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HOUSE OF REPRESENTATIVES
REPORT
109–705

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM REAUTHORIZATION ACT OF 2006

SEPTEMBER 29, 2006.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BARTON of Texas, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 5472]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 5472) to amend the Public Health Service Act to provide waivers relating to grants for preventive health measures with respect to breast and cervical cancers, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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49–006

AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006".

SEC. 2. NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM.

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

(1) in section 1501(d)—

(A) in the heading, by striking "2000" and inserting "2020"; and

(B) by striking "by the year 2000" and inserting "by the year 2020";

(2) in section 1503, by adding at the end the following:

"(d) WAIVER OF SERVICES REQUIREMENT ON DIVISION OF FUNDS.—

"(1) IN GENERAL.—The Secretary may waive the requirements of paragraphs (1) and (4) of subsection (a) if the Secretary finds that—

"(A)(i) the State involved will use the waiver to leverage private funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a); or

"(ii) the application of such requirements would result in a barrier to the participation of qualifying women in the services or activities described in paragraphs (1) and (2) of section 1501(a);

"(B) granting such a waiver to the State will not reduce the number of women in the State who receive any of the services or activities described in paragraphs (1) and (2) of section 1501(a), including screening procedures for both breast and cervical cancers; and

"(C) granting such a waiver to the State will not adversely affect the quality of any of the services or activities described in paragraphs (1) and (2) of section 1501(a).

"(2) DURATION OF WAIVER.—

"(A) IN GENERAL.—In granting waivers under paragraph (1), the Secretary—

"(i) shall grant such waivers for a period of 2 years; and

"(ii) upon request of a State, may extend a waiver for additional 2-year periods in accordance with subparagraph (B).

"(B) ADDITIONAL PERIODS.—The Secretary, upon the request of a State that has received a waiver under paragraph (1), shall, at the end of each 2-year waiver period described in subparagraph (A), review performance under the waiver and may extend the waiver for an additional 2-year period if the Secretary finds that—

"(i)(I) the State involved will use the waiver to leverage private funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a); or

"(II) without an extension of the waiver, the application of the requirements of paragraphs (1) and (4) of subsection (a) would result in a barrier to the participation of qualifying women in the services or activities described in paragraphs (1) and (2) of section 1501(a);

"(ii) the waiver has not reduced, and granting the waiver extension will not reduce, the number of women in the State who receive any of the services or activities described in paragraphs (1) and (2) of section 1501(a); and

"(iii) the waiver has not adversely affected, and granting the waiver extension will not adversely affect, the quality in the State of any of the services or activities described in paragraphs (1) and (2) of section 1501(a).

"(3) REPORTING REQUIREMENTS.—The Secretary shall include as part of the evaluations and reports required under section 1508, the following:

"(A) A description of the total amount of dollars leveraged annually from private entities in States receiving a waiver under this subsection and how these amounts were used.

"(B) With respect to States receiving a waiver under this subsection, a description of—

"(i) the percentage of the grant that is expended on services or activities described in paragraphs (1) and (2) of section 1501(a); and

"(ii) the percentage of the grant that is expended on services or activities described in paragraphs (3) through (6) of section 1501(a).

"(C) A description of the number of States receiving waivers under this subsection annually.

"(D) With respect to States receiving a waiver under this subsection, a description of the number of women receiving services under paragraphs (1), (2), and (3) of section 1501(a) in programs before and after the granting of such waiver.";

(3) in section 1504(a), by striking "pursuant to paragraphs (1) and (2) of section 1501(a)" and inserting "pursuant to paragraphs (1), (2), and (3) of section 1501(a)"; and

(4) in section 1510(a)—

(A) by striking "and" after "$150,000,000 for fiscal year 1994,"; and

(B) by inserting ", and $250,000,000 for each of fiscal years 2007 through 2011" before the period at the end.

PURPOSE AND SUMMARY

The purpose of H.R. 5472, the National Breast and Cervical Early Detection Reauthorization Act of 2006, is to reauthorize the National Breast and Cervical Early Detection Program. In addition to reauthorizing the program, the bill would grant the Secretary of the Department of Health and Human Services (HHS) the authority to waive certain requirements, allowing grantees to expend more funding on education and outreach activities. Such waivers may be granted as long as certain conditions ensuring the leveraging of private funds and maintaining or expanding the number of women screened is met.

