           grants, contracts, or cooperative agreements under sub-  
7           section (a) shall be used to supplement and not supplant  
8           other Federal, State, and local public funds that are ex-  
9           pended to provide services for eligible individuals.

10          “(e) *CONDITION.*—An applicant for a grant, contract,  
11          or cooperative agreement under subsection (a) shall dem-  
12          onstrate to the Secretary that the applicant has the support  
13          of the local community and relevant public health officials.

14          “(f) *SPECIAL POPULATIONS.*—In awarding grants,  
15          contracts, and cooperative agreements under subsection (a),  
16          the Secretary shall ensure that such awards are made in  
17          a manner that will focus on the needs of communities or  
18          groups that experience high or rapidly rising rates of sui-  
19          cide.

20          “(g) *APPLICATION.*—A State, political subdivision of  
21          a State, Indian tribe, tribal organization, public organiza-  
22          tion, or private nonprofit organization receiving a grant,  
23          contract, or cooperative agreement under subsection (a)  
24          shall prepare and submit an application to the Secretary  
25          at such time, in such manner, and containing such infor-

1 *mation as the Secretary may reasonably require. Such ap-*  
2 *plication shall include a plan for the rigorous evaluation*  
3 *of activities funded under the grant, contract, or cooperative*  
4 *agreement, including a process and outcome evaluation.*

5       “(h) *DISTRIBUTION OF AWARDS.—In awarding*  
6 *grants, contracts, and cooperative agreements under sub-*  
7 *section (a), the Secretary shall ensure that such awards are*  
8 *distributed among the geographical regions of the United*  
9 *States and between urban and rural settings.*

10       “(i) *EVALUATION.—A State, political subdivision of a*  
11 *State, Indian tribe, tribal organization, public organiza-*  
12 *tion, or private nonprofit organization receiving a grant,*  
13 *contract, or cooperative agreement under subsection (a)*  
14 *shall prepare and submit to the Secretary at the end of the*  
15 *program period, an evaluation of all activities funded*  
16 *under this section.*

17       “(j) *DISSEMINATION AND EDUCATION.—The Secretary*  
18 *shall ensure that findings derived from activities carried*  
19 *out under this section are disseminated to State, county and*  
20 *local governmental agencies and public and private non-*  
21 *profit organizations active in promoting suicide prevention*  
22 *and family support activities.*

23       “(k) *DURATION OF PROJECTS.—With respect to a*  
24 *grant, contract, or cooperative agreement awarded under*  
25 *this section, the period during which payments under such*

1 *award may be made to the recipient may not exceed 5*  
2 *years.*

3       “(l) *STUDY.*—*Within 1 year after the date of enact-*  
4 *ment of this section, the Secretary shall, directly or by grant*  
5 *or contract, initiate a study to assemble and analyze data*  
6 *to identify—*

7               “(1) *unique profiles of children under 13 who at-*  
8 *tempt or complete suicide;*

9               “(2) *unique profiles of youths between ages 13*  
10 *and 21 who attempt or complete suicide; and*

11               “(3) *a profile of services which might have been*  
12 *available to these groups and the use of these services*  
13 *by children and youths from paragraphs (1) and (2).*

14       “(m) *AUTHORIZATION OF APPROPRIATION.*—

15               “(1) *IN GENERAL.*—*For purposes of carrying out*  
16 *this section, there is authorized to be appropriated*  
17 *\$75,000,000 for fiscal year 2001 and such sums as*  
18 *may be necessary for each of the fiscal years 2002*  
19 *through 2003.*

20               “(2) *PROGRAM MANAGEMENT.*—*In carrying out*  
21 *this section, the Secretary shall use 1 percent of the*  
22 *amount appropriated under paragraph (1) for each*  
23 *fiscal year for managing programs under this sec-*  
24 *tion.”.*

1 **SEC. 3112. GENERAL PROVISIONS.**

2       (a) *DUTIES OF THE CENTER FOR SUBSTANCE ABUSE*  
3 *TREATMENT.*—*Section 507(b) of the Public Health Service*  
4 *Act (42 U.S.C. 290bb(b)) is amended—*

5               (1) *by redesignating paragraphs (2) through (12)*  
6 *as paragraphs (4) through (14), respectively;*

7               (2) *by inserting after paragraph (1), the fol-*  
8 *lowing:*

9               “(2) *ensure that emphasis is placed on children*  
10 *and adolescents in the development of treatment pro-*  
11 *grams;*

12               “(3) *collaborate with the Attorney General to de-*  
13 *velop programs to provide substance abuse treatment*  
14 *services to individuals who have had contact with the*  
15 *Justice system, especially adolescents;”;*

16               (3) *in paragraph (7) (as so redesignated), by*  
17 *striking “services, and monitor” and all that follows*  
18 *through “1925” and inserting “services”;*

19               (4) *in paragraph (13) (as so redesignated), by*  
20 *striking “treatment, including” and all that follows*  
21 *through “which shall” and inserting “treatment,*  
22 *which shall”; and*

23               (5) *in paragraph 14 (as so redesignated), by*  
24 *striking “paragraph (11)” and inserting “paragraph*  
25 *(13)”.*

1       (b) *OFFICE FOR SUBSTANCE ABUSE PREVENTION.*—  
2       *Section 515(b) of the Public Health Service Act (42 U.S.C.*  
3       *290bb–21(b)) is amended—*

4               (1) *by redesignating paragraphs (9) and (10) as*  
5       *(10) and (11);*

6               (2) *by inserting after paragraph (8), the fol-*  
7       *lowing:*

8               “(9) *collaborate with the Attorney General of the*  
9       *Department of Justice to develop programs to prevent*  
10       *drug abuse among high risk youth;”;* and

11              (3) *in paragraph (10) (as so redesignated), by*  
12       *striking “public concerning” and inserting “public,*  
13       *especially adolescent audiences, concerning”.*

14       (c) *DUTIES OF THE CENTER FOR MENTAL HEALTH*  
15       *SERVICES.*—*Section 520(b) of the Public Health Service Act*  
16       *(42 U.S.C. 290bb–3(b)) is amended—*

17              (1) *by redesignating paragraphs (3) through (14)*  
18       *as paragraphs (4) through (15), respectively;*

19              (2) *by inserting after paragraph (2), the fol-*  
20       *lowing:*

21              “(3) *collaborate with the Department of Edu-*  
22       *cation and the Department of Justice to develop pro-*  
23       *grams to assist local communities in addressing vio-*  
24       *lence among children and adolescents;”;*



1           (3) in paragraph (8) (as so redesignated), by  
 2       striking “programs authorized” and all that follows  
 3       through “Programs” and inserting “programs under  
 4       part C”; and

5           (4) in paragraph (9) (as so redesignated), by  
 6       striking “program and programs” and all that fol-  
 7       lows through “303” and inserting “programs”.

8           **TITLE XXXII—PROVISIONS**  
 9       **RELATING TO MENTAL HEALTH**

10   **SEC. 3201. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL**  
 11       **AND NATIONAL SIGNIFICANCE.**

12       (a) *IN GENERAL.*—Section 520A of the Public Health  
 13   Service Act (42 U.S.C. 290bb–32) is amended to read as  
 14   follows:

15   **“SEC. 520A. PRIORITY MENTAL HEALTH NEEDS OF RE-**  
 16       **GIONAL AND NATIONAL SIGNIFICANCE.**

17       “(a) *PROJECTS.*—The Secretary shall address priority  
 18   mental health needs of regional and national significance  
 19   (as determined under subsection (b)) through the provision  
 20   of or through assistance for—

21           “(1) knowledge development and application  
 22       projects for prevention, treatment, and rehabilitation,  
 23       and the conduct or support of evaluations of such  
 24       projects;

25           “(2) training and technical assistance programs;

1           “(3) *targeted capacity response programs; and*  
2           “(4) *systems change grants including statewide*  
3       *family network grants and client-oriented and con-*  
4       *sumer run self-help activities.*

5       *The Secretary may carry out the activities described in this*  
6       *subsection directly or through grants or cooperative agree-*  
7       *ments with States, political subdivisions of States, Indian*  
8       *tribes and tribal organizations, other public or private non-*  
9       *profit entities.*

10       “(b) *PRIORITY MENTAL HEALTH NEEDS.—*

11           “(1) *DETERMINATION OF NEEDS.—Priority men-*  
12       *tal health needs of regional and national significance*  
13       *shall be determined by the Secretary in consultation*  
14       *with States and other interested groups. The Sec-*  
15       *retary shall meet with the States and interested*  
16       *groups on an annual basis to discuss program prior-*  
17       *ities.*

18           “(2) *SPECIAL CONSIDERATION.—In developing*  
19       *program priorities described in paragraph (1), the*  
20       *Secretary shall give special consideration to pro-*  
21       *moting the integration of mental health services into*  
22       *primary health care systems.*

23       “(c) *REQUIREMENTS.—*

24           “(1) *IN GENERAL.—Recipients of grants, con-*  
25       *tracts, and cooperative agreements under this section*

1       *shall comply with information and application re-*  
2       *quirements determined appropriate by the Secretary.*

3               “(2) *DURATION OF AWARD.*—*With respect to a*  
4       *grant, contract, or cooperative agreement awarded*  
5       *under this section, the period during which payments*  
6       *under such award are made to the recipient may not*  
7       *exceed 5 years.*

8               “(3) *MATCHING FUNDS.*—*The Secretary may, for*  
9       *projects carried out under subsection (a), require that*  
10       *entities that apply for grants, contracts, or coopera-*  
11       *tive agreements under this section provide non-Fed-*  
12       *eral matching funds, as determined appropriate by*  
13       *the Secretary, to ensure the institutional commitment*  
14       *of the entity to the projects funded under the grant,*  
15       *contract, or cooperative agreement. Such non-Federal*  
16       *matching funds may be provided directly or through*  
17       *donations from public or private entities and may be*  
18       *in cash or in kind, fairly evaluated, including plant,*  
19       *equipment, or services.*

20               “(4) *MAINTENANCE OF EFFORT.*—*With respect to*  
21       *activities for which a grant, contract or cooperative*  
22       *agreement is awarded under this section, the Sec-*  
23       *retary may require that recipients for specific projects*  
24       *under subsection (a) agree to maintain expenditures*  
25       *of non-Federal amounts for such activities at a level*

1       *that is not less than the level of such expenditures*  
2       *maintained by the entity for the fiscal year preceding*  
3       *the fiscal year for which the entity receives such a*  
4       *grant, contract, or cooperative agreement.*

5       “(d) *EVALUATION.*—*The Secretary shall evaluate each*  
6       *project carried out under subsection (a)(1) and shall dis-*  
7       *seminate the findings with respect to each such evaluation*  
8       *to appropriate public and private entities.*

9       “(e) *INFORMATION AND EDUCATION.*—

10           “(1) *IN GENERAL.*—*The Secretary shall establish*  
11       *information and education programs to disseminate*  
12       *and apply the findings of the knowledge development*  
13       *and application, training, and technical assistance*  
14       *programs, and targeted capacity response programs,*  
15       *under this section to the general public, to health care*  
16       *professionals, and to interested groups. The Secretary*  
17       *shall make every effort to provide linkages between the*  
18       *findings of supported projects and State agencies re-*  
19       *sponsible for carrying out mental health services.*

20           “(2) *RURAL AND UNDERSERVED AREAS.*—*In dis-*  
21       *seminating information on evidence-based practices*  
22       *in the provision of children’s mental health services*  
23       *under this subsection, the Secretary shall ensure that*  
24       *such information is distributed to rural and medi-*  
25       *cally underserved areas.*

1       “(f) *AUTHORIZATION OF APPROPRIATION.*—

2               “(1) *IN GENERAL.*—*There are authorized to be*  
3       *appropriated to carry out this section, \$300,000,000*  
4       *for fiscal year 2001, and such sums as may be nec-*  
5       *essary for each of the fiscal years 2002 and 2003.*

6               “(2) *DATA INFRASTRUCTURE.*—*If amounts are*  
7       *not appropriated for a fiscal year to carry out section*  
8       *1971 with respect to mental health, then the Secretary*  
9       *shall make available, from the amounts appropriated*  
10       *for such fiscal year under paragraph (1), an amount*  
11       *equal to the sum of \$6,000,000 and 10 percent of all*  
12       *amounts appropriated for such fiscal year under such*  
13       *paragraph in excess of \$100,000,000, to carry out*  
14       *such section 1971.”.*

15       “(b) *CONFORMING AMENDMENTS.*—

16               “(1) *Section 303 of the Public Health Service Act*  
17       *(42 U.S.C. 242a) is repealed.*

18               “(2) *Section 520B of the Public Health Service*  
19       *Act (42 U.S.C. 290bb–33) is repealed.*

20               “(3) *Section 612 of the Stewart B. McKinney*  
21       *Homeless Assistance Act (42 U.S.C. 290aa–3 note) is*  
22       *repealed.*

1 **SEC. 3202. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.**  
2

3 *Section 506 of the Public Health Service Act (42*  
4 *U.S.C. 290aa-5) is amended to read as follows:*

5 **“SEC. 506. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.**  
6

7 *“(a) IN GENERAL.—The Secretary shall award grants,*  
8 *contracts and cooperative agreements to community-based*  
9 *public and private nonprofit entities for the purposes of*  
10 *providing mental health and substance abuse services for*  
11 *homeless individuals. In carrying out this section, the Sec-*  
12 *retary shall consult with the Interagency Council on the*  
13 *Homeless, established under section 201 of the Stewart B.*  
14 *McKinney Homeless Assistance Act (42 U.S.C. 11311).*

15 *“(b) PREFERENCES.—In awarding grants, contracts,*  
16 *and cooperative agreements under subsection (a), the Sec-*  
17 *retary shall give a preference to—*

18 *“(1) entities that provide integrated primary*  
19 *health, substance abuse, and mental health services to*  
20 *homeless individuals;*

21 *“(2) entities that demonstrate effectiveness in*  
22 *serving runaway, homeless, and street youth;*

23 *“(3) entities that have experience in providing*  
24 *substance abuse and mental health services to home-*  
25 *less individuals;*

1           “(4) entities that demonstrate experience in pro-  
2       viding housing for individuals in treatment for or in  
3       recovery from mental illness or substance abuse; and

4           “(5) entities that demonstrate effectiveness in  
5       serving homeless veterans.

6       “(c) *SERVICES FOR CERTAIN INDIVIDUALS.*—In  
7       awarding grants, contracts, and cooperative agreements  
8       under subsection (a), the Secretary shall not—

9           “(1) prohibit the provision of services under such  
10       subsection to homeless individuals who are suffering  
11       from a substance abuse disorder and are not suffering  
12       from a mental health disorder; and

13          “(2) make payments under subsection (a) to any  
14       entity that has a policy of—

15           “(A) excluding individuals from mental  
16       health services due to the existence or suspicion  
17       of substance abuse; or

18           “(B) has a policy of excluding individuals  
19       from substance abuse services due to the existence  
20       or suspicion of mental illness.

21       “(d) *TERM OF THE AWARDS.*—No entity may receive  
22       a grant, contract, or cooperative agreement under sub-  
23       section (a) for more than 5 years.

24       “(e) *AUTHORIZATION OF APPROPRIATIONS.*—There is  
25       authorized to be appropriated to carry out this section,

1 \$50,000,000 for fiscal year 2001, and such sums as may  
 2 be necessary for each of the fiscal years 2002 and 2003.”.

3 **SEC. 3203. PROJECTS FOR ASSISTANCE IN TRANSITION**  
 4 **FROM HOMELESSNESS.**

5 (a) *WAIVERS FOR TERRITORIES.*—Section 522 of the  
 6 *Public Health Service Act* (42 U.S.C. 290cc–22) is amended  
 7 by adding at the end the following:

8 “(i) *WAIVER FOR TERRITORIES.*—With respect to the  
 9 *United States Virgin Islands, Guam, American Samoa,*  
 10 *Palau, the Marshall Islands, and the Commonwealth of the*  
 11 *Northern Mariana Islands, the Secretary may waive the*  
 12 *provisions of this part that the Secretary determines to be*  
 13 *appropriate.”.*

14 (b) *AUTHORIZATION OF APPROPRIATION.*—Section  
 15 535(a) of the *Public Health Service Act* (42 U.S.C. 290cc–  
 16 35(a)) is amended by striking “1991 through 1994” and  
 17 inserting “2001 through 2003”.

18 **SEC. 3204. COMMUNITY MENTAL HEALTH SERVICES PER-**  
 19 **FORMANCE PARTNERSHIP BLOCK GRANT.**

20 (a) *CRITERIA FOR PLAN.*—Section 1912(b) of the *Pub-*  
 21 *lic Health Service Act* (42 U.S.C. 300x–2(b)) is amended  
 22 by striking paragraphs (1) through (12) and inserting the  
 23 following:

24 “(1) *COMPREHENSIVE COMMUNITY-BASED MEN-*  
 25 *TAL HEALTH SYSTEMS.*—The plan provides for an or-



1     *ganized community-based system of care for individ-*  
2     *uals with mental illness and describes available serv-*  
3     *ices and resources in a comprehensive system of care,*  
4     *including services for dually diagnosed individuals.*  
5     *The description of the system of care shall include*  
6     *health and mental health services, rehabilitation serv-*  
7     *ices, employment services, housing services, edu-*  
8     *cational services, substance abuse services, medical*  
9     *and dental care, and other support services to be pro-*  
10    *vided to individuals with Federal, State and local*  
11    *public and private resources to enable such individ-*  
12    *uals to function outside of inpatient or residential in-*  
13    *stitutions to the maximum extent of their capabilities,*  
14    *including services to be provided by local school sys-*  
15    *tems under the Individuals with Disabilities Edu-*  
16    *cation Act. The plan shall include a separate descrip-*  
17    *tion of case management services and provide for ac-*  
18    *tivities leading to reduction of hospitalization.*

19           “(2) *MENTAL HEALTH SYSTEM DATA AND EPIDE-*  
20    *MIOLOGY.—The plan contains an estimate of the inci-*  
21    *dence and prevalence in the State of serious mental*  
22    *illness among adults and serious emotional disturb-*  
23    *ance among children and presents quantitative tar-*  
24    *gets to be achieved in the implementation of the sys-*  
25    *tem described in paragraph (1).*

1           “(3) *CHILDREN’S SERVICES.—In the case of chil-*  
2           *dren with serious emotional disturbance, the plan—*

3                   “(A) *subject to subparagraph (B), provides*  
4           *for a system of integrated social services, edu-*  
5           *cational services, juvenile services, and substance*  
6           *abuse services that, together with health and*  
7           *mental health services, will be provided in order*  
8           *for such children to receive care appropriate for*  
9           *their multiple needs (such system to include serv-*  
10           *ices provided under the Individuals with Dis-*  
11           *abilities Education Act);*

12                   “(B) *provides that the grant under section*  
13           *1911 for the fiscal year involved will not be ex-*  
14           *pended to provide any service under such system*  
15           *other than comprehensive community mental*  
16           *health services; and*

17                   “(C) *provides for the establishment of a de-*  
18           *finied geographic area for the provision of the*  
19           *services of such system.*

20           “(4) *TARGETED SERVICES TO RURAL AND HOME-*  
21           *LESS POPULATIONS.—The plan describes the State’s*  
22           *outreach to and services for individuals who are*  
23           *homeless and how community-based services will be*  
24           *provided to individuals residing in rural areas.*

1           “(5) *MANAGEMENT SYSTEMS.*—*The plan de-*  
2           *scribes the financial resources, staffing and training*  
3           *for mental health providers that is necessary to imple-*  
4           *ment the plan, and provides for the training of pro-*  
5           *viders of emergency health services regarding mental*  
6           *health. The plan further describes the manner in*  
7           *which the State intends to expend the grant under*  
8           *section 1911 for the fiscal year involved.*

9           *Except as provided for in paragraph (3), the State plan*  
10          *shall contain the information required under this subsection*  
11          *with respect to both adults with serious mental illness and*  
12          *children with serious emotional disturbance.”.*

13          *(b) REVIEW OF PLANNING COUNCIL OF STATE’S RE-*  
14          *PORT.*—*Section 1915(a) of the Public Health Service Act*  
15          *(42 U.S.C. 300x-4(a)) is amended—*

16                 *(1) in paragraph (1), by inserting “and the re-*  
17                 *port of the State under section 1942(a) concerning the*  
18                 *preceding fiscal year” after “to the grant”; and*

19                 *(2) in paragraph (2), by inserting before the pe-*  
20                 *riod “and any comments concerning the annual re-*  
21                 *port”.*

22          *(c) MAINTENANCE OF EFFORT.*—*Section 1915(b) of the*  
23          *Public Health Service Act (42 U.S.C. 300x-4(b)) is*  
24          *amended—*

1           (1) by redesignating paragraphs (2) and (3) as  
2           paragraphs (3) and (4), respectively; and

3           (2) by inserting after paragraph (1), the fol-  
4           lowing:

5           “(2) *EXCLUSION OF CERTAIN FUNDS.*—*The Sec-*  
6           *retary may exclude from the aggregate State expendi-*  
7           *tures under subsection (a), funds appropriated to the*  
8           *principle agency for authorized activities which are of*  
9           *a non-recurring nature and for a specific purpose.”.*

10          (d) *APPLICATION FOR GRANTS.*—*Section 1917(a)(1) of*  
11          *the Public Health Service Act (42 U.S.C. 300x-6(a)(1)) is*  
12          *amended to read as follows:*

13               “(1) *the plan is received by the Secretary not*  
14               *later than September 1 of the fiscal year prior to the*  
15               *fiscal year for which a State is seeking funds, and the*  
16               *report from the previous fiscal year as required under*  
17               *section 1941 is received by December 1 of the fiscal*  
18               *year of the grant;”.*

19          (e) *WAIVERS FOR TERRITORIES.*—*Section 1917(b) of*  
20          *the Public Health Service Act (42 U.S.C. 300x-6(b)) is*  
21          *amended by striking “whose allotment under section 1911*  
22          *for the fiscal year is the amount specified in section*  
23          *1918(c)(2)(B)” and inserting in its place “except Puerto*  
24          *Rico”.*

1       (f) *AUTHORIZATION OF APPROPRIATION.*—Section  
 2   1920 of the Public Health Service Act (42 U.S.C. 300x–  
 3   9) is amended—

4               (1) in subsection (a), by striking “\$450,000,000”  
 5       and all that follows through the end and inserting  
 6       “\$450,000,000 for fiscal year 2001, and such sums as  
 7       may be necessary for each of the fiscal years 2002 and  
 8       2003.”; and

9               (2) in subsection (b)(2), by striking “section  
 10       505” and inserting “sections 505 and 1971”.

11   **SEC. 3205. DETERMINATION OF ALLOTMENT.**

12       Section 1918(b) of the Public Health Service Act (42  
 13   U.S.C. 300x–7(b)) is amended to read as follows:

14       “(b) *MINIMUM ALLOTMENTS FOR STATES.*—With re-  
 15       spect to fiscal year 2000, and subsequent fiscal years, the  
 16       amount of the allotment of a State under section 1911 shall  
 17       not be less than the amount the State received under such  
 18       section for fiscal year 1998.”.

19   **SEC. 3206. PROTECTION AND ADVOCACY FOR MENTALLY**  
 20       **ILL INDIVIDUALS ACT OF 1986.**

21       (a) *SHORT TITLE.*—The first section of the Protection  
 22       and Advocacy for Mentally Ill Individuals Act of 1986  
 23       (Public Law 99–319) is amended to read as follows:

1 **“SECTION 1. SHORT TITLE.**

2       *“This Act may be cited as the ‘Protection and Advo-*  
 3 *cacy for Individuals with Mental Illness Act’.”.*

4       (b) *DEFINITIONS.—Section 102 of the Protection and*  
 5 *Advocacy for Individuals with Mental Illness Act (as*  
 6 *amended by subsection (a)) (42 U.S.C. 10802) is*  
 7 *amended—*

8           (1) *in paragraph (4)—*

9               (A) *in the matter preceding subparagraph*  
 10 *(A), by inserting “, except as provided in section*  
 11 *104(d),” after “means”;*

12               (B) *in subparagraph (B)—*

13                   (i) *by striking “(i)” who” and insert-*  
 14 *ing “(i)(I) who”;*

15                   (ii) *by redesignating clauses (ii) and*  
 16 *(iii) as subclauses (II) and (III);*

17                   (iii) *in subclause (III) (as so redesign-*  
 18 *ated), by striking the period and inserting*  
 19 *“; or”; and*

20                   (iv) *by adding at the end the following:*

21                       *“(ii) who satisfies the requirements of sub-*  
 22 *paragraph (A) and lives in a community setting,*  
 23 *including their own home.”; and*

24           (2) *by adding at the end the following:*

25                   *“(8) The term ‘American Indian consortium’*  
 26 *means a consortium established under part C of the*

1       *Developmental Disabilities Assistance and Bill of*  
2       *Rights Act (42 U.S.C. 6042 et seq.).”.*

3       (c) *USE OF ALLOTMENTS.*—Section 104 of the *Protec-*  
4       *tion and Advocacy for Individuals with Mental Illness Act*  
5       *(as amended by subsection (a)) (42 U.S.C. 10804) is*  
6       *amended by adding at the end the following:*

7           “(d) The definition of ‘individual with a mental ill-  
8       ness’ contained in section 102(4)(B)(iii) shall apply, and  
9       thus an eligible system may use its allotment under this  
10      title to provide representation to such individuals, only if  
11      the total allotment under this title for any fiscal year is  
12      \$30,000,000 or more, and in such case, an eligible system  
13      must give priority to representing persons with mental ill-  
14      ness as defined in subparagraphs (A) and (B)(i) of section  
15      102(4).”.

16      (d) *MINIMUM AMOUNT.*—Paragraph (2) of section  
17      112(a) of the *Protection and Advocacy for Individuals with*  
18      *Mental Illness Act (as amended by subsection (a)) (42*  
19      *U.S.C. 10822(a)(2)) is amended to read as follows:*

20           “(2)(A) The minimum amount of the allotment  
21      of an eligible system shall be the product (rounded to  
22      the nearest \$100) of the appropriate base amount de-  
23      termined under subparagraph (B) and the factor  
24      specified in subparagraph (C).

1           “(B) For purposes of subparagraph (A), the ap-  
2       propriate base amount—

3           “(i) for American Samoa, Guam, the Mar-  
4       shall Islands, the Federated States of Micronesia,  
5       the Commonwealth of the Northern Mariana Is-  
6       lands, the Republic of Palau, and the Virgin Is-  
7       lands, is \$139,300; and

8           “(ii) for any other State, is \$260,000.

9           “(C) The factor specified in this subparagraph is  
10      the ratio of the amount appropriated under section  
11      117 for the fiscal year for which the allotment is  
12      being made to the amount appropriated under such  
13      section for fiscal year 1995.

14          “(D) If the total amount appropriated for a fis-  
15      cal year is at least \$25,000,000, the Secretary shall  
16      make an allotment in accordance with subparagraph  
17      (A) to the eligible system serving the American In-  
18      dian consortium.”.

19      (e) *TECHNICAL AMENDMENTS.*—Section 112(a) of the  
20      *Protection and Advocacy for Individuals with Mental Ill-*  
21      *ness Act (as amended by subsection (a)) (42 U.S.C.*  
22      *10822(a)) is amended—*

23           (1) in paragraph (1)(B), by striking “Trust Ter-  
24      ritory of the Pacific Islands” and inserting “Marshall



1 *Islands, the Federated States of Micronesia, the Re-*  
 2 *public of Palau”; and*

3 *(2) by striking paragraph (3).*

4 *(f) REAUTHORIZATION.—Section 117 of the Protection*  
 5 *and Advocacy for Individuals with Mental Illness Act (as*  
 6 *amended by subsection (a)) (42 U.S.C. 10827) is amended*  
 7 *by striking “1995” and inserting “2003”.*

8 **SEC. 3207. REQUIREMENT RELATING TO THE RIGHTS OF**  
 9 **RESIDENTS OF CERTAIN FACILITIES.**

10 *Title V of the Public Health Service Act (42 U.S.C.*  
 11 *290aa et seq.) is amended by adding at the end the fol-*  
 12 *lowing:*

13 **“PART H—REQUIREMENT RELATING TO THE**  
 14 **RIGHTS OF RESIDENTS OF CERTAIN FACILITIES**  
 15 **“SEC. 591. REQUIREMENT RELATING TO THE RIGHTS OF**  
 16 **RESIDENTS OF CERTAIN FACILITIES.**

17 *“(a) IN GENERAL.—A public or private general hos-*  
 18 *pital, nursing facility, intermediate care facility, or other*  
 19 *health care facility, that receives support in any form from*  
 20 *any program supported in whole or in part with funds ap-*  
 21 *propriated to any Federal department or agency shall pro-*  
 22 *tect and promote the rights of each resident of the facility,*  
 23 *including the right to be free from physical or mental abuse,*  
 24 *corporal punishment, and any restraints or involuntary se-*  
 25 *clusions imposed for purposes of discipline or convenience.*

1       “(b) *REQUIREMENTS.—Restraints and seclusion may*  
2 *only be imposed on a resident of a facility described in sub-*  
3 *section (a) if—*

4               “(1) *the restraints or seclusion are imposed to*  
5 *ensure the physical safety of the resident, a staff*  
6 *member, or others; and*

7               “(2) *the restraints or seclusion are imposed only*  
8 *upon the written order of a physician, or other li-*  
9 *censed practitioner permitted by the State and the fa-*  
10 *cility to order such restraint or seclusion, that speci-*  
11 *fies the duration and circumstances under which the*  
12 *restraints are to be used (except in emergency cir-*  
13 *cumstances specified by the Secretary until such an*  
14 *order could reasonably be obtained).*

15       “(c) *CURRENT LAW.—This part shall not be construed*  
16 *to affect or impede any Federal or State law or regulations*  
17 *that provide greater protections than this part regarding*  
18 *seclusion and restraint.*

19       “(d) *DEFINITIONS.—In this section:*

20               “(1) *RESTRAINTS.—The term ‘restraints’*  
21 *means—*

22                       “(A) *any physical restraint that is a me-*  
23 *chanical or personal restriction that immobilizes*  
24 *or reduces the ability of an individual to move*  
25 *his or her arms, legs, or head freely, not includ-*

1        *ing devices, such as orthopedically prescribed de-*  
2        *vices, surgical dressings or bandages, protective*  
3        *helmets, or any other methods that involves the*  
4        *physical holding of a resident for the purpose of*  
5        *conducting routine physical examinations or*  
6        *tests or to protect the resident from falling out*  
7        *of bed or to permit the resident to participate in*  
8        *activities without the risk of physical harm to*  
9        *the resident (such term does not include a phys-*  
10       *ical escort); and*

11                *“(B) a drug or medication that is used as*  
12        *a restraint to control behavior or restrict the*  
13        *resident’s freedom of movement that is not a*  
14        *standard treatment for the resident’s medical or*  
15        *psychiatric condition.*

16                *“(2) SECLUSION.—The term ‘seclusion’ means a*  
17        *behavior control technique involving locked isolation.*  
18        *Such term does not include a time out.*

19                *“(3) PHYSICAL ESCORT.—The term ‘physical es-*  
20        *cort’ means the temporary touching or holding of the*  
21        *hand, wrist, arm, shoulder or back for the purpose of*  
22        *inducing a resident who is acting out to walk to a*  
23        *safe location.*

24                *“(4) TIME OUT.—The term ‘time out’ means a*  
25        *behavior management technique that is part of an ap-*

1       proved treatment program and may involve the sepa-  
2       ration of the resident from the group, in a non-locked  
3       setting, for the purpose of calming. Time out is not  
4       seclusion.

5       **“SEC. 592. REPORTING REQUIREMENT.**

6       “(a) *IN GENERAL.*— Each facility to which the Protec-  
7       tion and Advocacy for Mentally Ill Individuals Act of 1986  
8       applies shall notify the appropriate agency, as determined  
9       by the Secretary, of each death that occurs at each such  
10      facility while a patient is restrained or in seclusion, of each  
11      death occurring within 24 hours after the patient has been  
12      removed from restraints and seclusion, or where it is rea-  
13      sonable to assume that a patient’s death is a result of such  
14      seclusion or restraint. A notification under this section shall  
15      include the name of the resident and shall be provided not  
16      later than 7 days after the date of the death of the indi-  
17      vidual involved.

18      “(b) *FACILITY.*—In this section, the term ‘facility’ has  
19      the meaning given the term ‘facilities’ in section 102(3) of  
20      the Protection and Advocacy for Mentally Ill Individuals  
21      Act of 1986 (42 U.S.C. 10802(3)).”.

22      **“SEC. 593. REGULATIONS AND ENFORCEMENT.**

23      “(a) *TRAINING.*—Not later than 1 year after the date  
24      of enactment of this part, the Secretary, after consultation  
25      with appropriate State and local protection and advocacy

1 organizations, physicians, facilities, and other health care  
2 professionals and patients, shall promulgate regulations  
3 that require facilities to which the Protection and Advocacy  
4 for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801  
5 et seq.) applies, to meet the requirements of subsection (b).

6 “(b) *REQUIREMENTS.*—The regulations promulgated  
7 under subsection (a) shall require that—

8 “(1) facilities described in subsection (a) ensure  
9 that there is an adequate number of qualified profes-  
10 sional and supportive staff to evaluate patients, for-  
11 mulate written individualized, comprehensive treat-  
12 ment plans, and to provide active treatment meas-  
13 ures;

14 “(2) appropriate training be provided for the  
15 staff of such facilities in the use of restraints and any  
16 alternatives to the use of restraints; and

17 “(3) such facilities provide complete and accu-  
18 rate notification of deaths, as required under section  
19 592(a).

20 “(c) *ENFORCEMENT.*—A facility to which this part ap-  
21 plies that fails to comply with any requirement of this part,  
22 including a failure to provide appropriate training, shall  
23 not be eligible for participation in any program supported  
24 in whole or in part by funds appropriated to any Federal  
25 department or agency.”.

1 **SEC. 3208. REQUIREMENT RELATING TO THE RIGHTS OF**  
 2 **RESIDENTS OF CERTAIN NON-MEDICAL, COM-**  
 3 **MUNITY-BASED FACILITIES FOR CHILDREN**  
 4 **AND YOUTH.**

5 *Title V of the Public Health Service Act (42 U.S.C.*  
 6 *290aa et seq.), as amended by section 3207, is further*  
 7 *amended by adding at the end the following:*

8 **“PART I—REQUIREMENT RELATING TO THE**  
 9 **RIGHTS OF RESIDENTS OF CERTAIN NON-**  
 10 **MEDICAL, COMMUNITY-BASED FACILITIES**  
 11 **FOR CHILDREN AND YOUTH**

12 **“SEC. 595. REQUIREMENT RELATING TO THE RIGHTS OF**  
 13 **RESIDENTS OF CERTAIN NON-MEDICAL, COM-**  
 14 **MUNITY-BASED FACILITIES FOR CHILDREN**  
 15 **AND YOUTH.**

16 *“(a) PROTECTION OF RIGHTS.—*

17 *“(1) IN GENERAL.—A public or private non-*  
 18 *medical, community-based facility for children and*  
 19 *youth (as defined in regulations to be promulgated by*  
 20 *the Secretary) that receives support in any form from*  
 21 *any program supported in whole or in part with*  
 22 *funds appropriated under this Act shall protect and*  
 23 *promote the rights of each resident of the facility, in-*  
 24 *cluding the right to be free from physical or mental*  
 25 *abuse, corporal punishment, and any restraints or in-*

1       *voluntary seclusions imposed for purposes of dis-*  
2       *cipline or convenience.*

3               “(2) *NONAPPLICABILITY.*—*Notwithstanding this*  
4       *part, a facility that provides inpatient psychiatric*  
5       *treatment services for individuals under the age of 21,*  
6       *as authorized and defined in subsections (a)(16) and*  
7       *(h) of section 1905 of the Social Security Act, shall*  
8       *comply with the requirements of part H.*

9               “(3) *APPLICABILITY OF MEDICAID PROVISIONS.*—  
10       *A non-medical, community-based facility for children*  
11       *and youth funded under the medicaid program under*  
12       *title XIX of the Social Security Act shall continue to*  
13       *meet all existing requirements for participation in*  
14       *such program that are not affected by this part.*

15               “(b) *REQUIREMENTS.*—

16               “(1) *IN GENERAL.*—*Physical restraints and se-*  
17       *clusion may only be imposed on a resident of a facil-*  
18       *ity described in subsection (a) if—*

19                       “(A) *the restraints or seclusion are imposed*  
20                       *only in emergency circumstances and only to en-*  
21                       *sure the immediate physical safety of the resi-*  
22                       *dent, a staff member, or others and less restric-*  
23                       *tive interventions have been determined to be in-*  
24                       *effective; and*

1           “(B) the restraints or seclusion are imposed  
2           only by an individual trained and certified, by  
3           a State-recognized body (as defined in regulation  
4           promulgated by the Secretary) and pursuant to  
5           a process determined appropriate by the State  
6           and approved by the Secretary, in the prevention  
7           and use of physical restraint and seclusion, in-  
8           cluding the needs and behaviors of the popu-  
9           lation served, relationship building, alternatives  
10          to restraint and seclusion, de-escalation methods,  
11          avoiding power struggles, thresholds for re-  
12          straints and seclusion, the physiological and psy-  
13          chological impact of restraint and seclusion,  
14          monitoring physical signs of distress and obtain-  
15          ing medical assistance, legal issues, position as-  
16          phyxia, escape and evasion techniques, time lim-  
17          its, the process for obtaining approval for contin-  
18          ued restraints, procedures to address problematic  
19          restraints, documentation, processing with chil-  
20          dren, and follow-up with staff, and investigation  
21          of injuries and complaints.

22           “(2) INTERIM PROCEDURES RELATING TO TRAIN-  
23          ING AND CERTIFICATION.—

24           “(A) IN GENERAL.—Until such time as the  
25          State develops a process to assure the proper



1       *training and certification of facility personnel in*  
2       *the skills and competencies referred in paragraph*  
3       *(1)(B), the facility involved shall develop and*  
4       *implement an interim procedure that meets the*  
5       *requirements of subparagraph (B).*

6               “(B) *REQUIREMENTS.*—*A procedure devel-*  
7       *oped under subparagraph (A) shall—*

8               “(i) *ensure that a supervisory or senior*  
9       *staff person with training in restraint and*  
10       *seclusion who is competent to conduct a*  
11       *face-to-face assessment (as defined in regu-*  
12       *lations promulgated by the Secretary), will*  
13       *assess the mental and physical well-being of*  
14       *the child or youth being restrained or se-*  
15       *cluded and assure that the restraint or se-*  
16       *clusion is being done in a safe manner;*

17               “(ii) *ensure that the assessment re-*  
18       *quired under clause (i) take place as soon*  
19       *as practicable, but in no case later than 1*  
20       *hour after the initiation of the restraint or*  
21       *seclusion; and*

22               “(iii) *ensure that the supervisory or*  
23       *senior staff person continues to monitor the*  
24       *situation for the duration of the restraint*  
25       *and seclusion.*

1           “(3) *LIMITATIONS.*—

2                   “(A) *IN GENERAL.*—*The use of a drug or*  
3                   *medication that is used as a restraint to control*  
4                   *behavior or restrict the resident’s freedom of*  
5                   *movement that is not a standard treatment for*  
6                   *the resident’s medical or psychiatric condition in*  
7                   *nonmedical community-based facilities for chil-*  
8                   *dren and youth described in subsection (a)(1) is*  
9                   *prohibited.*

10                  “(B) *PROHIBITION.*—*The use of mechanical*  
11                  *restraints in non-medical, community-based fa-*  
12                  *cilities for children and youth described in sub-*  
13                  *section (a)(1) is prohibited.*

14                  “(C) *LIMITATION.*—*A non-medical, commu-*  
15                  *nity-based facility for children and youth de-*  
16                  *scribed in subsection (a)(1) may only use seclu-*  
17                  *sion when a staff member is continuously face-*  
18                  *to-face monitoring the resident and when strong*  
19                  *licensing or accreditation and internal controls*  
20                  *are in place.*

21           “(c) *RULE OF CONSTRUCTION.*—

22                   “(1) *IN GENERAL.*—*Nothing in this section shall*  
23                   *be construed as prohibiting the use of restraints for*  
24                   *medical immobilization, adaptive support, or medical*  
25                   *protection.*

1           “(2) *CURRENT LAW.*—*This part shall not be con-*  
2           *strued to affect or impede any Federal or State law*  
3           *or regulations that provide greater protections than*  
4           *this part regarding seclusion and restraint.*

5           “(d) *DEFINITIONS.*—*In this section:*

6           “(1) *MECHANICAL RESTRAINT.*—*The term ‘me-*  
7           *chanical restraint’ means the use of devices as a*  
8           *means of restricting a resident’s freedom of movement.*

9           “(2) *PHYSICAL ESCORT.*—*The term ‘physical es-*  
10          *cort’ means the temporary touching or holding of the*  
11          *hand, wrist, arm, shoulder or back for the purpose of*  
12          *inducing a resident who is acting out to walk to a*  
13          *safe location.*

14          “(3) *PHYSICAL RESTRAINT.*—*The term ‘physical*  
15          *restraint’ means a personal restriction that immo-*  
16          *bilizes or reduces the ability of an individual to move*  
17          *his or her arms, legs, or head freely. Such term does*  
18          *not include a physical escort.*

19          “(4) *SECLUSION.*—*The term ‘seclusion’ means a*  
20          *behavior control technique involving locked isolation.*  
21          *Such term does not include a time out.*

22          “(5) *TIME OUT.*—*The term ‘time out’ means a*  
23          *behavior management technique that is part of an ap-*  
24          *proved treatment program and may involve the sepa-*  
25          *ration of the resident from the group, in a non-locked*

1       *setting, for the purpose of calming. Time out is not*  
2       *seclusion.*

3       **“SEC. 595A. REPORTING REQUIREMENT.**

4       *“Each facility to which this part applies shall notify*  
5       *the appropriate State licensing or regulatory agency, as de-*  
6       *termined by the Secretary—*

7               *“(1) of each death that occurs at each such facil-*  
8       *ity. A notification under this section shall include the*  
9       *name of the resident and shall be provided not later*  
10       *than 24 hours after the time of the individuals death;*  
11       *and*

12               *“(2) of the use of seclusion or restraints in ac-*  
13       *cordance with regulations promulgated by the Sec-*  
14       *retary, in consultation with the States.*

15       **“SEC. 595B. REGULATIONS AND ENFORCEMENT.**

16       *“(a) TRAINING.—Not later than 6 months after the*  
17       *date of enactment of this part, the Secretary, after consulta-*  
18       *tion with appropriate State, local, public and private pro-*  
19       *tection and advocacy organizations, health care profes-*  
20       *sionals, social workers, facilities, and patients, shall pro-*  
21       *mulgate regulations that—*

22               *“(1) require States that license non-medical,*  
23       *community-based residential facilities for children*  
24       *and youth to develop licensing rules and monitoring*  
25       *requirements concerning behavior management prac-*

1        *tice that will ensure compliance with Federal regula-*  
2        *tions and to meet the requirements of subsection (b);*

3            *“(2) require States to develop and implement*  
4        *such licensing rules and monitoring requirements*  
5        *within 1 year after the promulgation of the regula-*  
6        *tions referred to in the matter preceding paragraph*  
7        *(1); and*

8            *“(3) support the development of national guide-*  
9        *lines and standards on the quality, quantity, orienta-*  
10       *tion and training, required under this part, as well*  
11       *as the certification or licensure of those staff respon-*  
12       *sible for the implementation of behavioral interven-*  
13       *tion concepts and techniques.*

14        *“(b) REQUIREMENTS.—The regulations promulgated*  
15       *under subsection (a) shall require—*

16            *“(1) that facilities described in subsection (a) en-*  
17        *sure that there is an adequate number of qualified*  
18        *professional and supportive staff to evaluate residents,*  
19        *formulate written individualized, comprehensive*  
20        *treatment plans, and to provide active treatment*  
21        *measures;*

22            *“(2) the provision of appropriate training and*  
23        *certification of the staff of such facilities in the pre-*  
24        *vention and use of physical restraint and seclusion,*  
25        *including the needs and behaviors of the population*

1       served, relationship building, alternatives to restraint,  
2       de-escalation methods, avoiding power struggles,  
3       thresholds for restraints, the physiological impact of  
4       restraint and seclusion, monitoring physical signs of  
5       distress and obtaining medical assistance, legal issues,  
6       position asphyxia, escape and evasion techniques,  
7       time limits for the use of restraint and seclusion, the  
8       process for obtaining approval for continued re-  
9       straints and seclusion, procedures to address problem-  
10      atic restraints, documentation, processing with chil-  
11      dren, and follow-up with staff, and investigation of  
12      injuries and complaints; and

13               “(3) that such facilities provide complete and ac-  
14      curate notification of deaths, as required under sec-  
15      tion 595A(1).

16               “(c) **ENFORCEMENT.**—A State to which this part ap-  
17      plies that fails to comply with any requirement of this part,  
18      including a failure to provide appropriate training and  
19      certification, shall not be eligible for participation in any  
20      program supported in whole or in part by funds appro-  
21      priated under this Act.”.

22      **SEC. 3209. EMERGENCY MENTAL HEALTH CENTERS.**

23               Subpart 3 of part B of title V of the Public Health  
24      Service Act (42 U.S.C. 290bb–31 et seq.), as amended by

1 *section 3111, is further amended by adding at the end the*  
2 *following:*

3 **“SEC. 520F. GRANTS FOR EMERGENCY MENTAL HEALTH**  
4 **CENTERS.**

5 *“(a) PROGRAM AUTHORIZED.—The Secretary shall*  
6 *award grants to States, political subdivisions of States, In-*  
7 *dian tribes, and tribal organizations to support the designa-*  
8 *tion of hospitals and health centers as Emergency Mental*  
9 *Health Centers.*

10 *“(b) HEALTH CENTER.—In this section, the term*  
11 *‘health center’ has the meaning given such term in section*  
12 *330, and includes community health centers and commu-*  
13 *nity mental health centers.*

14 *“(c) DISTRIBUTION OF AWARDS.—The Secretary shall*  
15 *ensure that such grants awarded under subsection (a) are*  
16 *equitably distributed among the geographical regions of the*  
17 *United States, between urban and rural populations, and*  
18 *between different settings of care including health centers,*  
19 *mental health centers, hospitals, and other psychiatric units*  
20 *or facilities.*

21 *“(d) APPLICATION.—A State, political subdivision of*  
22 *a State, Indian tribe, or tribal organization that desires*  
23 *a grant under subsection (a) shall submit an application*  
24 *to the Secretary at such time, in such manner, and con-*  
25 *taining such information as the Secretary may require, in-*

1 *cluding a plan for the rigorous evaluation of activities car-*  
2 *ried out with funds received under this section.*

3 “(e) *USE OF FUNDS.*—

4 “(1) *IN GENERAL.*—A State, political subdivi-  
5 *sion of a State, Indian tribe, or tribal organization*  
6 *receiving a grant under subsection (a) shall use funds*  
7 *from such grant to establish or designate hospitals*  
8 *and health centers as Emergency Mental Health Cen-*  
9 *ters.*

10 “(2) *EMERGENCY MENTAL HEALTH CENTERS.*—  
11 *Such Emergency Mental Health Centers described in*  
12 *paragraph (1)—*

13 “(A) *shall—*

14 “(i) *serve as a central receiving point*  
15 *in the community for individuals who may*  
16 *be in need of emergency mental health serv-*  
17 *ices;*

18 “(ii) *purchase, if needed, any equip-*  
19 *ment necessary to evaluate, diagnose and*  
20 *stabilize an individual with a mental ill-*  
21 *ness;*

22 “(iii) *provide training, if needed, to*  
23 *the medical personnel staffing the Emer-*  
24 *gency Mental Health Center to evaluate, di-*



1                   agnose, stabilize, and treat an individual  
2                   with a mental illness; and

3                   “(iv) provide any treatment that is  
4                   necessary for an individual with a mental  
5                   illness or a referral for such individual to  
6                   another facility where such treatment may  
7                   be received; and

8                   “(B) may establish and train a mobile cri-  
9                   sis intervention team to respond to mental health  
10                  emergencies within the community.

11               “(f) *EVALUATION.*—A State, political subdivision of a  
12               State, Indian tribe, or tribal organization that receives a  
13               grant under subsection (a) shall prepare and submit an  
14               evaluation to the Secretary at such time, in such manner,  
15               and containing such information as the Secretary may rea-  
16               sonably require, including an evaluation of activities car-  
17               ried out with funds received under this section and a proc-  
18               ess and outcomes evaluation.

19               “(g) *AUTHORIZATION OF APPROPRIATIONS.*—There is  
20               authorized to be appropriated to carry out this section,  
21               \$25,000,000 for fiscal year 2001 and such sums as may be  
22               necessary for each of the fiscal years 2002 through 2003.”.