BACKGROUND AND NEED FOR LEGISLATION

Established by Congress in 1991, the National Breast and Cervical Early Detection Reauthorization Program (NBCCEDP) provides free and low-cost breast and cervical cancer screenings to low-income, minority, or uninsured women. Following Federal clinical guidelines, the program targets women ages 18 to 64 for cervical cancer screening and ages 40 to 64 for breast cancer screening. Services offered by the program include clinical breast examinations, mammograms, Papanikolaou or "Pap" tests, surgical consultations, and diagnostic testing. Administered by the Centers for Disease Control and Prevention (CDC), the NBCCEDP operates in all 50 States, four U.S. territories, the District of Columbia, and 13 American Indian and Alaska Native organizations. The NBCCEDP also works with local partners, including private charitable and non-profit organizations, which provide matching funds for screening, education, outreach, case management, and treatment services.

According to the CDC, breast cancer is the second most commonly diagnosed cancer in the United States. It is second only to lung cancer as the most common cause of death among women. Yet breast cancer mortality has steadily declined since the late 1980s. Experts attribute much of the decline to increased mammography screening. It is estimated that timely mammography screening of women over 40 could prevent between 13 to 15 percent of all deaths from breast cancer. When breast cancer is detected early, while still confined to the breast, the five-year survival rate is more than 95 percent.

Similarly, cervical cancer was once the leading cause of death for women in the United States. Since the 1950s, however, there has been a 90 percent reduction in the mortality rate for cervical cancer. The National Cancer Institute of the National Institutes of

Health has attributed this reduction to effective Pap smear screening.

While recent international comparisons have shown that the United States healthcare system performs well in the area of breast and cervical cancer screening, diagnosis, and treatment, when compared with other industrialized nations, significant gaps remain. For example, studies conducted by the Institute of Medicine have shown that low-income women have lower screening rates, are 41 percent more likely to be diagnosed with late-stage breast cancer, and three times more likely to die from breast cancer. According to the 2000 National Health Interview Survey, breast cancer screening rates are also lower than the national average among African American women, American Indian or Alaska Native women, Asian, Hispanic, Latino women. The survey also reports that only 38 percent of uninsured women interviewed said they had received a mammogram within the last two years, and only 35 percent of women with no usual source of health care reported having received a mammogram within the last two years.

In recognition of the clear value of breast and cervical cancer screenings in reducing mortality from these diseases, the NBCCEDP is part of a multi-faceted effort to provide access to those women at highest risk. Since 1991, the NBCCEDP has served over 2.5 million women, provided over 5.8 million screening examinations including more than 2.8 million mammograms, and diagnosed more than 22,000 breast cancers and 1,500 cervical cancers. The NBCCEDP currently performs screenings on more than 600,000 women annually. Partnering with State, local, and private entities, the NBCCEDP also provides education and outreach services to diverse populations of women. Research indicates that racial and ethnic minority women are less likely to have access to information about breast cancer or the financial resources to pay for important health services, including mammograms. Thus, the NBCCEDP makes a special effort to target racial and ethnic minority women for screening, outreach, and education efforts. As a result, over half of all women screened by the program are ethnic and racial minority women.

In 2000, Congress passed the Breast and Cervical Cancer Treatment and Prevention Act. This legislation gave States the option to provide Medicaid coverage for treatment of women diagnosed with cancer through the NBCCEDP. In 2002, Congress passed the Native American Breast and Cervical Cancer Treatment Technical Amendment Act, which added Native American women to the optional Medicaid eligibility category. Currently, all 50 States plus the District of Columbia have elected this option.

Under current law, funded programs must spend at least 60 percent of the cooperative agreement funds awarded on screening, referral, and follow-up services. The remaining 40 percent of funds awarded may be allocated toward other infrastructure development activities, including public education, professional education, quality assurance, and surveillance and evaluation efforts. In addition, current law places an overall cap of 10 percent on administrative expenses to carry out all aspects of the programs.

While the emphasis on service provision required by the 60/40 split is appropriate for the vast majority of grantees, in programs serving smaller populations, unique challenges exist in imple-

menting the required 60/40 split under existing law. The cap on program activities that are not administrative, particularly outreach and client recruitment, has made it difficult to reach some eligible women, especially in rural States.