23       **SEC. 3210. GRANTS FOR JAIL DIVERSION PROGRAMS.**

24               Subpart 3 of part B of title V of the Public Health  
25               Service Act (42 U.S.C. 290bb–31 et seq.), as amended by

1 *section 3209, is further amended by adding at the end the*  
2 *following:*

3 **“SEC. 520G. GRANTS FOR JAIL DIVERSION PROGRAMS.**

4       “(a) *PROGRAM AUTHORIZED.*—*The Secretary shall*  
5 *make up to 125 grants to States, political subdivisions of*  
6 *States, Indian tribes, and tribal organizations, acting di-*  
7 *rectly or through agreements with other public or nonprofit*  
8 *entities, to develop and implement programs to divert indi-*  
9 *viduals with a mental illness from the criminal justice sys-*  
10 *tem to community-based services.*

11       “(b) *ADMINISTRATION.*—

12               “(1) *CONSULTATION.*—*The Secretary shall con-*  
13 *sult with the Attorney General and any other appro-*  
14 *priate officials in carrying out this section.*

15               “(2) *REGULATORY AUTHORITY.*—*The Secretary*  
16 *shall issue regulations and guidelines necessary to*  
17 *carry out this section, including methodologies and*  
18 *outcome measures for evaluating programs carried*  
19 *out by States, political subdivisions of States, Indian*  
20 *tribes, and tribal organizations receiving grants*  
21 *under subsection (a).*

22       “(c) *APPLICATIONS.*—

23               “(1) *IN GENERAL.*—*To receive a grant under*  
24 *subsection (a), the chief executive of a State, chief ex-*  
25 *ecutive of a subdivision of a State, Indian tribe or*

1       tribal organization shall prepare and submit an ap-  
2       plication to the Secretary at such time, in such man-  
3       ner, and containing such information as the Sec-  
4       retary shall reasonably require.

5               “(2) CONTENT.—Such application shall—

6                       “(A) contain an assurance that—

7                               “(i) community-based mental health  
8                               services will be available for the individuals  
9                               who are diverted from the criminal justice  
10                              system, and that such services are based on  
11                              the best known practices, reflect current re-  
12                              search findings, include case management,  
13                              assertive community treatment, medication  
14                              management and access, integrated mental  
15                              health and co-occurring substance abuse  
16                              treatment, and psychiatric rehabilitation,  
17                              and will be coordinated with social services,  
18                              including life skills training, housing place-  
19                              ment, vocational training, education job  
20                              placement, and health care;

21                              “(ii) there has been relevant inter-  
22                              agency collaboration between the appro-  
23                              priate criminal justice, mental health, and  
24                              substance abuse systems; and

1           “(iii) the Federal support provided  
2           will be used to supplement, and not sup-  
3           plant, State, local, Indian tribe, or tribal  
4           organization sources of funding that would  
5           otherwise be available;

6           “(B) demonstrate that the diversion pro-  
7           gram will be integrated with an existing system  
8           of care for those with mental illness;

9           “(C) explain the applicant’s inability to  
10          fund the program adequately without Federal as-  
11          sistance;

12          “(D) specify plans for obtaining necessary  
13          support and continuing the proposed program  
14          following the conclusion of Federal support; and

15          “(E) describe methodology and outcome  
16          measures that will be used in evaluating the pro-  
17          gram.

18          “(d) *USE OF FUNDS.*—A State, political subdivision  
19          of a State, Indian tribe, or tribal organization that receives  
20          a grant under subsection (a) may use funds received under  
21          such grant to—

22               “(1) integrate the diversion program into the ex-  
23               isting system of care;

1           “(2) *create or expand community-based mental*  
2           *health and co-occurring mental illness and substance*  
3           *abuse services to accommodate the diversion program;*

4           “(3) *train professionals involved in the system of*  
5           *care, and law enforcement officers, attorneys, and*  
6           *judges; and*

7           “(4) *provide community outreach and crisis*  
8           *intervention.*

9           “(e) *FEDERAL SHARE.—*

10           “(1) *IN GENERAL.—The Secretary shall pay to a*  
11           *State, political subdivision of a State, Indian tribe,*  
12           *or tribal organization receiving a grant under sub-*  
13           *section (a) the Federal share of the cost of activities*  
14           *described in the application.*

15           “(2) *FEDERAL SHARE.—The Federal share of a*  
16           *grant made under this section shall not exceed 75 per-*  
17           *cent of the total cost of the program carried out by*  
18           *the State, political subdivision of a State, Indian*  
19           *tribe, or tribal organization. Such share shall be used*  
20           *for new expenses of the program carried out by such*  
21           *State, political subdivision of a State, Indian tribe,*  
22           *or tribal organization.*

23           “(3) *NON-FEDERAL SHARE.—The non-Federal*  
24           *share of payments made under this section may be*  
25           *made in cash or in kind fairly evaluated, including*

1        *planned equipment or services. The Secretary may*  
2        *waive the requirement of matching contributions.*

3        “(f) *GEOGRAPHIC DISTRIBUTION.—The Secretary*  
4        *shall ensure that such grants awarded under subsection (a)*  
5        *are equitably distributed among the geographical regions of*  
6        *the United States and between urban and rural popu-*  
7        *lations.*

8        “(g) *TRAINING AND TECHNICAL ASSISTANCE.—Train-*  
9        *ing and technical assistance may be provided by the Sec-*  
10       *retary to assist a State, political subdivision of a State,*  
11       *Indian tribe, or tribal organization receiving a grant under*  
12       *subsection (a) in establishing and operating a diversion*  
13       *program.*

14       “(h) *EVALUATIONS.—The programs described in sub-*  
15       *section (a) shall be evaluated not less than 1 time in every*  
16       *12-month period using the methodology and outcome meas-*  
17       *ures identified in the grant application.*

18       “(i) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
19       *authorized to be appropriated to carry out this section*  
20       *\$10,000,000 for fiscal year 2001, and such sums as may*  
21       *be necessary for fiscal years 2002 through 2003.”.*

1 **SEC. 3211. IMPROVING OUTCOMES FOR CHILDREN AND**  
 2 **ADOLESCENTS THROUGH SERVICES INTE-**  
 3 **GRATION BETWEEN CHILD WELFARE AND**  
 4 **MENTAL HEALTH SERVICES.**

5 *Subpart 3 of part B of title V of the Public Health*  
 6 *Service Act (42 U.S.C. 290bb–31 et seq.), as amended by*  
 7 *section 3210, is further amended by adding at the end the*  
 8 *following:*

9 **“SEC. 520H. IMPROVING OUTCOMES FOR CHILDREN AND**  
 10 **ADOLESCENTS THROUGH SERVICES INTE-**  
 11 **GRATION BETWEEN CHILD WELFARE AND**  
 12 **MENTAL HEALTH SERVICES.**

13 *“(a) IN GENERAL.—The Secretary shall award grants,*  
 14 *contracts or cooperative agreements to States, political sub-*  
 15 *divisions of States, Indian tribes, and tribal organizations*  
 16 *to provide integrated child welfare and mental health serv-*  
 17 *ices for children and adolescents under 19 years of age in*  
 18 *the child welfare system or at risk for becoming part of the*  
 19 *system, and parents or caregivers with a mental illness or*  
 20 *a mental illness and a co-occurring substance abuse dis-*  
 21 *order.*

22 *“(b) DURATION.—With respect to a grant, contract or*  
 23 *cooperative agreement awarded under this section, the pe-*  
 24 *riod during which payments under such award are made*  
 25 *to the recipient may not exceed 5 years.*

26 *“(c) APPLICATION.—*

1           “(1) *IN GENERAL.*—*To be eligible to receive an*  
2           *award under subsection (a), a State, political subdivi-*  
3           *sion of a State, Indian tribe, or tribal organization*  
4           *shall submit an application to the Secretary at such*  
5           *time, in such manner, and accompanied by such in-*  
6           *formation as the Secretary may reasonably require.*

7           “(2) *CONTENT.*—*An application submitted under*  
8           *paragraph (1) shall—*

9                   “(A) *describe the program to be funded*  
10                  *under the grant, contract or cooperative agree-*  
11                  *ment;*

12                  “(B) *explain how such program reflects best*  
13                  *practices in the provision of child welfare and*  
14                  *mental health services; and*

15                  “(C) *provide assurances that—*

16                          “(i) *persons providing services under*  
17                          *the grant, contract or cooperative agreement*  
18                          *are adequately trained to provide such serv-*  
19                          *ices; and*

20                          “(ii) *the services will be provided in*  
21                          *accordance with subsection (d).*

22           “(d) *USE OF FUNDS.*—*A State, political subdivision*  
23           *of a State, Indian tribe, or tribal organization that receives*  
24           *a grant, contract, or cooperative agreement under sub-*



1 *section (a) shall use amounts made available through such*  
2 *grant, contract or cooperative agreement to—*

3           “(1) *provide family-centered, comprehensive, and*  
4 *coordinated child welfare and mental health services,*  
5 *including prevention, early intervention and treat-*  
6 *ment services for children and adolescents, and for*  
7 *their parents or caregivers;*

8           “(2) *ensure a single point of access for such co-*  
9 *ordinated services;*

10           “(3) *provide integrated mental health and sub-*  
11 *stance abuse treatment for children, adolescents, and*  
12 *parents or caregivers with a mental illness and a co-*  
13 *occurring substance abuse disorder;*

14           “(4) *provide training for the child welfare, men-*  
15 *tal health and substance abuse professionals who will*  
16 *participate in the program carried out under this sec-*  
17 *tion;*

18           “(5) *provide technical assistance to child welfare*  
19 *and mental health agencies;*

20           “(6) *develop cooperative efforts with other service*  
21 *entities in the community, including education, social*  
22 *services, juvenile justice, and primary health care*  
23 *agencies;*

24           “(7) *coordinate services with services provided*  
25 *under the medicaid program and the State Children’s*

1       *Health Insurance Program under titles XIX and XXI*  
2       *of the Social Security Act;*

3               “(8) *provide linguistically appropriate and cul-*  
4       *turally competent services; and*

5               “(9) *evaluate the effectiveness and cost-efficiency*  
6       *of the integrated services that measure the level of co-*  
7       *ordination, outcome measures for parents or care-*  
8       *givers with a mental illness or a mental illness and*  
9       *a co-occurring substance abuse disorder, and outcome*  
10       *measures for children.*

11       “(e) *DISTRIBUTION OF AWARDS.—The Secretary shall*  
12       *ensure that grants, contracts, and cooperative agreements*  
13       *awarded under subsection (a) are equitably distributed*  
14       *among the geographical regions of the United States and*  
15       *between urban and rural populations.*

16       “(f) *EVALUATION.—The Secretary shall evaluate each*  
17       *program carried out by a State, political subdivision of a*  
18       *State, Indian tribe, or tribal organization under subsection*  
19       *(a) and shall disseminate the findings with respect to each*  
20       *such evaluation to appropriate public and private entities.*

21       “(g) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
22       *authorized to be appropriated to carry out this section,*  
23       *\$10,000,000 for fiscal year 2001, and such sums as may*  
24       *be necessary for each of fiscal years 2002 and 2003.”.*

1 **SEC. 3212. GRANTS FOR THE INTEGRATED TREATMENT OF**  
2 **SERIOUS MENTAL ILLNESS AND CO-OCCUR-**  
3 **RING SUBSTANCE ABUSE.**

4 *Subpart 3 of part B of title V of the Public Health*  
5 *Service Act (42 U.S.C. 290bb–31 et seq.), as amended by*  
6 *section 3211, is further amended by adding at the end the*  
7 *following:*

8 **“SEC. 520I. GRANTS FOR THE INTEGRATED TREATMENT OF**  
9 **SERIOUS MENTAL ILLNESS AND CO-OCCUR-**  
10 **RING SUBSTANCE ABUSE.**

11 *“(a) IN GENERAL.—The Secretary shall award grants,*  
12 *contracts, or cooperative agreements to States, political sub-*  
13 *divisions of States, Indian tribes, tribal organizations, and*  
14 *private nonprofit organizations for the development or ex-*  
15 *pansion of programs to provide integrated treatment serv-*  
16 *ices for individuals with a serious mental illness and a co-*  
17 *occurring substance abuse disorder.*

18 *“(b) PRIORITY.—In awarding grants, contracts, and*  
19 *cooperative agreements under subsection (a), the Secretary*  
20 *shall give priority to applicants that emphasize the provi-*  
21 *sion of services for individuals with a serious mental illness*  
22 *and a co-occurring substance abuse disorder who—*

23 *“(1) have a history of interactions with law en-*  
24 *forcement or the criminal justice system;*

25 *“(2) have recently been released from incarcer-*  
26 *ation;*

1           “(3) have a history of unsuccessful treatment in  
2           either an inpatient or outpatient setting;

3           “(4) have never followed through with outpatient  
4           services despite repeated referrals; or

5           “(5) are homeless.

6           “(c) *USE OF FUNDS.*—A State, political subdivision  
7           of a State, Indian tribe, tribal organization, or private non-  
8           profit organization that receives a grant, contract, or coop-  
9           erative agreement under subsection (a) shall use funds re-  
10          ceived under such grant—

11           “(1) to provide fully integrated services rather  
12           than serial or parallel services;

13           “(2) to employ staff that are cross-trained in the  
14           diagnosis and treatment of both serious mental illness  
15           and substance abuse;

16           “(3) to provide integrated mental health and  
17           substance abuse services at the same location;

18           “(4) to provide services that are linguistically  
19           appropriate and culturally competent;

20           “(5) to provide at least 10 programs for inte-  
21           grated treatment of both mental illness and substance  
22           abuse at sites that previously provided only mental  
23           health services or only substance abuse services; and

1           “(6) to provide services in coordination with  
2       other existing public and private community pro-  
3       grams.

4       “(d) *CONDITION.*—The Secretary shall ensure that a  
5       State, political subdivision of a State, Indian tribe, tribal  
6       organization, or private nonprofit organization that re-  
7       ceives a grant, contract, or cooperative agreement under  
8       subsection (a) maintains the level of effort necessary to sus-  
9       tain existing mental health and substance abuse programs  
10      for other populations served by mental health systems in  
11      the community.

12      “(e) *DISTRIBUTION OF AWARDS.*—The Secretary shall  
13      ensure that grants, contracts, or cooperative agreements  
14      awarded under subsection (a) are equitably distributed  
15      among the geographical regions of the United States and  
16      between urban and rural populations.

17      “(f) *DURATION.*—The Secretary shall award grants,  
18      contract, or cooperative agreements under this subsection  
19      for a period of not more than 5 years.

20      “(g) *APPLICATION.*—A State, political subdivision of  
21      a State, Indian tribe, tribal organization, or private non-  
22      profit organization that desires a grant, contract, or cooper-  
23      ative agreement under this subsection shall prepare and  
24      submit an application to the Secretary at such time, in  
25      such manner, and containing such information as the Sec-

1   retary may require. Such application shall include a plan  
 2   for the rigorous evaluation of activities funded with an  
 3   award under such subsection, including a process and out-  
 4   comes evaluation.

5       “(h) *EVALUATION.*—A State, political subdivision of  
 6   a State, Indian tribe, tribal organization, or private non-  
 7   profit organization that receives a grant, contract, or coop-  
 8   erative agreement under this subsection shall prepare and  
 9   submit a plan for the rigorous evaluation of the program  
 10   funded under such grant, contract, or agreement, including  
 11   both process and outcomes evaluation, and the submission  
 12   of an evaluation at the end of the project period.

13       “(i) *AUTHORIZATION OF APPROPRIATION.*—There is  
 14   authorized to be appropriated to carry out this subsection  
 15   \$40,000,000 for fiscal year 2001, and such sums as may  
 16   be necessary for fiscal years 2002 through 2003.”.

17   **SEC. 3213. TRAINING GRANTS.**

18       Subpart 3 of part B of title V of the Public Health  
 19   Service Act (42 U.S.C. 290bb–31 et seq.), as amended by  
 20   section 3212, is further amended by adding at the end the  
 21   following:

22   **“SEC. 520J. TRAINING GRANTS.**

23       “(a) *IN GENERAL.*—The Secretary shall award grants  
 24   in accordance with the provisions of this section.

1       “(b) *MENTAL ILLNESS AWARENESS TRAINING*  
2 *GRANTS.*—

3               “(1) *IN GENERAL.*—*The Secretary shall award*  
4 *grants to States, political subdivisions of States, In-*  
5 *Indian tribes, tribal organizations, and nonprofit pri-*  
6 *vate entities to train teachers and other relevant*  
7 *school personnel to recognize symptoms of childhood*  
8 *and adolescent mental disorders, to refer family mem-*  
9 *bers to the appropriate mental health services if nec-*  
10 *essary, to train emergency services personnel to iden-*  
11 *tify and appropriately respond to persons with a*  
12 *mental illness, and to provide education to such*  
13 *teachers and personnel regarding resources that are*  
14 *available in the community for individuals with a*  
15 *mental illness.*

16              “(2) *EMERGENCY SERVICES PERSONNEL.*—*In*  
17 *this subsection, the term ‘emergency services per-*  
18 *sonnel’ includes paramedics, firefighters, and emer-*  
19 *gency medical technicians.*

20              “(3) *DISTRIBUTION OF AWARDS.*—*The Secretary*  
21 *shall ensure that such grants awarded under this sub-*  
22 *section are equitably distributed among the geo-*  
23 *graphical regions of the United States and between*  
24 *urban and rural populations.*

1           “(4) *APPLICATION.*—A State, political subdivi-  
2           sion of a State, Indian tribe, tribal organization, or  
3           nonprofit private entity that desires a grant under  
4           this subsection shall submit an application to the Sec-  
5           retary at such time, in such manner, and containing  
6           such information as the Secretary may require, in-  
7           cluding a plan for the rigorous evaluation of activi-  
8           ties that are carried out with funds received under a  
9           grant under this subsection.

10           “(5) *USE OF FUNDS.*—A State, political subdivi-  
11           sion of a State, Indian tribe, tribal organization, or  
12           nonprofit private entity receiving a grant under this  
13           subsection shall use funds from such grant to—

14                   “(A) train teachers and other relevant  
15                   school personnel to recognize symptoms of child-  
16                   hood and adolescent mental disorders and appro-  
17                   priately respond;

18                   “(B) train emergency services personnel to  
19                   identify and appropriately respond to persons  
20                   with a mental illness; and

21                   “(C) provide education to such teachers and  
22                   personnel regarding resources that are available  
23                   in the community for individuals with a mental  
24                   illness.



1           “(6) *EVALUATION.*—A State, political subdivi-  
 2           sion of a State, Indian tribe, tribal organization, or  
 3           nonprofit private entity that receives a grant under  
 4           this subsection shall prepare and submit an evalua-  
 5           tion to the Secretary at such time, in such manner,  
 6           and containing such information as the Secretary  
 7           may reasonably require, including an evaluation of  
 8           activities carried out with funds received under the  
 9           grant under this subsection and a process and out-  
 10          come evaluation.

11           “(7) *AUTHORIZATION OF APPROPRIATIONS.*—  
 12          There is authorized to be appropriated to carry out  
 13          this subsection, \$25,000,000 for fiscal year 2001 and  
 14          such sums as may be necessary for each of fiscal years  
 15          2002 through 2003.”.

16       **TITLE XXXIII—PROVISIONS RE-**  
 17       **LATING TO SUBSTANCE**  
 18       **ABUSE**

19       **SEC. 3301. PRIORITY SUBSTANCE ABUSE TREATMENT**  
 20               **NEEDS OF REGIONAL AND NATIONAL SIGNIFI-**  
 21               **CANCE.**

22           (a) *RESIDENTIAL TREATMENT PROGRAMS FOR PREG-*  
 23          *NANT AND POSTPARTUM WOMEN.*—Section 508(r) of the  
 24          *Public Health Service Act (42 U.S.C. 290bb–1(r)) is*  
 25          *amended to read as follows:*

1       “(r) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
 2   purpose of carrying out this section, there are authorized  
 3   to be appropriated such sums as may be necessary to fiscal  
 4   years 2001 through 2003.”.

5       (b) *PRIORITY SUBSTANCE ABUSE TREATMENT.*—Sec-  
 6   tion 509 of the Public Health Service Act (42 U.S.C. 290bb-  
 7   1) is amended to read as follows:

8   **“SEC. 509. PRIORITY SUBSTANCE ABUSE TREATMENT**  
 9               **NEEDS OF REGIONAL AND NATIONAL SIGNIFI-**  
 10              **CANCE.**

11       “(a) *PROJECTS.*—The Secretary shall address priority  
 12   substance abuse treatment needs of regional and national  
 13   significance (as determined under subsection (b)) through  
 14   the provision of or through assistance for—

15               “(1) knowledge development and application  
 16       projects for treatment and rehabilitation and the con-  
 17       duct or support of evaluations of such projects;

18               “(2) training and technical assistance; and

19               “(3) targeted capacity response programs.

20   The Secretary may carry out the activities described in this  
 21   section directly or through grants or cooperative agreements  
 22   with States, political subdivisions of States, Indian tribes  
 23   and tribal organizations, other public or nonprofit private  
 24   entities.

1       “(b) *PRIORITY SUBSTANCE ABUSE TREATMENT*  
2 *NEEDS.*—

3               “(1) *IN GENERAL.*—*Priority substance abuse*  
4 *treatment needs of regional and national significance*  
5 *shall be determined by the Secretary after consulta-*  
6 *tion with States and other interested groups. The Sec-*  
7 *retary shall meet with the States and interested*  
8 *groups on an annual basis to discuss program prior-*  
9 *ities.*

10              “(2) *SPECIAL CONSIDERATION.*—*In developing*  
11 *program priorities under paragraph (1), the Sec-*  
12 *retary shall give special consideration to promoting*  
13 *the integration of substance abuse treatment services*  
14 *into primary health care systems.*

15       “(c) *REQUIREMENTS.*—

16              “(1) *IN GENERAL.*—*Recipients of grants, con-*  
17 *tracts, or cooperative agreements under this section*  
18 *shall comply with information and application re-*  
19 *quirements determined appropriate by the Secretary.*

20              “(2) *DURATION OF AWARD.*—*With respect to a*  
21 *grant, contract, or cooperative agreement awarded*  
22 *under this section, the period during which payments*  
23 *under such award are made to the recipient may not*  
24 *exceed 5 years.*

1           “(3) *MATCHING FUNDS.*—*The Secretary may, for*  
2           *projects carried out under subsection (a), require that*  
3           *entities that apply for grants, contracts, or coopera-*  
4           *tive agreements under that project provide non-Fed-*  
5           *eral matching funds, as determined appropriate by*  
6           *the Secretary, to ensure the institutional commitment*  
7           *of the entity to the projects funded under the grant,*  
8           *contract, or cooperative agreement. Such non-Federal*  
9           *matching funds may be provided directly or through*  
10          *donations from public or private entities and may be*  
11          *in cash or in kind, fairly evaluated, including plant,*  
12          *equipment, or services.*

13          “(4) *MAINTENANCE OF EFFORT.*—*With respect to*  
14          *activities for which a grant, contract, or cooperative*  
15          *agreement is awarded under this section, the Sec-*  
16          *retary may require that recipients for specific projects*  
17          *under subsection (a) agree to maintain expenditures*  
18          *of non-Federal amounts for such activities at a level*  
19          *that is not less than the level of such expenditures*  
20          *maintained by the entity for the fiscal year preceding*  
21          *the fiscal year for which the entity receives such a*  
22          *grant, contract, or cooperative agreement.*

23          “(d) *EVALUATION.*—*The Secretary shall evaluate each*  
24          *project carried out under subsection (a)(1) and shall dis-*

1 *seminate the findings with respect to each such evaluation*  
 2 *to appropriate public and private entities.*

3       “(e) *INFORMATION AND EDUCATION.—The Secretary*  
 4 *shall establish comprehensive information and education*  
 5 *programs to disseminate and apply the findings of the*  
 6 *knowledge development and application, training and tech-*  
 7 *nical assistance programs, and targeted capacity response*  
 8 *programs under this section to the general public, to health*  
 9 *professionals and other interested groups. The Secretary*  
 10 *shall make every effort to provide linkages between the find-*  
 11 *ings of supported projects and State agencies responsible for*  
 12 *carrying out substance abuse prevention and treatment pro-*  
 13 *grams.*

14       “(f) *AUTHORIZATION OF APPROPRIATION.—There are*  
 15 *authorized to be appropriated to carry out this section,*  
 16 *\$300,000,000 for fiscal year 2001 and such sums as may*  
 17 *be necessary for each of the fiscal years 2002 and 2003.”.*

18       “(c) *CONFORMING AMENDMENTS.—The following sec-*  
 19 *tions of the Public Health Service Act are repealed:*

20               (1) *Section 510 (42 U.S.C. 290bb–3).*

21               (2) *Section 511 (42 U.S.C. 290bb–4).*

22               (3) *Section 512 (42 U.S.C. 290bb–5).*

23               (4) *Section 571 (42 U.S.C. 290gg).*

1 **SEC. 3302. PRIORITY SUBSTANCE ABUSE PREVENTION**  
2 **NEEDS OF REGIONAL AND NATIONAL SIGNIFI-**  
3 **CANCE.**

4 (a) *IN GENERAL.*—Section 516 of the Public Health  
5 Service Act (42 U.S.C. 290bb–1) is amended to read as fol-  
6 lows:

7 **“SEC. 516. PRIORITY SUBSTANCE ABUSE PREVENTION**  
8 **NEEDS OF REGIONAL AND NATIONAL SIGNIFI-**  
9 **CANCE.**

10 “(a) *PROJECTS.*—The Secretary shall address priority  
11 substance abuse prevention needs of regional and national  
12 significance (as determined under subsection (b)) through  
13 the provision of or through assistance for—

14 “(1) knowledge development and application  
15 projects for prevention and the conduct or support of  
16 evaluations of such projects;

17 “(2) training and technical assistance; and

18 “(3) targeted capacity response programs.

19 The Secretary may carry out the activities described in this  
20 section directly or through grants or cooperative agreements  
21 with States, political subdivisions of States, Indian tribes  
22 and tribal organizations, or other public or nonprofit pri-  
23 vate entities.

24 “(b) *PRIORITY SUBSTANCE ABUSE PREVENTION*  
25 *NEEDS.*—

1           “(1) *IN GENERAL.*—*Priority substance abuse*  
2           *prevention needs of regional and national significance*  
3           *shall be determined by the Secretary in consultation*  
4           *with the States and other interested groups. The Sec-*  
5           *retary shall meet with the States and interested*  
6           *groups on an annual basis to discuss program prior-*  
7           *ities.*

8           “(2) *SPECIAL CONSIDERATION.*—*In developing*  
9           *program priorities under paragraph (1), the Sec-*  
10          *retary shall give special consideration to—*

11               “(A) *applying the most promising strategies*  
12               *and research-based primary prevention ap-*  
13               *proaches; and*

14               “(B) *promoting the integration of substance*  
15               *abuse prevention information and activities into*  
16               *primary health care systems.*

17          “(c) *REQUIREMENTS.*—

18               “(1) *IN GENERAL.*—*Recipients of grants, con-*  
19               *tracts, and cooperative agreements under this section*  
20               *shall comply with information and application re-*  
21               *quirements determined appropriate by the Secretary.*

22               “(2) *DURATION OF AWARD.*—*With respect to a*  
23               *grant, contract, or cooperative agreement awarded*  
24               *under this section, the period during which payments*

1        *under such award are made to the recipient may not*  
2        *exceed 5 years.*

3                “(3) *MATCHING FUNDS.*—*The Secretary may, for*  
4        *projects carried out under subsection (a), require that*  
5        *entities that apply for grants, contracts, or coopera-*  
6        *tive agreements under that project provide non-Fed-*  
7        *eral matching funds, as determined appropriate by*  
8        *the Secretary, to ensure the institutional commitment*  
9        *of the entity to the projects funded under the grant,*  
10       *contract, or cooperative agreement. Such non-Federal*  
11       *matching funds may be provided directly or through*  
12       *donations from public or private entities and may be*  
13       *in cash or in kind, fairly evaluated, including plant,*  
14       *equipment, or services.*

15               “(4) *MAINTENANCE OF EFFORT.*—*With respect to*  
16       *activities for which a grant, contract, or cooperative*  
17       *agreement is awarded under this section, the Sec-*  
18       *retary may require that recipients for specific projects*  
19       *under subsection (a) agree to maintain expenditures*  
20       *of non-Federal amounts for such activities at a level*  
21       *that is not less than the level of such expenditures*  
22       *maintained by the entity for the fiscal year preceding*  
23       *the fiscal year for which the entity receives such a*  
24       *grant, contract, or cooperative agreement.*



1       “(d) *EVALUATION.*—*The Secretary shall evaluate each*  
2 *project carried out under subsection (a)(1) and shall dis-*  
3 *seminate the findings with respect to each such evaluation*  
4 *to appropriate public and private entities.*

5       “(e) *INFORMATION AND EDUCATION.*—*The Secretary*  
6 *shall establish comprehensive information and education*  
7 *programs to disseminate the findings of the knowledge de-*  
8 *velopment and application, training and technical assist-*  
9 *ance programs, and targeted capacity response programs*  
10 *under this section to the general public and to health profes-*  
11 *sionals. The Secretary shall make every effort to provide*  
12 *linkages between the findings of supported projects and*  
13 *State agencies responsible for carrying out substance abuse*  
14 *prevention and treatment programs.*

15       “(f) *AUTHORIZATION OF APPROPRIATION.*—*There are*  
16 *authorized to be appropriated to carry out this section,*  
17 *\$300,000,000 for fiscal year 2001, and such sums as may*  
18 *be necessary for each of the fiscal years 2002 and 2003.”.*

19       “(b) *CONFORMING AMENDMENTS.*—*Section 518 of the*  
20 *Public Health Service Act (42 U.S.C. 290bb–24) is repealed.*

1 **SEC. 3303. SUBSTANCE ABUSE PREVENTION AND TREAT-**  
2 **MENT PERFORMANCE PARTNERSHIP BLOCK**  
3 **GRANT.**

4 (a) *ALLOCATION REGARDING ALCOHOL AND OTHER*  
5 *DRUGS.*—Section 1922 of the Public Health Service Act (42  
6 U.S.C. 300x–22) is amended by—

7 (1) *striking subsection (a); and*

8 (2) *redesignating subsections (b) and (c) as sub-*  
9 *sections (a) and (b).*

10 (b) *GROUP HOMES FOR RECOVERING SUBSTANCE*  
11 *ABUSERS.*—Section 1925(a) of the Public Health Service  
12 Act (42 U.S.C. 300x–25(a)) is amended by striking “For  
13 fiscal year 1993” and all that follows through the colon and  
14 inserting the following: “A State, using funds available  
15 under section 1921, may establish and maintain the ongo-  
16 ing operation of a revolving fund in accordance with this  
17 section to support group homes for recovering substance  
18 abusers as follows:”.

19 (c) *MAINTENANCE OF EFFORT.*—Section 1930 of the  
20 Public Health Service Act (42 U.S.C. 300x–30) is  
21 amended—

22 (1) *by redesignating subsections (b) and (c) as*  
23 *subsections (c) and (d) respectively; and*

24 (2) *by inserting after subsection (a), the fol-*  
25 *lowing:*

1       “(b) *EXCLUSION OF CERTAIN FUNDS.*—*The Secretary*  
 2   *may exclude from the aggregate State expenditures under*  
 3   *subsection (a), funds appropriated to the principle agency*  
 4   *for authorized activities which are of a non-recurring na-*  
 5   *ture and for a specific purpose.”.*

6       (d) *APPLICATIONS FOR GRANTS.*—*Section 1932(a)(1)*  
 7   *of the Public Health Service Act (42 U.S.C. 300x–32(a)(1))*  
 8   *is amended to read as follows:*

9               “(1) *the application is received by the Secretary*  
 10   *not later than October 1 of the fiscal year for which*  
 11   *the State is seeking funds;”.*

12       (e) *WAIVER FOR TERRITORIES.*—*Section 1932(c) of*  
 13   *the Public Health Service Act (42 U.S.C. 300x–32(c)) is*  
 14   *amended by striking “whose allotment under section 1921*  
 15   *for the fiscal year is the amount specified in section*  
 16   *1933(c)(2)(B)” and inserting “except Puerto Rico”.*

17       (f) *WAIVER AUTHORITY FOR CERTAIN REQUIRE-*  
 18   *MENTS.*—

19               (1) *IN GENERAL.*—*Section 1932 of the Public*  
 20   *Health Service Act (42 U.S.C. 300x–32) is amended*  
 21   *by adding at the end the following:*

22               “(e) *WAIVER AUTHORITY FOR CERTAIN REQUIRE-*  
 23   *MENTS.*—

24               “(1) *IN GENERAL.*—*Upon the request of a State,*  
 25   *the Secretary may waive the requirements of all or*

1 *part of the sections described in paragraph (2) using*  
 2 *objective criteria established by the Secretary by regu-*  
 3 *lation after consultation with the States and other in-*  
 4 *terested parties including consumers and providers.*

5 “(2) *SECTIONS.*—*The sections described in para-*  
 6 *graph (1) are sections 1922(c), 1923, 1924 and 1928.*

7 “(3) *DATE CERTAIN FOR ACTING UPON RE-*  
 8 *QUEST.*—*The Secretary shall approve or deny a re-*  
 9 *quest for a waiver under paragraph (1) and inform*  
 10 *the State of that decision not later than 120 days*  
 11 *after the date on which the request and all the infor-*  
 12 *mation needed to support the request are submitted.*

13 “(4) *ANNUAL REPORTING REQUIREMENT.*—*The*  
 14 *Secretary shall annually report to the general public*  
 15 *on the States that receive a waiver under this sub-*  
 16 *section.”.*

17 (2) *CONFORMING AMENDMENTS.*—*Effective upon*  
 18 *the publication of the regulations developed in accord-*  
 19 *ance with section 1932(e)(1) of the Public Health*  
 20 *Service Act (42 U.S.C. 300x–32(d))—*

21 (A) *section 1922(c) of the Public Health*  
 22 *Service Act (42 U.S.C. 300x–22(c)) is amended*  
 23 *by—*

24 (i) *striking paragraph (2); and*

1                   (ii) redesignating paragraph (3) as  
2                   paragraph (2); and

3                   (B) section 1928(d) of the Public Health  
4                   Service Act (42 U.S.C. 300x-28(d)) is repealed.

5           (g) *AUTHORIZATION OF APPROPRIATION.*—Section  
6 1935 of the Public Health Service Act (42 U.S.C. 300x-  
7 35) is amended—

8                   (1) in subsection (a), by striking  
9                   “\$1,500,000,000” and all that follows through the end  
10                  and inserting “\$2,000,000,000 for fiscal year 2001,  
11                  and such sums as may be necessary for each of the  
12                  fiscal years 2002 and 2003.”;

13                  (2) in subsection (b)(1), by striking “section  
14                  505” and inserting “sections 505 and 1971”;

15                  (3) in subsection (b)(2), by striking “1949(a)”  
16                  and inserting “1948(a)”; and

17                  (4) in subsection (b), by adding at the end the  
18                  following:

19                         “(3) *CORE DATA SET.*—A State that receives a  
20                         new grant, contract, or cooperative agreement from  
21                         amounts available to the Secretary under paragraph  
22                         (1), for the purposes of improving the data collection,  
23                         analysis and reporting capabilities of the State, shall  
24                         be required, as a condition of receipt of funds, to col-  
25                         lect, analyze, and report to the Secretary for each fis-

1        *cal year subsequent to receiving such funds a core*  
 2        *data set to be determined by the Secretary in conjunc-*  
 3        *tion with the States.”.*

4    **SEC. 3304. DETERMINATION OF ALLOTMENTS.**

5        *Section 1933(b) of the Public Health Service Act (42*  
 6        *U.S.C. 300x–33(b)) is amended to read as follows:*

7        *“(b) MINIMUM ALLOTMENTS FOR STATES.—*

8                *“(1) IN GENERAL.—With respect to fiscal year*  
 9        *2000, and each subsequent fiscal year, the amount of*  
 10        *the allotment of a State under section 1921 shall not*  
 11        *be less than the amount the State received under such*  
 12        *section for the previous fiscal year increased by an*  
 13        *amount equal to 30.65 percent of the percentage by*  
 14        *which the aggregate amount allotted to all States for*  
 15        *such fiscal year exceeds the aggregate amount allotted*  
 16        *to all States for the previous fiscal year.*

17        *“(2) LIMITATIONS.—*

18                *“(A) IN GENERAL.—Except as provided in*  
 19        *subparagraph (B), a State shall not receive an*  
 20        *allotment under section 1921 for a fiscal year in*  
 21        *an amount that is less than an amount equal to*  
 22        *0.375 percent of the amount appropriated under*  
 23        *section 1935(a) for such fiscal year.*

24                *“(B) EXCEPTION.—In applying subpara-*  
 25        *graph (A), the Secretary shall ensure that no*

1        *State receives an increase in its allotment under*  
2        *section 1921 for a fiscal year (as compared to the*  
3        *amount allotted to the State in the prior fiscal*  
4        *year) that is in excess of an amount equal to 300*  
5        *percent of the percentage by which the amount*  
6        *appropriated under section 1935(a) for such fis-*  
7        *cal year exceeds the amount appropriated for the*  
8        *prior fiscal year.*

9        “(3) *DECREASE IN OR EQUAL APPROPRIA-*  
10       *TIONS.—If the amount appropriated under section*  
11       *1935(a) for a fiscal year is equal to or less than the*  
12       *amount appropriated under such section for the prior*  
13       *fiscal year, the amount of the State allotment under*  
14       *section 1921 shall be equal to the amount that the*  
15       *State received under section 1921 in the prior fiscal*  
16       *year decreased by the percentage by which the amount*  
17       *appropriated for such fiscal year is less than the*  
18       *amount appropriated or such section for the prior fis-*  
19       *cal year.”.*

20    **SEC. 3305. NONDISCRIMINATION AND INSTITUTIONAL**  
21        **SAFEGUARDS FOR RELIGIOUS PROVIDERS.**

22        *Subpart III of part B of title XIX of the Public Health*  
23        *Service Act (42 U.S.C. 300x–51 et seq.) is amended by add-*  
24        *ing at the end the following:*

1   **“SEC. 1955. SERVICES PROVIDED BY NONGOVERNMENTAL**  
2                   **ORGANIZATIONS.**

3           “(a) *PURPOSES.*—*The purposes of this section are—*

4                   “(1) *to prohibit discrimination against non-*  
5                   *governmental organizations and certain individuals*  
6                   *on the basis of religion in the distribution of govern-*  
7                   *ment funds to provide substance abuse services under*  
8                   *this title and title V, and the receipt of services under*  
9                   *such titles; and*

10                   “(2) *to allow the organizations to accept the*  
11                   *funds to provide the services to the individuals with-*  
12                   *out impairing the religious character of the organiza-*  
13                   *tions or the religious freedom of the individuals.*

14           “(b) *RELIGIOUS ORGANIZATIONS INCLUDED AS NON-*  
15 *GOVERNMENTAL PROVIDERS.*—

16                   “(1) *IN GENERAL.*—*A State may administer and*  
17                   *provide substance abuse services under any program*  
18                   *under this title or title V through grants, contracts,*  
19                   *or cooperative agreements to provide assistance to*  
20                   *beneficiaries under such titles with nongovernmental*  
21                   *organizations.*

22                   “(2) *REQUIREMENT.*—*A State that elects to uti-*  
23                   *lize nongovernmental organizations as provided for*  
24                   *under paragraph (1) shall consider, on the same basis*  
25                   *as other nongovernmental organizations, religious or-*  
26                   *ganizations to provide services under substance abuse*



1     *programs under this title or title V, so long as the*  
2     *programs under such titles are implemented in a*  
3     *manner consistent with the Establishment Clause of*  
4     *the first amendment to the Constitution. Neither the*  
5     *Federal Government nor a State or local government*  
6     *receiving funds under such programs shall discrimi-*  
7     *nate against an organization that provides services*  
8     *under, or applies to provide services under, such pro-*  
9     *grams, on the basis that the organization has a reli-*  
10    *gious character.*

11    “(c) *RELIGIOUS CHARACTER AND INDEPENDENCE.*—

12         “(1) *IN GENERAL.*—*A religious organization that*  
13         *provides services under any substance abuse program*  
14         *under this title or title V shall retain its independence*  
15         *from Federal, State, and local governments, including*  
16         *such organization’s control over the definition, devel-*  
17         *opment, practice, and expression of its religious be-*  
18         *liefs.*

19         “(2) *ADDITIONAL SAFEGUARDS.*—*Neither the*  
20         *Federal Government nor a State or local government*  
21         *shall require a religious organization—*

22                 “(A) *to alter its form of internal govern-*  
23                 *ance; or*

24                 “(B) *to remove religious art, icons, scrip-*  
25                 *ture, or other symbols;*

1       *in order to be eligible to provide services under any*  
2       *substance abuse program under this title or title V.*

3       “(d) *EMPLOYMENT PRACTICES.*—

4               “(1) *SUBSTANCE ABUSE.*—*A religious organiza-*  
5       *tion that provides services under any substance abuse*  
6       *program under this title or title V may require that*  
7       *its employees providing services under such program*  
8       *adhere to rules forbidding the use of drugs or alcohol.*

9               “(2) *TITLE VII EXEMPTION.*—*The exemption of a*  
10       *religious organization provided under section 702 or*  
11       *703(e)(2) of the Civil Rights Act of 1964 (42 U.S.C.*  
12       *2000e–1, 2000e–2(e)(2)) regarding employment prac-*  
13       *tices shall not be affected by the religious organiza-*  
14       *tion’s provision of services under, or receipt of funds*  
15       *from, any substance abuse program under this title or*  
16       *title V.*

17       “(e) *RIGHTS OF BENEFICIARIES OF ASSISTANCE.*—

18               “(1) *IN GENERAL.*—*If an individual described in*  
19       *paragraph (3) has an objection to the religious char-*  
20       *acter of the organization from which the individual*  
21       *receives, or would receive, services funded under any*  
22       *substance abuse program under this title or title V,*  
23       *the appropriate Federal, State, or local governmental*  
24       *entity shall provide to such individual (if otherwise*

1       *eligible for such services) within a reasonable period*  
2       *of time after the date of such objection, services that—*

3               “(A) *are from an alternative provider that*  
4               *is accessible to the individual; and*

5               “(B) *have a value that is not less than the*  
6               *value of the services that the individual would*  
7               *have received from such organization.*

8               “(2) *NOTICE.—The appropriate Federal, State,*  
9               *or local governmental entity shall ensure that notice*  
10              *is provided to individuals described in paragraph (3)*  
11              *of the rights of such individuals under this section.*

12              “(3) *INDIVIDUAL DESCRIBED.—An individual*  
13              *described in this paragraph is an individual who re-*  
14              *ceives or applies for services under any substance*  
15              *abuse program under this title or title V.*

16              “(f) *NONDISCRIMINATION AGAINST BENEFICIARIES.—*  
17              *A religious organization providing services through a grant,*  
18              *contract, or cooperative agreement under any substance*  
19              *abuse program under this title or title V shall not discrimi-*  
20              *nate, in carrying out such program, against an individual*  
21              *described in subsection (e)(3) on the basis of religion, a reli-*  
22              *gious belief, a refusal to hold a religious belief, or a refusal*  
23              *to actively participate in a religious practice.*

24              “(g) *FISCAL ACCOUNTABILITY.—*

1           “(1) *IN GENERAL.*—*Except as provided in para-*  
2           *graph (2), any religious organization providing serv-*  
3           *ices under any substance abuse program under this*  
4           *title or title V shall be subject to the same regulations*  
5           *as other nongovernmental organizations to account in*  
6           *accord with generally accepted accounting principles*  
7           *for the use of such funds provided under such pro-*  
8           *gram.*

9           “(2) *LIMITED AUDIT.*—*Such organization shall*  
10          *segregate government funds provided under such sub-*  
11          *stance abuse program into a separate account. Only*  
12          *the government funds shall be subject to audit by the*  
13          *government.*

14          “(h) *COMPLIANCE.*—*Any party that seeks to enforce*  
15          *such party’s rights under this section may assert a civil*  
16          *action for injunctive relief exclusively in an appropriate*  
17          *Federal or State court against the entity, agency or official*  
18          *that allegedly commits such violation.*

19          “(i) *LIMITATIONS ON USE OF FUNDS FOR CERTAIN*  
20          *PURPOSES.*—*No funds provided through a grant or contract*  
21          *to a religious organization to provide services under any*  
22          *substance abuse program under this title or title V shall*  
23          *be expended for sectarian worship, instruction, or pros-*  
24          *elytization.*

1       “(j) *EFFECT ON STATE AND LOCAL FUNDS.*—If a  
2   State or local government contributes State or local funds  
3   to carry out any substance abuse program under this title  
4   or title V, the State or local government may segregate the  
5   State or local funds from the Federal funds provided to  
6   carry out the program or may commingle the State or local  
7   funds with the Federal funds. If the State or local govern-  
8   ment commingles the State or local funds, the provisions  
9   of this section shall apply to the commingled funds in the  
10  same manner, and to the same extent, as the provisions  
11  apply to the Federal funds.

12       “(k) *TREATMENT OF INTERMEDIATE CONTRACTORS.*—  
13  If a nongovernmental organization (referred to in this sub-  
14  section as an ‘intermediate organization’), acting under a  
15  contract or other agreement with the Federal Government  
16  or a State or local government, is given the authority under  
17  the contract or agreement to select nongovernmental organi-  
18  zations to provide services under any substance abuse pro-  
19  gram under this title or title V, the intermediate organiza-  
20  tion shall have the same duties under this section as the  
21  government but shall retain all other rights of a nongovern-  
22  mental organization under this section.”.

1 **SEC. 3306. ALCOHOL AND DRUG PREVENTION OR TREAT-**  
2 **MENT SERVICES FOR INDIANS AND NATIVE**  
3 **ALASKANS.**

4 *Part A of title V of the Public Health Service Act (42*  
5 *U.S.C. 290aa et seq.) is amended by adding at the end the*  
6 *following:*

7 **“SEC. 506A. ALCOHOL AND DRUG PREVENTION OR TREAT-**  
8 **MENT SERVICES FOR INDIANS AND NATIVE**  
9 **ALASKANS.**

10 *“(a) IN GENERAL.—The Secretary shall award grants,*  
11 *contracts, or cooperative agreements to public and private*  
12 *nonprofit entities, including Native Alaskan entities and*  
13 *Indian tribes and tribal organizations, for the purpose of*  
14 *providing alcohol and drug prevention or treatment services*  
15 *for Indians and Native Alaskans.*

16 *“(b) PRIORITY.—In awarding grants, contracts, or co-*  
17 *operative agreements under subsection (a), the Secretary*  
18 *shall give priority to applicants that—*

19 *“(1) propose to provide alcohol and drug preven-*  
20 *tion or treatment services on reservations;*

21 *“(2) propose to employ culturally-appropriate*  
22 *approaches, as determined by the Secretary, in pro-*  
23 *viding such services; and*

24 *“(3) have provided prevention or treatment serv-*  
25 *ices to Native Alaskan entities and Indian tribes and*

1        *tribal organizations for at least 1 year prior to ap-*  
2        *plying for a grant under this section.*

3        “(c) *DURATION.—The Secretary shall award grants,*  
4        *contracts, or cooperative agreements under subsection (a)*  
5        *for a period not to exceed 5 years.*

6        “(d) *APPLICATION.—An entity desiring a grant, con-*  
7        *tract, or cooperative agreement under subsection (a) shall*  
8        *submit an application to the Secretary at such time, in*  
9        *such manner, and accompanied by such information as the*  
10       *Secretary may reasonably require.*

11       “(e) *EVALUATION.—An entity that receives a grant,*  
12       *contract, or cooperative agreement under subsection (a)*  
13       *shall submit, in the application for such grant, a plan for*  
14       *the evaluation of any project undertaken with funds pro-*  
15       *vided under this section. Such entity shall provide the Sec-*  
16       *retary with periodic evaluations of the progress of such*  
17       *project and such evaluation at the completion of such*  
18       *project as the Secretary determines to be appropriate. The*  
19       *final evaluation submitted by such entity shall include a*  
20       *recommendation as to whether such project shall continue.*

21       “(f) *REPORT.—Not later than 3 years after the date*  
22       *of enactment of this section and annually thereafter, the*  
23       *Secretary shall prepare and submit, to the Committee on*  
24       *Health, Education, Labor, and Pensions of the Senate, a*

1 *report describing the services provided pursuant to this sec-*  
 2 *tion.*

3       “(g) *AUTHORIZATION OF APPROPRIATIONS.—There*  
 4 *are authorized to be appropriated to carry out this section,*  
 5 *\$15,000,000 for fiscal year 2001, and such sums as may*  
 6 *be necessary for fiscal years 2002 and 2003.*

7 ***SEC. 3307. ESTABLISHMENT OF COMMISSION.***

8       (a) *IN GENERAL.—There is established a commission*  
 9 *to be known as the Commission on Indian and Native Alas-*  
 10 *kan Health Care that shall examine the health concerns of*  
 11 *Indians and Native Alaskans who reside on reservations*  
 12 *and tribal lands (hereafter in this section referred to as the*  
 13 *‘Commission’).*

14       (b) *MEMBERSHIP.—*

15               (1) *IN GENERAL.—The Commission established*  
 16 *under subsection (a) shall consist of—*

17                       (A) *the Secretary;*

18                       (B) *15 members who are experts in the*  
 19 *health care field and issues that the Commission*  
 20 *is established to examine; and*

21                       (C) *the Director of the Indian Health Serv-*  
 22 *ice and the Commissioner of Indian Affairs, who*  
 23 *shall be nonvoting members.*



1           (2) *APPOINTING AUTHORITY.*—Of the 15 mem-  
2       bers of the Commission described in paragraph  
3       (1)(B)—

4                   (A) 2 shall be appointed by the Speaker of  
5       the House of Representatives;

6                   (B) 2 shall be appointed by the Minority  
7       Leader of the House of Representatives;

8                   (C) 2 shall be appointed by the Majority  
9       Leader of the Senate;

10                  (D) 2 shall be appointed by the Minority  
11       Leader of the Senate; and

12                  (E) 7 shall be appointed by the Secretary.