H.R. 5472, the National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006, would reauthorize this program for five years and allow for a grant requirement waiver. H.R. 5472 would amend current law to allow for a waiver of the 60/40 requirement. The bill would require that programs requesting a waiver provide to the Secretary of Health and Human Services justification and documentation that the number of women who receive preventive health and early detection services would not be reduced in any way. For the small number of programs that would likely apply for and receive the waiver, added flexibility would allow programs to leverage their partnerships with private entities and maximize the donation of clinical services. The flexibility granted under the waiver would also allow more Federal resources to be directed towards ensuring that all program components are well implemented and managed.

Since the program's inception in 1991, the NBCCEDP has contributed to an 18 percent increase in mammography use among women over age 50. The Committee generally affirms the recommendation of the Institute of Medicine, the U.S. Department of Health and Human Services through its Trans-HHS Cancer Health Disparities Progress Review Group, and such patient advocacy organizations such as the American Cancer Society and the Susan G. Komen Breast Cancer Foundation, that increased funds for the NBCCEDP are justified so that more women may have access to these vital cancer screening services. As a result, the bill provides an increase in the program's authorized funding level for fiscal years 2007 through 2011.

Finally, under Section 1502 of the Public Health Service Act, States requesting NBCCEDP grant funds must make non-Federal contributions toward the program costs. States may fulfill the match requirement with cash or in-kind contributions. The Committee is aware that CDC does not currently collect information on grantees as to whether or not matching funds are the result of State appropriations. The Committee directs CDC to collect additional data from grantees on the sources and types of matching funds and to include an analysis of those data in their annual report to Congress.

HEARINGS

The Committee on Energy and Commerce has not held hearings on the legislation.

COMMITTEE CONSIDERATION

On Wednesday, September 27, 2006, the full Committee met in open markup session and ordered H.R. 5472 favorably reported to the House, amended, by a recorded vote of 45 yeas and 0 nays, a quorum being present.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no recorded votes taken on amendments offered to the measure. A motion by Mr. Barton to order H.R. 5472 favorably reported to the House, amended, was agreed to by a record vote of 45 yeas and 0 nays.

COMMITTEE ON ENERGY AND COMMERCE -- 109TH CONGRESS
ROLL CALL VOTE # 147

Bill: H.R. 5472, the National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006

MOTION: A motion by Mr. Barton to order the bill reported, as amended.

DISPOSITION: **AGREED TO**, by a roll call vote of 45 yeas to 0 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Barton	X			Mr. Dingell	X		
Mr. Hall	X			Mr. Waxman	X		
Mr. Bilirakis	X			Mr. Markey	X		
Mr. Upton	X			Mr. Boucher			
Mr. Stearns	X			Mr. Towns	X		
Mr. Gillmor	X			Mr. Pallone			
Mr. Deal	X			Mr. Brown			
Mr. Whitfield				Mr. Gordon	X		
Mr. Norwood	X			Mr. Rush	X		
Ms. Cubin	X			Ms. Eshoo	X		
Mr. Shimkus	X			Mr. Stupak	X		
Ms. Wilson	X			Mr. Engel			
Mr. Shadegg	X			Mr. Wynn	X		
Mr. Pickering				Mr. Green	X		
Mr. Fossella	X			Mr. Strickland			
Mr. Blunt				Ms. DeGette	X		
Mr. Buyer	X			Ms. Capps	X		
Mr. Radanovich				Mr. Doyle	X		
Mr. Bass	X			Mr. Allen			
Mr. Pitts	X			Mr. Davis			
Ms. Bono	X			Ms. Schakowsky	X		
Mr. Walden	X			Ms. Solis	X		
Mr. Terry	X			Mr. Gonzalez	X		
Mr. Ferguson	X			Mr. Inslee	X		
Mr. Rogers				Ms. Baldwin	X		
Mr. Otter	X			Mr. Ross	X		
Ms. Myrick	X						
Mr. Sullivan	X						
Mr. Murphy	X						
Mr. Burgess	X						
Ms. Blackburn	X						

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held oversight or legislative hearings on this legislation.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The general goals and objectives of H.R. 5472 are to update and reauthorize the NBCCEDP program, granting the program increased flexibility to continue to provide vital cancer screening and referral services.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 5472, the National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006, would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARK

In compliance with H. Res. 1000 as passed the House of Representatives on September 14, 2006, the Committee finds that H.R. 5472, the National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006, contains no earmarks.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 28, 2006.

Hon. JOE BARTON,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 5472, the National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Tim Gronniger.

Sincerely,

DONALD B. MARRON,
Acting Director.

Enclosure.

H.R. 5472—National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006

H.R. 5472 would modify the Public Health Service Act to authorize funding for breast and cervical cancer detection programs. It would authorize the appropriation of $250 million a year for fiscal years 2007 through 2011. The bill also would allow the Secretary of Health and Human Services to waive conditions of grants to states under certain circumstances. CBO estimates that implementing H.R. 5472 would cost $98 million in 2007 and about $1 billion over the 2007–2011 period, assuming that the authorized amounts are appropriated and that spending for the specified activities follows historical patterns.

H.R. 5472 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act. In some cases it would ease the conditions of grants that states receive for programs to detect breast and cervical cancer. H.R. 5472 would not affect direct spending or receipts.

The estimated budgetary impact of H.R. 5472 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2006	2007	2008	2009	2010	2011
SPENDING SUBJECT TO APPROPRIATION						
Spending Under Current Law:						
Budget Authority [a]	202	0	0	0	0	0
Estimated Outlays	202	119	29	7	2	0
Proposed Changes:						
Estimated Authorization Level	0	250	250	250	250	250
Estimated Outlays	0	98	212	239	245	248
Spending Under H.R. 5472:						
Estimated Authorization Level [a]	202	250	250	250	250	250
Estimated Outlays	202	217	241	246	247	248

[a] The 2006 level is the amount allocated to the screening program for breast and cervical cancer.

The CBO staff contact for this estimate is Tim Gronniger.

This estimate was approved by Robert A. Sunshine, Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for this legislation is provided in Article I, section 8, clause 3, which grants Congress the power to regulate commerce with foreign nations, among the several States, and with the Indian tribes.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 establishes the short title of the Act as the "National Breast and Cervical Cancer Early Detection Program Reauthorization Act of 2006".

Section 2. National Breast and Cervical Cancer Early Detection Program

Section 2 of the bill amends Title XV of the Public Health Service Act by updating the year in current law respecting the existing coordinating committee regarding year 2000 health objectives from 2000 health objectives to year 2020 health objectives.

Section 2 provides that the Secretary of the Department of Health and Human Services may waive the 60/40 funding requirement for grantees if the following conditions apply: (1) the State will use the waiver to leverage private funds; (2) keeping the 60/40 requirement in place will result in a barrier to women seeking services; (3) granting the waiver will not reduce the number of women receiving screening services; and (4) granting the waiver will not adversely affect the quality of services.

Section 2 provides that waivers shall last for two years. The Secretary may grant a renewal of a waiver for an additional two years if the following applies: (1) the State will use the waiver to leverage private funds; (2) without a waiver extension, a barrier to eligible women will result; (3) the waiver has not reduced the number of women receiving services; and (4) the waiver has not adversely affected the quality of services available.

Section 2 also includes reporting requirements to ensure that the waivers are achieving their intended results. To this end, HHS will include the following in its required reports: (1) a description of the total amount of dollars leveraged annually from private entities in States that receive a waiver; (2) for States that receive waivers, the percentage of the grant that's spent on each service must be specified; (3) States participating in the waiver must be listed; and (4) States that receive waivers must include a description of the number of women receiving services.

Section 2 updates priority language for low-income women to include outreach and education efforts.

Section 2 authorizes for fiscal years 2007 to 2011, the program to be funded at $250,000,000 each year.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

TITLE XV—PREVENTIVE HEALTH MEASURES WITH RESPECT TO BREAST AND CERVICAL CANCERS

SEC. 1501. ESTABLISHMENT OF PROGRAM OF GRANTS TO STATES.