13           (3) *LIMITATION.*—Not fewer than 10 of the mem-  
14       bers appointed to the Commission shall be Indians or  
15       Native Alaskans.

16           (4) *CHAIRPERSON.*—The Secretary shall serve as  
17       the Chairperson of the Commission.

18           (5) *EXPERTS.*—The Commission may seek the  
19       expertise of any expert in the health care field to  
20       carry out its duties.

21       (c) *PERIOD OF APPOINTMENT.*—Members shall be ap-  
22       pointed for the life of the Commission. Any vacancy in the  
23       Commission shall not affect its powers, but shall be filed  
24       in the same manner as the original appointment.

1       (d) *DUTIES OF THE COMMISSION.*—*The Commission*  
2 *shall—*

3           (1) *study the health concerns of Indians and Na-*  
4 *tive Alaskans; and*

5           (2) *prepare the reports described in subsection*  
6 *(i).*

7       (e) *POWERS OF THE COMMISSION.*—

8           (1) *HEARINGS.*—*The Commission may hold such*  
9 *hearings, including hearings on reservations, sit and*  
10 *act at such times and places, take such testimony,*  
11 *and receive such information as the Commission con-*  
12 *siders advisable to carry out the purpose for which the*  
13 *Commission was established.*

14          (2) *INFORMATION FROM FEDERAL AGENCIES.*—  
15 *The Commission may secure directly from any Fed-*  
16 *eral department or agency such information as the*  
17 *Commission considers necessary to carry out the pur-*  
18 *pose for which the Commission was established. Upon*  
19 *request of the Chairperson of the Commission, the*  
20 *head of such department or agency shall furnish such*  
21 *information to the Commission.*

22       (f) *COMPENSATION OF MEMBERS.*—

23           (1) *IN GENERAL.*—*Except as provided in sub-*  
24 *paragraph (B), each member of the Commission may*  
25 *be compensated at a rate not to exceed the daily*

1        *equivalent of the annual rate of basic pay prescribed*  
2        *for level IV of the Executive Schedule under section*  
3        *5315 of title 5, United States Code, for each day (in-*  
4        *cluding travel time), during which that member is en-*  
5        *gaged in the actual performance of the duties of the*  
6        *Commission.*

7            (2) *LIMITATION.—Members of the Commission*  
8        *who are officers or employees of the United States*  
9        *shall receive no additional pay on account of their*  
10       *service on the Commission.*

11          (g) *TRAVEL EXPENSES OF MEMBERS.—The members*  
12       *of the Commission shall be allowed travel expenses, includ-*  
13       *ing per diem in lieu of subsistence, at rates authorized for*  
14       *employees of agencies under section 5703 of title 5, United*  
15       *States Code, while away from their homes or regular places*  
16       *of business in the performance of services for the Commis-*  
17       *sion.*

18          (h) *COMMISSION PERSONNEL MATTERS.—*

19            (1) *IN GENERAL.—The Secretary, in accordance*  
20        *with rules established by the Commission, may select*  
21        *and appoint a staff director and other personnel nec-*  
22        *essary to enable the Commission to carry out its du-*  
23        *ties.*

24            (2) *COMPENSATION OF PERSONNEL.—The Sec-*  
25        *retary, in accordance with rules established by the*

1        *Commission, may set the amount of compensation to*  
2        *be paid to the staff director and any other personnel*  
3        *that serve the Commission.*

4            (3) *DETAIL OF GOVERNMENT EMPLOYEES.—Any*  
5        *Federal Government employee may be detailed to the*  
6        *Commission without reimbursement, and the detail*  
7        *shall be without interruption or loss of civil service*  
8        *status or privilege.*

9            (4) *CONSULTANT SERVICES.—The Chairperson of*  
10       *the Commission is authorized to procure the tem-*  
11       *porary and intermittent services of experts and con-*  
12       *sultants in accordance with section 3109 of title 5,*  
13       *United States Code, at rates not to exceed the daily*  
14       *equivalent of the annual rate of basic pay prescribed*  
15       *for level IV of the Executive Schedule under section*  
16       *5315 of such title.*

17       (i) *REPORT.—*

18            (1) *IN GENERAL.—Not later than 3 years after*  
19       *the date of enactment of the Youth Drug and Mental*  
20       *Health Services Act, the Secretary shall prepare and*  
21       *submit, to the Committee on Health, Education,*  
22       *Labor, and Pensions of the Senate, a report that*  
23       *shall—*

1           (A) detail the health problems faced by In-  
2           dians and Native Alaskans who reside on res-  
3           ervations;

4           (B) examine and explain the causes of such  
5           problems;

6           (C) describe the health care services avail-  
7           able to Indians and Native Alaskans who reside  
8           on reservations and the adequacy of such serv-  
9           ices;

10          (D) identify the reasons for the provision of  
11          inadequate health care services for Indians and  
12          Native Alaskans who reside on reservations, in-  
13          cluding the availability of resources;

14          (E) develop measures for tracking the health  
15          status of Indians and Native Americans who re-  
16          side on reservations; and

17          (F) make recommendations for improve-  
18          ments in the health care services provided for In-  
19          dians and Native Alaskans who reside on res-  
20          ervations, including recommendations for legisla-  
21          tive change.

22          (2) *EXCEPTION.*—In addition to the report re-  
23          quired under paragraph (1), not later than 2 years  
24          after the date of enactment of the Youth Drug and  
25          Mental Health Services Act, the Secretary shall pre-

1        *pare and submit, to the Committee on Health, Edu-*  
 2        *cation, Labor, and Pensions of the Senate, a report*  
 3        *that describes any alcohol and drug abuse among In-*  
 4        *dians and Native Alaskans who reside on reserva-*  
 5        *tions.*

6        *(j) PERMANENT COMMISSION.—Section 14 of the Fed-*  
 7        *eral Advisory Committee Act (5 U.S.C. App.) shall not*  
 8        *apply to the Commission.*

9        *(k) AUTHORIZATION OF APPROPRIATIONS.—There is*  
 10       *authorized to be appropriated to carry out this section*  
 11       *\$5,000,000 for fiscal year 2001, and such sums as may be*  
 12       *necessary for fiscal years 2002 and 2003.*

13       ***TITLE XXXIV—PROVISIONS RE-***  
 14       ***LATING TO FLEXIBILITY AND***  
 15       ***ACCOUNTABILITY***

16       ***SEC. 3401. GENERAL AUTHORITIES AND PEER REVIEW.***

17       *(a) GENERAL AUTHORITIES.—Paragraph (1) of sec-*  
 18       *tion 501(e) of the Public Health Service Act (42 U.S.C.*  
 19       *290aa(e)) is amended to read as follows:*

20                *“(1) IN GENERAL.—There may be in the Admin-*  
 21        *istration an Associate Administrator for Alcohol Pre-*  
 22        *vention and Treatment Policy to whom the Adminis-*  
 23        *trator may delegate the functions of promoting, moni-*  
 24        *toring, and evaluating service programs for the pre-*  
 25        *vention and treatment of alcoholism and alcohol*

1       *abuse within the Center for Substance Abuse Preven-*  
2       *tion, the Center for Substance Abuse Treatment and*  
3       *the Center for Mental Health Services, and coordi-*  
4       *nating such programs among the Centers, and among*  
5       *the Centers and other public and private entities. The*  
6       *Associate Administrator also may ensure that alcohol*  
7       *prevention, education, and policy strategies are inte-*  
8       *grated into all programs of the Centers that address*  
9       *substance abuse prevention, education, and policy,*  
10       *and that the Center for Substance Abuse Prevention*  
11       *addresses the Healthy People 2010 goals and the Na-*  
12       *tional Dietary Guidelines of the Department of*  
13       *Health and Human Services and the Department of*  
14       *Agriculture related to alcohol consumption.”.*

15       **(b) PEER REVIEW.**—*Section 504 of the Public Health*  
16       *Service (42 U.S.C. 290aa–3) is amended as follows:*

17       **“SEC. 504. PEER REVIEW.**

18       **“(a) IN GENERAL.**—*The Secretary, after consultation*  
19       *with the Administrator, shall require appropriate peer re-*  
20       *view of grants, cooperative agreements, and contracts to be*  
21       *administered through the agency which exceed the simple*  
22       *acquisition threshold as defined in section 4(11) of the Of-*  
23       *fice of Federal Procurement Policy Act.*

24       **“(b) MEMBERS.**—*The members of any peer review*  
25       *group established under subsection (a) shall be individuals*

1 *who by virtue of their training or experience are eminently*  
 2 *qualified to perform the review functions of the group. Not*  
 3 *more than  $\frac{1}{4}$  of the members of any such peer review group*  
 4 *shall be officers or employees of the United States.*

5       “(c) *ADVISORY COUNCIL REVIEW.*—*If the direct cost*  
 6 *of a grant or cooperative agreement (described in subsection*  
 7 *(a)) exceeds the simple acquisition threshold as defined by*  
 8 *section 4(11) of the Office of Federal Procurement Policy*  
 9 *Act, the Secretary may make such a grant or cooperative*  
 10 *agreement only if such grant or cooperative agreement is*  
 11 *recommended—*

12               “(1) *after peer review required under subsection*  
 13       *(a); and*

14               “(2) *by the appropriate advisory council.*

15       “(d) *CONDITIONS.*—*The Secretary may establish lim-*  
 16 *ited exceptions to the limitations contained in this section*  
 17 *regarding participation of Federal employees and advisory*  
 18 *council approval. The circumstances under which the Sec-*  
 19 *retary may make such an exception shall be made public.”.*

20 **SEC. 3402. ADVISORY COUNCILS.**

21       *Section 502(e) of the Public Health Service Act (42*  
 22 *U.S.C. 290aa–1(e)) is amended in the first sentence by*  
 23 *striking “3 times” and inserting “2 times”.*



1 **SEC. 3403. GENERAL PROVISIONS FOR THE PERFORMANCE**  
2 **PARTNERSHIP BLOCK GRANTS.**

3 (a) *PLANS FOR PERFORMANCE PARTNERSHIPS.*—*Sec-*  
4 *tion 1949 of the Public Health Service Act (42 U.S.C. 300x-*  
5 *59) is amended as follows:*

6 **“SEC. 1949. PLANS FOR PERFORMANCE PARTNERSHIPS.**

7 “(a) *DEVELOPMENT.*—*The Secretary in conjunction*  
8 *with States and other interested groups shall develop sepa-*  
9 *rate plans for the programs authorized under subparts I*  
10 *and II for creating more flexibility for States and account-*  
11 *ability based on outcome and other performance measures.*  
12 *The plans shall each include—*

13 “(1) *a description of the flexibility that would be*  
14 *given to the States under the plan;*

15 “(2) *the common set of performance measures*  
16 *that would be used for accountability, including*  
17 *measures that would be used for the program under*  
18 *subpart II for pregnant addicts, HIV transmission,*  
19 *tuberculosis, and those with a co-occurring substance*  
20 *abuse and mental disorders, and for programs under*  
21 *subpart I for children with serious emotional disturb-*  
22 *ance and adults with serious mental illness and for*  
23 *individuals with co-occurring mental health and sub-*  
24 *stance abuse disorders;*

25 “(3) *the definitions for the data elements to be*  
26 *used under the plan;*

1           “(4) the obstacles to implementation of the plan  
2           and the manner in which such obstacles would be re-  
3           solved;

4           “(5) the resources needed to implement the per-  
5           formance partnerships under the plan; and

6           “(6) an implementation strategy complete with  
7           recommendations for any necessary legislation.

8           “(b) *SUBMISSION*.—Not later than 2 years after the  
9           date of enactment of this Act, the plans developed under  
10          subsection (a) shall be submitted to the Committee on  
11          Health, Education, Labor, and Pensions of the Senate and  
12          the Committee on Commerce of the House of Representa-  
13          tives.

14          “(c) *INFORMATION*.—As the elements of the plans de-  
15          scribed in subsection (a) are developed, States are encour-  
16          aged to provide information to the Secretary on a voluntary  
17          basis.

18          “(d) *PARTICIPANTS*.—The Secretary shall include  
19          among those interested groups that participate in the devel-  
20          opment of the plan consumers of mental health or substance  
21          abuse services, providers, representatives of political divi-  
22          sions of States, and representatives of racial and ethnic  
23          groups including Native Americans.”.

1       (b) *AVAILABILITY TO STATES OF GRANT PROGRAMS.*—  
 2       Section 1952 of the Public Health Service Act (42 U.S.C.  
 3       300x–62) is amended as follows:

4       **“SEC. 1952. AVAILABILITY TO STATES OF GRANT PAYMENTS.**

5       *“Any amounts paid to a State for a fiscal year under*  
 6       *section 1911 or 1921 shall be available for obligation and*  
 7       *expenditure until the end of the fiscal year following the*  
 8       *fiscal year for which the amounts were paid.”.*

9       **SEC. 3404. DATA INFRASTRUCTURE PROJECTS.**

10       *Part C of title XIX of the Public Health Service Act*  
 11       *(42 U.S.C. 300y et seq.) is amended—*

12               (1) *by striking the headings for part C and sub-*  
 13       *part I and inserting the following:*

14       **“PART C—CERTAIN PROGRAMS REGARDING**  
 15       **MENTAL HEALTH AND SUBSTANCE ABUSE**

16       **“Subpart I—Data Infrastructure Development”;**

17               (2) *by striking section 1971 (42 U.S.C. 300y)*  
 18       *and inserting the following:*

19       **“SEC. 1971. DATA INFRASTRUCTURE DEVELOPMENT.**

20       *“(a) IN GENERAL.—The Secretary may make grants*  
 21       *to, and enter into contracts or cooperative agreements with*  
 22       *States for the purpose of developing and operating mental*  
 23       *health or substance abuse data collection, analysis, and re-*  
 24       *porting systems with regard to performance measures in-*  
 25       *cluding capacity, process, and outcomes measures.*

1       “(b) *PROJECTS.*—*The Secretary shall establish criteria*  
2 *to ensure that services will be available under this section*  
3 *to States that have a fundamental basis for the collection,*  
4 *analysis, and reporting of mental health and substance*  
5 *abuse performance measures and States that do not have*  
6 *such basis. The Secretary will establish criteria for deter-*  
7 *mining whether a State has a fundamental basis for the*  
8 *collection, analysis, and reporting of data.*

9       “(c) *CONDITION OF RECEIPT OF FUNDS.*—*As a condi-*  
10 *tion of the receipt of an award under this section a State*  
11 *shall agree to collect, analyze, and report to the Secretary*  
12 *within 2 years of the date of the award on a core set of*  
13 *performance measures to be determined by the Secretary in*  
14 *conjunction with the States.*

15       “(d) *MATCHING REQUIREMENT.*—

16               “(1) *IN GENERAL.*—*With respect to the costs of*  
17 *the program to be carried out under subsection (a) by*  
18 *a State, the Secretary may make an award under*  
19 *such subsection only if the applicant agrees to make*  
20 *available (directly or through donations from public*  
21 *or private entities) non-Federal contributions toward*  
22 *such costs in an amount that is not less than 50 per-*  
23 *cent of such costs.*

24               “(2) *DETERMINATION OF AMOUNT CONTRIB-*  
25 *UTED.*—*Non-Federal contributions under paragraph*

1       (1) may be in cash or in kind, fairly evaluated, in-  
2       cluding plant, equipment, or services. Amounts pro-  
3       vided by the Federal Government, or services assisted  
4       or subsidized to any significant extent by the Federal  
5       Government, may not be included in determining the  
6       amount of such contributions.

7       “(e) DURATION OF SUPPORT.—The period during  
8       which payments may be made for a project under subsection  
9       (a) may be not less than 3 years nor more than 5 years.

10       “(f) AUTHORIZATION OF APPROPRIATION.—

11               “(1) IN GENERAL.—For the purpose of carrying  
12       out this section, there are authorized to be appro-  
13       priated such sums as may be necessary for each of the  
14       fiscal years 2001, 2002 and 2003.

15               “(2) ALLOCATION.—Of the amounts appro-  
16       priated under paragraph (1) for a fiscal year, 50 per-  
17       cent shall be expended to support data infrastructure  
18       development for mental health and 50 percent shall be  
19       expended to support data infrastructure development  
20       for substance abuse.”.

21       **SEC. 3405. REPEAL OF OBSOLETE ADDICT REFERRAL PRO-**  
22       **VISIONS.**

23       (a) REPEAL OF OBSOLETE PUBLIC HEALTH SERVICE  
24       ACT AUTHORITIES.—Part E of title III (42 U.S.C. 257 et  
25       seq.) is repealed.

1       (b) *REPEAL OF OBSOLETE NARA AUTHORITIES.*—Ti-  
 2       *ties III and IV of the Narcotic Addict Rehabilitation Act*  
 3       *of 1966 (Public Law 89–793) are repealed.*

4       (c) *REPEAL OF OBSOLETE TITLE 28 AUTHORITIES.*—  
 5               (1) *IN GENERAL.*—Chapter 175 of title 28,  
 6       *United States Code, is repealed.*

7               (2) *TABLE OF CONTENTS.*—The table of contents  
 8       *to part VI of title 28, United States Code, is amended*  
 9       *by striking the items relating to chapter 175.*

10   **SEC. 3406. INDIVIDUALS WITH CO-OCCURRING DISORDERS.**

11       *The Public Health Service Act is amended by inserting*  
 12       *after section 503 (42 U.S.C. 290aa–2) the following:*

13   **“SEC. 503A. REPORT ON INDIVIDUALS WITH CO-OCCURRING**  
 14               **MENTAL ILLNESS AND SUBSTANCE ABUSE**  
 15               **DISORDERS.**

16       “(a) *IN GENERAL.*—Not later than 2 years after the  
 17       *date of enactment of this section, the Secretary shall, after*  
 18       *consultation with organizations representing States, mental*  
 19       *health and substance abuse treatment providers, prevention*  
 20       *specialists, individuals receiving treatment services, and*  
 21       *family members of such individuals, prepare and submit*  
 22       *to the Committee on Health, Education, Labor, and Pen-*  
 23       *sions of the Senate and the Committee on Commerce of the*  
 24       *House of Representatives, a report on prevention and treat-*

1 *ment services for individuals who have co-occurring mental*  
2 *illness and substance abuse disorders.*

3 “(b) *REPORT CONTENT.*—*The report under subsection*  
4 *(a) shall be based on data collected from existing Federal*  
5 *and State surveys regarding the treatment of co-occurring*  
6 *mental illness and substance abuse disorders and shall*  
7 *include—*

8 “(1) *a summary of the manner in which indi-*  
9 *viduals with co-occurring disorders are receiving*  
10 *treatment, including the most up-to-date information*  
11 *available regarding the number of children and adults*  
12 *with co-occurring mental illness and substance abuse*  
13 *disorders and the manner in which funds provided*  
14 *under sections 1911 and 1921 are being utilized, in-*  
15 *cluding the number of such children and adults served*  
16 *with such funds;*

17 “(2) *a summary of improvements necessary to*  
18 *ensure that individuals with co-occurring mental ill-*  
19 *ness and substance abuse disorders receive the services*  
20 *they need;*

21 “(3) *a summary of practices for preventing sub-*  
22 *stance abuse among individuals who have a mental*  
23 *illness and are at risk of having or acquiring a sub-*  
24 *stance abuse disorder; and*

1           “(4) a summary of evidenced-based practices for  
 2           treating individuals with co-occurring mental illness  
 3           and substance abuse disorders and recommendations  
 4           for implementing such practices.

5           “(c) FUNDS FOR REPORT.—The Secretary may obli-  
 6           gate funds to carry out this section with such appropria-  
 7           tions as are available.”.

8           **SEC. 3407. SERVICES FOR INDIVIDUALS WITH CO-OCCUR-**  
 9                               **RING DISORDERS.**

10          Subpart III of part B of title XIX of the Public Health  
 11          Service Act (42 U.S.C. 300x–51 et seq.) (as amended by  
 12          section 3305) is further amended by adding at the end the  
 13          following:

14          **“SEC. 1956. SERVICES FOR INDIVIDUALS WITH CO-OCCUR-**  
 15                               **RING DISORDERS.**

16          “States may use funds available for treatment under  
 17          sections 1911 and 1921 to treat persons with co-occurring  
 18          substance abuse and mental disorders as long as funds  
 19          available under such sections are used for the purposes for  
 20          which they were authorized by law and can be tracked for  
 21          accounting purposes.”.



1 **TITLE XXXV—WAIVER AUTHOR-**  
2 **ITY FOR PHYSICIANS WHO**  
3 **DISPENSE OR PRESCRIBE**  
4 **CERTAIN NARCOTIC DRUGS**  
5 **FOR MAINTENANCE TREAT-**  
6 **MENT OR DETOXIFICATION**  
7 **TREATMENT**

8 **SEC. 3501. SHORT TITLE.**

9 *This title may be cited as the “Drug Addiction Treat-*  
10 *ment Act of 2000”.*

11 **SEC. 3502. AMENDMENT TO CONTROLLED SUBSTANCES**  
12 **ACT.**

13 *(a) IN GENERAL.—Section 303(g) of the Controlled*  
14 *Substances Act (21 U.S.C. 823(g)) is amended—*

15 *(1) in paragraph (2), by striking “(A) security”*  
16 *and inserting “(i) security”, and by striking “(B) the*  
17 *maintenance” and inserting “(ii) the maintenance”;*

18 *(2) by redesignating paragraphs (1) through (3)*  
19 *as subparagraphs (A) through (C), respectively;*

20 *(3) by inserting “(1)” after “(g)”;*

21 *(4) by striking “Practitioners who dispense” and*  
22 *inserting “Except as provided in paragraph (2),*  
23 *practitioners who dispense”; and*

24 *(5) by adding at the end the following para-*  
25 *graph:*

1       “(2)(A) Subject to subparagraphs (D) and (J), the re-  
2       quirements of paragraph (1) are waived in the case of the  
3       dispensing (including the prescribing), by a practitioner,  
4       of narcotic drugs in schedule III, IV, or V or combinations  
5       of such drugs if the practitioner meets the conditions speci-  
6       fied in subparagraph (B) and the narcotic drugs or com-  
7       binations of such drugs meet the conditions specified in sub-  
8       paragraph (C).

9       “(B) For purposes of subparagraph (A), the conditions  
10      specified in this subparagraph with respect to a practi-  
11      tioner are that, before the initial dispensing of narcotic  
12      drugs in schedule III, IV, or V or combinations of such  
13      drugs to patients for maintenance or detoxification treat-  
14      ment, the practitioner submit to the Secretary a notifica-  
15      tion of the intent of the practitioner to begin dispensing  
16      the drugs or combinations for such purpose, and that the  
17      notification contain the following certifications by the prac-  
18      titioner:

19               “(i) The practitioner is a qualifying physician  
20               (as defined in subparagraph (G)).

21               “(ii) With respect to patients to whom the prac-  
22               titioner will provide such drugs or combinations of  
23               drugs, the practitioner has the capacity to refer the  
24               patients for appropriate counseling and other appro-  
25               priate ancillary services.

1           “(iii) *In any case in which the practitioner is*  
2           *not in a group practice, the total number of such pa-*  
3           *tients of the practitioner at any one time will not ex-*  
4           *ceed the applicable number. For purposes of this*  
5           *clause, the applicable number is 30, except that the*  
6           *Secretary may by regulation change such total num-*  
7           *ber.*

8           “(iv) *In any case in which the practitioner is in*  
9           *a group practice, the total number of such patients of*  
10          *the group practice at any one time will not exceed the*  
11          *applicable number. For purposes of this clause, the*  
12          *applicable number is 30, except that the Secretary*  
13          *may by regulation change such total number, and the*  
14          *Secretary for such purposes may by regulation estab-*  
15          *lish different categories on the basis of the number of*  
16          *practitioners in a group practice and establish for the*  
17          *various categories different numerical limitations on*  
18          *the number of such patients that the group practice*  
19          *may have.*

20          “(C) *For purposes of subparagraph (A), the conditions*  
21          *specified in this subparagraph with respect to narcotic*  
22          *drugs in schedule III, IV, or V or combinations of such*  
23          *drugs are as follows:*

24               “(i) *The drugs or combinations of drugs have,*  
25               *under the Federal Food, Drug, and Cosmetic Act or*

1        *section 351 of the Public Health Service Act, been ap-*  
2        *proved for use in maintenance or detoxification treat-*  
3        *ment.*

4            *“(ii) The drugs or combinations of drugs have*  
5        *not been the subject of an adverse determination. For*  
6        *purposes of this clause, an adverse determination is*  
7        *a determination published in the Federal Register*  
8        *and made by the Secretary, after consultation with*  
9        *the Attorney General, that the use of the drugs or*  
10       *combinations of drugs for maintenance or detoxifica-*  
11       *tion treatment requires additional standards respect-*  
12       *ing the qualifications of practitioners to provide such*  
13       *treatment, or requires standards respecting the quan-*  
14       *tities of the drugs that may be provided for unsuper-*  
15       *vised use.*

16          *“(D)(i) A waiver under subparagraph (A) with respect*  
17       *to a practitioner is not in effect unless (in addition to con-*  
18       *ditions under subparagraphs (B) and (C)) the following*  
19       *conditions are met:*

20            *“(I) The notification under subparagraph (B) is*  
21        *in writing and states the name of the practitioner.*

22            *“(II) The notification identifies the registration*  
23        *issued for the practitioner pursuant to subsection (f).*

24            *“(III) If the practitioner is a member of a group*  
25        *practice, the notification states the names of the other*

1        *practitioners in the practice and identifies the reg-*  
2        *istrations issued for the other practitioners pursuant*  
3        *to subsection (f).*

4        *“(ii) Upon receiving a notification under subpara-*  
5        *graph (B), the Attorney General shall assign the practi-*  
6        *tioner involved an identification number under this para-*  
7        *graph for inclusion with the registration issued for the*  
8        *practitioner pursuant to subsection (f). The identification*  
9        *number so assigned shall be appropriate to preserve the con-*  
10       *fidentiality of patients for whom the practitioner has dis-*  
11       *pensated narcotic drugs under a waiver under subparagraph*  
12       *(A).*

13       *“(iii) Not later than 45 days after the date on which*  
14       *the Secretary receives a notification under subparagraph*  
15       *(B), the Secretary shall make a determination of whether*  
16       *the practitioner involved meets all requirements for a waiv-*  
17       *er under subparagraph (B). If the Secretary fails to make*  
18       *such determination by the end of the such 45-day period,*  
19       *the Attorney General shall assign the physician an identi-*  
20       *fication number described in clause (ii) at the end of such*  
21       *period.*

22       *“(E)(i) If a practitioner is not registered under para-*  
23       *graph (1) and, in violation of the conditions specified in*  
24       *subparagraphs (B) through (D), dispenses narcotic drugs*  
25       *in schedule III, IV, or V or combinations of such drugs for*

1 *maintenance treatment or detoxification treatment, the At-*  
2 *torney General may, for purposes of section 304(a)(4), con-*  
3 *sider the practitioner to have committed an act that renders*  
4 *the registration of the practitioner pursuant to subsection*  
5 *(f) to be inconsistent with the public interest.*

6       “(ii)(I) *Upon the expiration of 45 days from the date*  
7 *on which the Secretary receives a notification under sub-*  
8 *paragraph (B), a practitioner who in good faith submits*  
9 *a notification under subparagraph (B) and reasonably be-*  
10 *lieves that the conditions specified in subparagraphs (B)*  
11 *through (D) have been met shall, in dispensing narcotic*  
12 *drugs in schedule III, IV, or V or combinations of such*  
13 *drugs for maintenance treatment or detoxification treat-*  
14 *ment, be considered to have a waiver under subparagraph*  
15 *(A) until notified otherwise by the Secretary, except that*  
16 *such a practitioner may commence to prescribe or dispense*  
17 *such narcotic drugs for such purposes prior to the expira-*  
18 *tion of such 45-day period if it facilitates the treatment*  
19 *of an individual patient and both the Secretary and the*  
20 *Attorney General are notified by the practitioner of the in-*  
21 *tent to commence prescribing or dispensing such narcotic*  
22 *drugs.*

23       “(II) *For purposes of subclause (I), the publication in*  
24 *the Federal Register of an adverse determination by the Sec-*  
25 *retary pursuant to subparagraph (C)(ii) shall (with respect*

1 *to the narcotic drug or combination involved) be considered*  
2 *to be a notification provided by the Secretary to practi-*  
3 *tioners, effective upon the expiration of the 30-day period*  
4 *beginning on the date on which the adverse determination*  
5 *is so published.*

6       “(F)(i) *With respect to the dispensing of narcotic drugs*  
7 *in schedule III, IV, or V or combinations of such drugs to*  
8 *patients for maintenance or detoxification treatment, a*  
9 *practitioner may, in his or her discretion, dispense such*  
10 *drugs or combinations for such treatment under a registra-*  
11 *tion under paragraph (1) or a waiver under subparagraph*  
12 *(A) (subject to meeting the applicable conditions).*

13       “(ii) *This paragraph may not be construed as having*  
14 *any legal effect on the conditions for obtaining a registra-*  
15 *tion under paragraph (1), including with respect to the*  
16 *number of patients who may be served under such a reg-*  
17 *istration.*

18       “(G) *For purposes of this paragraph:*

19               “(i) *The term ‘group practice’ has the meaning*  
20 *given such term in section 1877(h)(4) of the Social*  
21 *Security Act.*

22               “(ii) *The term ‘qualifying physician’ means a*  
23 *physician who is licensed under State law and who*  
24 *meets one or more of the following conditions:*

1           “(I) The physician holds a subspecialty  
2           board certification in addiction psychiatry from  
3           the American Board of Medical Specialties.

4           “(II) The physician holds an addiction cer-  
5           tification from the American Society of Addic-  
6           tion Medicine.

7           “(III) The physician holds a subspecialty  
8           board certification in addiction medicine from  
9           the American Osteopathic Association.

10          “(IV) The physician has, with respect to the  
11          treatment and management of opiate-dependent  
12          patients, completed not less than eight hours of  
13          training (through classroom situations, seminars  
14          at professional society meetings, electronic com-  
15          munications, or otherwise) that is provided by  
16          the American Society of Addiction Medicine, the  
17          American Academy of Addiction Psychiatry, the  
18          American Medical Association, the American Os-  
19          teopathic Association, the American Psychiatric  
20          Association, or any other organization that the  
21          Secretary determines is appropriate for purposes  
22          of this subclause.

23          “(V) The physician has participated as an  
24          investigator in one or more clinical trials lead-  
25          ing to the approval of a narcotic drug in sched-



1        *ule III, IV, or V for maintenance or detoxifica-*  
2        *tion treatment, as demonstrated by a statement*  
3        *submitted to the Secretary by the sponsor of such*  
4        *approved drug.*

5                *“(VI) The physician has such other training*  
6        *or experience as the State medical licensing*  
7        *board (of the State in which the physician will*  
8        *provide maintenance or detoxification treatment)*  
9        *considers to demonstrate the ability of the physi-*  
10       *cian to treat and manage opiate-dependent pa-*  
11       *tients.*

12                *“(VII) The physician has such other train-*  
13       *ing or experience as the Secretary considers to*  
14       *demonstrate the ability of the physician to treat*  
15       *and manage opiate-dependent patients. Any cri-*  
16       *teria of the Secretary under this subclause shall*  
17       *be established by regulation. Any such criteria*  
18       *are effective only for 3 years after the date on*  
19       *which the criteria are promulgated, but may be*  
20       *extended for such additional discrete 3-year peri-*  
21       *ods as the Secretary considers appropriate for*  
22       *purposes of this subclause. Such an extension of*  
23       *criteria may only be effectuated through a state-*  
24       *ment published in the Federal Register by the*

1           *Secretary during the 30-day period preceding the*  
2           *end of the 3-year period involved.*

3           “(H)(i) *In consultation with the Administrator of the*  
4   *Drug Enforcement Administration, the Administrator of*  
5   *the Substance Abuse and Mental Health Services Adminis-*  
6   *tration, the Director of the National Institute on Drug*  
7   *Abuse, and the Commissioner of Food and Drugs, the Sec-*  
8   *retary shall issue regulations (through notice and comment*  
9   *rulemaking) or issue practice guidelines to address the fol-*  
10 *lowing:*

11           “(I) *Approval of additional credentialing bodies*  
12       *and the responsibilities of additional credentialing*  
13       *bodies.*

14           “(II) *Additional exemptions from the require-*  
15       *ments of this paragraph and any regulations under*  
16       *this paragraph.*

17 *Nothing in such regulations or practice guidelines may au-*  
18 *thorize any Federal official or employee to exercise super-*  
19 *vision or control over the practice of medicine or the man-*  
20 *ner in which medical services are provided.*

21           “(ii) *Not later than 120 days after the date of the en-*  
22 *actment of the Drug Addiction Treatment Act of 2000, the*  
23 *Secretary shall issue a treatment improvement protocol con-*  
24 *taining best practice guidelines for the treatment and main-*  
25 *tenance of opiate-dependent patients. The Secretary shall*

1 *develop the protocol in consultation with the Director of the*  
2 *National Institute on Drug Abuse, the Administrator of the*  
3 *Drug Enforcement Administration, the Commissioner of*  
4 *Food and Drugs, the Administrator of the Substance Abuse*  
5 *and Mental Health Services Administration and other sub-*  
6 *stance abuse disorder professionals. The protocol shall be*  
7 *guided by science.*

8       “(I) *During the 3-year period beginning on the date*  
9 *of the enactment of the Drug Addiction Treatment Act of*  
10 *2000, a State may not preclude a practitioner from dis-*  
11 *pensing or prescribing drugs in schedule III, IV, or V, or*  
12 *combinations of such drugs, to patients for maintenance or*  
13 *detoxification treatment in accordance with this paragraph*  
14 *unless, before the expiration of that 3-year period, the State*  
15 *enacts a law prohibiting a practitioner from dispensing*  
16 *such drugs or combinations of drug.*

17       “(J)(i) *This paragraph takes effect on the date of the*  
18 *enactment of the Drug Addiction Treatment Act of 2000,*  
19 *and remains in effect thereafter except as provided in clause*  
20 *(iii) (relating to a decision by the Secretary or the Attorney*  
21 *General that this paragraph should not remain in effect).*

22       “(ii) *For purposes relating to clause (iii), the Sec-*  
23 *retary and the Attorney General may, during the 3-year*  
24 *period beginning on the date of the enactment of the Drug*

1 *Addiction Treatment Act of 2000, make determinations in*  
2 *accordance with the following:*

3           “(I) *The Secretary may make a determination of*  
4 *whether treatments provided under waivers under*  
5 *subparagraph (A) have been effective forms of mainte-*  
6 *nance treatment and detoxification treatment in clin-*  
7 *ical settings; may make a determination of whether*  
8 *such waivers have significantly increased (relative to*  
9 *the beginning of such period) the availability of*  
10 *maintenance treatment and detoxification treatment;*  
11 *and may make a determination of whether such waiv-*  
12 *ers have adverse consequences for the public health.*

13           “(II) *The Attorney General may make a deter-*  
14 *mination of the extent to which there have been viola-*  
15 *tions of the numerical limitations established under*  
16 *subparagraph (B) for the number of individuals to*  
17 *whom a practitioner may provide treatment; may*  
18 *make a determination of whether waivers under sub-*  
19 *paragraph (A) have increased (relative to the begin-*  
20 *ning of such period) the extent to which narcotic*  
21 *drugs in schedule III, IV, or V or combinations of*  
22 *such drugs are being dispensed or possessed in viola-*  
23 *tion of this Act; and may make a determination of*  
24 *whether such waivers have adverse consequences for*  
25 *the public health.*

1       “(iii) If, before the expiration of the period specified  
2 in clause (ii), the Secretary or the Attorney General pub-  
3 lishes in the Federal Register a decision, made on the basis  
4 of determinations under such clause, that this paragraph  
5 should not remain in effect, this paragraph ceases to be in  
6 effect 60 days after the date on which the decision is so  
7 published. The Secretary shall in making any such decision  
8 consult with the Attorney General, and shall in publishing  
9 the decision in the Federal Register include any comments  
10 received from the Attorney General for inclusion in the pub-  
11 lication. The Attorney General shall in making any such  
12 decision consult with the Secretary, and shall in publishing  
13 the decision in the Federal Register include any comments  
14 received from the Secretary for inclusion in the publica-  
15 tion.”.

16       (b) CONFORMING AMENDMENTS.—Section 304 of the  
17 Controlled Substances Act (21 U.S.C. 824) is amended—

18               (1) in subsection (a), in the matter after and  
19 below paragraph (5), by striking “section 303(g)”  
20 each place such term appears and inserting “section  
21 303(g)(1)”; and

22               (2) in subsection (d), by striking “section  
23 303(g)” and inserting “section 303(g)(1)”.

24       (c) ADDITIONAL AUTHORIZATION OF APPROPRIA-  
25 TIONS.—For the purpose of assisting the Secretary of

1 *Health and Human Services with the additional duties es-*  
 2 *tablished for the Secretary pursuant to the amendments*  
 3 *made by this section, there are authorized to be appro-*  
 4 *priated, in addition to other authorizations of appropria-*  
 5 *tions that are available for such purpose, such sums as may*  
 6 *be necessary for each of fiscal years 2001 through 2003.*

7 ***TITLE XXXVI—METHAMPHET-***  
 8 ***AMINE AND OTHER CON-***  
 9 ***TROLLED SUBSTANCES***

10 ***SEC. 3601. SHORT TITLE.***

11 *This title may be cited as the “Methamphetamine*  
 12 *Anti-Proliferation Act of 2000”.*

13 ***Subtitle A—Methamphetamine***  
 14 ***Production, Trafficking, and Abuse***

15 ***PART I—CRIMINAL PENALTIES***

16 ***SEC. 3611. ENHANCED PUNISHMENT OF AMPHETAMINE***  
 17 ***LABORATORY OPERATORS.***

18 *(a) AMENDMENT TO FEDERAL SENTENCING GUIDE-*  
 19 *LINES.—Pursuant to its authority under section 994(p) of*  
 20 *title 28, United States Code, the United States Sentencing*  
 21 *Commission shall amend the Federal sentencing guidelines*  
 22 *in accordance with this section with respect to any offense*  
 23 *relating to the manufacture, importation, exportation, or*  
 24 *trafficking in amphetamine (including an attempt or con-*  
 25 *spiracy to do any of the foregoing) in violation of—*

1           (1) *the Controlled Substances Act (21 U.S.C. 801*  
2       *et seq.)*;

3           (2) *the Controlled Substances Import and Export*  
4       *Act (21 U.S.C. 951 et seq.)*; or

5           (3) *the Maritime Drug Law Enforcement Act (46*  
6       *U.S.C. App. 1901 et seq.)*.

7       (b) *GENERAL REQUIREMENT.*—*In carrying out this*  
8       *section, the United States Sentencing Commission shall,*  
9       *with respect to each offense described in subsection (a) relat-*  
10      *ing to amphetamine—*

11           (1) *review and amend its guidelines to provide*  
12      *for increased penalties such that those penalties are*  
13      *comparable to the base offense level for methamphet-*  
14      *amine; and*

15           (2) *take any other action the Commission con-*  
16      *siders necessary to carry out this subsection.*

17       (c) *ADDITIONAL REQUIREMENTS.*—*In carrying out*  
18      *this section, the United States Sentencing Commission shall*  
19      *ensure that the sentencing guidelines for offenders convicted*  
20      *of offenses described in subsection (a) reflect the heinous na-*  
21      *ture of such offenses, the need for aggressive law enforcement*  
22      *action to fight such offenses, and the extreme dangers associ-*  
23      *ated with unlawful activity involving amphetamines,*  
24      *including—*

1           (1) *the rapidly growing incidence of amphet-*  
2           *amine abuse and the threat to public safety that such*  
3           *abuse poses;*

4           (2) *the high risk of amphetamine addiction;*

5           (3) *the increased risk of violence associated with*  
6           *amphetamine trafficking and abuse; and*

7           (4) *the recent increase in the illegal importation*  
8           *of amphetamine and precursor chemicals.*

9           (d) *EMERGENCY AUTHORITY TO SENTENCING COMMIS-*  
10          *SION.—The United States Sentencing Commission shall*  
11          *promulgate amendments pursuant to this section as soon*  
12          *as practicable after the date of enactment of this Act in*  
13          *accordance with the procedure set forth in section 21(a) of*  
14          *the Sentencing Act of 1987 (Public Law 100–182), as*  
15          *though the authority under that Act had not expired.*

16          **SEC. 3612. ENHANCED PUNISHMENT OF AMPHETAMINE OR**  
17                               **METHAMPHETAMINE LABORATORY OPERA-**  
18                               **TORS.**

19          (a) *FEDERAL SENTENCING GUIDELINES.—*

20               (1) *IN GENERAL.—Pursuant to its authority*  
21               *under section 994(p) of title 28, United States Code,*  
22               *the United States Sentencing Commission shall*  
23               *amend the Federal sentencing guidelines in accord-*  
24               *ance with paragraph (2) with respect to any offense*  
25               *relating to the manufacture, attempt to manufacture,*



1       or conspiracy to manufacture amphetamine or meth-  
2       amphetamine in violation of—

3               (A) the Controlled Substances Act (21  
4       U.S.C. 801 et seq.);

5               (B) the Controlled Substances Import and  
6       Export Act (21 U.S.C. 951 et seq.); or

7               (C) the Maritime Drug Law Enforcement  
8       Act (46 U.S.C. App. 1901 et seq.).

9       (2) REQUIREMENTS.—In carrying out this para-  
10      graph, the United States Sentencing Commission  
11      shall—

12              (A) if the offense created a substantial risk  
13      of harm to human life (other than a life de-  
14      scribed in subparagraph (B)) or the environ-  
15      ment, increase the base offense level for the  
16      offense—

17              (i) by not less than 3 offense levels  
18      above the applicable level in effect on the  
19      date of enactment of this Act; or

20              (ii) if the resulting base offense level  
21      after an increase under clause (i) would be  
22      less than level 27, to not less than level 27;  
23      or

1           (B) if the offense created a substantial risk  
2           of harm to the life of a minor or incompetent,  
3           increase the base offense level for the offense—

4                   (i) by not less than 6 offense levels  
5                   above the applicable level in effect on the  
6                   date of enactment of this Act; or

7                   (ii) if the resulting base offense level  
8                   after an increase under clause (i) would be  
9                   less than level 30, to not less than level 30.

10           (3) *EMERGENCY AUTHORITY TO SENTENCING*  
11           *COMMISSION.*—The United States Sentencing Com-  
12           mission shall promulgate amendments pursuant to  
13           this subsection as soon as practicable after the date of  
14           enactment of this Act in accordance with the proce-  
15           dure set forth in section 21(a) of the Sentencing Act  
16           of 1987 (Public Law 100–182), as though the author-  
17           ity under that Act had not expired.

18           (b) *EFFECTIVE DATE.*—The amendments made pursu-  
19           ant to this section shall apply with respect to any offense  
20           occurring on or after the date that is 60 days after the date  
21           of enactment of this Act.

1 **SEC. 3613. MANDATORY RESTITUTION FOR VIOLATIONS OF**  
 2 **CONTROLLED SUBSTANCES ACT AND CON-**  
 3 **TROLLED SUBSTANCES IMPORT AND EXPORT**  
 4 **ACT RELATING TO AMPHETAMINE AND METH-**  
 5 **AMPHETAMINE.**

6 (a) *MANDATORY RESTITUTION.*—Section 413(q) of the  
 7 *Controlled Substances Act* (21 U.S.C. 853(q)) is amended—

8 (1) in the matter preceding paragraph (1), by  
 9 striking “may” and inserting “shall”;

10 (2) by inserting “amphetamine or” before “meth-  
 11 amphetamine” each place it appears;

12 (3) in paragraph (2)—

13 (A) by inserting “, the State or local gov-  
 14 ernment concerned, or both the United States  
 15 and the State or local government concerned”  
 16 after “United States” the first place it appears;  
 17 and

18 (B) by inserting “or the State or local gov-  
 19 ernment concerned, as the case may be,” after  
 20 “United States” the second place it appears; and

21 (4) in paragraph (3), by striking “section 3663  
 22 of title 18, United States Code” and inserting “sec-  
 23 tion 3663A of title 18, United States Code”.

24 (b) *DEPOSIT OF AMOUNTS IN DEPARTMENT OF JUS-*  
 25 *TICE ASSETS FORFEITURE FUND.*—Section 524(c)(4) of  
 26 *title 28, United States Code*, is amended—

1           (1) *by striking “and” at the end of subpara-*  
 2           *graph (B);*

3           (2) *by striking the period at the end of subpara-*  
 4           *graph (C) and inserting “; and”; and*

5           (3) *by adding at the end the following:*

6           “(D) *all amounts collected—*

7                   *“(i) by the United States pursuant to a re-*  
 8                   *imbursement order under paragraph (2) of sec-*  
 9                   *tion 413(q) of the Controlled Substances Act (21*  
 10                   *U.S.C. 853(q)); and*

11                   *“(ii) pursuant to a restitution order under*  
 12                   *paragraph (1) or (3) of section 413(q) of the*  
 13                   *Controlled Substances Act for injuries to the*  
 14                   *United States.”.*

15           (c) *CLARIFICATION OF CERTAIN ORDERS OF RESTITU-*  
 16           *TION.—Section 3663(c)(2)(B) of title 18, United States*  
 17           *Code, is amended by inserting “which may be” after “the*  
 18           *fine”.*

19           (d) *EXPANSION OF APPLICABILITY OF MANDATORY*  
 20           *RESTITUTION.—Section 3663A(c)(1)(A)(ii) of title 18,*  
 21           *United States Code, is amended by inserting “or under sec-*  
 22           *tion 416(a) of the Controlled Substances Act (21 U.S.C.*  
 23           *856(a)),” after “under this title,”.*

24           (e) *TREATMENT OF ILLICIT SUBSTANCE MANUFAC-*  
 25           *TURING OPERATIONS AS CRIMES AGAINST PROPERTY.—*

1 *Section 416 of the Controlled Substances Act (21 U.S.C.*  
 2 *856) is amended by adding at the end the following new*  
 3 *subsection:*

4       “(c) A violation of subsection (a) shall be considered  
 5 an offense against property for purposes of section  
 6 3663A(c)(1)(A)(ii) of title 18, United States Code.”.

7 **SEC. 3614. METHAMPHETAMINE PARAPHERNALIA.**

8       Section 422(d) of the Controlled Substances Act (21  
 9 U.S.C. 863(d)) is amended in the matter preceding para-  
 10 graph (1) by inserting “methamphetamine,” after “PCP,”.

11 **PART II—ENHANCED LAW ENFORCEMENT**

12 **SEC. 3621. ENVIRONMENTAL HAZARDS ASSOCIATED WITH**  
 13 **ILLEGAL MANUFACTURE OF AMPHETAMINE**  
 14 **AND METHAMPHETAMINE.**

15       (a) *USE OF AMOUNTS OR DEPARTMENT OF JUSTICE*  
 16 *ASSETS FORFEITURE FUND.*—Section 524(c)(1)(E) of title  
 17 28, United States Code, is amended—

18               (1) by inserting “(i) for” before “disbursements”;

19               (2) by inserting “and” after the semicolon; and

20               (3) by adding at the end the following:

21               “(ii) for payment for—

22                       “(I) costs incurred by or on behalf of the  
 23 Department of Justice in connection with the re-  
 24 moval, for purposes of Federal forfeiture and dis-  
 25 position, of any hazardous substance or pollutant

1           *or contaminant associated with the illegal manu-*  
2           *facture of amphetamine or methamphetamine;*  
3           *and*

4           “(II) costs incurred by or on behalf of a  
5           State or local government in connection with  
6           such removal in any case in which such State or  
7           local government has assisted in a Federal pros-  
8           ecution relating to amphetamine or methamphet-  
9           amine, to the extent such costs exceed equitable  
10          sharing payments made to such State or local  
11          government in such case;”.