(a) * * *

* * * * * * *

(d) COORDINATING COMMITTEE REGARDING YEAR [2000] *2020* HEALTH OBJECTIVES.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a committee to coordinate the activities of the agencies of the Public Health Service (and other appropriate Federal agencies) that are carried out toward achieving the objectives established by the Secretary for reductions in the rate of mortality from breast and cervical cancer in the United States [by the year 2000] *by the year 2020*. Such committee shall be comprised of Federal officers or employees designated by the heads of the agencies involved to serve on the committee as representatives of the agencies, and such representatives from other public or private entities as the Secretary determines to be appropriate.

* * * * * * *

SEC. 1503. REQUIREMENTS WITH RESPECT TO TYPE AND QUALITY OF SERVICES.

(a) * * *

* * * * * * *

(d) WAIVER OF SERVICES REQUIREMENT ON DIVISION OF FUNDS.—

(1) IN GENERAL.—The Secretary may waive the requirements of paragraphs (1) and (4) of subsection (a) if the Secretary finds that—

(A)(i) the State involved will use the waiver to leverage private funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a); or

(ii) the application of such requirements would result in a barrier to the participation of qualifying women in the services or activities described in paragraphs (1) and (2) of section 1501(a);

(B) granting such a waiver to the State will not reduce the number of women in the State who receive any of the services or activities described in paragraphs (1) and (2) of section 1501(a), including screening procedures for both breast and cervical cancers; and

(C) granting such a waiver to the State will not adversely affect the quality of any of the services or activities described in paragraphs (1) and (2) of section 1501(a).

(2) DURATION OF WAIVER.—

(A) IN GENERAL.—In granting waivers under paragraph (1), the Secretary—

(i) shall grant such waivers for a period of 2 years; and

(ii) upon request of a State, may extend a waiver for additional 2-year periods in accordance with subparagraph (B).

(B) ADDITIONAL PERIODS.—The Secretary, upon the request of a State that has received a waiver under paragraph (1), shall, at the end of each 2-year waiver period described in subparagraph (A), review performance under the waiver and may extend the waiver for an additional 2-year period if the Secretary finds that—

(i)(I) the State involved will use the waiver to leverage private funds to supplement each of the services or activities described in paragraphs (1) and (2) of section 1501(a); or

(II) without an extension of the waiver, the application of the requirements of paragraphs (1) and (4) of subsection (a) would result in a barrier to the participation of qualifying women in the services or activities described in paragraphs (1) and (2) of section 1501(a);

(ii) the waiver has not reduced, and granting the waiver extension will not reduce, the number of women in the State who receive any of the services or activities described in paragraphs (1) and (2) of section 1501(a); and

(iii) the waiver has not adversely affected, and granting the waiver extension will not adversely affect, the quality in the State of any of the services or activities described in paragraphs (1) and (2) of section 1501(a).

(3) REPORTING REQUIREMENTS.—The Secretary shall include as part of the evaluations and reports required under section 1508, the following:

(A) A description of the total amount of dollars leveraged annually from private entities in States receiving a waiver under this subsection and how these amounts were used.

(B) With respect to States receiving a waiver under this subsection, a description of—

(i) the percentage of the grant that is expended on services or activities described in paragraphs (1) and (2) of section 1501(a); and

(ii) the percentage of the grant that is expended on services or activities described in paragraphs (3) through (6) of section 1501(a).

(C) A description of the number of States receiving waivers under this subsection annually.

(D) With respect to States receiving a waiver under this subsection, a description of the number of women receiving services under paragraphs (1), (2), and (3) of section 1501(a) in programs before and after the granting of such waiver.

SEC. 1504. ADDITIONAL REQUIRED AGREEMENTS.

(a) PRIORITY FOR LOW-INCOME WOMEN.—The Secretary may not make a grant under section 1501 unless the State involved agrees that low-income women will be given priority in the provision of services and activities [pursuant to paragraphs (1) and (2) of sec-

tion 1501(a)] *pursuant to paragraphs (1), (2), and (3) of section 1501(a)*.

* * * * * * *

SEC. 1510. FUNDING FOR GENERAL PROGRAM.

(a) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this title, there are authorized to be appropriated $50,000,000 for fiscal year 1991, such sums as may be necessary for each of the fiscal years 1992 and 1993, $150,000,000 for fiscal year 1994, [and] such sums as may be necessary for each of the fiscal years 1995 through 2003*, and $250,000,000 for each of fiscal years 2007 through 2011*.

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