12          (b) *GRANTS UNDER DRUG CONTROL AND SYSTEM IM-*  
13          *PROVEMENT GRANT PROGRAM.*—Section 501(b)(3) of the  
14          *Omnibus Crime Control and Safe Streets Act of 1968 (42*  
15          *U.S.C. 3751(b)(3)) is amended by inserting before the semi-*  
16          *colon the following: “and to remove any hazardous sub-*  
17          *stance or pollutant or contaminant associated with the ille-*  
18          *gal manufacture of amphetamine or methamphetamine”.*

19          (c) *AMOUNTS SUPPLEMENT AND NOT SUPPLANT.*—

20                 (1) *ASSETS FORFEITURE FUND.*—Any amounts  
21                 made available from the Department of Justice Assets  
22                 Forfeiture Fund in a fiscal year by reason of the  
23                 amendment made by subsection (a) shall supplement,  
24                 and not supplant, any other amounts made available  
25                 to the Department of Justice in such fiscal year from

1 *other sources for payment of costs described in section*  
 2 *524(c)(1)(E)(ii) of title 28, United States Code, as so*  
 3 *amended.*

4 (2) *GRANT PROGRAM.*—*Any amounts made*  
 5 *available in a fiscal year under the grant program*  
 6 *under section 501(b)(3) of the Omnibus Crime Con-*  
 7 *trol and Safe Streets Act of 1968 (42 U.S.C.*  
 8 *3751(b)(3)) for the removal of hazardous substances or*  
 9 *pollutants or contaminants associated with the illegal*  
 10 *manufacture of amphetamine or methamphetamine*  
 11 *by reason of the amendment made by subsection (b)*  
 12 *shall supplement, and not supplant, any other*  
 13 *amounts made available in such fiscal year from*  
 14 *other sources for such removal.*

15 **SEC. 3622. REDUCTION IN RETAIL SALES TRANSACTION**  
 16 **THRESHOLD FOR NON-SAFE HARBOR PROD-**  
 17 **UCTS CONTAINING PSEUDOEPHEDRINE OR**  
 18 **PHENYLPROPANOLAMINE.**

19 (a) *REDUCTION IN TRANSACTION THRESHOLD.*—*Sec-*  
 20 *tion 102(39)(A)(iv)(II) of the Controlled Substances Act (21*  
 21 *U.S.C. 802(39)(A)(iv)(II)) is amended—*

22 (1) *by striking “24 grams” both places it ap-*  
 23 *pears and inserting “9 grams”; and*

24 (2) *by inserting before the semicolon at the end*  
 25 *the following: “and sold in package sizes of not more*

1       *than 3 grams of pseudoephedrine base or 3 grams of*  
2       *phenylpropanolamine base”.*

3       **(b) EFFECTIVE DATE.**—*The amendments made by sub-*  
4       *section (a) shall take effect 1 year after the date of enact-*  
5       *ment of this Act.*

6       **SEC. 3623. TRAINING FOR DRUG ENFORCEMENT ADMINIS-**  
7                       **TRATION AND STATE AND LOCAL LAW EN-**  
8                       **FORCEMENT PERSONNEL RELATING TO**  
9                       **CLANDESTINE LABORATORIES.**

10       **(a) IN GENERAL.**—

11               **(1) REQUIREMENT.**—*The Administrator of the*  
12       *Drug Enforcement Administration shall carry out the*  
13       *programs described in subsection (b) with respect to*  
14       *the law enforcement personnel of States and localities*  
15       *determined by the Administrator to have significant*  
16       *levels of methamphetamine-related or amphetamine-*  
17       *related crime or projected by the Administrator to*  
18       *have the potential for such levels of crime in the fu-*  
19       *ture.*

20               **(2) DURATION.**—*The duration of any program*  
21       *under that subsection may not exceed 3 years.*

22       **(b) COVERED PROGRAMS.**—*The programs described in*  
23       *this subsection are as follows:*

24               **(1) ADVANCED MOBILE CLANDESTINE LABORA-**  
25       **TORY TRAINING TEAMS.**—*A program of advanced mo-*



1        *bile clandestine laboratory training teams, which*  
2        *shall provide information and training to State and*  
3        *local law enforcement personnel in techniques utilized*  
4        *in conducting undercover investigations and con-*  
5        *spiracy cases, and other information designed to as-*  
6        *sist in the investigation of the illegal manufacturing*  
7        *and trafficking of amphetamine and methamphet-*  
8        *amine.*

9                (2) *BASIC CLANDESTINE LABORATORY CERTIFI-*  
10        *CATION TRAINING.*—*A program of basic clandestine*  
11        *laboratory certification training, which shall provide*  
12        *information and training—*

13                (A) *to Drug Enforcement Administration*  
14        *personnel and State and local law enforcement*  
15        *personnel for purposes of enabling such personnel*  
16        *to meet any certification requirements under law*  
17        *with respect to the handling of wastes created by*  
18        *illegal amphetamine and methamphetamine lab-*  
19        *oratories; and*

20                (B) *to State and local law enforcement per-*  
21        *sonnel for purposes of enabling such personnel to*  
22        *provide the information and training covered by*  
23        *subparagraph (A) to other State and local law*  
24        *enforcement personnel.*

1           (3) *CLANDESTINE LABORATORY RECERTIFI-*  
2           *CATION AND AWARENESS TRAINING.*—*A program of*  
3           *clandestine laboratory recertification and awareness*  
4           *training, which shall provide information and train-*  
5           *ing to State and local law enforcement personnel for*  
6           *purposes of enabling such personnel to provide recer-*  
7           *tification and awareness training relating to clandes-*  
8           *tine laboratories to additional State and local law en-*  
9           *forcement personnel.*

10          (c) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*  
11          *authorized to be appropriated for each of fiscal years 2000,*  
12          *2001, and 2002 amounts as follows:*

13               (1) *\$1,500,000 to carry out the program de-*  
14               *scribed in subsection (b)(1).*

15               (2) *\$3,000,000 to carry out the program de-*  
16               *scribed in subsection (b)(2).*

17               (3) *\$1,000,000 to carry out the program de-*  
18               *scribed in subsection (b)(3).*

19          **SEC. 3624. COMBATING METHAMPHETAMINE AND AMPHET-**  
20                       **AMINE IN HIGH INTENSITY DRUG TRAF-**  
21                       **FICKING AREAS.**

22          (a) *IN GENERAL.*—

23               (1) *IN GENERAL.*—*The Director of National*  
24               *Drug Control Policy shall use amounts available*  
25               *under this section to combat the trafficking of meth-*

1       *amphetamine and amphetamine in areas designated*  
2       *by the Director as high intensity drug trafficking*  
3       *areas.*

4               (2) *ACTIVITIES.—In meeting the requirement in*  
5       *paragraph (1), the Director shall transfer funds to*  
6       *appropriate Federal, State, and local governmental*  
7       *agencies for employing additional Federal law en-*  
8       *forcement personnel, or facilitating the employment of*  
9       *additional State and local law enforcement personnel,*  
10       *including agents, investigators, prosecutors, labora-*  
11       *tory technicians, chemists, investigative assistants,*  
12       *and drug-prevention specialists.*

13       (b) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
14       *authorized to be appropriated to carry out this section—*

15               (1) *\$15,000,000 for fiscal year 2000; and*

16               (2) *such sums as may be necessary for each of*  
17       *fiscal years 2001 through 2004.*

18       (c) *APPORTIONMENT OF FUNDS.—*

19               (1) *FACTORS IN APPORTIONMENT.—The Director*  
20       *shall apportion amounts appropriated for a fiscal*  
21       *year pursuant to the authorization of appropriations*  
22       *in subsection (b) for activities under subsection (a)*  
23       *among and within areas designated by the Director*  
24       *as high intensity drug trafficking areas based on the*  
25       *following factors:*

1           (A) *The number of methamphetamine man-*  
2           *ufacturing facilities and amphetamine manufac-*  
3           *turing facilities discovered by Federal, State, or*  
4           *local law enforcement officials in the previous*  
5           *fiscal year.*

6           (B) *The number of methamphetamine pros-*  
7           *ecutions and amphetamine prosecutions in Fed-*  
8           *eral, State, or local courts in the previous fiscal*  
9           *year.*

10          (C) *The number of methamphetamine ar-*  
11          *rests and amphetamine arrests by Federal, State,*  
12          *or local law enforcement officials in the previous*  
13          *fiscal year.*

14          (D) *The amounts of methamphetamine, am-*  
15          *phetamine, or listed chemicals (as that term is*  
16          *defined in section 102(33) of the Controlled Sub-*  
17          *stances Act (21 U.S.C. 802(33)) seized by Fed-*  
18          *eral, State, or local law enforcement officials in*  
19          *the previous fiscal year.*

20          (E) *Intelligence and predictive data from*  
21          *the Drug Enforcement Administration and the*  
22          *Department of Health and Human Services*  
23          *showing patterns and trends in abuse, traf-*  
24          *ficking, and transportation in methamphet-*

1           amine, amphetamine, and listed chemicals (as  
2           that term is so defined).

3           (2) *CERTIFICATION.*—Before the Director appor-  
4           tions any funds under this subsection to a high inten-  
5           sity drug trafficking area, the Director shall certify  
6           that the law enforcement entities responsible for clan-  
7           destine methamphetamine and amphetamine labora-  
8           tory seizures in that area are providing laboratory  
9           seizure data to the national clandestine laboratory  
10          database at the El Paso Intelligence Center.

11          (d) *LIMITATION ON ADMINISTRATIVE COSTS.*—Not  
12          more than 5 percent of the amount appropriated in a fiscal  
13          year pursuant to the authorization of appropriations for  
14          that fiscal year in subsection (b) may be available in that  
15          fiscal year for administrative costs associated with activi-  
16          ties under subsection (a).

17   **SEC. 3625. COMBATING AMPHETAMINE AND METHAMPHET-**  
18                           **AMINE MANUFACTURING AND TRAFFICKING.**

19          (a) *ACTIVITIES.*—In order to combat the illegal manu-  
20          facturing and trafficking in amphetamine and meth-  
21          amphetamine, the Administrator of the Drug Enforcement  
22          Administration may—

23               (1) *assist State and local law enforcement in*  
24               *small and mid-sized communities in all phases of in-*  
25               *vestigations related to such manufacturing and traf-*

1     *ficking, including assistance with foreign-language*  
2     *interpretation;*

3             (2) *staff additional regional enforcement and*  
4     *mobile enforcement teams related to such manufac-*  
5     *turing and trafficking;*

6             (3) *establish additional resident offices and posts*  
7     *of duty to assist State and local law enforcement in*  
8     *rural areas in combating such manufacturing and*  
9     *trafficking;*

10            (4) *provide the Special Operations Division of*  
11     *the Administration with additional agents and staff*  
12     *to collect, evaluate, interpret, and disseminate critical*  
13     *intelligence targeting the command and control oper-*  
14     *ations of major amphetamine and methamphetamine*  
15     *manufacturing and trafficking organizations;*

16            (5) *enhance the investigative and related func-*  
17     *tions of the Chemical Control Program of the Admin-*  
18     *istration to implement more fully the provisions of*  
19     *the Comprehensive Methamphetamine Control Act of*  
20     *1996 (Public Law 104–237);*

21            (6) *design an effective means of requiring an ac-*  
22     *curate accounting of the import and export of list I*  
23     *chemicals, and coordinate investigations relating to*  
24     *the diversion of such chemicals;*

1           (7) develop a computer infrastructure sufficient  
2       to receive, process, analyze, and redistribute time-sen-  
3       sitive enforcement information from suspicious order  
4       reporting to field offices of the Administration and  
5       other law enforcement and regulatory agencies, in-  
6       cluding the continuing development of the Suspicious  
7       Order Reporting and Tracking System (SORTS) and  
8       the Chemical Transaction Database (CTRANS) of the  
9       Administration;

10          (8) establish an education, training, and com-  
11       munication process in order to alert the industry to  
12       current trends and emerging patterns in the illegal  
13       manufacturing of amphetamine and methamphet-  
14       amine; and

15          (9) carry out such other activities as the Admin-  
16       istrator considers appropriate.

17       (b) *ADDITIONAL POSITIONS AND PERSONNEL.*—

18          (1) *IN GENERAL.*—In carrying out activities  
19       under subsection (a), the Administrator may establish  
20       in the Administration not more than 50 full-time po-  
21       sitions, including not more than 31 special-agent po-  
22       sitions, and may appoint personnel to such positions.

23          (2) *PARTICULAR POSITIONS.*—In carrying out  
24       activities under paragraphs (5) through (8) of sub-  
25       section (a), the Administrator may establish in the

1     *Administration not more than 15 full-time positions,*  
 2     *including not more than 10 diversion investigator po-*  
 3     *sitions, and may appoint personnel to such positions.*  
 4     *Any positions established under this paragraph are in*  
 5     *addition to any positions established under para-*  
 6     *graph (1).*

7     (c) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
 8     *authorized to be appropriated for the Drug Enforcement*  
 9     *Administration for each fiscal year after fiscal year 1999,*  
 10    *\$9,500,000 for purposes of carrying out the activities au-*  
 11    *thorized by subsection (a) and employing personnel in posi-*  
 12    *tions established under subsection (b), of which \$3,000,000*  
 13    *shall be available for activities under paragraphs (5)*  
 14    *through (8) of subsection (a) and for employing personnel*  
 15    *in positions established under subsection (b)(2).*

16    **PART III—ABUSE PREVENTION AND TREATMENT**

17    **SEC. 3631. EXPANSION OF METHAMPHETAMINE RESEARCH.**

18     *Section 464N of the Public Health Service Act (42*  
 19     *U.S.C. 2850–2) is amended by adding at the end the fol-*  
 20     *lowing:*

21     “(c) *METHAMPHETAMINE RESEARCH.—*

22         “(1) *GRANTS OR COOPERATIVE AGREEMENTS.—*  
 23     *The Director of the Institute may make grants or*  
 24     *enter into cooperative agreements to expand the cur-*  
 25     *rent and on-going interdisciplinary research and*



1       *clinical trials with treatment centers of the National*  
2       *Drug Abuse Treatment Clinical Trials Network relat-*  
3       *ing to methamphetamine abuse and addiction and*  
4       *other biomedical, behavioral, and social issues related*  
5       *to methamphetamine abuse and addiction.*

6               “(2) *USE OF FUNDS.*—Amounts made available  
7       under a grant or cooperative agreement under para-  
8       graph (1) for methamphetamine abuse and addiction  
9       may be used for research and clinical trials relating  
10      to—

11               “(A) *the effects of methamphetamine abuse*  
12      *on the human body, including the brain;*

13               “(B) *the addictive nature of methamphet-*  
14      *amine and how such effects differ with respect to*  
15      *different individuals;*

16               “(C) *the connection between methamphet-*  
17      *amine abuse and mental health;*

18               “(D) *the identification and evaluation of*  
19      *the most effective methods of prevention of meth-*  
20      *amphetamine abuse and addiction;*

21               “(E) *the identification and development of*  
22      *the most effective methods of treatment of meth-*  
23      *amphetamine addiction, including pharma-*  
24      *cological treatments;*

1           “(F) risk factors for methamphetamine  
2           abuse;

3           “(G) effects of methamphetamine abuse and  
4           addiction on pregnant women and their fetuses;  
5           and

6           “(H) cultural, social, behavioral, neuro-  
7           logical and psychological reasons that individ-  
8           uals abuse methamphetamine, or refrain from  
9           abusing methamphetamine.

10          “(3) RESEARCH RESULTS.—The Director shall  
11          promptly disseminate research results under this sub-  
12          section to Federal, State and local entities involved in  
13          combating methamphetamine abuse and addiction.

14          “(4) AUTHORIZATION OF APPROPRIATIONS.—

15                 “(A) AUTHORIZATION OF APPROPRIA-  
16                 TIONS.—There is authorized to be appropriated  
17                 to carry out paragraph (1), such sums as may  
18                 be necessary for each fiscal year.

19                 “(B) SUPPLEMENT NOT SUPPLANT.—  
20                 Amounts appropriated pursuant to the author-  
21                 ization of appropriations in subparagraph (A)  
22                 for a fiscal year shall supplement and not sup-  
23                 plant any other amounts appropriated in such  
24                 fiscal year for research on methamphetamine  
25                 abuse and addiction.”.

1 **SEC. 3632. METHAMPHETAMINE AND AMPHETAMINE TREAT-**  
2 **MENT INITIATIVE BY CENTER FOR SUB-**  
3 **STANCE ABUSE TREATMENT.**

4 *Subpart 1 of part B of title V of the Public Health*  
5 *Service Act (42 U.S.C. 290bb et seq.) is amended by adding*  
6 *at the end the following new section:*

7 *“METHAMPHETAMINE AND AMPHETAMINE TREATMENT*  
8 *INITIATIVE*

9 *“SEC. 514. (a) GRANTS.—*

10 *“(1) AUTHORITY TO MAKE GRANTS.—The Direc-*  
11 *tor of the Center for Substance Abuse Treatment may*  
12 *make grants to States and Indian tribes recognized by*  
13 *the United States that have a high rate, or have had*  
14 *a rapid increase, in methamphetamine or amphet-*  
15 *amine abuse or addiction in order to permit such*  
16 *States and Indian tribes to expand activities in con-*  
17 *nection with the treatment of methamphetamine or*  
18 *amphetamine abuser or addiction in the specific geo-*  
19 *graphical areas of such States or Indian tribes, as the*  
20 *case may be, where there is such a rate or has been*  
21 *such an increase.*

22 *“(2) RECIPIENTS.—Any grants under paragraph*  
23 *(1) shall be directed to the substance abuse directors*  
24 *of the States, and of the appropriate tribal govern-*  
25 *ment authorities of the Indian tribes, selected by the*  
26 *Director to receive such grants.*

1           “(3) *NATURE OF ACTIVITIES.*—Any activities  
2           under a grant under paragraph (1) shall be based on  
3           reliable scientific evidence of their efficacy in the  
4           treatment of methamphetamine or amphetamine  
5           abuse or addiction.

6           “(b) *GEOGRAPHIC DISTRIBUTION.*—The Director shall  
7           ensure that grants under subsection (a) are distributed eq-  
8           uitably among the various regions of the country and  
9           among rural, urban, and suburban areas that are affected  
10          by methamphetamine or amphetamine abuse or addiction.

11          “(c) *ADDITIONAL ACTIVITIES.*—The Director shall—

12                  “(1) evaluate the activities supported by grants  
13                  under subsection (a);

14                  “(2) disseminate widely such significant infor-  
15                  mation derived from the evaluation as the Director  
16                  considers appropriate to assist States, Indian tribes,  
17                  and private providers of treatment services for meth-  
18                  amphetamine or amphetamine abuser or addiction in  
19                  the treatment of methamphetamine or amphetamine  
20                  abuse or addiction; and

21                  “(3) provide States, Indian tribes, and such pro-  
22                  viders with technical assistance in connection with  
23                  the provision of such treatment.

24          “(d) *AUTHORIZATION OF APPROPRIATIONS.*—

1           “(1) *IN GENERAL.*—*There are authorized to be*  
2           *appropriated to carry out this section \$10,000,000 for*  
3           *fiscal year 2000 and such sums as may be necessary*  
4           *for each of fiscal years 2001 and 2002.*

5           “(2) *USE OF CERTAIN FUNDS.*—*Of the funds ap-*  
6           *propriated to carry out this section in any fiscal*  
7           *year, the lesser of 5 percent of such funds or*  
8           *\$1,000,000 shall be available to the Director for pur-*  
9           *poses of carrying out subsection (c).”.*

10 **SEC. 3633. STUDY OF METHAMPHETAMINE TREATMENT.**

11           (a) *STUDY.*—

12           (1) *REQUIREMENT.*—*The Secretary of Health*  
13           *and Human Services shall, in consultation with the*  
14           *Institute of Medicine of the National Academy of*  
15           *Sciences, conduct a study on the development of medi-*  
16           *cations for the treatment of addiction to amphetamine*  
17           *and methamphetamine.*

18           (2) *REPORT.*—*Not later than 9 months after the*  
19           *date of enactment of this Act, the Secretary shall sub-*  
20           *mit to the Committees on the Judiciary of the Senate*  
21           *and House of Representatives a report on the results*  
22           *of the study conducted under paragraph (1).*

23           (b) *AUTHORIZATION OF APPROPRIATIONS.*—*There are*  
24           *hereby authorized to be appropriated for the Department*  
25           *of Health and Human Services for fiscal year 2000 such*

1 *sums as may be necessary to meet the requirements of sub-*  
 2 *section (a).*

3 **PART IV—REPORTS**

4 **SEC. 3641. REPORTS ON CONSUMPTION OF METHAMPHET-**  
 5 **AMINE AND OTHER ILLICIT DRUGS IN RURAL**  
 6 **AREAS, METROPOLITAN AREAS, AND CON-**  
 7 **SOLIDATED METROPOLITAN AREAS.**

8 *The Secretary of Health and Human Services shall in-*  
 9 *clude in each National Household Survey on Drug Abuse*  
 10 *appropriate prevalence data and information on the con-*  
 11 *sumption of methamphetamine and other illicit drugs in*  
 12 *rural areas, metropolitan areas, and consolidated metro-*  
 13 *politan areas.*

14 **SEC. 3642. REPORT ON DIVERSION OF ORDINARY, OVER-**  
 15 **THE-COUNTER PSEUDOEPHEDRINE AND**  
 16 **PHENYLPROPANOLAMINE PRODUCTS.**

17 *(a) STUDY.—The Attorney General shall conduct a*  
 18 *study of the use of ordinary, over-the-counter*  
 19 *pseudoephedrine and phenylpropanolamine products in the*  
 20 *clandestine production of illicit drugs. Sources of data for*  
 21 *the study shall include the following:*

22 *(1) Information from Federal, State, and local*  
 23 *clandestine laboratory seizures and related investiga-*  
 24 *tions identifying the source, type, or brand of drug*  
 25 *products being utilized and how they were obtained*

1     *for the illicit production of methamphetamine and*  
2     *amphetamine.*

3             (2) *Information submitted voluntarily from the*  
4     *pharmaceutical and retail industries involved in the*  
5     *manufacture, distribution, and sale of drug products*  
6     *containing ephedrine, pseudoephedrine, and phenyl-*  
7     *propanolamine, including information on changes in*  
8     *the pattern, volume, or both, of sales of ordinary,*  
9     *over-the-counter pseudoephedrine and phenyl-*  
10    *propanolamine products.*

11    (b) *REPORT.—*

12           (1) *REQUIREMENT.—Not later than 1 year after*  
13    *the date of enactment of this Act, the Attorney Gen-*  
14    *eral shall submit to Congress a report on the study*  
15    *conducted under subsection (a).*

16           (2) *ELEMENTS.—The report shall include—*

17                 (A) *the findings of the Attorney General as*  
18                 *a result of the study; and*

19                 (B) *such recommendations on the need to*  
20                 *establish additional measures to prevent diver-*  
21                 *sion of ordinary, over-the-counter*  
22                 *pseudoephedrine and phenylpropanolamine (such*  
23                 *as a threshold on ordinary, over-the-counter*  
24                 *pseudoephedrine and phenylpropanolamine prod-*

1           ucts) as the Attorney General considers appro-  
2           priate.

3           (3) *MATTERS CONSIDERED.*—*In preparing the*  
4           *report, the Attorney General shall consider the com-*  
5           *ments and recommendations including the comments*  
6           *on the Attorney General’s proposed findings and rec-*  
7           *ommendations, of State and local law enforcement*  
8           *and regulatory officials and of representatives of the*  
9           *industry described in subsection (a)(2).*

10          (c) *REGULATION OF RETAIL SALES.*—

11           (1) *IN GENERAL.*—*Notwithstanding section*  
12           *401(d) of the Comprehensive Methamphetamine Con-*  
13           *trol Act of 1996 (21 U.S.C. 802 note) and subject to*  
14           *paragraph (2), the Attorney General shall establish by*  
15           *regulation a single-transaction limit of not less than*  
16           *24 grams of ordinary, over-the-counter*  
17           *pseudoephedrine or phenylpropanolamine (as the case*  
18           *may be) for retail distributors, if the Attorney Gen-*  
19           *eral finds, in the report under subsection (b), that—*

20                   (A) *there is a significant number of in-*  
21                   *stances (as set forth in paragraph (3)(A) of such*  
22                   *section 401(d) for purposes of such section) where*  
23                   *ordinary, over-the-counter pseudoephedrine prod-*  
24                   *ucts, phenylpropanolamine products, or both*  
25                   *such products that were purchased from retail*



1           *distributors were widely used in the clandestine*  
2           *production of illicit drugs; and*

3           *(B) the best practical method of preventing*  
4           *such use is the establishment of single-trans-*  
5           *action limits for retail distributors of either or*  
6           *both of such products.*

7           (2) *DUE PROCESS.*—*The Attorney General shall*  
8           *establish the single-transaction limit under paragraph*  
9           *(1) only after notice, comment, and an informal hear-*  
10          *ing.*

11       ***Subtitle B—Controlled Substances***  
12                               ***Generally***

13       ***SEC. 3651. ENHANCED PUNISHMENT FOR TRAFFICKING IN***  
14                               ***LIST I CHEMICALS.***

15           (a) *AMENDMENTS TO FEDERAL SENTENCING GUIDE-*  
16       *LINES.*—*Pursuant to its authority under section 994(p) of*  
17       *title 28, United States Code, the United States Sentencing*  
18       *Commission shall amend the Federal sentencing guidelines*  
19       *in accordance with this section with respect to any violation*  
20       *of paragraph (1) or (2) of section 401(d) of the Controlled*  
21       *Substances Act (21 U.S.C. 841(d)) involving a list I chem-*  
22       *ical and any violation of paragraph (1) or (3) of section*  
23       *1010(d) of the Controlled Substance Import and Export Act*  
24       *(21 U.S.C. 960(d)) involving a list I chemical.*

1       (b) *EPHEDRINE, PHENYLPROPANOLAMINE, AND*  
2 *PSEUDOEPHEDRINE.*—

3           (1) *IN GENERAL.*—*In carrying this section, the*  
4 *United States Sentencing Commission shall, with re-*  
5 *spect to each offense described in subsection (a) in-*  
6 *volving ephedrine, phenylpropanolamine, or*  
7 *pseudoephedrine (including their salts, optical iso-*  
8 *mers, and salts of optical isomers), review and amend*  
9 *its guidelines to provide for increased penalties such*  
10 *that those penalties corresponded to the quantity of*  
11 *controlled substance that could reasonably have been*  
12 *manufactured using the quantity of ephedrine, phen-*  
13 *ylpropanolamine, or pseudoephedrine possessed or*  
14 *distributed.*

15          (2) *CONVERSION RATIOS.*—*For the purposes of*  
16 *the amendments made by this subsection, the quantity*  
17 *of controlled substance that could reasonably have*  
18 *been manufactured shall be determined by using a*  
19 *table of manufacturing conversion ratios for ephed-*  
20 *rine, phenylpropanolamine, and pseudoephedrine,*  
21 *which table shall be established by the Sentencing*  
22 *Commission based on scientific, law enforcement, and*  
23 *other data the Sentencing Commission considers ap-*  
24 *propriate.*

1       (c) *OTHER LIST I CHEMICALS.*—*In carrying this sec-*  
2 *tion, the United States Sentencing Commission shall, with*  
3 *respect to each offense described in subsection (a) involving*  
4 *any list I chemical other than ephedrine, phenylpropanola-*  
5 *mine, or pseudoephedrine, review and amend its guidelines*  
6 *to provide for increased penalties such that those penalties*  
7 *reflect the dangerous nature of such offenses, the need for*  
8 *aggressive law enforcement action to fight such offenses, and*  
9 *the extreme dangers associated with unlawful activity in-*  
10 *volving methamphetamine and amphetamine, including—*

11               (1) *the rapidly growing incidence of controlled*  
12       *substance manufacturing;*

13               (2) *the extreme danger inherent in manufac-*  
14       *turing controlled substances;*

15               (3) *the threat to public safety posed by manufac-*  
16       *turing controlled substances; and*

17               (4) *the recent increase in the importation, pos-*  
18       *session, and distribution of list I chemicals for the*  
19       *purpose of manufacturing controlled substances.*

20       (d) *EMERGENCY AUTHORITY TO SENTENCING COMMIS-*  
21 *SION.*—*The United States Sentencing Commission shall*  
22 *promulgate amendments pursuant to this section as soon*  
23 *as practicable after the date of enactment of this Act in*  
24 *accordance with the procedure set forth in section 21(a) of*

1 *the Sentencing Act of 1987 (Public Law 100–182), as*  
2 *though the authority under that Act had not expired.*

3 **SEC. 3652. MAIL ORDER REQUIREMENTS.**

4 *Section 310(b)(3) of the Controlled Substances Act (21*  
5 *U.S.C. 830(b)(3)) is amended—*

6 *(1) by redesignating subparagraphs (A) and (B)*  
7 *as subparagraphs (B) and (C), respectively;*

8 *(2) by inserting before subparagraph (B), as so*  
9 *redesignated, the following new subparagraph (A):*

10 *“(A) As used in this paragraph:*

11 *“(i) The term ‘drug product’ means an*  
12 *active ingredient in dosage form that has*  
13 *been approved or otherwise may be lawfully*  
14 *marketed under the Food, Drug, and Cos-*  
15 *metic Act for distribution in the United*  
16 *States.*

17 *“(ii) The term ‘valid prescription’*  
18 *means a prescription which is issued for a*  
19 *legitimate medical purpose by an indi-*  
20 *vidual practitioner licensed by law to ad-*  
21 *minister and prescribe the drugs concerned*  
22 *and acting in the usual course of the practi-*  
23 *tioner’s professional practice.”;*

1           (3) in subparagraph (B), as so redesignated, by  
2       inserting “or who engages in an export transaction”  
3       after “nonregulated person”; and

4           (4) adding at the end the following:

5               “(D) Except as provided in subparagraph  
6       (E), the following distributions to a nonregulated  
7       person, and the following export transactions,  
8       shall not be subject to the reporting requirement  
9       in subparagraph (B):

10               “(i) Distributions of sample packages  
11       of drug products when such packages con-  
12       tain not more than 2 solid dosage units or  
13       the equivalent of 2 dosage units in liquid  
14       form, not to exceed 10 milliliters of liquid  
15       per package, and not more than one pack-  
16       age is distributed to an individual or resi-  
17       dential address in any 30-day period.

18               “(ii) Distributions of drug products by  
19       retail distributors that may not include  
20       face-to-face transactions to the extent that  
21       such distributions are consistent with the  
22       activities authorized for a retail distributor  
23       as specified in section 102(46).

24               “(iii) Distributions of drug products to  
25       a resident of a long term care facility (as

1           *that term is defined in regulations pre-*  
2           *scribed by the Attorney General) or dis-*  
3           *tributions of drug products to a long term*  
4           *care facility for dispensing to or for use by*  
5           *a resident of that facility.*

6           “(iv) *Distributions of drug products*  
7           *pursuant to a valid prescription.*

8           “(v) *Exports which have been reported*  
9           *to the Attorney General pursuant to section*  
10          *1004 or 1018 or which are subject to a*  
11          *waiver granted under section 1018(e)(2).*

12          “(vi) *Any quantity, method, or type of*  
13          *distribution or any quantity, method, or*  
14          *type of distribution of a specific listed*  
15          *chemical (including specific formulations or*  
16          *drug products) or of a group of listed*  
17          *chemicals (including specific formulations*  
18          *or drug products) which the Attorney Gen-*  
19          *eral has excluded by regulation from such*  
20          *reporting requirement on the basis that such*  
21          *reporting is not necessary for the enforce-*  
22          *ment of this title or title III.*

23          “(E) *The Attorney General may revoke any*  
24          *or all of the exemptions listed in subparagraph*  
25          *(D) for an individual regulated person if he*

1 *finds that drug products distributed by the regu-*  
 2 *lated person are being used in violation of this*  
 3 *title or title III. The regulated person shall be*  
 4 *notified of the revocation, which will be effective*  
 5 *upon receipt by the person of such notice, as pro-*  
 6 *vided in section 1018(c)(1), and shall have the*  
 7 *right to an expedited hearing as provided in sec-*  
 8 *tion 1018(c)(2).”.*

9 **SEC. 3653. THEFT AND TRANSPORTATION OF ANHYDROUS**  
 10 **AMMONIA FOR PURPOSES OF ILLICIT PRO-**  
 11 **DUCTION OF CONTROLLED SUBSTANCES.**

12 *(a) IN GENERAL.—Part D of the Controlled Substances*  
 13 *Act (21 U.S.C. 841 et seq.) is amended by adding at the*  
 14 *end the following:*

15 “ANHYDROUS AMMONIA

16 “SEC. 423. (a) *It is unlawful for any person—*

17 *“(1) to steal anhydrous ammonia, or*

18 *“(2) to transport stolen anhydrous ammonia*

19 *across State lines,*

20 *knowing, intending, or having reasonable cause to believe*  
 21 *that such anhydrous ammonia will be used to manufacture*  
 22 *a controlled substance in violation of this part.*

23 *“(b) Any person who violates subsection (a) shall be*  
 24 *imprisoned or fined, or both, in accordance with section*  
 25 *403(d) as if such violation were a violation of a provision*  
 26 *of section 403.”.*

1       (b) *CLERICAL AMENDMENT.*—*The table of contents for*  
2 *that Act is amended by inserting after the item relating*  
3 *to section 421 the following new items:*

*“Sec. 422. Drug paraphernalia.*

*“Sec. 423. Anhydrous ammonia.”.*

4       (c) *ASSISTANCE FOR CERTAIN RESEARCH.*—

5           (1) *AGREEMENT.*—*The Administrator of the*  
6 *Drug Enforcement Administration shall seek to enter*  
7 *into an agreement with Iowa State University in*  
8 *order to permit the University to continue and ex-*  
9 *pand its current research into the development of*  
10 *inert agents that, when added to anhydrous ammo-*  
11 *nia, eliminate the usefulness of anhydrous ammonia*  
12 *as an ingredient in the production of methamphet-*  
13 *amine.*

14          (2) *REIMBURSABLE PROVISION OF FUNDS.*—*The*  
15 *agreement under paragraph (1) may provide for the*  
16 *provision to Iowa State University, on a reimbursable*  
17 *basis, of \$500,000 for purposes the activities specified*  
18 *in that paragraph.*

19          (3) *AUTHORIZATION OF APPROPRIATIONS.*—  
20 *There is hereby authorized to be appropriated for the*  
21 *Drug Enforcement Administration for fiscal year*  
22 *2000, \$500,000 for purposes of carrying out the agree-*  
23 *ment under this subsection.*



1                   ***Subtitle C—Ecstasy Anti-***  
2                   ***Proliferation Act of 2000***

3   **SEC. 3661. SHORT TITLE.**

4           *This subtitle may be cited as the “Ecstasy Anti-Pro-*  
5 *liferation Act of 2000”.*

6   **SEC. 3662. FINDINGS.**

7           *Congress makes the following findings:*

8                   (1) *The illegal importation of 3,4-methylenedioxy*  
9 *methamphetamine, commonly referred to as “MDMA”*  
10 *or “Ecstasy” (referred to in this subtitle as “Ec-*  
11 *stasy”), has increased in recent years, as evidenced by*  
12 *the fact that Ecstasy seizures by the United States*  
13 *Customs Service have increased from less than*  
14 *500,000 tablets during fiscal year 1997 to more than*  
15 *9,000,000 tablets during the first 9 months of fiscal*  
16 *year 2000.*

17                   (2) *Use of Ecstasy can cause long-lasting, and*  
18 *perhaps permanent, damage to the serotonin system*  
19 *of the brain, which is fundamental to the integration*  
20 *of information and emotion, and this damage can*  
21 *cause long-term problems with learning and memory.*

22                   (3) *Due to the popularity and marketability of*  
23 *Ecstasy, there are numerous Internet websites with*  
24 *information on the effects of Ecstasy, the production*  
25 *of Ecstasy, and the locations of Ecstasy use (often re-*

ferred to as “raves”). The availability of this information targets the primary users of Ecstasy, who are most often college students, young professionals, and other young people from middle- to high-income families.

(4) Greater emphasis needs to be placed on—

(A) penalties associated with the manufacture, distribution, and use of Ecstasy;

(B) the education of young people on the negative health effects of Ecstasy, since the reputation of Ecstasy as a “safe” drug is the most dangerous component of Ecstasy;

(C) the education of State and local law enforcement agencies regarding the growing problem of Ecstasy trafficking across the United States;

(D) reducing the number of deaths caused by Ecstasy use and the combined use of Ecstasy with other “club” drugs and alcohol; and

(E) adequate funding for research by the National Institute on Drug Abuse to—

(i) identify those most vulnerable to using Ecstasy and develop science-based prevention approaches tailored to the specific needs of individuals at high risk;

1                   (ii) understand how Ecstasy produces  
2                   its toxic effects and how to reverse neuro-  
3                   toxic damage;

4                   (iii) develop treatments, including new  
5                   medications and behavioral treatment ap-  
6                   proaches;

7                   (iv) better understand the effects that  
8                   Ecstasy has on the developing children and  
9                   adolescents; and

10                  (v) translate research findings into  
11                  useful tools and ensure their effective dis-  
12                  semination.

13 **SEC. 3663. ENHANCED PUNISHMENT OF ECSTASY TRAF-**  
14 **FICKERS.**

15           (a) *AMENDMENT TO FEDERAL SENTENCING GUIDE-*  
16 *LINES.*—Pursuant to its authority under section 994(p) of  
17 title 28, United States Code, the United States Sentencing  
18 Commission (referred to in this section as the “Commis-  
19 sion”) shall amend the Federal sentencing guidelines re-  
20 garding any offense relating to the manufacture, importa-  
21 tion, or exportation of, or trafficking in—

- 22                   (1) 3,4-methylenedioxy methamphetamine;  
23                   (2) 3,4-methylenedioxy amphetamine;  
24                   (3) 3,4-methylenedioxy-N-ethylamphetamine;  
25                   (4) paramethoxymethamphetamine (PMA); or

1           (5) *any other controlled substance, as determined*  
2           *by the Commission in consultation with the Attorney*  
3           *General, that is marketed as Ecstasy and that has ei-*  
4           *ther a chemical structure substantially similar to that*  
5           *of 3,4-methylenedioxy methamphetamine or an effect*  
6           *on the central nervous system substantially similar to*  
7           *or greater than that of 3,4-methylenedioxy meth-*  
8           *amphetamine;*

9           *including an attempt or conspiracy to commit an offense*  
10          *described in paragraph (1), (2), (3), (4), or (5) in violation*  
11          *of the Controlled Substances Act (21 U.S.C. 801 et seq.),*  
12          *the Controlled Substances Import and Export Act (21*  
13          *U.S.C. 951 et seq.), or the Maritime Drug Law Enforcement*  
14          *Act (46 U.S.C. 1901 et seq.).*

15          (b) *GENERAL REQUIREMENTS.—In carrying out this*  
16          *section, the Commission shall, with respect to each offense*  
17          *described in subsection (a)—*

18               (1) *review and amend the Federal sentencing*  
19               *guidelines to provide for increased penalties such that*  
20               *those penalties reflect the seriousness of these offenses*  
21               *and the need to deter them; and*

22               (2) *take any other action the Commission con-*  
23               *siders to be necessary to carry out this section.*

24          (c) *ADDITIONAL REQUIREMENTS.—In carrying out*  
25          *this section, the Commission shall ensure that the Federal*

1 *sentencing guidelines for offenders convicted of offenses de-*  
2 *scribed in subsection (a) reflect—*

3 *(1) the need for aggressive law enforcement ac-*  
4 *tion with respect to offenses involving the controlled*  
5 *substances described in subsection (a); and*

6 *(2) the dangers associated with unlawful activity*  
7 *involving such substances, including—*

8 *(A) the rapidly growing incidence of abuse*  
9 *of the controlled substances described in sub-*  
10 *section (a) and the threat to public safety that*  
11 *such abuse poses;*

12 *(B) the recent increase in the illegal impor-*  
13 *tation of the controlled substances described in*  
14 *subsection (a);*

15 *(C) the young age at which children are be-*  
16 *ginning to use the controlled substances described*  
17 *in subsection (a);*

18 *(D) the fact that the controlled substances*  
19 *described in subsection (a) are frequently mar-*  
20 *keted to youth;*

21 *(E) the large number of doses per gram of*  
22 *the controlled substances described in subsection*  
23 *(a); and*

24 *(F) any other factor that the Commission*  
25 *determines to be appropriate.*

1       (d) *SENSE OF CONGRESS.*—*It is the sense of Congress*  
2 *that—*

3               (1) *the base offense levels for Ecstasy are too low,*  
4 *particularly for high-level traffickers, and should be*  
5 *increased, such that they are comparable to penalties*  
6 *for other drugs of abuse; and*

7               (2) *based on the fact that importation of Ecstasy*  
8 *has surged in the past few years, the traffickers are*  
9 *targeting the Nation's youth, and the use of Ecstasy*  
10 *among youth in the United States is increasing even*  
11 *as other drug use among this population appears to*  
12 *be leveling off, the base offense levels for importing*  
13 *and trafficking the controlled substances described in*  
14 *subsection (a) should be increased.*

15       (e) *REPORT.*—*Not later than 60 days after the amend-*  
16 *ments pursuant to this section have been promulgated, the*  
17 *Commission shall—*

18               (1) *prepare a report describing the factors and*  
19 *information considered by the Commission in pro-*  
20 *mulgating amendments pursuant to this section; and*

21               (2) *submit the report to—*

22                       (A) *the Committee on the Judiciary, the*  
23 *Committee on Health, Education, Labor, and*  
24 *Pensions, and the Committee on Appropriations*  
25 *of the Senate; and*

1                   (B) the Committee on the Judiciary, the  
2                   Committee on Commerce, and the Committee on  
3                   Appropriations of the House of Representatives.

4 **SEC. 3664. EMERGENCY AUTHORITY TO UNITED STATES**  
5 **SENTENCING COMMISSION.**

6           The United States Sentencing Commission shall pro-  
7 mulgate amendments under this subtitle as soon as prac-  
8 ticable after the date of enactment of this Act in accordance  
9 with the procedure set forth in section 21(a) of the Sen-  
10 tencing Act of 1987 (Public Law 100–182), as though the  
11 authority under that Act had not expired.

12 **SEC. 3665. EXPANSION OF ECSTASY AND CLUB DRUGS**  
13 **ABUSE PREVENTION EFFORTS.**

14           (a) *PUBLIC HEALTH SERVICE ACT.*—Part A of title  
15 V of the Public Health Service Act (42 U.S.C. 290aa et  
16 seq.), as amended by section 3306, is further amended by  
17 adding at the end the following:

18 **“SEC. 506B. GRANTS FOR ECSTASY AND OTHER CLUB**  
19 **DRUGS ABUSE PREVENTION.**

20           “(a) *AUTHORITY.*—The Administrator may make  
21 grants to, and enter into contracts and cooperative agree-  
22 ments with, public and nonprofit private entities to enable  
23 such entities—

24                   “(1) to carry out school-based programs con-  
25                   cerning the dangers of the abuse of and addiction to

1       *3,4-methylenedioxy methamphetamine, related drugs,*  
2       *and other drugs commonly referred to as ‘club drugs’*  
3       *using methods that are effective and science-based, in-*  
4       *cluding initiatives that give students the responsi-*  
5       *bility to create their own anti-drug abuse education*  
6       *programs for their schools; and*

7               “(2) to carry out community-based abuse and  
8       *addiction prevention programs relating to 3,4-*  
9       *methylenedioxy methamphetamine, related drugs, and*  
10       *other club drugs that are effective and science-based.*

11       “(b) *USE OF FUNDS.*—Amounts made available under  
12       *a grant, contract or cooperative agreement under subsection*  
13       *(a) shall be used for planning, establishing, or admin-*  
14       *istering prevention programs relating to 3,4-*  
15       *methylenedioxy methamphetamine, related drugs, and other*  
16       *club drugs.*

17       “(c) *USE OF FUNDS.*—

18               “(1) *DISCRETIONARY FUNCTIONS.*—Amounts  
19       *provided to an entity under this section may be*  
20       *used—*

21               “(A) to carry out school-based programs  
22       *that are focused on those districts with high or*  
23       *increasing rates of abuse and addiction to 3,4-*  
24       *methylenedioxy methamphetamine, related drugs,*  
25       *and other club drugs and targeted at populations*



1       *that are most at risk to start abusing these*  
2       *drugs;*

3               “(B) to carry out community-based preven-  
4       *tion programs that are focused on those popu-*  
5       *lations within the community that are most at-*  
6       *risk for abuse of and addiction to 3,4-*  
7       *methylenedioxy methamphetamine, related drugs,*  
8       *and other club drugs;*

9               “(C) to assist local government entities to  
10       *conduct appropriate prevention activities relat-*  
11       *ing to 3,4-methylenedioxy methamphetamine, re-*  
12       *lated drugs, and other club drugs;*

13               “(D) to train and educate State and local  
14       *law enforcement officials, prevention and edu-*  
15       *cation officials, health professionals, members of*  
16       *community anti-drug coalitions and parents on*  
17       *the signs of abuse of and addiction to 3,4-*  
18       *methylenedioxy methamphetamine, related drugs,*  
19       *and other club drugs and the options for treat-*  
20       *ment and prevention;*

21               “(E) for planning, administration, and  
22       *educational activities related to the prevention of*  
23       *abuse of and addiction to 3,4-methylenedioxy*  
24       *methamphetamine, related drugs, and other club*  
25       *drugs;*

1           “(F) for the monitoring and evaluation of  
2           prevention activities relating to 3,4-  
3           methylenedioxy methamphetamine, related drugs,  
4           and other club drugs and reporting and dissemi-  
5           nating resulting information to the public; and

6           “(G) for targeted pilot programs with eval-  
7           uation components to encourage innovation and  
8           experimentation with new methodologies.

9           “(2) *PRIORITY.*—The Administrator shall give  
10          priority in awarding grants under this section to  
11          rural and urban areas that are experiencing a high  
12          rate or rapid increases in abuse and addiction to 3,4-  
13          methylenedioxy methamphetamine, related drugs, and  
14          other club drugs.

15          “(d) *ALLOCATION AND REPORT.*—

16               “(1) *PREVENTION PROGRAM ALLOCATION.*—Not  
17          less than \$500,000 of the amount appropriated in  
18          each fiscal year to carry out this section shall be  
19          made available to the Administrator, acting in con-  
20          sultation with other Federal agencies, to support and  
21          conduct periodic analyses and evaluations of effective  
22          prevention programs for abuse of and addiction to  
23          3,4-methylenedioxy methamphetamine, related drugs,  
24          and other club drugs and the development of appro-

1     *prate strategies for disseminating information about*  
 2     *and implementing such programs.*

3             “(2) *REPORT.*—*The Administrator shall annu-*  
 4     *ally prepare and submit to the Committee on Health,*  
 5     *Education, Labor, and Pensions, the Committee on*  
 6     *the Judiciary, and the Committee on Appropriations*  
 7     *of the Senate, and the Committee on Commerce, the*  
 8     *Committee on the Judiciary, and the Committee on*  
 9     *Appropriations of the House of Representatives, a re-*  
 10    *port containing the results of the analyses and eval-*  
 11    *uations conducted under paragraph (1).*

12           “(e) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*  
 13    *authorized to be appropriated to carry out this section—*

14                 “(1) *\$10,000,000 for fiscal year 2001; and*

15                 “(2) *such sums as may be necessary for each suc-*  
 16    *ceeding fiscal year.”.*

## 17                 ***Subtitle D—Miscellaneous***

### 18    ***SEC. 3671. ANTIDRUG MESSAGES ON FEDERAL GOVERN-*** 19                 ***MENT INTERNET WEBSITES.***

20           *Not later than 90 days after the date of enactment of*  
 21    *this Act, the head of each department, agency, and establish-*  
 22    *ment of the Federal Government shall, in consultation with*  
 23    *the Director of the Office of National Drug Control Policy,*  
 24    *place antidrug messages on appropriate Internet websites*  
 25    *controlled by such department, agency, or establishment*

1 *which messages shall, where appropriate, contain an elec-*  
2 *tronic hyperlink to the Internet website, if any, of the Office.*

3 **SEC. 3672. REIMBURSEMENT BY DRUG ENFORCEMENT AD-**  
4 **MINISTRATION OF EXPENSES INCURRED TO**  
5 **REMEDiate METHAMPHETAMINE LABORA-**  
6 **TORIES.**

7 (a) *REIMBURSEMENT AUTHORIZED.*—*The Attorney*  
8 *General, acting through the Administrator of the Drug En-*  
9 *forcement Administration, may reimburse States, units of*  
10 *local government, Indian tribal governments, other public*  
11 *entities, and multi-jurisdictional or regional consortia*  
12 *thereof for expenses incurred to clean up and safely dispose*  
13 *of substances associated with clandestine methamphetamine*  
14 *laboratories which may present a danger to public health*  
15 *or the environment.*

16 (b) *ADDITIONAL DEA PERSONNEL.*—*From amounts*  
17 *appropriated or otherwise made available to carry out this*  
18 *section, the Attorney General may hire not more than 5*  
19 *additional Drug Enforcement Administration personnel to*  
20 *administer this section.*

21 (c) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*  
22 *authorized to be appropriated to the Attorney General to*  
23 *carry out this section \$20,000,000 for fiscal year 2001.*

1 **SEC. 3673. SEVERABILITY.**

2       *Any provision of this title held to be invalid or unen-*  
3 *forceable by its terms, or as applied to any person or cir-*  
4 *cumstance, shall be construed as to give the maximum effect*  
5 *permitted by law, unless such provision is held to be utterly*  
6 *invalid or unenforceable, in which event such provision*  
7 *shall be severed from this title and shall not affect the appli-*  
8 *cability of the remainder of this title, or of such provision,*  
9 *to other persons not similarly situated or to other, dis-*  
10 *similar circumstances.*

Attest:

*Secretary.*



106TH CONGRESS  
2D SESSION

**H. R. 4365**

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**AMENDMENT**

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